



**Save the Children**



## **Report**

# **VULNERABILITY AND NEEDS ASSESSMENT**

LAHJ AND TAIZ

[Savethechildren.org.uk](https://www.savethechildren.org.uk)

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## Acronyms

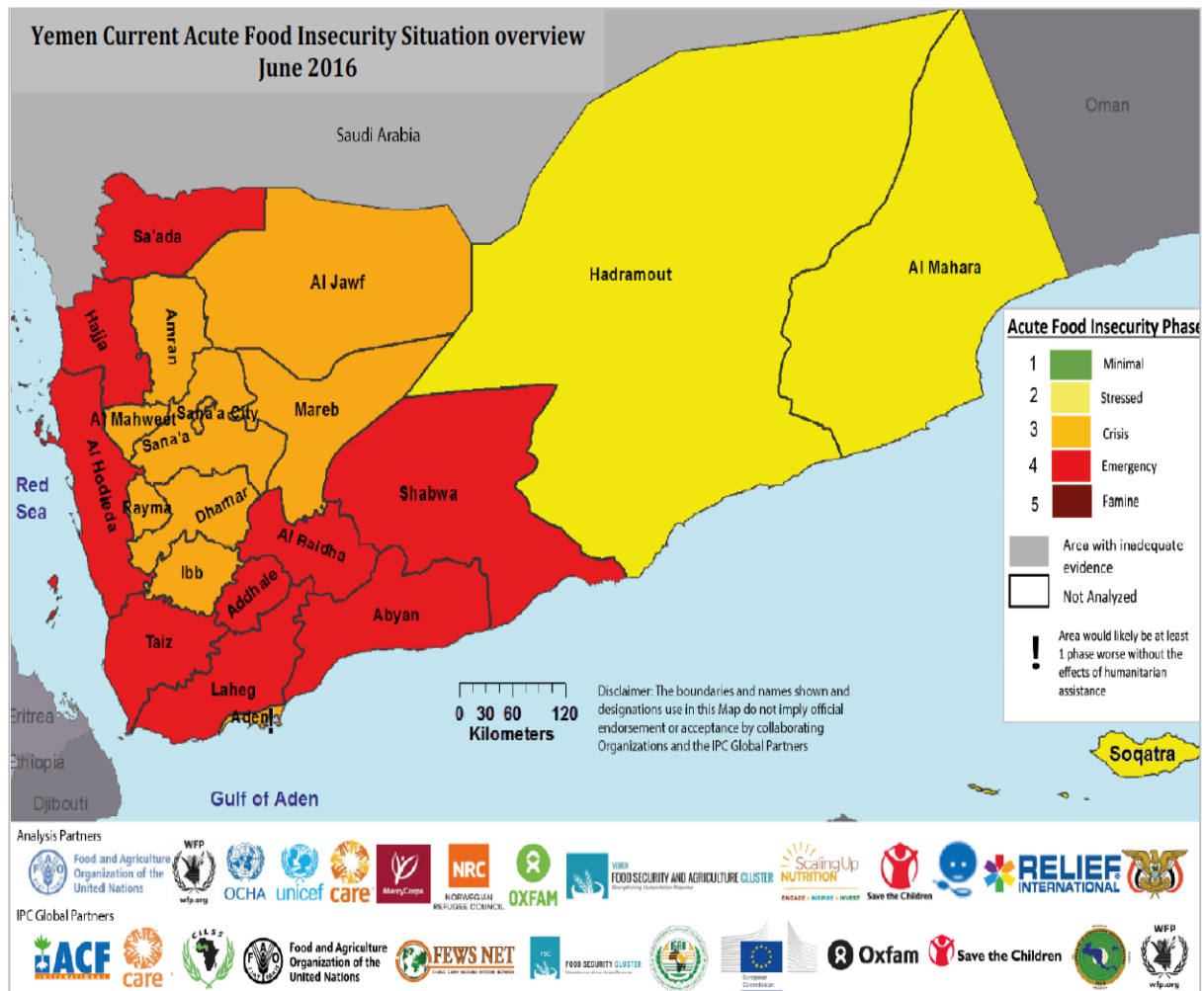
ARI	Acute Respiratory Infection
CFSS	Comprehensive Food Security Survey
CSI	Coping Strategies Index
DFID	(UK) Department of International Development
FCS	Food Consumption Score
FHH	Female-Headed Household
FSAC	(Yemen) Food Security and Agriculture Cluster
GAM	Global Acute Malnutrition
GHI	Global Hunger Index
HAZ	Height-for-Age Z-score
HFIAS	Household Food Insecurity Access Score
HNO	Humanitarian Needs Overview
IDP	Internally Displaced Person
IPC	Integrated Food Security Phase Classification
IYCF	Infant and Young Child Feeding
MHH	Male-Headed Household
MUAC	Mid-Upper Arm Circumference
OTP	Outpatient Therapeutic Programme
SAM	Severe Acute Malnutrition
SFP	Supplementary Feeding Programme
SMART	Standardized Monitoring and Assessment of Relief and Transitions
UNDP	United Nations Development Programme
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WAZ	Weigh-for-Age Z-score
WFP	(United Nations) World Food Programme
WHO	(United Nations) World Health Organization
WHZ	Weight-for-Height Z-score
YER	Yemeni Rial (currency)

Maps

Map 1: Administrative Map of Yemen



**Map 2: Yemen Acute Food Insecurity Situation Overview – June 2016**



## Executive Summary

This vulnerability and needs assessment was carried out in Lahj and Taiz Governorates in South Yemen during November-December 2016. The overall objective was to assess the vulnerability and needs of the populations in Lahj and Taiz Governorates to determine appropriate interventions for the most vulnerable households.

## Key Findings

**Humanitarian priorities:** The survey found that several aid agencies had helped households in three months prior to the assessment. Despite that assistance, 92% of households reported needed additional support. In both Lahj and Taiz, household priorities were the same: **food, health care and cash**. Drinking water was also highly prioritized in Lahj. Likewise, households in both locations prioritized the same items for their children: food/milk, health care and education. Household priorities were the same for male- and female-headed households.

**Health:** Half (52.4%) the surveyed households reporting that they have members who require regular visits to health centre and/or regular medical treatment. The average cost of health care for those families was 14,410 YER (US\$58) per month. This is a large proportion of household income especially now that livelihood opportunities have reduced. The most common illnesses reported among household members in the last two weeks were cough (42.5%), diarrhoea (42.5%), and fever/malaria (43.3%). In both Lahj and Taiz, most households with ill members sought help from a formal medical centre.

Overall, 89.3% of households in Taiz reported using safe, “improved water sources” compared to 51.3% in Lahj. This is consistent with households in Lahj requesting drinking water as a humanitarian need above. A quarter of households in Lahj reported using “improved sanitation” compared to 18.6% of households in Taiz.

**Food security:** On an average, the surveyed households had a Food Consumption Score of 42.1, which is at the lowest end of the “acceptable range” bordering on “borderline”. Households in Taiz had lower scores (FCS=38) with many more households classified as “borderline” or “poor”.

The Coping Strategies Index shows that households in Taiz are worse off (less food secure) than households in Lahj. While most households in both Lahj and Taiz reported still consuming three meals per day, in Taiz, more households reported limiting portions at meal times, and restricting adult consumption so that children can eat. This means the meals are smaller, or at least smaller for adults.

Overall, the findings indicate that households in Taiz are less food secure than households in Lahj although most households in both governorates are experiencing food access stress and would benefit from external support.

**Livelihoods:** Households showed quite different livelihood based on their location. Households in Lahj obtain income from government salary (25%), sale of livestock and livestock products (19%), non-agricultural labour (17.4%) and pensions (15%). More than half the surveyed households in Lahj have more than one source of income, with the main secondary income source being the sale of livestock and livestock products. The average monthly income reported by households in Lahj was 25,569 YER (US\$102).

In Taiz, households are more dependent on non-agricultural labour (50%), and reported that 14% of their income comes from begging or from humanitarian aid. Less than half the surveyed households have a secondary source of income, and for those that do, it is begging or humanitarian aid. The average monthly income reported by households in Taiz was 15,203 YER (US\$61).

The reported household expenditure is much greater than household income (>280%). Households are therefore taking on debt to fill the gap and meet their basic needs. The average household debt was 42,987 YER (~US\$172). This is equivalent to almost half the current average household annual income. Most households (84.6%) reported borrowing the money to buy food, in addition to other costs such as health care (30.6%). The money was mainly borrowed from shop owners (42.8%), and from family and friends (~44%).

The last two years of conflict has resulted in several changes to the household's livelihood status. This includes having to sell assets (33.7% of households), lost work opportunities (30.2%), particularly in Taiz, and taking on additional debt (25.3%). Almost 10% of households (8.2%) reporting sending their children to look for work. Only 2.9% of household reporting leaving their home, which is consistent with the low numbers of IDP households surveyed.

**Child nutrition:** Approximately 10% of households in both governorates reported having children currently in nutrition programmes. The survey did not assess the reasons for admission into the programmes but it may be due to health problems, poor infant feeding practices, or food insecurity.

Overall the data shows poor infant feeding practices. While a high proportion of children were ever breastfed (87.3%), and 76.5% of children were still receiving breastmilk at 2 years of age, only 18.8% of children under 6-months of age are exclusively breastfed. This is mainly due to the child receiving additional liquids – water (93% of breastfed children), milk (40.4%) or tea/coffee (39.7%).

Children should start receiving solid and semi-solid food from 4-6 months of age, and the survey found that 62.5% of children aged 6-8 months received these foods. However, only 20.2% of children aged 6-23 months received more 4 or more food groups on the day before the survey, and only 4 children (2%) received the minimum acceptable diet – 4+ food groups, consumed 4+ times per day.

**Vulnerability:** Vulnerability proved difficult to establish, as different traditionally vulnerable groups such as female-headed households, child-headed households, new IDPs had different low scores (CSI, FCS, average income). However, most of these households had borderline food consumption scores. In general, households in Taiz governorate were more food insecure, earned less income and employed more severe coping strategies than households in Lahj.

**Markets:** The cost of the FSAC minimum food basket is more expensive in Taiz Governorate than in Lahj. To purchase food commodities to the equivalent of 75% of their basic requirements, an average household (7 members) from Lahj would need 17,429 YER. In Taiz it costs an average of 20,243 YER. All the basket items were available in the surveyed markets.

## Recommendations

**Recommendation 1:** Provide humanitarian assistance in both Lahj and Taiz Governorates as both areas are showing signs of food access stress. This is the result of low household income preventing households from purchasing food in the market.

**Recommendation 2:** Food assistance, either in-kind or as cash should be the priority for assistance in both governorates.

**Recommendation 3:** If funding is limited, households in Taiz Governorate should be prioritized over Lahj as they are reporting lower Food Consumption Scores, and higher Coping Strategies Index ratings.

**Recommendation 4:** The value of cash transfer for food assistance should be calculated based on the actual local market prices, or on the recommendation of the FSAC, whichever is higher. Cost calculation should be based on the items listed in the FSAC minimum food baskets.

**Recommendation 5:** If funding allows, multi-purpose cash grants should be considered so that households have sufficient funds to seek health care and pay for other basic items as required.

**Recommendation 6:** The poor infant and young child feeding patterns reported in this survey indicate that IYCF education would also be beneficial. Key topics include the nutritional and cost benefits of exclusive breastfeeding, and the importance of frequent feeding with a diverse diet.

**Recommendation 7:** It was difficult to identify vulnerable groups from this survey. It is therefore recommended that Save the Children actively support vulnerable groups identified in the Humanitarian Needs Overview<sup>1</sup> as appropriate for each location.

- IDP households and households hosting IDPs;
- Households with children under 5 or pregnant or lactating women;
- Households with children under 5 suffering from severe or moderate acute malnutrition;
- Households headed by female, child, elderly, chronically ill or physically challenged family members;
- Households with no productive assets or reliable means of income;
- Households within marginalized communities (e.g. *muhamashin*).

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<sup>1</sup> UNOCHA (2016) Humanitarian Needs Overview - Yemen

## Introduction

Save the Children International has been present in Yemen since 1963 and has one of the broadest geographical footprints of any international non-governmental organization (INGO) in Yemen implementing both humanitarian and development programming. Save the Children has established strong and collaborative partnerships with civil society actors, with government counterparts and with local communities.

Multiple national and governorate level assessments have been conducted by other agencies in Yemen. This survey was therefore designed as a rapid assessment to complement other findings, and to specifically assess the vulnerability and needs of households in Lahj and Taiz Governorates. Incorporation of other relevant assessment data such as nutrition surveys in both governorates, and the recent Humanitarian Needs Overview have been used to create a more comprehensive picture of the situation.

The overall objective of this assessment is to assess the vulnerability and needs of the populations in Lahj and Taiz Governorates in South Yemen, to determine appropriate interventions for the most vulnerable households.

## Background

Yemen has a population of almost 27 million people<sup>2</sup> and is the poorest country in the Arab region (Map 1). The latest UNDP Human Development Index (2014) gives Yemen a score of 0.498, ranking it 160 out of 187 countries.<sup>3</sup> Numerous factors contribute to low human development in Yemen including widespread conflicts, political instability and insecurity, deterioration in economic growth, extreme poverty, high population growth, and a high unemployment rate. In addition, there has been a reduction in remittances, and volatility of prices of food and other essential commodities, and increasing cost of living, including unaffordable health expenses, declining purchasing power, and continued conflicts. All these factors also contribute to the high levels of food insecurity and malnutrition.

