



BASELINE SURVEY – INTEGRATED CASH INTERVENTION IN YEMEN

AL JAWF REPORT



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Acronyms

ADRA	Adventist Development and Relief Agency
BFs	Beneficiaries
CSI	Coping Strategies Index
CU5	Child Under 5
FAO	Food and Agriculture Organization
FCDO	Foreign Commonwealth and Development Office
FCS	Food Consumption Score
FSAC	Food security and Agriculture Cluster
FGD	Focus Group Discussion
HDDS	Household Dietary Diversity Score
HHs	Households
HHS	Household Hunger Scale
HNO	Humanitarian Needs Overview
ICI	Integrated Cash Intervention
IDPs	Internal displaced Persons
IFPRI	International Food Policy Research Institute
IPC	Integrated Food Security Phase Classification
KIIs	Key Informant Interview
Km	Kilo meter
MAM	Moderate Acute Malnutrition
MEAL	Monitoring, Evaluation, Accountability and Learning
NGOs	Non-Governmental Organisations
OCHA	Office for the Coordination of Humanitarian Affairs
SAM	Severe Acute Malnutrition
SDGs	Sustainable Development Goals
TOR	Term of Reference
UK	United Kingdom
UN	United Nations
USD	United States dollar
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
YFCA	Yemen Family Care Association

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1. Executive summary

Study area and project aim

This baseline study has been conducted in AlHazm district, Al Jawf governorate in the period from 25 January 2021 till 10 February 2021. ADRA's Integrated Cash Intervention (ICI) project aims to increase the food security in communities in Al-Jawf, Dhamar and Aden through the provision of cash assistance to meet the basic food needs of 5,400 households in Yemen.

With cash interventions ADRA/ Yemen is going to target **groups** of Households (HHs) classified under IPC4. Some parts of Al-Jawf and Dhamar governorates remain in IPC4 according to the nutrition cluster.

In theory, cash is preferable to in-kind transfers because it is economically more efficient. Cash distribution can also stimulate agricultural production and nonagricultural activities by shifting out the demand curve for these items. Furthermore, distributing cash is likely to be cheaper than distributing food or other commodities.

Purpose of the baseline study

The main purpose of the study is collecting information on the IDP situation in AlHazm district of Al Jawf governorate. Collected data will be used as reference points for assessing changes and impact and comparing the situation before and after the intervention.

The specific objectives of the baseline and market assessment were:

- Monitoring goods prices and exchange rates in the local markets and within the targeted districts;
- Identify prices of food supplies and commodities in the local markets and its impact on population lives and economy.
- Identify accessibility and availability of food products and cash vendors and financial institutions in the targeted district.
- The distance taken to reach these financial institutions.

Methodology

Indicators, tools and sampling

The Household Hunger Scale (HHS), the Food Consumption Score (FCS), the Household Dietary Diversity Score (HDDS) and the Food security and the consumption-based Coping Strategy Index (CSI) have been measured in order to be compared later with the endline study as to identify whether it achieved its objectives. In addition, the livelihood/asset depletion measures, the market assessment, the drink water availability and sources as well as the disability of the Head of the IDPs have been researched.

Following the instructions of the TOR, the induction workshops and the documents review the following questionnaires and tools have been developed:

1. Food security, resilience and social cohesion questionnaire to conducted directly with samples of the proposed targeted HHs;
2. Market assessment form;
3. Focus Group Discussion (FGD) form including the stakeholders;

The sampling method used for this exercise was the cluster method. The clusters were distributed proportionally in the IDP camps around Al Hazm district in Al Jawf governorate.

Field survey and IDPs met

This baseline survey has covered Al Hazm district, Al Jawf governorate. The IDPs met and interviewed are concentrated in 10 main camps distributed around the city of Al Hazm, namely:

1. Al-Mehzam Alsharqy
2. Zahran
3. Al-Mehzam Algharby
4. Wadi Alashajan
5. Al A'aydh
6. AlDar
7. Alsaleel
8. Al-Rumailah
9. Al A'aydh
10. Aljar.

The 94 interviewed IDPs households consist of around 69.1% males and 30.9% females. Samples were distributed around AlHazm districts in the above mentioned 10 IDP camps. The most of the IDPs have been found in 4 Camps namely, Al Mehzam Alsharqy, Al A'aydh, Aljar and Al Mehzam Algharby with 26.6%, 21.3%, 16.0% and 12.8%, respectively.

Finding

Governments of Origin of the IDPs

The most IDPs have moved from the same governorate Al Jawf with 67%, followed by two main governorates namely, IBB and Hajjah with 13% and 6%, respectively. View IDPs came from Amran and Dhamar, with 4% each and from Lahj and Sana'a and Taiz with 2% each.

Current assistance of the IDPs

By asking the targeted IDPs if they received any kind of assistances in the last month. 70 of the respondents have answered with "No" and 24 reacted with "Yes" with percentage rates of 74.5% and 25.5%, respectively. The kinds of assistance were mainly food baskets and WASH Hygiene Kits. By asking by whom the assistances were delivered? The answers were from the governorate and from international NGOs with percentage rates of 70,8% and 29,2%, respectively.

Food baskets

Only 26 IDPS out of 94 IDPs confirmed that they have received food baskets in the last month prior to the interview whereas the majority of 68 IDPs have denied any receiving of food basket in the last month. These percentage rate of receiving and not receiving of food basket in the last month prior the interview were 27.7% and 72.3%, respectively. By asking the respondents if the single food basket was adequate and enough for one month? 93.6% have responded with "NO" and only 6.4% confirmed that the food basket was adequate and enough for one month to feed the family.

Household Hunger Scale (HHS)

By analyzing the HHS, for the recall period of 4 weeks (30 days), the study found the following results:

- The Households (HHs) reduced food or skipping meals in a day in the previous month are 75 HHs out of 94 and makes 79.8% of the total checked samples.

- The HHs with at least one family member went to bed without taking food are 43 HHs with 45.7%.
- The HHs, with at least one family member, stayed all the day without food are 12 HHs these make only 12.8%.

Food Consumption Score (FCS)

Around 49% of the interviewed IDP samples are food insecure, 20% in the borderline and 31 in the acceptable profile. By the calculation of the FCS for the whole 96 IDPs we came to the result FCS of 36.69 and this is categorized in the borderline profile.