### Political situation

In early 2011 pro-democracy activists in Yemen and members of the opposition staged protests challenging the rule of President Ali Abdullah Saleh, who had held power for more than three decades. The uprising that followed – The Yemeni Revolution – started a period of insecurity that continues today. The ongoing conflict has disrupted livelihoods and income options in the country in several ways including a breakdown of trade and markets in many of the active conflict areas including Taiz Governorate. Many people have lost their livelihoods and physical and economic access to food and other basic need due to the conflict.

Escalation of the armed conflict in Yemen since early 2015, has created one of the biggest current humanitarian crises in the world. The recent Humanitarian Needs Overview (HNO)<sup>4</sup> reports that protection of civilians is the key humanitarian issue. The ongoing crisis has also drawn 14 million people into food insecurity with a further 7 million people classed as severely food insecure (refer

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<sup>2</sup> World Bank - <http://www.worldbank.org/en/country/yemen>

<sup>3</sup> UNDP: [www.hdr.undp.org/en/content/human-development-index-hdi](http://www.hdr.undp.org/en/content/human-development-index-hdi)

<sup>4</sup> UNOCHA (2016) Humanitarian Needs Overview - Yemen

Map 2). Overall, the HNO reports 18.8 million people in need of some sort of humanitarian assistance in Yemen including 10.3 million in acute need.

### **Livelihoods and food security**

Yemen is largely dependent on food imports from the international markets to meet its domestic consumption requirement, particularly for wheat, the main staple. The ongoing conflict has had serious impacts on food imports, transportation network and market supply, and hence on prices of both imported staples and locally-produced commodities.

Most households in Yemen purchase their food, or at least a portion of it, in the local markets. Their food security is therefore dependent on their household income. However, nationally the food security situation is deteriorating due to the declining economic situation and the insecurity limiting households' access to markets. The price of food is also increasing. In April 2016, the average prices of locally-produced commodities (sorghum, millet, and maize) were stable but over 70 percent above their pre-crisis (February 2015) levels. Prices of imported wheat and wheat flour also stabilized but were still 11 and 15 percent, respectively, above the pre-crisis levels.<sup>5</sup> This at a time when purchasing power has eroded substantially, and most goods are only sporadically available in markets.

An estimated 8 million Yemenis have lost their livelihoods or are living in communities with minimal to no basic services.<sup>6</sup> Before the conflict, over 10% of Yemeni households were dependent on non-agricultural casual labour. Now, most have entirely, or partially, lost their jobs due to the crisis. In addition, the government has become increasingly resource-constrained, and in early 2015, the Social Welfare Fund payments were stopped, affecting 1.5 million recipient families. People have also lost their livelihoods because of loss of productive assets through displacement, or missing farming seasons due to inability to purchase agriculture input and a lack of rainfall last year, or due to restricted movement because of security constraints. Most public-sector salaries – on which about 30% of the population depend – have also been irregularly paid in the past several months.

An estimated 14 million in Yemen are food insecure – half the total population. This includes 7 million severely food insecure.<sup>7</sup> The World Food Programme (WFP) estimate that in October 2016, 42.3% of Yemenis had inadequate food consumption (poor or borderline); and amongst the IDPs this figure was higher at 57%. The HNO also shows that, as of September 2016, the average price of the monthly minimum food basket was 20% higher than before the crisis escalated in March 2015. Lack of purchasing power, compounded by the limited availability of food items and subsequent rise in food prices, has largely contributed to the increased food insecurity in the country.

The 2016 Global Hunger Index (GHI) Score for Yemen is currently 35<sup>8</sup> – which represents an “alarming” situation. This is a deterioration since the last scoring in 2008 (down 1.5 points). The latest Integrated Food Security Phase Classification (IPC) also shows about 51% of the population (14.12 million people) is under IPC Emergency and Crisis phases due to wide spread conflict and insecurity, declining livelihood opportunities, economic crisis, and disrupted market network and access.<sup>9</sup> There are

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<sup>5</sup> FAO (2016) Global Information and Early Warning System. Country Briefs – Yemen. Reference data 03-June-2016

<sup>6</sup> UNOCHA: <http://www.unocha.org/yemen/crisis-overview>

<sup>7</sup> UNOCHA (2016) Humanitarian Needs Overview - Yemen

<sup>8</sup> The Global Hunger Index (GHI) is designed to comprehensively measure and track hunger globally and by country and region. More information is available at <http://www.ifpri.org/topic/global-hunger-index>

<sup>9</sup> FAO (2016) Republic of Yemen, Integrated Phase Classification (IPC) Analysis. Summary of Findings. June 2016.

currently nine governorates (out of 22) rated as IPC Phase 4 – Emergency, including both Lahj and Taiz (Map 2).

High food prices and high levels of household debt are perhaps the two leading threats to food security in almost all governorates. Households with food shortages are forced to use a range of coping strategies, mainly consumption-related mechanisms to meet other needs on a limited household income. In general, rural households are worse-off in terms of using such destructive measures than those in urban areas.<sup>10</sup>

### **Nutrition**

For adults and children alike, one of the key nutrition issues in Yemen is the lack of dietary diversity. The main staple items – wheat and rice, together with oil/fat and sugar/honey – make up the three dominant food groups, in addition to the condiments that most people consume daily.<sup>11</sup> As with food security, dietary diversity is worse in rural populations, with urban people consuming more diverse diets.<sup>12</sup>

The Yemen Nutrition Cluster currently estimates that 4.5 million children, pregnant women and lactating women need treatment, or preventive measures, for malnutrition. This includes about 3.3 million acutely malnourished children and pregnant or lactating women, and about 462,000 children under 5 suffering from severe acute malnutrition. These figures represent a 63% increase since late 2015 and threatens the lives and life-long prospects of those affected.<sup>13</sup>

The latest nutrition survey in Lahj Governorate was carried out in October 2015 by UNICEF. The Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey found that in the lowlands of Lahj the prevalence of global acute malnutrition (GAM) was 20.5%, and 4.3% severe acute malnutrition (SAM), indicating a nutrition emergency.<sup>14</sup> The Lahj highlands had better malnutrition rates of 9.9% GAM and 1.7% SAM. In addition, the survey found that infant and young child feeding (IYCF) practices were poor: exclusive breastfeeding for children less than six months old was only 16% in the lowlands and 11.3% in the highlands; and children aged 6-23-month-old receiving the recommended minimum dietary diversity was only 19.7% in the lowlands and 19.3% in the highlands.

The most recent SMART survey in Taiz was conducted by UNICEF in May 2016. The survey found prevalence of GAM was 25.1% in the lowlands, 17% in the city and 14.4% in the highlands. All these rates, are above the emergency threshold. In addition, incidences of SAM in the region stood at 5.3%, 1.9%, 1.6% in the lowlands, city and highlands, respectively. The lowlands rate indicates a nutrition emergency in the Taiz lowlands. The survey also showed that only 13% of children aged 6-23 month in the highlands, and 11.7% in the lowlands, consumed the minimum acceptable diet<sup>15</sup>.

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<sup>10</sup> WFP (2014) Comprehensive Food Security Survey. Yemen. November 2014. World Food Programme, UNICEF & Central Statistics Organization, Government of Yemen.

<sup>11</sup> Ibid.

<sup>12</sup> WFP (2014) Comprehensive Food Security Survey. Yemen. November 2014. World Food Programme, UNICEF & Central Statistics Organization, Government of Yemen.

<sup>13</sup> UNOCHA (2016) Humanitarian Needs Overview - Yemen

<sup>14</sup> WHO thresholds – GAM <5% = acceptable, GAM 5-9% = poor, GAM 10-14% = serious, GAM ≥15% = critical. From WHO, 2003, "The Management of Nutrition in Major Emergencies".

<sup>15</sup> The "minimum acceptable diet" indicator measures both the minimum feeding frequency (4 times per day) and minimum dietary diversity (4 or more food groups per day).

No causes of malnutrition were reported in either survey, but they are likely to include poor water and sanitation facilities, food insecurity, poor infant and young child feeding practices, and lack of access to health care. The nutrition situation is currently deteriorating throughout Yemen because of the humanitarian crisis, as all the causal factors are exacerbated especially the lack of access to health facilities, and growing food insecurity due to food price rises.

## **Health**

The recent HNO found that 14.4 million lack access to safe drinking water or sanitation, and 14.7 million lack adequate healthcare.<sup>16</sup> Basic services and the institutions that provide them are collapsing, placing enormous pressure on the humanitarian response. Only 45% of health facilities are functioning, and even these face severe shortages in medicines, equipment, and staff. An estimated 14.8 million people lack access to basic healthcare, including 8.8 million living in severely under-served areas. Medical materials are in chronically short supply, and only 45% of health facilities are functioning.<sup>17</sup>

An estimated 14.4 million people require assistance to ensure access to safe drinking water and sanitation, including 8.2 million who are in acute need. This represents an increase of 8% since late 2014, and the severity of needs has intensified.<sup>18</sup>

## **Vulnerable groups**

The HNO identified five main vulnerable groups: IDPs, women and female-headed households, children, minority groups, and refugees, asylum seekers and migrants in Yemen.

**IDPs:** An estimated 2.2 million people are currently internally displaced, of whom 77% are living either with host communities (1.2 million people) or in rented accommodation (480,000 people).<sup>19</sup> About 90% of IDPs have now been displaced for more than 10 months, including 85% who have been displaced for more than a year. Amid a severe economic decline and long-term displacement, IDPs and their hosts are rapidly exhausting reserves to meet their needs.

**Women:** Even before the current crisis, women and girls in Yemen faced entrenched gender inequalities that limited access to services, livelihoods and other opportunities. Conflict has exacerbated these limitations, and women and girls face a range of specific vulnerabilities. Female-headed households face additional challenges as they seek to provide for their families in a difficult environment, potentially relying on negative coping strategies that leave them susceptible to exploitation and abuse.

**Children:** Children are among the most vulnerable groups and are disproportionately affected by the conflict. The conflict is also taking a toll on children's access to education. Schools have been hit during ground operations and aerial attacks, and it is estimated that 1,604 schools are currently unfit for use due to damage, presence of IDPs or occupation by armed groups. Some 2 million children are out of school, further jeopardizing their future.

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<sup>16</sup> UNOCHA (2016) Humanitarian Needs Overview - Yemen

<sup>17</sup> Ibid.

<sup>18</sup> UNOCHA (2016) Humanitarian Needs Overview - Yemen

<sup>19</sup> Ibid.

**Minority groups:** The conflict has resulted in societal divisions becoming more pronounced as groups compete for available resources. Some minority groups have been targeted for detention (e.g. reports of Baha'is detained in August in Sana'a) or expulsion (e.g. reports of "northerners" being expelled from southern governorates).

**Refugees, asylum seekers and migrants:** The conflict has severely impacted Yemen's capacity to absorb refugees, asylum seekers and migrants, or deliver basic services to them. Despite ongoing conflict and the extremely hazardous journey, nearly 97,900 new arrivals were observed between January and September 2016 – the highest rate since records keeping began in 2006. Most new arrivals are from Ethiopia and Somalia, and are in dire need of basic humanitarian assistance and protection. Nearly 35 per cent are unaccompanied minors.<sup>20</sup>

### **Lahj Governorate**

Lahj Governorate is in the south west of Yemen (Figure 1). With an area of 13,046 km<sup>2</sup> it is the fifth largest Governorate in Yemen by total area. Lahj Governorate contains fifteen districts and the total population is 990,000.

Lahj has two livelihood zones: The Western Coastal Plain millet, sorghum and livestock zone (highlands), and the Western and Central Wadi sorghum, millet, vegetable, fruit and livestock zone (lowlands). The livelihoods of people therefore vary based on geography and the climate of the district in which they reside. Agriculture is the lead economic activity including crop production (mainly millet and sorghum), animal husbandry, bee-keeping, fishing as well as some other small economic activities.<sup>21</sup>

Lahj is currently ranked as IPC Phase 4: Emergency. It is reported that 820,000 people need humanitarian assistance in Lahj Governorate (82.8% of total population). The HNO classified Lahj as 4 or 5 in terms of severity of need with 6 being the most severe rating.

### **Taiz Governorate**

Taiz Governorate is in the south west of Yemen and has an area of 12,605 km<sup>2</sup> (Figure 1). Taiz has a population of 2.8 million.

Like Lahj, Taiz Governorate also has two livelihood zones: The Western and Central Wadi sorghum, millet, vegetable, fruit and livestock zone Livelihood (lowlands), and the Western and Central Highland Qat, Grain, Fodder, and Livestock Zone (highlands). The agriculture of Taiz is therefore diverse with different areas having different climatic conditions and able to grow different crops. Some areas are irrigated, producing cotton, sorghum and sesame. Mangoes, papayas, and bananas, coffee and *qat* are also grown.

Taiz Governorate is currently an active conflict zone. The HNO classifies it among the most severely in need areas (classification 6). In 2016 it was ranked as 5. The IPC classifies Taiz as an emergency

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<sup>20</sup> UNOCHA (2016) Humanitarian Needs Overview - Yemen

<sup>21</sup> Government of Yemen (2015) Nutrition and Mortality Survey in Lowland and Highlands Ecological Zones, Lahj Governorate, Yemen. Ministry of Public Health and Population, UNICEF. October-November 2015.

(Phase 4). It is reported that 2.2 million people need humanitarian assistance in Taiz (78.5% of total population).

## Methodology

This vulnerability and needs assessment was carried out in November - December 2016. Questionnaire development, data analysis and reporting was done remotely by an Independent Consultant, while the Save the Children Yemen team conducted the enumerator training, the data collection and data entry. The assessment timeline can be found in Annex 1.