Household Dietary Diversity Score (HDDS)

The calculation of the HDDS have been resulted to 67% low dietary diversity, 24.5% medium and only 8.5 good dietary

Coping Strategy Index (CSI)

To cope with lack of food and cash the following common actions are dominated in the IDPs camps in Aljawf:

1. 40.8 % of the IDPs have reacted with selling household assets;
2. 30.6 % have sold more animals than usual;
3. 14.3 % reduced health, including drugs, and education expenditure;
4. 12.2 have sold last female animals

The average of CSI calculated for all families was 19.46. Grouping the results of the CSI for all interviewed IDPs in the 10 camps according to low, moderate and intensive, we came to the results intensive, moderate and low with percentage rate 12.7%, 26.5% and 60.6%, respectively.

Market assessment

The district Al Hazm is an urban area. Nevertheless, the 10 visited IDP camps distributed around Al Hazm city in the desert with distances ranged between 3 km and 20 km and driving time interval ranged between 10 minutes and 25 minutes. Three wholesale markets in Al Hazm have been visited and found to be working effectively. A wide range of food commodities were available. Nevertheless, the IDPs are not in the city of Al Hazm and use to come to Al Hazm or send relatives or friends to purchase their food needs. Moreover, due to price increases it is very difficult for the most households to buy sufficient food for their families.

Cash vendors and financial institutions

Accessibility and availability of cash vendors and financial institutions in the targeted district is distributed in Al Hazm city closed to the 10 IDP camps.

Drink water availability and sources

The majority of the IDPs go to the wells distributed around the camps to bring the water. Truck water delivering is the next main group rely on charity and INGOs.

Disability

The disability issue is very important to be addressed. Disable persons should be reached and contacted through all available devices. Surveys are not always delivered face to face, and especially by disable people, the option of delivering a survey over the phone can be attractive.

The study calculated 39% of the IDP (37 IDPs out of 94) to have at least one member in the family with a kind of disability. The disabilities vary in different kinds such as seeing, walking, hearing, and self-care disabilities with the percentage rate of 51%, 19%, 6% and 24%, respectively.

Accountability

The questions of the accountability were somehow sensitive. However, at this early stage of the project around 40% of the samples interviewed know how they were selected. Only few of the interviewed samples know the procedures of contacting ADRA for questions or complaints. All interviewed samples have expressed their positive confirmation to be contacted any time by ADRA team. Thus, ADRA team working in the fields address this issue clearly by all meetings and contacts with BFs and with stakeholders about the right of involvement in the project activities and making suggestions or writing complaints. Accordingly, ADRA instructs the field team to receive any complaint or suggestions and provide the required information to BFs. Moreover, a community committee to received complaints and answering any inquiries raised by beneficiaries has been formed as well. A hotline No. (8000098) is also established.

The gender issues

Since 2006 Yemen has ranked last in the World Economic Forum Gender Gap Index. The participation of women in humanitarian activities is very limited. Although the international organizations put a share percentage (mostly below 40%) for involving woman in the support and humanitarian activities like direct deal with women headed HHs, give special care to vulnerable female-headed households. In this baseline study, the 94 interviewed IDPs households consist of around 31% females.

2. Introduction

Yemeni people still suffering from the ongoing hostilities and severe economic decline since the escalation of conflict in March 2015. According to the Yemen 2019 Humanitarian Needs Overview (HNO)¹, 24.1 million people are now in need of humanitarian assistance. This figure includes 14.3 million people in acute need of immediate assistance to save or sustain life. Furthermore, 20.1 million Yemenis are food-insecure, including 9.9 million who are severely food-insecure; 17.8 million people lack access to safe drinking water or sanitation; and 19.7 million lack adequate healthcare. In Addition, Yemen consistently ranks at the bottom across the range of development indicators, including those linked to nutrition, food security, gender, and human development.

The civil unrest has thought to exacerbate the so-called triple “F” (Food, Fuel, and Financial) crisis, further impoverishing the Yemeni population².

3. ADRA Yemen

ADRA Yemen is an international non-profit organization working in Yemen since 1995 in many humanitarian fields such as health, education, protection, food security, nutrition, water, environmental sanitation, etc. ADRA Yemen is one of the biggest aid agencies in Yemen, serving 9 out of the 11 humanitarian clusters and present in 14 out of the 22 Governorates. There are about 1,500 aid workers serving the ADRA mission in Yemen³. In the year 2017, ADRA Yemen have delivered and served \$54 Million USD worth of humanitarian aid to impoverished and vulnerable communities across Yemen⁴.

Nutrition and food security have become one of the most significant needs to be addressed by the humanitarian organizations in Yemen, and children are the ones who suffer the most. Together with various donors, ADRA Yemen is providing nutrition support for children under five years old who are diagnosed with malnutrition in Yemen.

4. United Kingdom support to Yemen

4.1. The Foreign Commonwealth and Development Office (FCDO)

The UK is supporting efforts to bring all parties back to the negotiating table to achieve an inclusive political solution that delivers a peaceful future for the people of Yemen. Reducing conflict will ease the humanitarian crisis and allow the government and partners to focus on reconstruction and development. The foreign Commonwealth and Development office (FCDO) is leading the international community to do more to respond to the Yemen crisis. This includes working with UN agencies, non-governmental organisations (NGOs) and other donors, to respond to urgent humanitarian needs, including the risk of a renewed cholera outbreak. By providing lifesaving humanitarian support; working with legitimate organisations to deliver basic services; providing an opportunity for the poor to secure paid work; and coordinating with the UN and other donors, UK aid is supporting the most vulnerable, helping to build resilience and doing this as effectively and efficiently as possible. The UK Government will continue to provide direct support to the UN Special Envoy’s team, including to facilitate an effective and inclusive peace process. Moreover, the FCDO is supporting UN Women to bring women’s voices - and those of other under-represented groups - into the political process.

Moreover, the FCDO leads the UK’s global efforts to end extreme poverty, deliver the Global Goals for Sustainable Development (SDGs) and tackle a wide range of global development challenges. Throughout history, sustained, job-creating growth has played the greatest role in

1 <https://reliefweb.int/report/yemen/yemen-2019-humanitarian-needs-overview-enar>

2 Breisinger, C., M.-H. Collion, X. Diao, and P. Rondot. 2010. Impacts of the Triple Global Crisis on Growth and Poverty in Yemen. IFPRI Discussion Paper 00955. Washington, DC: International Food Policy Research Institute.

3 <http://adrayemen.org/about-adra-yemen/>

4 <http://adrayemen.org>.

lifting huge numbers of people out of grinding poverty. This is what developing countries want and is what the international system needs to help deliver. Whilst there is an urgent need for traditional aid in many parts of the world, ultimately economic development is how we will achieve the Global Goals and help countries move beyond the need for aid.

4.2. Why FCDO is investing in Yemen

Yemen is the poorest country in the Middle East and has been enduring armed conflict for the last three years. The conflict and associated political, economic and humanitarian crises have deepened already severe poverty and gender inequality. In 2017, Yemen experienced the largest cholera outbreak in modern history with more than 1 million suspected cases. Yemen is the largest humanitarian crisis in the world and the country most at risk of famine in 2018. The UN estimates that 22.2 million people, almost 80% of the population, are in need of humanitarian assistance. This includes 8.4 million people at risk of starvation.

4.3. How will the UK respond to opportunities and challenges?

The UK is supporting efforts to bring all parties back to the negotiating table to achieve an inclusive political solution that delivers a peaceful future for the people of Yemen. Reducing conflict will ease the humanitarian crisis and allow the government and partners to focus on reconstruction and development. FCDO is leading the international community to do more to respond to the Yemen crisis. This includes working with UN agencies, non-governmental organisations (NGOs) and other donors, to respond to urgent humanitarian needs, including the risk of a renewed cholera outbreak. By providing lifesaving humanitarian support; working with legitimate organisations to deliver basic services; providing an opportunity for the poor to secure paid work; and coordinating with the UN and other donors, UK aid is supporting the most vulnerable, helping to build resilience and doing this as effectively and efficiently as possible.

5. The Project Integrated Cash Intervention (ICI)

ADRA's Integrated Cash Intervention (ICI) project aims to increase the food security in communities in Al-Jawf, Dhamar and Aden through the provision of cash assistance to meet the basic food needs of 5,400 households in Yemen.

Theory suggests that cash transfers can relieve liquidity constraints associated with investments, but subsidised food provision, by acting as a form of insurance, may prevent households from retreating to conservative income-generating strategies during volatile periods.⁵

Cash is preferable to in-kind transfers because it is economically more efficient. In addition, cash does not distort individual consumption or production choices at the margin.⁶

Cash distribution can also stimulate agricultural production and nonagricultural activities by shifting out the demand curve for these items. Furthermore, distributing cash is likely to be cheaper than distributing food or other commodities. In-kind administrative costs can be 20-25 percent higher than that of cash transfers.

With cash interventions ADRA/ Yemen is going to target **groups** in some districts classified under IPC4⁷ ⁸. This IPC report showed that out of the total population of 7.9 million people in the 133 analyzed districts, two million were estimated to be highly food insecure (IPC Phase 3 and above) in the period from February to April 2020, representing 25 percent of the population analyzed. Furthermore, the IPC analysis estimates that in the period from July to December 2020, the

⁵ Comparing the Productive Effects of Cash and Food Transfers in a Crisis Setting: Evidence from a Randomised Experiment in Yemen, *The Journal of Development Studies* 2019, Pages 29-54, <https://doi.org/10.1080/00220388.2019.1687880>

⁶ Subbarao, K., A. Bonnerjee, J. Braithwaite, S. Carvalho, K. Ezemenari, C. Graham, and A. Thompson. 1997. *Safety Net Programs and Poverty Reduction: Lessons from Cross-Country Experience*. Washington, DC: World Bank.

⁷ Integrated Food Security Phase Classification. IPC1 = People in Food Security, IPC2: People Stressed, IPC3: People in Crises, IPC4: People in Emergency, IPC5: people in Catastrophe

⁸ IPC_Yemen_AcuteFoodInsecurity_2020FebDec_Report_English

population facing high levels of acute food insecurity (IPC Phase 3 and above) increases to 3.2 million people (40 percent of the analysed population) if humanitarian food assistance is kept at the current levels⁹.

ADRA has contracted Al-Thuraya consulting to conduct a baseline study to reflect the current situation in the above-mentioned districts as precondition for starting humanitarian interventions.

5.1. Purpose and objectives

5.1.1. Purpose

The main purpose of the study is collecting information on the Households (HHs) situation in the project districts. Collected data will be used as reference points for assessing changes and impact and comparing the situation before and after the intervention.

Accordingly, the assessment has focused on the following:

- Current situation of Beneficiaries (BFs) in the project districts to gain first basis information;
- Providing reference points for assessing changes and impact;
- Making inferences to the effectiveness of the project.

5.1.2. Objective

The overall objective of the study is to determine baseline reference indicators on the current situation of food security and livelihood among targeted population and to conduct a market assessment. The specific objectives of the baseline and market assessment are:

- Monitoring goods prices and exchange rates in the local markets and within the targeted districts;
- Identify prices of food supplies and commodities in the local markets and its impact on population lives and economy.
- Identify accessibility and availability of food products and cash vendors and financial institutions in the targeted districts.
- The distance taken to reach these financial institutions
- Food consumption score (FCS) and Food security and Livelihood Coping strategies index (CSI), livelihood/asset depletion measures, have been be measured in order to be compared later with the endline study as to identify whether it achieved its objectives;

The study is assessing logframe indicators (see annex 1):

- Household Hunger Scale (HHS);
- Household Food consumption score (FCS);
- Household dietary Diversity Score (HDDS);
- Food security and Livelihood Coping strategies index (livelihood/asset depletion measures) (CSI);

Additionally, information to be gathered as follows:

- Household demographic characteristics (specifically focusing on multiple levels of vulnerability including gender, disability, socio-economic status as well as average number of HHs members)

⁹ IPC_Yemen_AcuteFoodInsecurity_2020FebDec_Report_English

- Markets functionality and availability of cash transfer institutions in the targeted areas
- Targeted beneficiaries' preferences
- Targeted beneficiaries most priorities for assistance (food security, health, WASH, nutrition, etc)
- Availability and access to food
- Beneficiaries ability to afford food items such as (flour, salt, beans, vegetable oil, etc).