### 1. Geographic targeting:

- The survey was purposively conducted in two governorates: Taiz and Lahj in South-West Yemen.
- The sample size was calculated to be representative at governorate level only (n=394 households) – see below.
- From each governorate three districts were randomly selected. A fourth was selected ONLY as a replacement in case one of the first three are not accessible.
  - Taiz: Dhubab, Dimnat Khadir, and Al Qahirah, (or Sama)
  - Lahj: Yafa'a, Yahr, and Al Mihah, (or Al Madaribah Wa Al Arah)
- Within each district, three sub-districts were randomly selected by the survey team. A total of 44 households were to be surveyed in each sub-district.

### 2. Household selection:

- Within each sub-district, random sampling of households was done.
- Selected households were then asked to complete the questionnaire/interview. Existing Save the Children beneficiaries were not included in the survey sample.

### 3. Assessment tools:

- The questionnaire was designed to be a rapid assessment, and to complement the information already collected by other assessments.
  - **Household interview (questionnaire)** - Annex 2 – translated into Arabic. As much as possible, internationally accepted, standard questions have been used, including Food Consumption Score, Coping Strategies Index, and the Infant and Young Child Feeding (IYCF) core indicators.
    - Section 1: Household information
    - Section 2: Needs assessment
    - Section 3: Health
    - Section 4: Household nutrition and food security
    - Section 5: Livelihoods
    - Section 6: IYCF.
  - **Market price assessment** - This will be done using Save the Children's existing market price data collection tool, and includes the Food Security and Agriculture Cluster's (FSAC) Minimum Food Basket items, as well as commonly used non-food items.

**Table 1: Sample size calculation for household interviews**

Sampling universe is equal to all households in each Governorate MINUS existing Save the Children beneficiaries	Lahj: 939,000 Taiz: 3,051,000 TOTAL = 3,990,000
Using sample size calculator: <a href="http://www.surveysystem.com/sscalc.htm">http://www.surveysystem.com/sscalc.htm</a> Confidence interval – 5% Confidence level – 95%	Minimum sample size = 384 HHs in each Governorate
Allowing for non-response from HHs → Increase sample size	Increase sample size to 386
Allowing for error in data collection (2%) → Increase sample size	Increase sample size to 393
<b>Final required sample size</b>	<b>394 HHs per Governorate</b>
<b>Final data collection</b>	<b>732 HHs</b>
<b>TOTAL for assessment</b>	<b>788 HHs</b>

**4. Data collection and analysis:**

Data was entered using KoBo Toolbox, a suite of open source tools for field data collection. Data analysis was done using Microsoft Excel. In total, the survey collected information from 732 households. The numbers are representative of households in Lahj (>384) but not so in Taiz where data collection was more difficult due to security constraints. Similarly, the data collected for IYCF consists mainly of children in Lahj, and is therefore not representative of children in Taiz.

**Table 2: Final division of surveyed households**

Lahj		Taiz	
Surveyed Districts	n	Surveyed Districts	n
Habeel Jaber	116	Al-Ma'afer	158
Al-Milah	148	Al-Mawaset	119
AL-Madriharibah	144	Al-Shamaiateen	47
	<b>408</b>		<b>324</b>
<b>TOTAL = 732 households</b>			

## Findings

### Section 1: Household information

Most of the surveyed households (85.5%, n=626) were headed by married males. The average household size was 7.2 members.

Male-headed households had an average of 7.4 members, and the head of household was, on an average, 43 years of age. Female-headed households were slightly smaller (average of 6.4 members) and the head of household slightly older at 48.7 years. Most female-headed households were widowed (58.5%). A third (30.1%) were married. Over ten percent of respondents from both Lahj and Taiz Governorates were from female headed households (16.2% & 12.3% respectively) (Table 3).

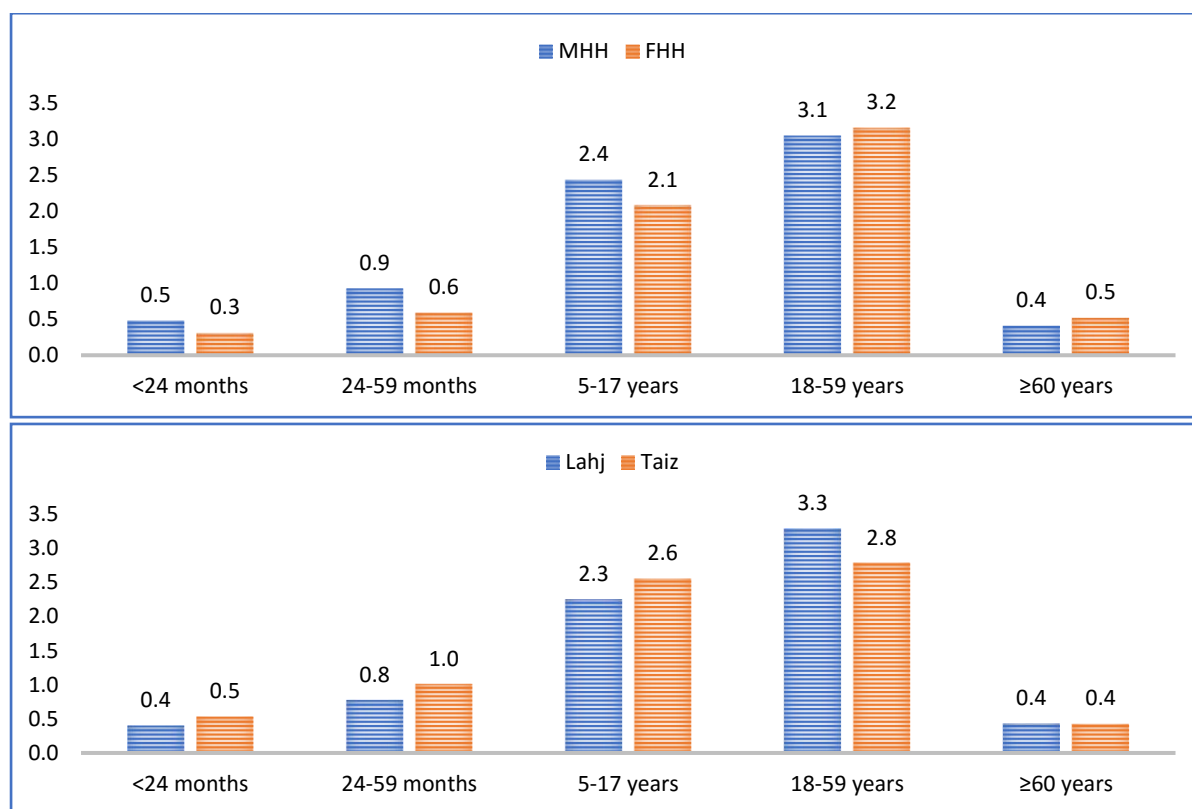
There was no statistical difference in the household profiles from Lahj and Taiz. The main difference is the age group of the female-headed household (FHH) (in both governorates) being higher than the male-headed households (MHH).

**Table 3: Characteristics of the head of household**

	Lahj				Taiz				TOTAL			
	n	%	Av. age HH head	Av. HH Size	n	%	Av. age HH head	Av. HH Size	n	%	Av. age HH head	Av. HH Size
MHH	342	83.8	44	7.3	284	87.7	42.1	7.5	626	85.5	43.2	7.4
FHH	66	16.2	50	6.4	40	12.3	46.5	6.3	106	14.5	48.7	6.4
<b>TOTAL</b>	<b>408</b>	<b>100</b>	<b>45</b>	<b>7.2</b>	<b>324</b>	<b>100</b>	<b>51.5</b>	<b>7.3</b>	<b>732</b>	<b>100</b>	<b>44</b>	<b>7.2</b>

On average, respondent households included three adults (18-59 years), 2 children (5-17 years) and 1 children less than 5 years. Some households also included members  $\geq 60$  years. Similar household profiles were found in male-and female-headed households, and in households in Lahj and Taiz (Figure 3).

**Figure 1: Household member profiles**



The education level of the head of household was collected from all households. Two third of households reported that the head of household had attended school while many others had attended but not completed their schooling. Approximately 10% of heads of household in both governorates had completed primary school, and around 15% had completed secondary school. (Table 4). None of heads of interviewed households had completed tertiary studies.

An important difference noted was that 73.2% of heads of male-headed households had attended school, compared to 23% of heads of female-headed households, and only 3.8% of heads of female-headed households had completed either primary or secondary schools. More households in Taiz had completed secondary school (18.2% compared to 9.6% in Lahj).

**Table 4: Education of head of household**

	% Ever attended school	% Completed primary school	% Completed secondary school
Lahj	65.2	12.3	15.4
Taiz	66.6	9.6	18.2
Male-headed households	73.2	12.3	18.8
Female-headed households	23	3.8	3.8
<b>TOTAL</b>	<b>66.5%</b>	<b>11.1%</b>	<b>16.7%</b>

Most surveyed households (97.4%, n=713) were permanent residents (Table 5). Less than 1.5% (n=10) of the households were IDP households. Only 13 resident households (1.8%) reported to be hosting IDPs. By coincidence, 13 IDP households but only 4 of them were living with host families.

**Table 5: Household residence status**

	Lahj			Taiz			TOTAL		
	n	%	Average HH size	n	%	Average HH size	n	%	Average HH size
Resident/ permanent	399	97.8	7.2	314	96.9	7.4	713	97.4	7.3
IDP <2 years	4	0.98	6.75	6	1.9	6.3	10	1.4	6.5
IDP ≥2 years	1	0.24	8	2	0.6	4	3	0.4	5.3
Transitional/seasonal	0	0	—	0		—	0	0	—
Voluntary new arrival	4	0.98	4	1	0.3	4	5	0.7	4
Other	0	0	0	1	0.3	8	1	0.1	8
<b>TOTAL</b>	<b>408</b>	<b>100</b>	<b>7.2</b>	<b>324</b>	<b>100</b>	<b>7.3</b>	<b>732</b>	<b>100</b>	<b>7.2</b>

It is important in terms of vulnerability to note that the sample of households included one household headed by a person less than 18 years of age (child-headed household). There were also thirteen households that included only adults aged ≥60 years and children under 18 years (Table 6). A discussion on the identification of particularly vulnerable groups can be found ahead in Section 7.

**Table 6: Proportion of child- or elderly-headed households**

		n	Average HH Size	Marital status
Elderly households looking after children*	Male headed household	8	3.6	Married (62.5%) Divorced/separated (37.5%)
	Female headed household	5	2	Everyone widowed
Child headed households**	Male headed household	1	4	Single

\*All adults in household are ≥60 years of age

\*\*Age of head of household is <18 years

## Section 2: Needs assessment

All surveyed households were asked if they had received external support in the three months before the survey, from aid agencies. In total 153 households (21.2%) reported receiving support (Table 7).

Households who had received support named food or cash as their main form of assistance. The most common source in Lahj was WFP, while in Taiz, most households receiving support said it came from Social Welfare Fund. Note that Save the Children is also supporting these governorates but SCI beneficiaries were not included in the survey. The table below therefore shows other agencies providing support.

**Table 7: Support received in last 3 months**

	% of households receiving support	Agencies providing support	Type of support provided
<b>Lahj</b>	16.9%	IMC, IRC, UAE-RC, UNICEF, WFP, WHO	Food or cash - 72.5% Non-food items - 6% Other - 27.5%
<b>Taiz</b>	25.9%	UNICEF, Social Welfare Fund, King Salman Centre, Mercy Corps, WFP	Food or cash - 100%

### Humanitarian priorities

Households were asked about their most urgent needs. In both Lahj and Taiz the overall priorities were the same: food, health care and cash. Drinking water was also highly prioritized in Lahj. Likewise, households in both locations prioritized the same items for their children: food/milk, health care and education. Household priorities were the same for male- and female- headed households.

- **Lahj Governorate**

More than half prioritized **food** (59.3%) as their main humanitarian need, followed by **cash** (20.3%) and **health care** (5.6%) (Table 8). These three items were repeated for most households, in different orders, for their second and third priorities. The priority given to health care is consistent with almost half (46.6%) of households reporting that they have members who require regular visits to health centre and/or regular treatment. Drinking water was also mentioned by a third (n=135, 33%) of the respondents.

In addition to the priorities listed for the whole household, 114 households (27.9%) reported having additional, specific needs for children. The top three priority needs for children were **food/milk, health care, and education. Child nutrition, and complementary food** was also mentioned. If these categories are added to the food/milk category, then 72 households (17.6%) mentioned “child feeding” as a priority. Clothes and cash were also high priorities.

**Table 8: Humanitarian priorities – Lahj Governorate**

FOR WHOLE HOUSEHOLD	1 <sup>st</sup> Priority	2 <sup>nd</sup> Priority	3 <sup>rd</sup> Priority	TOTAL mentions	Overall ranking
<b>Food</b>	<b>242 (59.3%)</b>	<b>93</b>	<b>14</b>	<b>349</b>	<b>1</b>
<b>Health care</b>	<b>23 (5.6%)</b>	<b>102</b>	<b>129</b>	<b>254</b>	<b>2</b>
<b>Cash</b>	<b>83 (20.3%)</b>	<b>98</b>	<b>63</b>	<b>244</b>	<b>3</b>
Drinking water	36	48	51	135	4
Education	0	19	15	34	
Public services	0	3	20	23	
Clothes	0	11	7	18	
Other*	6	15	59	82	
No other priorities	0	19	48	85	
<b>TOTAL</b>	<b>408</b>	<b>408</b>	<b>408</b>		

\*Other includes NFI, Shelter, WASH, kitchen kits, livestock, flood protection equipment, hygiene kits and microfinance.