6. Methodology

6.1. Desk review

The work has been started with intensive review of available related documents to the baseline study, the ICI interventions, the ADRA UK initiatives and the current humanitarian situation in Yemen. The following documents have been collected and reviewed:

- ADRA ICI - proposal_8. Jun. 2020;
- ADRA ICI - Revised Log frame - 16.9.2020;
- ADRA Yemen, ICI IDPs verification Form (Baseline Sample AL jawf.xlsx)
- ADRA ICI ToR Project Final for Baseline Integrated Cash Intervention August 2020;
- Yemen cash programming review, Acted December 2015;
- Schwab, B: Comparing the Productive Effects of Cash and Food Transfers in a Crisis Setting: Evidence from a Randomized Experiment in Yemen, *The Journal of Development Studies*, Vol. 55, No. S1, 29–54, 2019;
- Emergency assistance for conflict affected and vulnerable communities project, Care Yemen, End line survey report, 2019;
- Murtaza, Niaz: End of Project Evaluation Report Yemen Emergency Food Security Response, Al Hodeidah. Oxfam 2013;
- Schwab, B. Margolies, A and Hoddinott J.: Impact Evaluation of Cash and Food Transfers for the Seasonal Emergency Safety Net in Hajjah and Ibb Governorates, Yemen Endline Report, 2006;
- IPC_Yemen_AcuteFoodInsecurity_2020FebDec_Report_English;
- YEMEN, Situation Report. OCHA, Last updated: 11 Nov 2020;
- Cash-based approaches in humanitarian emergencies. A systematic review; International initiatives for impact evaluation, humanitarian aid , 2016;
- Daniel O. Gilligan et al. Much ado about modalities: Multicountry experiments on the effects of cash and food transfers on consumption patterns, 2014

6.2. Organization context

Preparation and organization for conducting the activities of this baseline study was very necessary. The organization has been started by approaching the ADRA project key actors. Meetings have been conducted with the project manager, the MEAL assistance and the consortium leader. The next organization have been finalized in Al Jawf. Al-Thuraya key experts travelled to Al Jawf and resume the organization by meeting with local authorities to get the necessary permission documents to go to the sites of the IDP camps in district AlHazm. Furthermore, the team organized meeting with subdistricts personals and the heads of community committees for planning of conducting the baseline activities and for Key Informant Interviews (KIIs).

6.3. Sample selection

The study has selected 94 IDPs out of the list of 150 IDPs already verified and received from ADRA. 1100 IDPs are planned to be targeted with the cash transfer in Aljawf governorate. The sample has covered male and females with a percentage rate of 69 % and 31 %, respectively (table 1)

Table: 1 Numbers and percent of male and female IDPs in the samples

Sex	Frequency	Percent
Male	65	69.1
Female	30	30.9
Total	94	100.0

6.4. Data collecting and data analysis

Following the instructions of the TOR, the induction workshops and the documents reviewed the following questionnaires have been developed:

1. Food security, resilience and social cohesion questionnaire to conducted directly with samples of the proposed targeted HHs;
2. Market assessment form;
3. Focus Group Discussion (FGD) and or Key informant Interviews (KIIs) including the stakeholders;

Survey has been carried out at IDPs camp level using the above-mentioned questionnaires.

The sampling method used for this exercise was the cluster method. The clusters were distributed proportionally on the targeted subdistricts. In Addition, the FGD and Key Informant Interviews (KIIs) have been used as triangulation techniques to eliminate or reduce biases and increase the reliability and validity of the study.

Table 2 reflects the population, planed targeted IDPs, the number of IDP camps and the number of samples interviewed.

Table 2: Population, targeted IDPs, clusters and samples

District	#of population	#planed targeted IDPs	#IDPs in the list received from ADRA	#of IDP camps	#IDP Samples interviewed
Al Hazm	8320	1100	150	10	94

Additionally, the survey has focused on:

- A questionnaire form for the market assessment;
- A fixed number of families to be interviewed within each IDP camp.

6.4.1. Data analysis

The SPSS and the excel programmes have been used by analyzing the collected data

6.4.2. Criteria for selection the IDPs

For justification of selection the IDP the following criteria have been checked:

1. Vulnerable IDP households;
2. Vulnerable Host households hosting IDPs;
3. IDPs with children under 5 with Severe Acute Malnutrition (SAM) or Moderate Acute Malnutrition (MAM);
4. IDPs Female-headed households;

- 5. IDPs Elderly headed households;

6.4.3. Market assessment

The following questions were essential to check the functionality of the market:

- Are markets in the region operational and food commodities are available?
- Have people access to the market to buy food?
- Distance to the next market (in km and time interval)
- Do traders provide food commodities to the project areas?
- Do traders bring enough food to the Districts' markets?
- Can people buy food sold by traders?
- Have prices increased significantly in your city/village?

6.4.4. Others

Other figures relevant and essential to the baseline were:

- What is the main source of drink water?
- Is there frequent diarrhea in children?
- How many children in your family have diarrhea?
- Time spent to bring drinking water
- The way to the source of drinking water
- The source of cooking fuel

6.4.5. Evaluation plan

The sequence of conducting the baseline study has undergone 7 steps as illustrated in figure1.

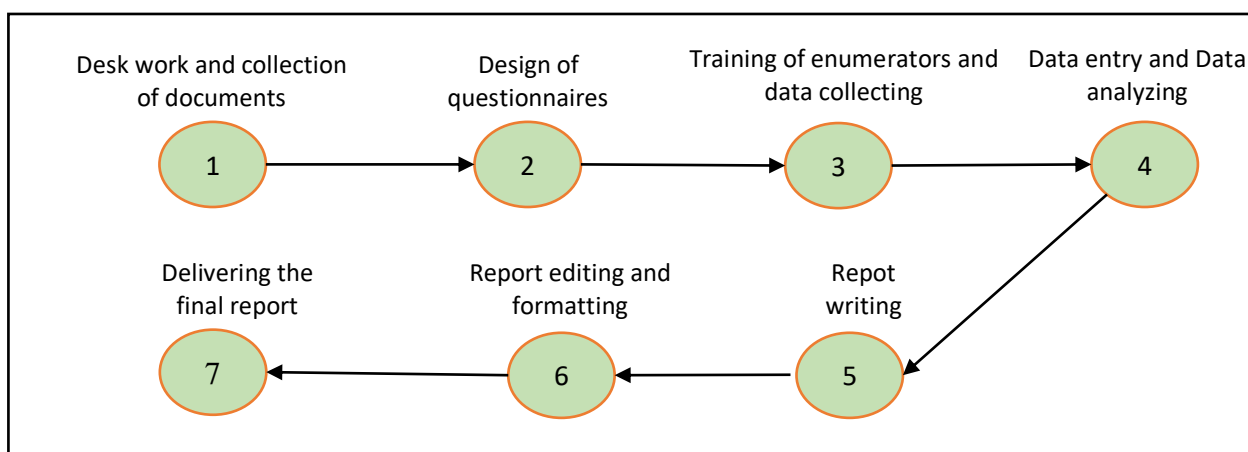


Figure 1: Sequence of implementation the baseline study

The above plan reflects the following implementation steps:

1. Conduct desk review to check the most relevant documents available by ADRA and from different sources whether public institutions, donors, local partners and the internet.
2. Conduct the field research assessment activities:

- Conduct data collection, data entry and analysis, including training of enumerators; in coordination with ADRA project management and MEAL managers in Sana'a and AlJawf;
- Agree upon the tools to be used for the different actions of market analyzing in conduction workshops with ADRA representatives
- Training of enumerators; in coordination with ADRA
- Conduct sample surveys of targeted IDPs in coordination with ADRA
- Focus Group Discussion (FGD) and or Key Informant Interview (KIIs);
- Interview wholesalers and retailers, some owners of exchange offices, some principals in trade offices and enterprises
- Data entry and Data analysis
- Final report

7. Findings

7.1. Overall results

7.1.1. IDP camps and IDP interviewed

Table 3 reflects the IDP camps, the number of IDPs interviewed and the percentage rate of IDPs interviewed in every camp. From the table we can observe that 10 IDP camps have been visited in 3 subdistricts namely, Hamdan, Al A'aydh and Thu Husain. The total number of interviewed IDPs was 94.

Table: 3 Numbers and percent of interviewed IDPs in 10 visited IDP camps

	District	Subdistrict	IDP camp	IDPs interviewed	Percent
1	Al-Hazm	Hamdan	Al-Mehzam Alsarqy	25	26.6
2	Al-Hazm	Hamdan	Zahran	6	6.4
3	Al-Hazm	Hamdan	Al-Mehzam Algharby	12	12.8
4	Al-Hazm	Hamdan	Wadi Alashajan	3	3.2
5	Al-Hazm	Al A'aydh	Al A'aydh	20	21.3
6	Al-Hazm	Hamdan	AlDar	2	2.1
7	Al-Hazm	Hamdan	Alsaleel	7	7.4
8	Al-Hazm	Hamdan	Al-Rumailah	1	1.1
9	Al-Hazm	Thu Husain	Al A'aydh	3	3.2
10	Al-Hazm	Hamdan	Aljar	15	16.0
			Total	94	100.0

7.1.2. Origin of IDPs

Figure 2 shows the governorates from which the IDPs, currently in the camps, came. We can see that the most IDPs have moved from the same governorate Al Jawf with 67%, followed by two main governorates namely, IBB and Hajjah with 13% and 6%, respectively. View IDPs are from Amran and Dhamar, with 4% each and from Lahj and Sana'a and Taiz with 2% each.

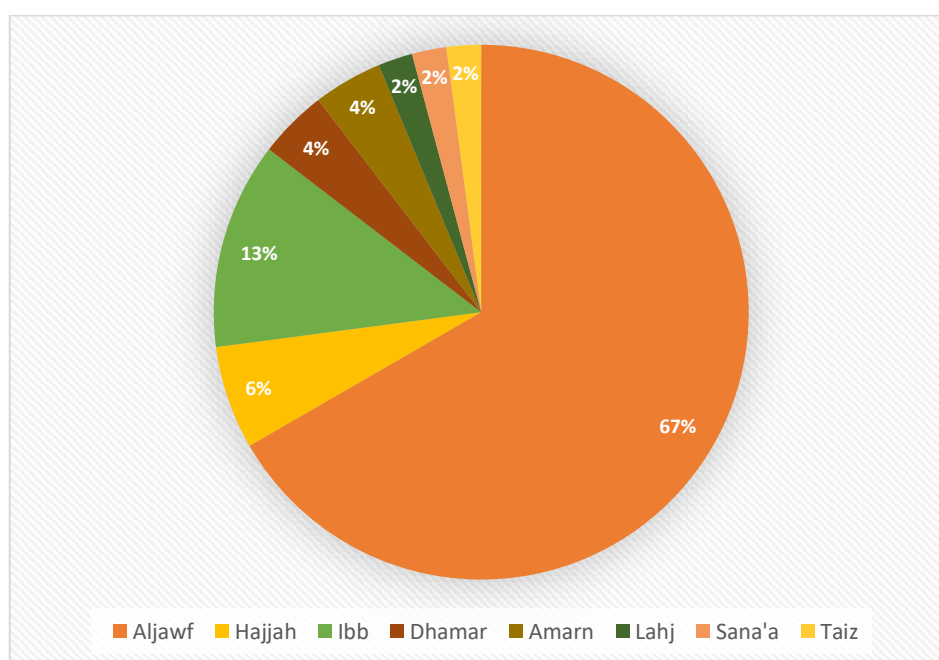


Figure 2: Origin of the interviewed IDPs in the 10 IDP camps

7.1.3. IDP Assistance

7.1.3.1. General assistance

By asking the targeted IDPs if they received any kind of assistances in the last month. 70 of the respondents have answered with "No" and 24 reacted with "Yes" with percentage rates of 74.5% and 25.5%, respectively. The kinds of assistance were mainly food baskets and WASH Hygiene Kits. By asking by whom the assistances were delivered? The answers were from the governorate and from international NGOs with percentage rates of 70,8% and 29,2%, respectively. Figure 3 reflects the source of assistance as answered by the IDPs interviewed.

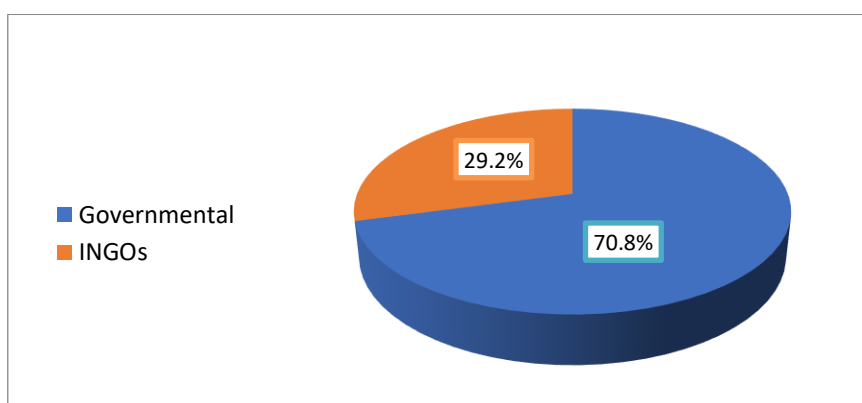


Figure 3: Assurances of the interviewed IDPs in the 10 IDP camps

7.1.3.2. Food baskets

Only 26 HHs have confirmed that they have received food baskets in the last month prior to the interview whereas the majority of 68 HHs have denied any receiving of food basket in the last month. These percentage rate of receiving and not receiving of food basket in the last month prior the interview were 27.7% and 72.3%, respectively.