FOR CHILDREN	1 <sup>st</sup> Priority	2 <sup>nd</sup> Priority	3 <sup>rd</sup> Priority	TOTAL mentions	Overall ranking
<b>Food/milk</b>	<b>51</b>	<b>0</b>	<b>0</b>	<b>51</b>	<b>1</b>
<b>Health care</b>	<b>21</b>	<b>33</b>	<b>27</b>	<b>81</b>	<b>2</b>
<b>Education</b>	<b>17</b>	<b>11</b>	<b>6</b>	<b>34</b>	<b>3</b>
Clothes	7	8	8	23	
Cash	8	11	4	23	
Child Nutrition	0	16	0	16	
Other*	9	10	13	32	
No other priorities	0	24	55	79	
<b>TOTAL</b>	<b>113</b>	<b>113</b>	<b>113</b>		

\*Other includes drinking water, hygiene kits, complementary food, shelter, wellbeing services, mosquito nets, NFIs, toys and parks.

- **Taiz Governorate**

Most households reported their main priority as **food** (83%), followed by request for **health care** (70%) and **cash** (32.7%) (Table 9). As in Lahj, these three items were repeated for their second and third priorities, making them the overall highest priorities. More than half the households in Taiz (58.3%) reported that they have members who require regular visits to health centre and/or regular treatment. In addition to the priorities listed for the whole household, 67 households (20.1%) reported having additional, specific needs for children. The top three priority needs for children were **food/milk, health care, and education**.

**Table 9: Humanitarian priorities – Taiz Governorate**

FOR WHOLE HOUSEHOLD	1 <sup>st</sup> Priority	2 <sup>nd</sup> Priority	3 <sup>rd</sup> Priority	TOTAL mentions	Overall ranking
<b>Food</b>	<b>269 (83%)</b>	<b>14</b>	<b>13</b>	<b>296</b>	<b>1</b>
<b>Health care</b>	<b>4 (1.2%)</b>	<b>178</b>	<b>45</b>	<b>227</b>	<b>2</b>
<b>Cash</b>	<b>15 (4.6%)</b>	<b>24</b>	<b>67</b>	<b>106</b>	<b>3</b>
NFIs	2	2	4	8	
Drinking water	1	21	11	33	
Shelter	1	1	3	5	
Education	0	1	44	45	
Other*	0	19	47	66	
No other priorities	0	1	7	8	
<b>TOTAL</b>	<b>292</b>	<b>261</b>	<b>241</b>	<b>794</b>	

\*Other includes public services, clothes, WASH, kitchen kits, livestock, hygiene kits, fuel and land.

FOR CHILDREN	1 <sup>st</sup> Priority	2 <sup>nd</sup> Priority	3 <sup>rd</sup> Priority	TOTAL mentions	Overall ranking
<b>Food/milk</b>	<b>21</b>	<b>1</b>	<b>0</b>	<b>22</b>	<b>1</b>
<b>Health care</b>	<b>2</b>	<b>14</b>	<b>4</b>	<b>20</b>	<b>2</b>
<b>Education</b>	<b>0</b>	<b>1</b>	<b>10</b>	<b>11</b>	<b>3</b>
Other*	0	7	7	14	
<b>TOTAL</b>	<b>23</b>	<b>23</b>	<b>21</b>	<b>67</b>	

\*Other includes clothes, cash, livestock, drinking water and NFIs.

### **Key findings: Needs assessment**

- The survey found that already, several aid agencies had helped households in the last three months. Despite that assistance, 92% of households reported needed additional support.
- Food, or cash to purchase food is clearly the priority of households. Cash for other items would also be helpful, as many households have health needs.
- If Save the Children is going to assist households in Lahj and Taiz it will be important to coordinate efforts with other agencies working in the same locations.

## **Section 3: Health**

### **Location and cost of nearest health services**

The priority given to health care in Section 2 is consistent with half (52.4%) the surveyed households reporting that they have members who require regular visits to health centre and/or regular treatment.

In Lahj, the percentage of households with members requiring regular health care is 46.5% of households, while in Taiz, the figure is higher, at 58.3% (Table 10). The average cost of medical care for those members is 13,419 Yemeni Rial (YER) per month in Lahj (US\$53) and 15,396 YER per month in Taiz (US\$61.60). This is major proportion of household expenditure (described in more detail in Section 5). Overall, health makes up almost 10% of household expenses (8%, see Figure 7 ahead).

In the two weeks prior to the survey, 58.8% of households reported that they had at least one ill member. Of these, the most common illnesses reported were cough (42.5%), diarrhoea (42.5%), and fever/malaria (43.3%). In both Lahj and Taiz, most households with ill members sought help from a formal medical centre. The use of traditional healers was uncommon in both governorates (<5%).

Households in Lahj reported that their nearest health centre was approximately two and a half hours away (168 minutes) using a combination of car and foot. Transport to the health centre cost on average 2,032 YER return, and the cost of service was 2,923 YER. Households in Taiz reported a lesser travel time to health facilities (37 minutes) but higher average medical service costs (3,823 YER) compared to Lahj (2,215 YER).

**Table 10: Health**

	Lahj	Taiz	TOTAL
HH members requiring ongoing medical care	46.5%	58.3%	52.4%
○ Monthly cost of care (YER)	13,419	15,396	14,410
Distance to nearest health centre (mins)	198	36.8	168
Transport cost to nearest health centre (YER)	2,238	1,764	2,032
Service cost at nearest health centre (YER)	2,215	3,823	2,923
HH members sick in last 3 months	73.5%	83.3%	78.8%
○ Most common illnesses	Diarrhoea (47.7%) and cough (47%)	Fever/malaria (60.7%) and diarrhoea (44.8%)	Diarrhoea, cough and fever/malaria
HH members sick in last 2 weeks	52.5%	65.1%	58.8%
○ Most common illnesses	Cough (43.5%), diarrhoea (41.6%)	Fever/malaria (58.8%) and diarrhoea (48.8%)	Diarrhoea and cough
Location of treatment	Formal care (63%), private clinic (28.5%)	Formal care (53%), private clinic (25.1%)	Formal care (58%), private clinic (26.8%)

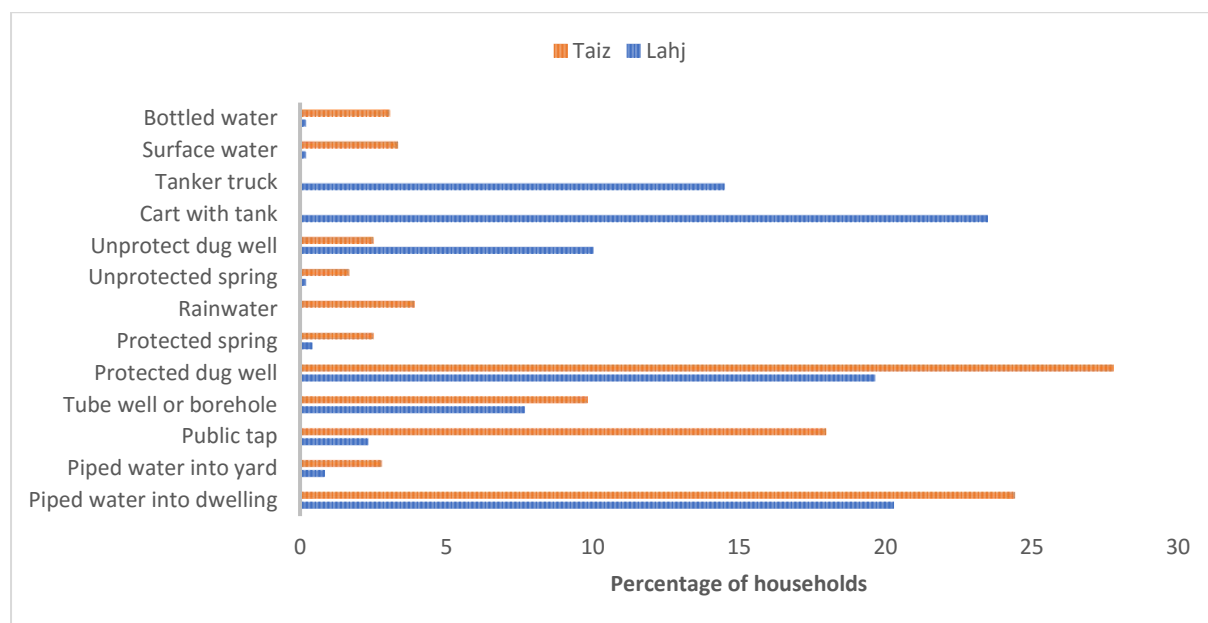
### Source of drinking water

Household amenities, such as water, and hygiene and sanitation facilities, are important indicators of socioeconomic status and can help identify the most vulnerable households. They also provide information on the available infrastructure in the surveyed areas.

Households were therefore asked to report their main source of drinking water, and to describe their sanitation facilities. Lahj and Taiz show different profiles in both sources of drinking water and the type of sanitation services used (Figures 2 & 3). The use of unimproved drinking water and sanitation

facilities is a known factor for increasing the likelihood of the presence of acutely malnourished children and women in the household.<sup>22</sup>

**Figure 2: Main drinking water sources**



In Lahj the top three reported sources of water were cart with tank (23.5%), piped water into dwelling (20.3%) and protected dug well. Tanker truck was also a common response (14.5%). In Taiz, the main water sources were protected dug well (27.8%), piped water into dwelling (24.4%) and public tap (18%).

Overall, 89.3% of households in Taiz reported using safe, “improved water sources”<sup>23</sup> compared to 51.3% in Lahj. This is consistent with households in Lahj requesting drinking water as a humanitarian need above (in Section 2). The 2014 Comprehensive Food Security Survey (CFSS) found that at the national level, 37.4 percent of the population drinks from unimproved water sources, therefore both Lahj and Taiz households are doing better than average on access to safe drinking water.

### Sanitation facilities

Unlike access to improved water sources, neither governorate reported strong access to improved sanitation facilities. A quarter of households in Lahj (24.6%) reported using “improved sanitation”<sup>24</sup> compared to 18.6% of households in Taiz.

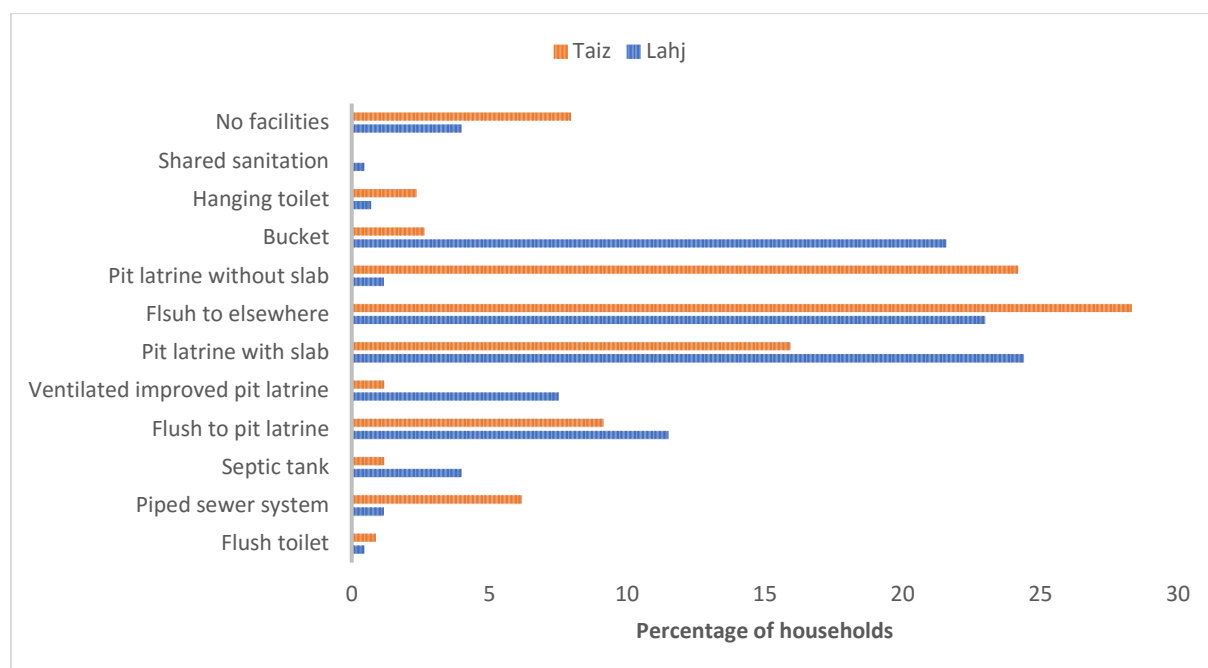
In Lahj the most commonly reported sanitation facilities were pit latrine with slab (24.4%), flush/pour to elsewhere (23%), bucket (21.6%) and flush to pit latrine (11.6%) (Figure 3). In Taiz, the top three sanitation facilities used were flush/pour to elsewhere (28.3%), pit latrine without slab (24.2%) and pit latrine with slab (15.9%) (Figure 3).

<sup>22</sup> WFP (2014) Comprehensive Food Security Survey. Yemen. November 2014. World Food Programme, UNICEF & Central Statistics Organization, Government of Yemen.

<sup>23</sup> Improved water sources are piped water into dwelling, piped water into yard, public taps, tube wells or boreholes, protected dug well, protected spring and rainwater.

<sup>24</sup> Improved sanitation facilities are flush toilets, piper sewer systems, septic tanks, ventilated improved latrines, pit latrine with slab, and composting toilets.

**Figure 3: Sanitation arrangements**



Proper sanitation facilities and practices are among the most important factors that promote a population’s health status. The 2014 CFSS found that about 66 percent of households in Yemen had access to flush toilets. The study further indicated that 85 percent of households nationally could be categorized as having improved sanitation facilities. This is far greater than what this vulnerability survey has found.

**Key findings: Health**

- The priority given to health care is consistent with almost half (46.6%) of households reporting that they have members who require regular visits to health centre and/or regular treatment.
- The average cost of medical care for those members is 13,419 YER in Lahj (US\$53) per month and 15,396 YER (US\$61.60) per month in Taiz. This is major proportion of household expenditure (described in more detail in Section 5).
- In both Lahj and Taiz, most households with ill members sought help from a formal medical centre. Overall, 89.3% of households in Taiz reported using safe, “improved water sources” compared to 51.3% in Lahj. This is consistent with households in Lahj requesting drinking water as a humanitarian need above (in Section 2).
- Overall, a quarter of households in Lahj reported using “improved sanitation” compared to 18.6% of households in Taiz.

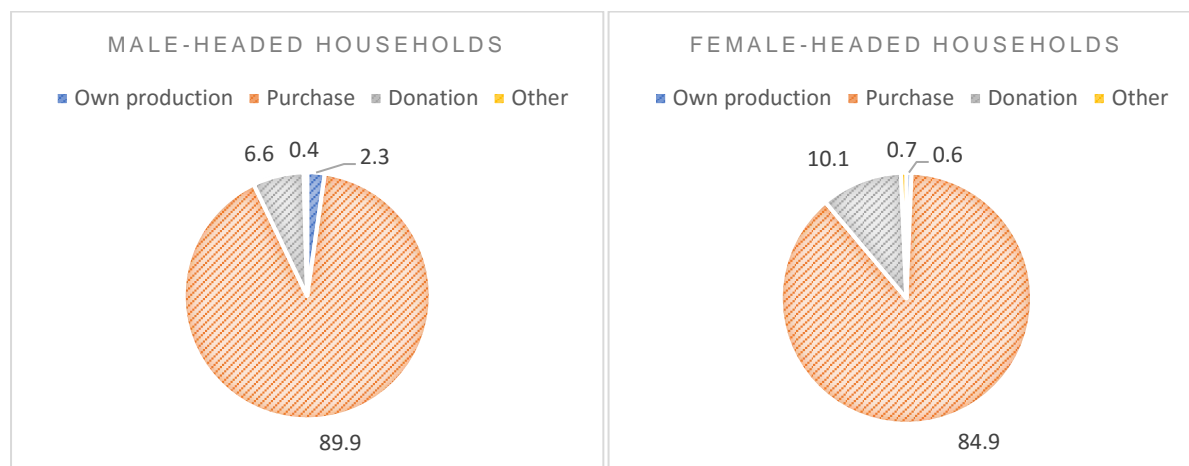
## Section 4: Household food security and nutrition

Households were asked about their main source of food. In total, 89.2% of households reported that their main source was food purchased in the market (Table 11). This is consistent with the request for food and “cash” when identifying the household’s priority needs (in Section 2). Overall, households in Taiz get an average of more than 10% of their food from donations. This is due to twelve households reporting 100% of their food from donations.<sup>25</sup> There was no significant difference between male- and female-headed households (Figure 4).

**Table 11: Main sources of food**

	Lahj	Taiz	TOTAL
Own production	1.1	3.2	<b>2</b>
Purchase	94.1	82.4	<b>89.2</b>
Donation	3.4	11.8	<b>7.1</b>
Other	0.1	0.9	<b>0.5</b>
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>

**Figure 4: Source of food - male headed households and female headed households**



Households were asked to report the name of the market that they use for buying food. Households in Lahj reported using six main markets (Table 12), and travelling, on average, 37 minutes (8 km) to buy food. Most households reported paying for transport to travel to the market, at an average cost of 1,916 YER (return) (US\$7.66).

<sup>25</sup> The twelve households in Taiz receiving all their food from donations were permanent residents (n=11) and one IDP household. Three were MHH and 9 FHHH. Their average FCS was 35.5 (“borderline”).

In Taiz, most households reported using one of five main markets. Households travelled on average 30 minutes (6km) either by foot or motorcycle to buy food, at an average cost of 1,286 YER (return) (US\$5.14).

**Table 12: Markets used for food purchase**

	Main markets used (in order)	Average distance to market	Cost of transport to market (return)
Lahj	Al-Milah/Habelain, Habel Jaber, Toor Albaha, Khor Omera, Al-Madharibah, Al-Mabiadh	37mins (approx. 8 km)	1,916
Taiz	Al-Nashmah, Al-Ahad, Central, Hoban/Kadas, Al-A'en	30 mins (approx. 6km)	1,286

### Food Consumption Score

Food Consumption Score (FCS) measures the consumption patterns of the households. It combines food frequency and dietary diversity over the last 7 days. On average, the surveyed households have a FCS of 42.1, which is at the lowest end of the “acceptable range” bordering on “borderline”. Households in Taiz had lower scores than households in Lahj. Most the female-headed households in both Lahj and Taiz had borderline FCS.

#### Categorization of Food Consumption Scores:

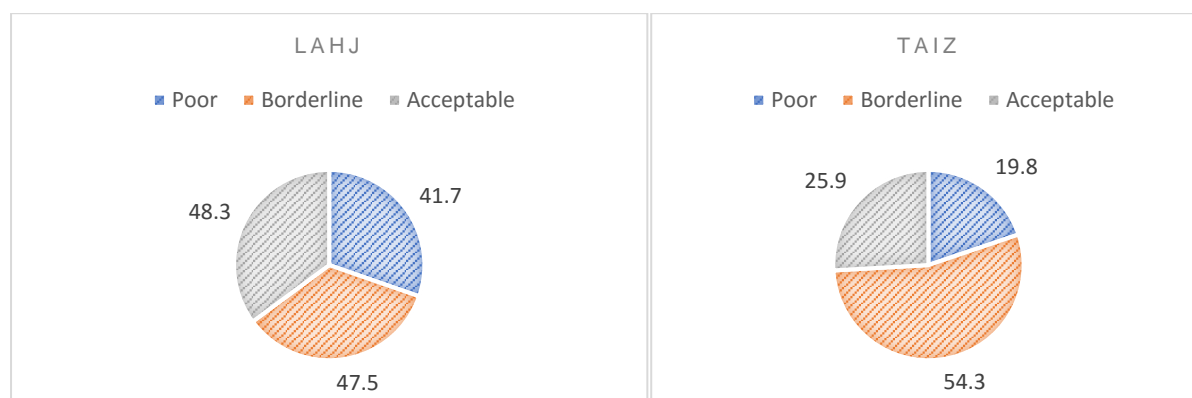
- Poor food consumption: 0 to 28
- Borderline food consumption: 28.5 to 42
- Acceptable food consumption: > 42

In Lahj, 48.3% of households have an acceptable FCS, with no significant difference between male- and female-headed households.

The average FCS is 46.5 – classified as “acceptable”. However, it is important to note that Lahj has 17 households classified with “poor” FCS and almost a half the surveyed households have “borderline” FCS i.e. they are in danger of falling into the “poor” category if their food security does not improve in the immediate future.

In Taiz, the situation is worse, with only a quarter of households (25.9%) having acceptable food consumption, and 64 households (19.8%) “poor”. More than half the households in Taiz (54.3%) are “borderline”. The average FCS in Taiz is 38, lower than in Lahj, and classified as “borderline”. (Figure 5).

**Figure 5: Food consumption classifications – Lahj and Taiz Governorates**



The dietary diversity of households in poor, with only grain staples<sup>26</sup> being consumed every day. Sugar and oils are consumed 4-5 days a week, while root staples,<sup>27</sup> vegetables, fruits, meat and dairy are consumed 2 days a week or less (Table 14). There was no significant difference found between the dietary pattern of male- and female-headed households. However, Figure 5 shows the difference between households in Lahj and Taiz. Households in Taiz are eating each of the food groups, except for sugar, less frequently than households in Lahj.

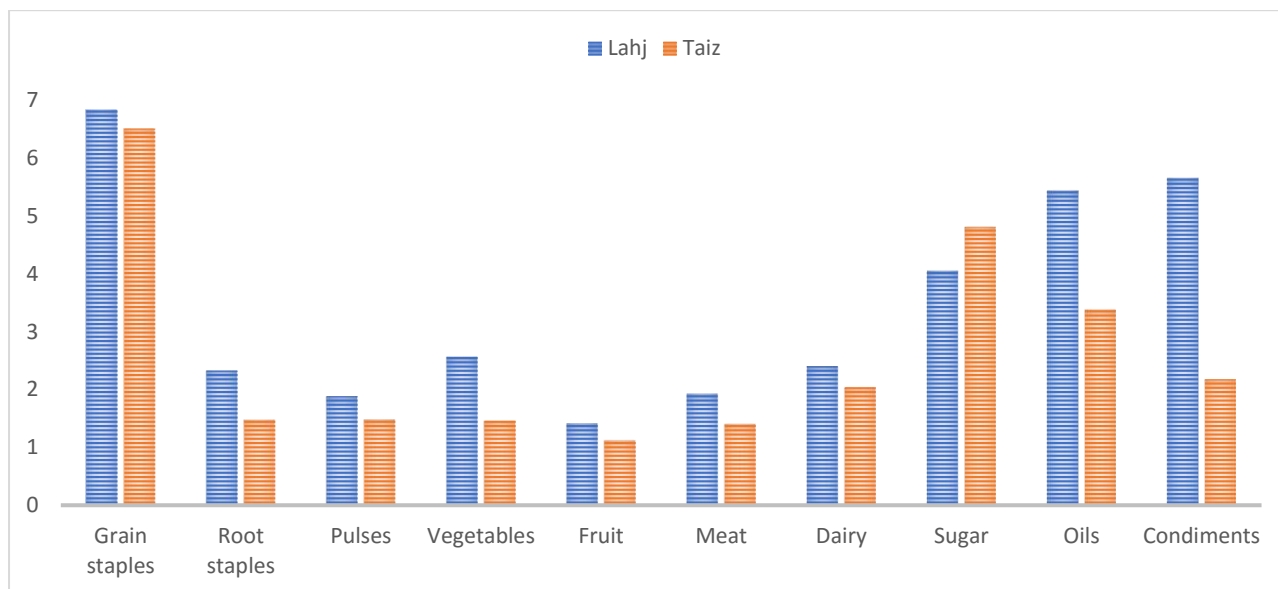
**Table 13: Average number of days each food group consumed last week**

	Grain staples	Root staples	Pulses	Vegetables	Fruit	Meat	Dairy	Sugar	Oils	Condiments
MHH	6.7	2.0	1.7	2.1	1.3	1.7	2.3	4.5	4.6	4.1
FHH	6.8	1.7	1.7	2.2	1.2	1.7	2.1	4.0	4.2	4.2
Lahj	6.8	2.3	1.9	2.6	1.4	1.9	2.4	4.1	5.4	5.7
Taiz	6.5	1.5	1.5	1.5	1.1	1.4	2.0	4.8	3.4	2.2
<b>TOTAL</b>	6.7	2.0	1.7	2.1	1.3	1.7	2.2	4.4	4.5	4.1

<sup>26</sup> Grain staples include maize, maize porridge, rice, sorghum, millet, pasta and bread

<sup>27</sup> Root staples include cassava, potatoes and sweet potatoes

**Figure 6: Difference in consumption pattern between households in Lahj and Taiz**



### Household Food Insecurity Access Scale

Households were asked the three questions of the simplified Household Food Insecurity Access Scale (HFIAS) (below).

- Almost three quarters of the surveyed households (70.6%) reported there were times in the last one month that there was no food to eat because of lack of resources. This reportedly happened on average 7 times.
- A third of households (37.2%) reported that someone in the household went to bed hungry (on average 3.8 times in the last month).
- Households with members going without food for 24 hours or more is less than 10% of the sample (9.5%). This happened an average of 3.3 times in the last month.

It is important to note that more households in Taiz are sleeping hungry or going 24 hours without food. This is consistent with the data above showing Taiz households having poorer dietary diversity and lower FCS scores than households in Lahj. It is also consistent with 80% of households in Taiz reporting their first humanitarian priority as food.

There was no statistical difference between male- and female-headed households. The breakdown of Table 15 by the sex of the head of household can be found in Annex 3.

**Table 14: Household food insecurity access scale (HFIAS)**

	Lahj		Taiz		TOTAL
	Yes	Times per month	Yes	Times per month	
a. Was there ever no food to eat because of lack of resources to get food?	300 (73.5%)	6.5	217 (63.5%)	7.7	<b>517</b> <b>(70.6%)</b>
b. Did you or any household member go to sleep at night hungry because there was not enough food?	130 (31.8%)	3.8	142 (43.8%)	5.5	<b>272</b> <b>(37.2%)</b>
c. Did you or any household member for a whole day and night without eating anything at all because there was not enough food?	27 (6.6%)	2.5	42 (12.9%)	3.6	<b>69</b> <b>(9.4%)</b>

**Number of meals consumed each day**

Households in both Lahj and Taiz reported that adults usually eat three meals a day. In Lahj this is the same for children, and in Taiz children ate slightly more (3.5 meals) each day (Table 16). When asked how many meals were eaten on the day before the survey, on average, households reported eating their usual number. More than 90% of households on both governorates reported still eating 3 or more meals per day.