By asking the respondents if the single food basket was adequate and enough for one month? 93.6% have responded with "NO" and only 6.4% confirmed that the food basket was adequate and enough for one month to feed the family.

7.2. Food security and resilience

7.2.1. Food security and nutrition indicators

7.2.1.1. The Household Hunger Scale (HHS)

Table 4 reflects the three main questions of Household Hunger Scale:

Did reduce food or skipping meals in the in the last 30 days?

Did you or one member of your family go to bed without taking in the last 30 days?

Did you or one member of your family stay all the day without food in the last 30 days?

Table 4: Number and percent of IDPs HHs responding to the three main questions of the HHS

	Reduced food or skipping meals in the previous month		Went to bed without taking food		Stayed all the day without food	
	#IDP	%	#IDP	%	#IDP	%
No	19	10.2	51	54.3	82	87.2
Yes	75	79.8	43	45.7	12	12.8
Total	94	100.0	94	100.0	94	100.0

From the above table and from figure 4 we can observe that:

- The Households (HHs) reduced food or skipping meals in a day in the previous month are 75 HHs out of 94 and makes 79.8% of the total checked samples.
- The HHs with at least one family member went to bed without taking food are 43 HHs with 45.7%.
- The HHs, with at least one family member, stayed all the day without food are 12 HHs these make only 12.8%.

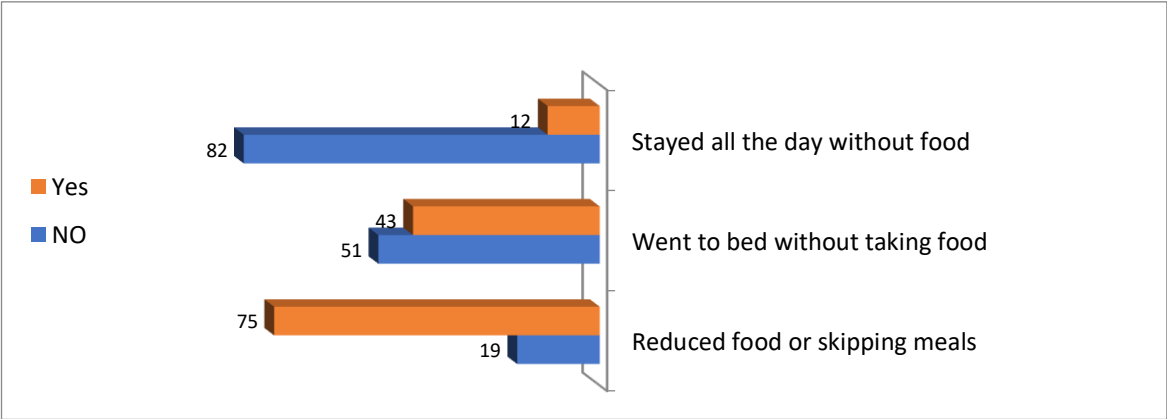


Figure 4: Household Hunger Scale of the interviewed IDPs in the 10 IDP camps in A Hazm

By asking about the frequency and repeating the above-mentioned situation we can see the responses in table 5. We can observe that by the 75 IDPs who reduced the meals in a day have a repeated frequency of 439 days while 43 IDPs with at least one family member went to sleep without taking food have a repeated frequency of 209 days and the related figures of the third group where at least one member of the families stayed all the day without food were reported by 12 IDPs HHs and have repeated frequency of 31 days.

Table 5: Reaction to the Household Hunger Scales (Number of Households and frequency of hunger days)

Reaction in the HHS	No of HHs	Repeated frequency (days)
Reduced food or skipping meals in the previous month	75	439
Went to bed without taking food	43	209
Stayed all the day without food	12	31

7.2.1.2. Food Consumption Score (FCS)

The information collected in the standard household Food Consumption Scores (FCS) includes:

- The types of foods eaten.
- The frequency of consumption of each food group over the past seven days (how many days each food group has been consumed in the last 7 days prior the survey).
- Then FCS calculated according to the following formula:

FCS = $\sum xi * ai$

- FCS** =Food consumption score
- xi** =Frequencies of food consumption = number of days for which each food group was consumed during the past 7 days
- ai** =Weight of each food group

The standard food groups and current standard food group weightings used in analyses are presented in the methodology. Table 6 illustrated the threshold and the FCS profile.

Table 6: Food Consumption Score profiles¹⁰

FCS threshold	FCS Profile
≤28	Poor
42> FCS >28	Borderline
>42	Acceptable

Table 7: Calculation of the Food Consumption Score by the interviewed 94 IDPs

Food items	Food groups (definitive)	Food Group Weight (definitive)	Average eaten in the past 7 days	Food Group Weight* Average eaten in 7 days
Rice, sorghum, millet, bread and other cereals	Main staples	2	6.8	13.6
potatoes and sweet potatoes				
Beans, Peas, groundnuts	Pulses	3	1.6	4.8
Vegetables, leaves	Vegetables	1	2.4	2.4
Fruits	Fruit	1	0.5	0.5
Meat, poultry, eggs and fish	Meat and fish	4	1.6	6.4
Milk yogurt and other diaries	Milk	4	1.40	5.6
Sugar and sugar products, honey	Sugar	0.5	0.28	0.14
Oils, fats and butter	Oil	0.5	6.5	3.25
Food consumption score				36.69

By the calculation of the FCS for the 96 IDPs we came to the result of 36.69 and this is to be categorized in the borderline profile. However, the single categories are reflected in Table 8 and in figure 5.

Table 8: The Threshold, the IDPs number and percent and the profile of the FCS

Threshold	#IDPs	%	Profile
0-28	46	48.9	Poor
28.1-42	19	20.2	Borderline
+ 42	29	30.9	Acceptable

¹⁰ Vulnerability and needs assessment, Lahj and Taiz, Report Save the children, published 31. January 2017

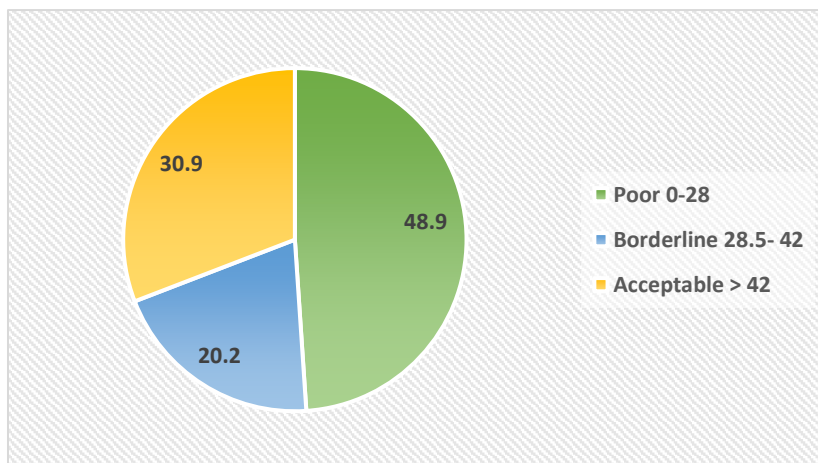


Figure 5: Poor, borderline and acceptable FCS by the interviewed samples (%), (n=94)

In figure 5 we can see that around 49% of the interviewed samples are food insecure, 20% in the borderline and 31 in the acceptable profile.