Although this appears to be the usual pattern, more information is needed, particularly from the Coping Strategies Index data (CSI, below) to know if these meals are of the usual volume, or include peoples preferred food items.

**Table 15: Number of meals consumed each day**

	Lahj			Taiz		
	Usually Eaten	Eaten Yesterday	% of households eating 3+ meals	Usually Eaten	Eaten Yesterday	% of households eating 3+ meals
Adults	3	3	95.6	3	3	93.5
Children	3	3	91.1	3.5	3.5	96.3

**Coping Strategies Index**

The reduced Coping Strategies Index (CSI) was used as a proxy indicator of household food security to better understand how households are coping in response to food access constraints. Households were asked on how many of the preceding seven days they did not have enough food or money to buy food.

Households having food access issues were then asked how often they employed a range of coping strategies. These strategies are weighted from less severe: relying on less preferred or less expensive foods, or limiting portion sizes at meal times, through to very severe: gathering wild foods, hunting or harvesting green crops, or skipping entire days without eating.

As with the other food security indicators, the CSI shows that households in Taiz are worse off than households in Lahj. Although the numbers themselves have no meaning, a lower CSI, means the household is coping better.

- On average, the CSI was 12.7 in Lahj, compared to 20.1 in Taiz. In both locations with female-headed households are being slightly better off than male-headed households.<sup>28</sup>
- In November 2014, the CFSS found a CSI of 6.2 in Taiz and 7.6 in Lahj. Evidently the last two years have been difficult for households in both governorates as CSI is now higher. The change is particularly noticeable in Taiz.

**Table 16: Coping Strategies Index (CSI)**

	Lahj	Taiz	TOTAL
MHH	13.0	20.2	16.3
FHH	11.1	19.1	14.1
<b>Total</b>	<b>12.7</b>	<b>20.1</b>	<b>16</b>

The most common coping strategies employed by households in both locations were the least or moderate severe: relying on less expensive foods, limiting portion sizes, purchasing food on credit, and borrowing food from friends and relatives (Table 18). In both locations, almost half the surveyed households are purchasing food on credit. This can have detrimental effects on the household later, if they are unable to repay their debts. More information on household debt can be found ahead in Section 5.

It should be noted however that in Taiz, more households reported limiting portions at meal times, and restricting adult consumption so that children can eat. This explains the perceived inconsistency of food insecure households still consuming three meals a day – the meals are smaller, or at least smaller for adults. This is evidence of households experiencing food access stress.

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<sup>28</sup> The range of CSIs of all surveyed households was 0-125 in Lahj, and 0-108 in Taiz. The range of possible scores for the Yemen CSI is 0-175, with a score of 175 representing ALL 11 coping strategies being used every day.

**Table 17: Coping strategies used by surveyed households**

		Lahj		Taiz		TOTAL	
		n*	%	n*	%	n*	%
Least severe	Relying on less preferred, less expensive foods	204	50	165	50.9	369	50.4
	Limiting portions at meal times	117	28.7	138	42.6	255	34.8
Moderately severe	Borrowing food or relying on help from a friend or relative	157	38.4	185	57.1	342	46.7
	Purchasing food on credit	189	46.3	160	49.4	349	47.7
	Send household members elsewhere to eat	17	4.1	48	14.8	65	8.9
	Restrict consumption by adults so children can eat	48	11.8	99	30.6	147	20.1
	Reduce number of meals eaten per day	88	21.6	77	23.8	165	22.5
	Feed working members at the expense of non-working members	11	2.7	18	5.6	29	4
Severe	Consume seed stock	15	3.7	13	4	28	3.8
Very severe	Gathering wild foods	23	5.6	12	3.7	35	4.7
	Skip entire days without eating	9	2.2	16	4.9	25	3.4

\*Multiple answers allowed so total is greater than the total households in each location

**Key findings: Household food security and nutrition**

- Most households are purchasing their food from local markets.
- On average, the surveyed households have a FCS of 42.1, which is at the lowest end of the “acceptable range” bordering on “borderline”. Households in Taiz had lower scores (FCS=38) than households in Lahj (FCS=48.5) meaning they are less food secure.
- The dietary diversity of households is poor, with only grain staples<sup>29</sup> being consumed every day. Sugar and oils are consumed 4-5 days a week, while root staples,<sup>30</sup> vegetables, fruits, meat and dairy are consumed 2 days a week or less.
- The CSI shows that households in Taiz are worse off (less food secure) than households in Lahj.
- Most households in both Lahj and Taiz reported still consuming three meals per day. However, in Taiz, more households reported limiting portions at meal times, and restricting adult consumption so that children can eat. This means the meals are smaller, or at least smaller for adults.
- Overall, the findings indicate that households in Taiz are less food secure than households in Lahj although most households in both are experiencing food access stress and would benefit from external support.

<sup>29</sup> Grain staples include maize, maize porridge, rice, sorghum, millet, pasta and bread

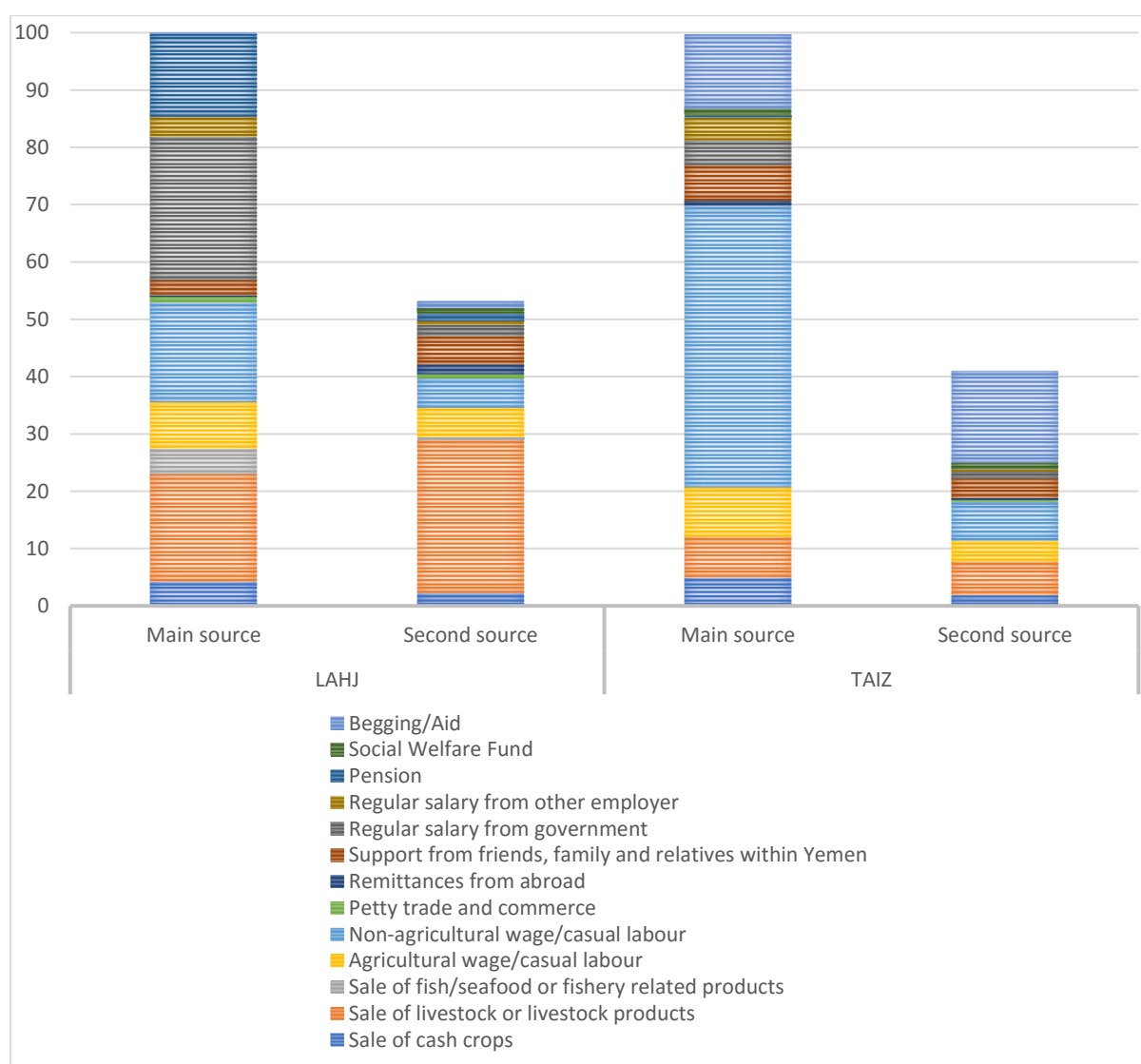
<sup>30</sup> Root staples include cassava, potatoes and sweet potatoes

## Section 5: Livelihoods - Household income and assets

Households in Lahj and Taiz Governorates show quite different livelihood profiles (Figure 6). Households in Lahj reported their main incomes sources as government salary (25%), sale of livestock and livestock products (19%), non-agricultural labour (17.4%) and pensions (15%). Just over half the households reported having other sources of income – predominantly the sale of livestock and livestock products. The average annual income in Lahj was reported to be 306,830 YER (US\$1,227),

In Taiz, households are more dependent on non-agricultural labour (50%), and reported that 14% of their income comes from begging or from humanitarian aid. Forty percent of households had additional sources of income, primarily begging or humanitarian aid. The average annual income in Taiz was reported to be 182,439 YER (US\$729).

**Figure 7: Sources of income**



Most surveyed households have one or two members earning income, most of whom are in the current location of the household (Table 19).

**Table 18: Household income**

	Lahj			Taiz			TOTAL	
	Number of members earning income	Average annual income (YER)	Average annual income (USD)*	Number of members earning income	Average annual income (YER)	Average annual income (USD)*	Average annual income (YER)	Average annual income (USD)*
MHH	1.2	314,641	\$1,258	1.1	186,842	\$747	262,333	\$1,049
FHH	1.1	265,175	\$1,060	0.8	135,613	\$542	239,649	\$958
<b>TOTAL</b>	<b>1.15</b>	<b>306,831</b>	<b>\$1,227</b>	<b>1.05</b>	<b>182,439</b>	<b>\$729</b>	<b>258,774</b>	<b>\$1,034</b>

\*1USD = 250.15 YER

In addition to household income, the survey collected information on household assets. The most commonly reported household asset in Lahj was livestock, and in Taiz it was mobile phones (Table 20). Households in Lahj were more likely to report owning livestock (82.1%) than in Taiz (49.4%), with an average livestock holding in Lahj of 5.5 head, compared to 3 in Taiz. This difference is possibly due to active conflict in Taiz and the larger percentage of IDP households. Approximately a third of households in both locations reported owning land. Households in Lahj held an average of 3.2 acres, and in Taiz most households had on average 2.7 acres. Fewer households have agricultural tools or seed stock, but this is understandable since agriculture is not a major source of income for the households surveyed in either location.

**Table 19: Household assets**

	Lahj			Taiz		
	n*	%	Average	n*	%	Average
Livestock (head)	335	82.1	5.5	160	49.4	3
Land (acres)	133	32.6	3.2	97	29.9	148.2***
Agricultural tools (pieces)	17	4.2	2.8	36	11.1	2.7
Seed stock (kgs)	19	4.7	73.3**	38	11.7	12.4
Mobile phone (number)	182	44.6	1.7	200	61.7	1.2
Other valuables	79	19.4	2	76	23.5	0.2
	Including bicycle, motorcycle, taxi, sewing machine, chickens, television			Including motorcycle and television		

\*Multiple answers allowed so total is greater than the total households in each location

\*\*Of the 19 households that reported having seed stock, only three reported their holdings. The average is therefore not representative of the total sample.

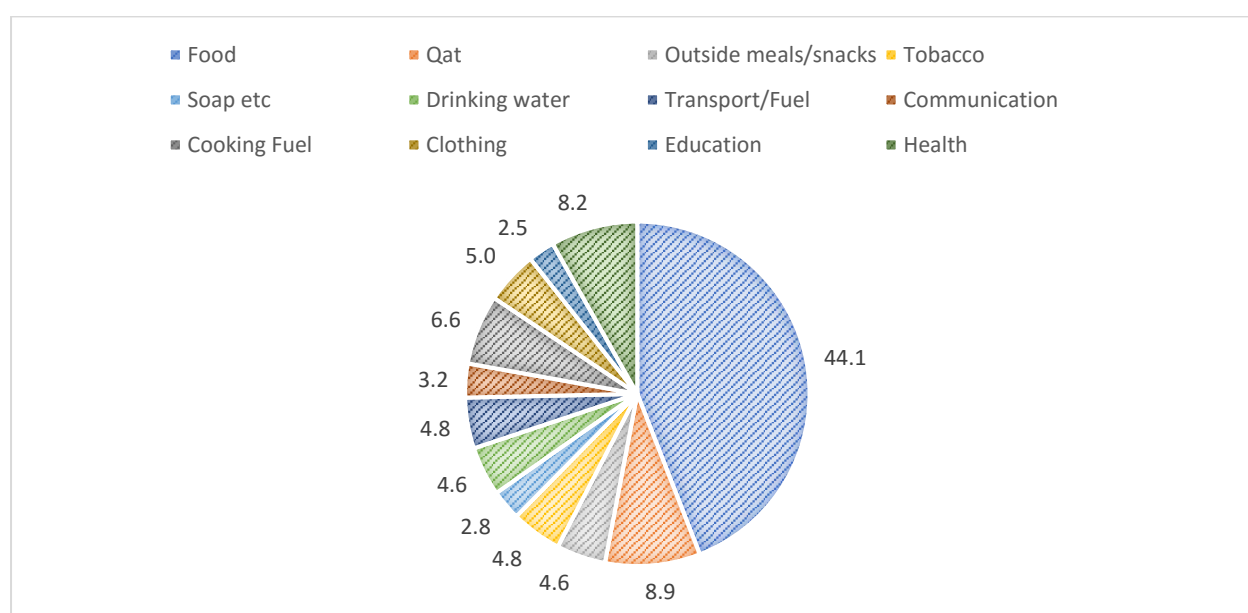
\*\*\* The average land holdings are skewed by six households having more than 50 acres (up to 9000 acres) of land. For the other households with land, the average land size was 2.7 acres.

## Household expenditure

Households were asked to report their monthly expenditure on basic household items, including food, and their expenditure in the last 6 months for clothing, health, education and other items. The average household monthly expenditure patterns are shown in Figure 7.

For both Lahj and Taiz Governorates, the three highest household expenses were food, *qat* and cooking fuel. Food expenses make up a substantial proportion of households' expenditure, on average, 44% (Lahj 41%, Taiz 47%). This is consistent with the Comprehensive Food Security Survey (2014)<sup>31</sup> findings, which found that nationally, over 42 percent of households' expenditure goes for food, of which 20 percent is spent on staple items. The household expenditure patterns by governorate can be found in Annexes 4 & 5.

**Figure 8: Monthly household expenditure pattern - average all households - Lahj & Taiz combined**



The average total reported monthly spending for households from Lahj was 70,843 YER, and 73,831 YER for Taiz. This includes items purchased regularly (such as food, hygiene, transport, cooking fuel and communication), as well as a monthly figure for items purchased less often (clothing, education expenses, health expenses, farming equipment etc.)

The Yemen Food Security and Agriculture Cluster's (FSAC) Minimum Food Basket/ Survival basket (Annex 6) is \$108 (~27,000YER) per household of 7 members per month, and represents 75% of the food basket. Households reported spending an average of 29,041 YER on food in Lahj, and 34,747 YER in Taiz. This is relatively consistent with the price of the FSAC minimum basket. This is coherent with the low dietary diversity, as household consume more of the cheaper staples, and less of the more expensive food groups such as dairy, meat, fruits etc.

<sup>31</sup> WFP (2014) Comprehensive Food Security Survey. Yemen. November 2014. World Food Programme, UNICEF & Central Statistics Organization, Government of Yemen.

## Household debt

Most of the surveyed households in both locations (82.6%) reported taking on debt in the last 30 days. The average debt was 42,987 YER (~US\$172) (Table 21). This is equivalent to approximately 49.5% of the households reported annual income. Most households (84.6%) reported borrowing the money to buy food, in addition to other costs such as health care (30.6%). The money was mainly borrowed from shop owners (42.8%), and from family and friends (~44%). Ten percent of households reported borrowing from multiple sources. Non-payment of these debts could therefore have repercussions on local businesses, as well as on family and friends. Only 13 households with debts (2.1%) reported having to repay with interest since this is not culturally acceptable. However, none of them reported the interest rate.

The average debt of female headed households was 29,158YER (57% of the annual income), compared to 45,251YER (48.3%) by male headed households.

**Table 20: Household debt**

Source of Debt	Lahj		Taiz		TOTAL	
	n	%	n	%	n	%
Shop owners	169	47.9	90	35.7	259	42.8
Friends/relatives in current location	101	28.6	97	38.5	198	32.7
Friends/relatives outside current location	33	9.3	35	13.9	68	11.2
Multiple sources	44	12.5	20	7.9	64	10.6
Other	4	1.1	7	2.8	11	1.8
Informal Savings Groups	1	0.3	1	0.4	2	0.3
Formal banking institution	0	0.0	2	0.8	2	0.3
Money lender	1	0.3	0	0.0	1	0.2
<b>TOTAL</b>	<b>353</b>	<b>100</b>	<b>252</b>	<b>100</b>	<b>605</b>	<b>100.0</b>
Average debt (YER)	<b>51,163</b>		<b>31,336</b>		<b>42,987</b>	
Average debt (USD)	<b>\$204</b>		<b>\$125</b>		<b>\$172</b>	
Debt as % of annual income	<b>45.9</b>		<b>55.8</b>		<b>49.5</b>	

The CFSS (2014)<sup>32</sup> found similar findings in relation to household debt. In 2014, a large proportion of households continued to suffer from the burden of debt because of increased use of credit, including for food and medical expenses. Low household incomes mean that households are forced to buy their food on credit. This increasingly leads them into high level of indebtedness. Those who are unable to get their essential needs on credit would end up using negative coping measures. The same CFSS found that nationally, 76 percent of surveyed households were living with debt, of which 44 percent used their loans to buy food and 30 percent to cover health related expenses.

### Effect of the conflict (last 2 years)

Households were asked to report the impact of the conflict on their household in the last two years. The most common effects were that households had sold some of their assets (33.7% of households), lost work opportunities (30.2%), particularly in Taiz, and they have taken on additional debt (25.3%) (Table 22). Almost 10% of households (8.2%,) reporting sending their children to look for work. Only 2.9% of household reporting leaving their home, which is consistent with the low numbers of IDP households surveyed.

The main differences between male- and female-headed households (Table 23) was that females reported higher loss of main breadwinner of the family, but lower lost work opportunities and lower missed farming seasons. Male headed households were more likely to have taken on additional debt.

**Table 21: Effect of conflict on surveyed households**

Number of households that have:	Lahj		Taiz		TOTAL	
	n	%	n	%	n	%
Lost work opportunities	77	18.9	144	44.4	221	30.2
Lost productive assets	72	17.6	31	9.6	103	14.1
Missed a farming season	41	10.0	20	6.2	61	8.3
Lost the breadwinner of the family	18	4.4	7	2.2	25	3.4
Sold assets	162	39.7	85	26.2	247	33.7
Taken on additional debt	70	17.2	115	35.5	185	25.3
Sent children to look for work	28	6.9	32	9.9	60	8.2
Left their home	14	3.4	7	2.2	21	2.9

\*Multiple answers allowed so total is greater than the total households in each location

<sup>32</sup> WFP (2014) Comprehensive Food Security Survey. Yemen. November 2014. World Food Programme, UNICEF & Central Statistics Organization, Government of Yemen.

**Table 22: Difference in effects of the conflict in male- and female-headed households**

Number of households that have:	MHH		FHH		TOTAL	
	n	%	n	%	n	%
Lost the breadwinner of the family	15	2.4	10	9.4	221	30.2
Lost productive assets	89	14.2	14	13.2	103	14.1
Missed a farming season	58	9.3	3	2.8	61	8.3
Lost work opportunities	202	32.3	16	15.1	25	3.4
Sold assets	216	34.5	31	29.2	247	33.7
Taken on additional debt	168	26.8	7	16	185	25.3
Sent children to look for work	19	3	2	1.9	60	8.2
Left their home	52	8.3	8	7.5	21	2.9

\*Multiple answers allowed so total is greater than the total households in each location

#### Key findings: Livelihoods – household income and assets

- Households in Lahj and Taiz Governorates show quite different livelihood profiles.
- Households in Lahj obtain income from government salary (25%), sale of livestock and livestock products (19%), non-agricultural labour (17.4%) and pensions (15%). More than half the surveyed households have more than one sources of income, with the main secondary income source being the sale of livestock and livestock products.
- In Taiz, households are more dependent on non-agricultural labour (50%), and reported that 14% of their income comes from begging or from humanitarian aid. Less than half the surveyed households have a secondary source of income, and for those that do, it is begging or humanitarian aid.
- Food expenses make up a substantial proportion of households' expenditure - on average, 44% (Lahj 41%, Taiz 47%). This high proportion is evidence of food access stress.
- Household food expenditure is consistent with the FSAC minimum basket. This is consistent with the low dietary diversity, as household consume more of the cheaper staples, and less of the more expensive food groups such as dairy, meat, fruits etc.
- Average debt was 42,987 YER (US\$172). This is equivalent to almost half of their annual income. Most households (84.6%) reported borrowing the money to buy food, in addition to other costs such as health care (30.6%). The money was mainly borrowed from shop owners (42.8%), and from family and friends (44%).

- The CFSS (2014)<sup>33</sup> found a large proportion of households had a debt burden because of increased use of credit, including for food and medical expenses.
  - The last two years of conflict has resulted in several changes to the household's livelihood status. This includes having to sell assets (33.7% of households), lost work opportunities (30.2%), particularly in Taiz, and taking on additional debt (25.3%). Almost 10% of households (8.2%) reporting sending their children to look for work. Only 2.9% of household reporting leaving their home, which is consistent with the low numbers of IDP households surveyed.
  - The main differences between male- and female-headed households because of the conflict was that females reported higher loss of main breadwinner of the family, but lower lost work opportunities and lower missed farming seasons. Male headed households were more likely to have taken on additional debt.
- 
- **Average monthly income – Lahj = 25,569 YER; Taiz = 15,203 YER**
  - **Average monthly spending on food– Lahj = 29,041 YER; Taiz = 34,747 YER**
  - **Average total reported monthly expenditure (all items) - Lahj = 70,843 YER; Taiz = 73,831 YER.**
  - **Current average debt – Lahj = 51,163 YER; Taiz = 31,336 YER**

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<sup>33</sup> WFP (2014) Comprehensive Food Security Survey. Yemen. November 2014. World Food Programme, UNICEF & Central Statistics Organization, Government of Yemen.

## Section 6: Child nutrition

A recent nutrition survey in Taiz by the Ministry of Public Health and Population (June 2016)<sup>34</sup> found the nutritional status of children in the three livelihood zones of Taiz as critical and exceeding the emergency thresholds per WHO categorization<sup>35</sup>. The survey found high prevalence of diarrhoea and acute respiratory infections (ARI) in some areas, as well as fever, all of which contributed to malnutrition rates. Additional findings from the nutrition survey can be found in Annex 7.

**Table 23: Key findings from Nutrition Survey, Taiz Governorate, June 2016**

Indicators		Taiz City	Taiz Highlands	Taiz Lowlands
Wasting (WHZ)	GAM	17.0	14.5	25.1
	SAM	1.9	1.7	5.3
Underweight (WAZ)	GAM	38.1	42.6	48.8
	SAM	8.9	11.1	15.9
Stunting (HAZ)	GAM	39.3	49.4	45.6
	SAM	9.1	16.7	14.6
MUAC	GAM	8.3	9.4	11.7

Source: Government of Yemen (2015) Nutrition and Mortality Survey in Lowland and Highlands Ecological Zones, Lahj Governorate, Yemen. Ministry of Public Health and Population, UNICEF. October-November 2015.

To complement this secondary data, households with children were asked some additional questions in this Save the Children Vulnerability and Needs Assessment – about their humanitarian priorities for children (Section 2), and about the nutrition and feeding practices for children under 5 years. As this was a rapid survey, no anthropometric measures were taken. Rather, as a proxy indicator of child nutrition, households with children under 5 years were asked any of their children were currently or previously admitted to a nutrition programme. Approximately 10% of households in both governorates reported having children currently in nutrition programmes – either outpatient (OTP) or supplementary feeding programmes (SFP).

In Lahj, 9.3% of households currently have children in nutrition programmes (SFP) compared to 12 % in Taiz (SFP and OTP) (Table 25). Around 10% of households currently have children in nutrition programmes. A similar number have had children in nutrition programmes in the last six months. This is a lesser percentage than the reported GAM rates but it is unclear if children are not in nutrition programmes because of a lack of available programmes, or because children are not malnourished. It will therefore be important to regularly monitor the nutrition status of children in any locations that Save the Children operates in.

<sup>34</sup> Government of Yemen (2016) Nutrition Survey of Taiz Governorate 2016. Final Report. Ministry of Public Health and Population.

<sup>35</sup> WHO thresholds – GAM <5% = acceptable, GAM 5-9% = poor, GAM 10-14% = serious, GAM ≥15% = critical. From WHO, 2003, “The Management of Nutrition in Major Emergencies”.

**Table 24: Number of households with children under 5 years admitted into nutrition programmes**

	Lahj			Taiz		
	n	%	Type	n	%	Type
a. Number of households with children currently in nutrition programmes	38	9.3	SFP	39	12	SFP (51%), OTP (49%)
b. Number of households with children in nutrition programmes in the last 6 months	43	10.5	SFP	35	10.8	SFP (42.9%), OTP (57.1%)

### Infant and Young Child Feeding

In total, data was collected for 299 children from 0-24 months from the survey households. However, 32 cases were removed from the dataset either because the child was more than 2 years of age or due to incomplete or inaccurate data. This means that total number of children recorded with valid data is 267. Most children (88.7%, n=237) came from Lahj therefore it is not representative of children in Taiz. The breakdown of Table 26 by governorate can be found in Annex 8.

On average, households had 0.5 children under 2 years of age within the household. This includes 48 children less than 6 months of age.

Overall the data shows poor infant feeding practices. While a high proportion of children were ever breastfed (87.3%), and 76.5% of children were still receiving breastmilk at 2 years of age, only 18.8% of children under 6-months of age are exclusively breastfed. This is mainly due to the child receiving additional liquids – water (93% of breastfed children), milk (40.4%) or tea/coffee (39.7%).