7.2.1.3. The Household dietary diversity score (HDDS)

The Household dietary diversity score (HDDS) is meant to provide an indication of household economic access to food. Moreover, the HDDS is meant to reflect, in a snapshot form, the economic ability of a household to access a variety of foods. Studies have shown that an increase in dietary diversity is associated with socio-economic status and household food security. Dietary diversity scores are calculated by summing the number of food groups consumed in the household or by the individual respondent over the 24-hour recall period (see HDDS table in the annexes).

The calculation of the HDDS have been resulted to 67% low dietary diversity, 24.5% medium and only 8.5 good dietary (Table 9)

Table 9: FDDS in calculations and thresholds

	No of IDPs	%	Threshold
<4.5	63	67.0	Low dietary diversity
4.5-6	23	24.5	Medium dietary diversity
6 +	8	8.5	Good dietary diversity
Total	94	100	

7.2.1.4. The coping strategy index (CSI)

The CSI measures behavior that people do when they cannot access enough food. It is quicker, simpler, and cheaper to collect information on coping strategies than on actual household food consumption levels. Hence, the CSI is an appropriate tool for emergency situations when other methods are not practical.¹¹ The CSI can be used as a measure of the impact of food aid programs, as an early warning indicator of impending food crisis, and as a tool for assessing both food aid needs and whether food aid has been targeted to the most food insecure households. A series of questions about how

¹¹ ResearchGate: The Coping Strategies Index: Field Methods Manual - Second Edition, 2008, See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/259999318>

households manage to cope with a shortfall in food for consumption results in a simple numeric score. The CSI is based on the many possible answers to one single question: “What do you do when you don’t have adequate food, and don’t have the money to buy food?”.

7.2.1.4.1. The major actions

From the figure 6 we can observe the actions of the family HH when they lack the availability of food. The following four common actions are dominated in the IDP camps in Aljawf:

1. 40.8 % of the IDPs have reacted with selling household assets;
2. 30.6 % have sold more animals than usual;
3. 14.3 % reduced health, including drugs, and education expenditure;
4. 12.2 % have sold last female animals

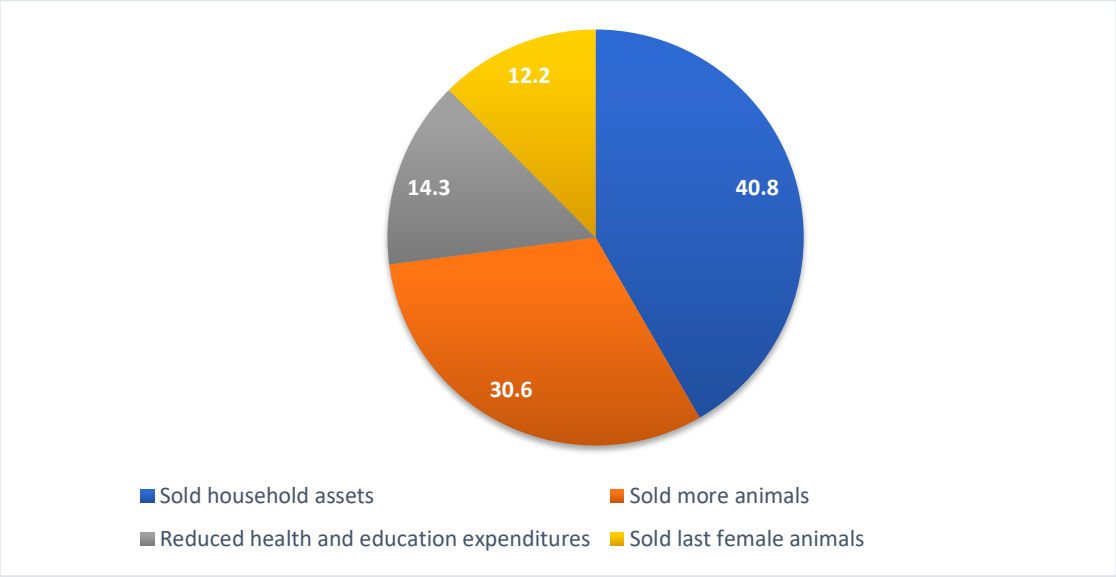


Figure 6: Percentage answers of HH of the question: What do you do when you don’t have adequate food, and don’t have the money to buy food?

7.2.1.4.2. Calculation the coping strategy index (CSI)

The first step for calculation the CSI was to assess the scores for the severity. Table 10 reflects the scores for the severity calculated from the 10 IDP camps in Al Jawf for 12 focus groups ranking for each individual behavior.

Table 10: Severity scores calculated from the 10 IDP camps in Al Jawf for 12 focus groups

	Focus Group Ranking for Each Individual Behavior												Av.	Cons. Ran.
	FG1	FG2	FG3	FG4	FG5	FG6	FG7	FG8	FG9	FG10	FG11	FG12		
Less preferred food	0	3	0	0	0	0	0	2	0	0	3	0	0.667	1
Borrow food	7	7	1	0	0	0	0	3	1	0	3	1	1.917	2
Buy on credit	0	4	5	0	2	0	0	2	0	1	0	0	1.167	1
Collect wild foods	2	2	2	1	0	0	0	0	1	1	1	0	0.833	1
Eat seed stock	4	3	6	0	0	3	0	4	0	0	2	0	1.833	2
HH members eat elsewhere	3	3	0	0	0	2	0	0	0	0	0	0	0.667	1
Beg	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0
Limit portions	7	3	4	0	0	0	0	5	3	0	2	0	2.000	2
Restrict adult feeding	6	7	0	4	0	7	0	5	3	4	2	0	3.167	3
Feed workers	5	3	5	0	0	3	0	3	0	0	4	0	1.917	2
Reduce meals	1	1	2	0	0	0	0	3	0	0	0	0	0.583	1
Skip days	5	1	5	0	0	0	0	4	4	0	3	0	1.833	2

The second step is the calculation the average of weighted frequency of the samples (n= 94) If we calculate the CSI using the weighted frequency and the calculated severity for the sample size

(n=94), then we come to the CSI of 19.45 for the IDPs in the ten camps (table 11).