Children should start receiving solid and semi-solid food from 4-6 months of age, and the survey found that 62.5% of children aged 6-8 months received these foods. However, only 20.2% of children aged 6-23 months received more 4 or more food groups on the day before the survey, and only 4 children (2%) received the minimum acceptable diet – 4+ food groups, consumed 4+ times per day.

**Table 25: IYCF indicators**

		n	%
Exclusive breastfeeding under 6 months	Proportion of infants 0–5 months of age who are fed exclusively with breast milk	9	18.8
	<i>Children not given any solid foods</i>	42	87.5
	<i>Children not given solid food but provided with additional liquids - water (93%), milk (40.4%) and tea/coffee (39.7%)</i>	33	68.8
Continued breastfeeding at 1 year	Proportion of children 12–15 months of age who are fed breast milk the previous day	18	56.3
Introduction of solid, semi-solid or soft foods	Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods.	20	62.5
Minimum dietary diversity	Proportion of children 6–23 months of age who receive foods from 4 or more food groups	40	20.2
Minimum meal frequency	Proportion of breastfed and non-breastfed children 6–23 months of age who receive solid, semi-solid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more.	4	2.0
Minimum acceptable diet	Proportion of children 6–23 months of age who receive a minimum acceptable diet (apart from breast milk).	4	2.0
Children ever breastfed	Proportion of children born in the last 24 months who were ever breastfed.	233	87.3
Continued breastfeeding at two years	Continued breastfeeding at 2 years	30	76.9
Bottle feeding	Proportion of children 0–23 months of age who are fed with a bottle	82	30.7

**Key findings: Child nutrition**

- Approximately 10% of households in both governorates reported having children currently in nutrition programmes.
- The survey did not assess the reasons for admission into the programmes but it may be due to health problems, poor infant feeding practices, or food insecurity.
- Overall the data shows poor infant feeding practices. While a high proportion of children were ever breastfed (87.3%), and 76.5% of children were still receiving breastmilk at 2 years of age, only 18.8% of children under 6-months of age are exclusively breastfed. This is mainly due to the child

receiving additional liquids – water (93% of breastfed children), milk (40.4%) or tea/coffee (39.7%).

- Children should start receiving solid and semi-solid food from 4-6 months of age, and the survey found that 62.5% of children aged 6-8 months received these foods. However, only 20.2% of children aged 6-23 months received more 4 or more food groups on the day before the survey, and only 4 children (2%) received the minimum acceptable diet – 4+ food groups, consumed 4+ times per day.

### Section 7: Identification of vulnerable groups

It is clear from all the above analyses that households in Taiz are generally more food insecure than households in Lahj. In addition to this geographic vulnerability, the survey tried to capture adequate data from households to establish which specific groups were more vulnerable than others. To determine the most vulnerable groups average income, FCS and CSI have been compared for different groups: child headed households, elderly headed households, IDPs, female-headed households and households headed by people with low education (Table 27). In total:

- Only one household was headed by a child (age 17 years).
- Thirteen households were elderly headed households looking after children (i.e. household contains ONLY adults >59 years and children <18 years). Five of these were female headed.
- Ten households of IDPs of less than two years.
- Female headed households (n = 106, 14.5%)
- More than a quarter of the surveyed households (n = 251, 34.2%) were headed by people who had never attended school.

Vulnerability proved difficult to establish, as different groups had different low scores. However, most of these households had borderline food consumption scores.

- Elderly households looking after children reported the lowest incomes.
- The lowest FCS was found in the households of IDPs of less than 2 years – “borderline”.
- The highest (worst) CSI was found in female-headed elderly households (n=5) looking after children.

The most useful vulnerability measure is therefore geographic, and households in Taiz should be prioritized over Lahj.

**Table 26: Comparison of vulnerable groups – Lahj and Taiz combined**

		n	Average HH Size	Marital status	Average Income	Average FCS	Average CSI
Female-headed households		106	6.4	Widow (58.5%) Married (30.1%)	239,649	41.5	14.1
Elderly households looking after children	MHH	8	3.6	Married (62.5%) Divorced/separated (37.5%)	24,333	38	8.5
	FHH	5	2	Everyone widowed	16,666	43	25
Child headed households	MHH	1	4	Single	300,000	39	10
IDPS<2 years	MHH	8	6.6	Everyone married	200,000	33	13
	FHH	2	6	Married (50%) Divorced/separated (50%)	310,000	35.5	13.5
Head of household never attended school	MHH	168	7.7	Married (95.2%)	2,440,044	42.3	16.4
	FHH	83	6.5	Widow (63.9%) Married (22.9%)	227,969	41	13.5
<b>Total Households</b>		<b>381</b>	<b>7.2</b>	<b>Married (84.3%)</b>	<b>258,774</b>	<b>42.1</b>	<b>16</b>

**Key findings: Vulnerability assessment**

Vulnerability proved difficult to establish, as different groups had different low scores. However, most of these households had borderline food consumption scores.

In general, households in Taiz governorate were more food insecure, earned less income and employed more severe coping strategies than households in Lahj.

## Section 8: Markets

In November 2014, assessments were reporting that markets in several governorates have been affected by shocks, including high food prices and intensified local conflicts.<sup>36</sup> At the time, nearly 60 percent of traders interviewed suggested that high food prices were the main shock that challenged their business. The conflict itself (access), and high fuel prices were also cited.

Since then, the food security situation has deteriorated further due to conflict-induced scarcity of basic commodities and high prices of essential commodities coupled with diminishing income opportunities. In April 2016, further deterioration of availability of basic food commodities were reported from several governorates mainly due to scarcity of fuel that affected transportation of goods and movements of traders.<sup>37</sup>

This assessment has recorded the price of the items in the Yemen Food Security and Agriculture Cluster's (FSAC) Minimum Food Basket. The basket is calculated to meet 75% of an average household's (7 members) food needs.

- **Lahj Governorate**

The average cost of the minimum food basket in the three surveyed districts of Lahj Governorate was 17,429 YER (US\$69.72). All the basket items were available in the three surveyed markets (Table 28).

**Table 27: Minimum food basket – Lahj Governorate**

	Daily Ration	Required Quantity for 7 persons per month (Kgs)	Al-Milah	Al-Habelain	Al-Madharibah	Average (YER)
Food Item	g/person/day	75% of daily needs				
Wheat flour	312	75	11,302.20	11,302.20	12,809.16	11,804.52
Kidney beans	48	11	1,799.28	1,799.28	2,010.96	1,869.84
Vegetable oil	29	6	2,365.97	2,365.97	2,397.94	2,376.62
Sugar	23	5	1,267.88	1,267.88	1,267.88	1,267.88
Iodised salt	5	1	110.25	110.25	110.25	110.25
<b>Cost of minimum basket</b>			<b>16,845.57</b>	<b>16,845.57</b>	<b>18,596.18</b>	<b>17,429.11</b>
<b>Number of basket items available</b>			<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>

<sup>36</sup> WFP (2014) Comprehensive Food Security Survey. Yemen. November 2014. World Food Programme, UNICEF & Central Statistics Organization, Government of Yemen.

<sup>37</sup> FAO (2016) Republic of Yemen, Integrated Phase Classification (IPC) Analysis. Summary of Findings. June 2016.

- **Taiz Governorate**

The average cost of the minimum food basket in the three surveyed districts of Taiz Governorate is 20,243.42 YER (US\$88.86). All the basket items were available in the three surveyed markets (Table 29).

**Table 28: Minimum food basket – Taiz Governorate**

	Daily Ration	Required Quantity for 7 persons per month (Kgs)	Al-Ma'afer	Al-Mawaset	Al-Turban	Average (YER)
Food Item	g/person/day	75% of daily needs				
Wheat flour	312	75	13,562.64	17,330.04	15,069.60	15,320.76
Kidney beans	48	11	1,587.60	1,587.60	1,799.28	1,658.16
Vegetable oil	29	6	1,886.38	1,918.35	1,854.41	1,886.38
Sugar	23	5	1,267.88	1,267.88	1,267.88	1267.88
Iodised salt	5	1	110.25	110.25	110.25	110.25
<b>Cost of minimum basket</b>			<b>18,414.74</b>	<b>22,214.12</b>	<b>20,101.41</b>	<b>20,243.42</b>
<b>Number of basket items available</b>			<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>

**Key findings: Market price assessment**

- The cost of the FSAC minimum food basket is more expensive in Taiz Governorate than in Lahj.
- To purchase food commodities to the equivalent of 75% of their basic requirements, an average household (7 members) from Lahj would need 17,429 YER. In Taiz it costs an average of 20,243 YER.
- All the basket items were available in the surveyed markets.

## Conclusions

Overall, this vulnerability and needs assessment has found that households in both Lahj and Taiz Governorates need humanitarian support. Households in both governorates have **prioritized food, cash and health care** as their most urgent humanitarian needs. This is consistent with households being reliant on food purchased in the market and therefore requiring cash to purchase food. Food expenditure currently makes up 44% of household total expenses. Households with children also mentioned specific needs for the children: **food/milk, health care, and education**.

Health care makes up almost 10% of household expenses. The average cost of medical care for ill household members is 13,419 Yemeni Rial (YER) in Lahj (US\$53) and 15,396 YER in Taiz (US\$61.60). The household prioritization of health care as a humanitarian need is due to half (52.4%) the surveyed households reporting that they have members who require regular visits to health centre and/or regular treatment. The assessment found that food, health care and *qat* account for 61.5% of total average household expenditure.

As the result of conflict, livelihoods have been disrupted in both governorates, leaving households with no option but to sell assets, and take on debt, to meet their needs on low incomes. Taiz is currently an active conflict zone, and households in Taiz reported have fewer sources of income than households in Lahj. Many households reported being reliant on begging and/or humanitarian aid. The conflict has also resulted in households losing work opportunities, exacerbating the need for take on debt. The main differences between male- and female-headed households (Table 23) was that females reported higher loss of main breadwinner of the family, but lower lost work opportunities and lower missed farming seasons. Male headed households were more likely to have taken on additional debt.

To meet their basic needs, households are borrowing money or buying on credit – especially from shopkeepers and from friends and relatives. Households have taken on significant debt, mainly to purchase food. On average, households reported having debts equivalent to half their current annual income. No interest is payable on the debts.

These declining livelihood opportunities has impacted household food security. Households in Taiz are more food insecure than households in Lahj although both locations have significant proportions of households with borderline or poor FCS. Households in Taiz have higher CSI than in Lahj indicating that they are practising more severe coping strategies to deal with their food insecurity. Aside from the higher food insecurity of the Taiz households, it was difficult to identify vulnerable groups (possibly due to small sample sizes).

Households with children under 2 years of age generally reported poor infant feeding practices – low exclusive breastfeeding, and only 2% of children 6-23 months receiving a minimum acceptable diet. In addition, household dietary diversity is poor, for both adults and children. This may be due to the high cost of food compared to income.

The cost of the FSAC minimum food basket is more expensive in Taiz Governorate than in Lahj. To purchase food commodities to the equivalent of 75% of their basic requirements, an average household (7 members) from Lahj would need 17,429 YER. In Taiz it costs an average of 20,243 YER. As households in Taiz reported lower incomes than in Lahj, paying more for their food would be difficult, especially when the household has other costs such as health care.

Reports indicate that the humanitarian conditions and human sufferings are expected to deteriorate in various parts of the country, especially in areas affected by multiple crises, unless there is a lasting solution to the conflict.<sup>38</sup> It is therefore critical that aid agencies start providing ongoing humanitarian aid to affected households so that coping strategies do not deteriorate and reach severe stages.

## Recommendations

**Recommendation 1:** Provide humanitarian assistance in both Lahj and Taiz Governorates as both areas are showing signs of food access stress. This is the result of low household income preventing households from purchasing food in the market.

**Recommendation 2:** Food assistance, either in-kind or as cash should be the priority for assistance in both governorates.

**Recommendation 3:** If funding is limited, households in Taiz Governorate should be prioritized over Lahj as they are reporting lower Food Consumption Scores, and higher Coping Strategies Index ratings.

**Recommendation 4:** The value of cash transfer for food assistance should be calculated based on the actual local market prices, or on the recommendation of the FSAC, whichever is higher. Cost calculation should be based on the items listed in the FSAC minimum food baskets. In Taiz, an average household currently requires 20,243 YER (US\$80.97) per month to meet 75% of their food needs. In Lahj, 17,429 YER (US\$69.71).

**Recommendation 5:** If funding allows, multi-purpose cash grants should be considered so that households have sufficient funds to seek health care and pay for other basic items as required. The current average cost of health care is 13,419 YER in Lahj (US\$53) and 15,396 YER in Taiz (US\$61.60).

**Recommendation 6:** The poor infant and young child feeding patterns reported in this survey indicate that IYCF education would also be beneficial. Key topics include the nutritional and cost benefits of exclusive breastfeeding, and the importance of frequent feeding with a diverse diet.

**Recommendation 7:** It was difficult to identify vulnerable groups from this survey. It is therefore recommended that Save the Children actively support vulnerable groups identified in the Humanitarian Needs Overview as appropriate for each location.

- IDP households and households hosting IDPs;
- Households with children under 5 or pregnant or lactating women;
- Households with children under 5 suffering from severe or moderate acute malnutrition;
- Households headed by female, child, elderly, chronically ill or physically challenged family members;
- Households with no productive assets or reliable means of income;
- Households within marginalized communities (e.g. *muhamashin*).

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<sup>38</sup> FAO (2016) Republic of Yemen, Integrated Phase Classification (IPC) Analysis. Summary of Findings. June 2016.

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