Table 11: Calculation the Copping Strategy Index (CSI) of the IDPs in the 10 camps of Al Jawf

No	In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to:	Weighted Frequency	Severity	Weighted Score = Frequency X weight
1	Rely on less preferred and less expensive foods	2.500	1	2.500
2	Borrow food, or rely on help from a friend or relative	4.149	2	2.074
3	Purchase food on credit?	2.638	1	2.638
4	Gather wild food, hunt, or harvest immature crops?	0.351	1	0.351
5	Consume seed stock held for next season?	0.255	2	0.128
6	Send household members to eat elsewhere?	0.479	1	0.479
7	Send household members to beg?	0.000	0	0.000
8	Limit portion size at mealtimes	4.213	2	2.106
9	Restrict consumption by adults in order for small children to	2.074	3	0.691
10	Feed working members at the expense of non-working	0.638	2	0.319
11	Reduce number of meals eaten in a day?	1.734	1	1.734
12	Skip entire days without eating?	0.426	2	0.213
	CS Index			19.457

From the above table we can see that the average CSI calculated for all families is 19.46. Grouping the results of the CSI calculated for all interviewed IDPs in the 10 camps according to low, moderate and intensive, we came to the results reflected in table 12

Table 12: Calculation the Copping strategy according to three intensity groups

CSI category	IDPs	%	Intensity
0-19	57	60.6	Low
19.1-35	25	26.5	Moderate
+ 35	12	12.7	intensive

The above calculated results are illustrated again in figure 7.

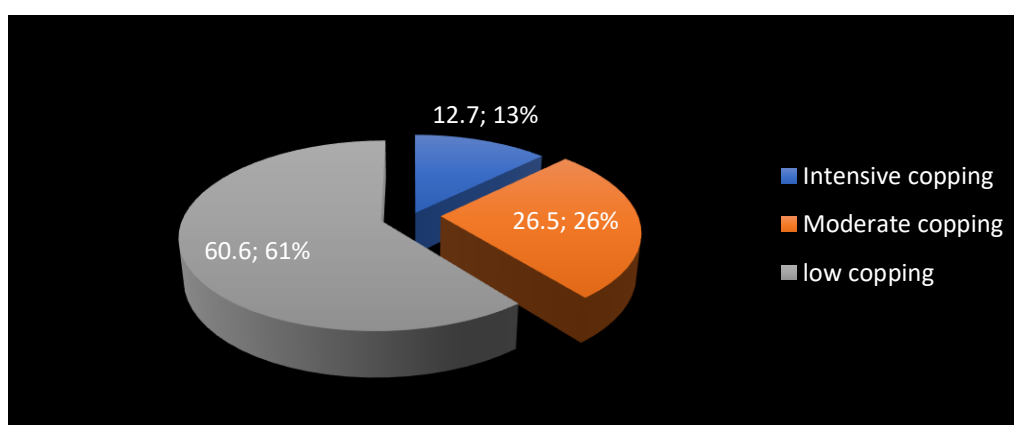


Figure 7: Intensive, moderate and low coping strategy

7.2.2. Market assessment and market functioning

7.2.2.1. The main food commodities

The district Al Hazm is an urban area. Nevertheless, the 10 visited IDP camps distributed around Al Hazm city in the desert with distances ranged between 3 km and 20 km and driving time interval ranged

between 10 minutes and 25 minutes. Three wholesale markets in Al Hazm have been visited and found to be working effectively. A wide range of food commodities were available. Nevertheless, the IDPs are not in the city of Al Hazm and use to come to Al Hazm or send relatives or friends to purchase their food needs. Moreover, due to price increases it is very difficult for the most households to buy sufficient food for their families. Table 13 shows the average of current prices for 17 food commodities in Al Hazm districts.

Table 13: The average prices of the main food commodities (stand December 2020)

No	Commercial Brand	Quantity/ Packaging	Price in YER First wholesaler	Price in YER Second wholesaler	Price in YER Third wholesaler	Average of the price	Availability 1 = Readily available 2 = Occasionally/ rarely available 3 = Not available in the market
1	Lentils	1Kg	1000	980	1200	1060.0	1
2	Peas	400 gm	250	400	370	340.0	1
3	White beans	400gm	250	400	400	350.0	1
4	Red beans	400gm	250	250	450	316.7	1
5	Vegetable oil	4 Ltr	3200	4000	4000	3733.3	1
6	Rice	Bag of 10 Kg	9000	8000	9000	8666.7	1
7	Macarona	400gm	300	350	350	333.3	1
8	Date	1kg	800	1200	1000	1000.0	1
9	White flour	25kg	7000	8850	9200	8350.0	1
10	Red flour	25kg	7700	8100	8000	7933.3	1
11	Eggs	30big size	1990	2000	2700	2230.0	1
12	Tona	Can big	600	710	850	720.0	1
13	Milk	250ml	170	160	180	170.0	1
14	Yogurt	200gm	150	150	180	160.0	1
15	Cheese	24packe	950	1000	850	933.3	1

		t					
16	Salt	2kg	300	200	200	233.3	1
17	Sugar	5kg	1880	2000	1900	1926.7	1

7.2.2.2. The fuel availability and prices

Table 14: The fuel availability and prices (stand end December 2020)

Fuel	Available in public stations	Available in black market	Price per Liter	Price in Black market
Petrol	Not always	Available	380	450
Diesel	Not always	Available	350	650
Cooking Gas	Available	Available	160	250

7.2.2.3. Exchange rate and cash vendors

Table 15: The Exchange rate of \$1 (stand December 2020)

	First Ex. Shop YR	Second Ex. Shop YR	Third Ex. Shop YR	Average exchange rate YR
Exchange rate of \$1	585	580	590	585

Accessibility and availability of cash vendors and financial institutions in the targeted district is distributed in Al Hazm city. As mentioned before Al Hazm is an urban city and the center of Al Jawf Governorate.

7.2.3. Other assessments

7.2.3.1. Drink water

Figure illustrates the source of the drink water of the IDPs. The majority of the IDPs go to wells distributed around the camps to bring water. Truck water delivering is the next main group rely on charity and INGOs.

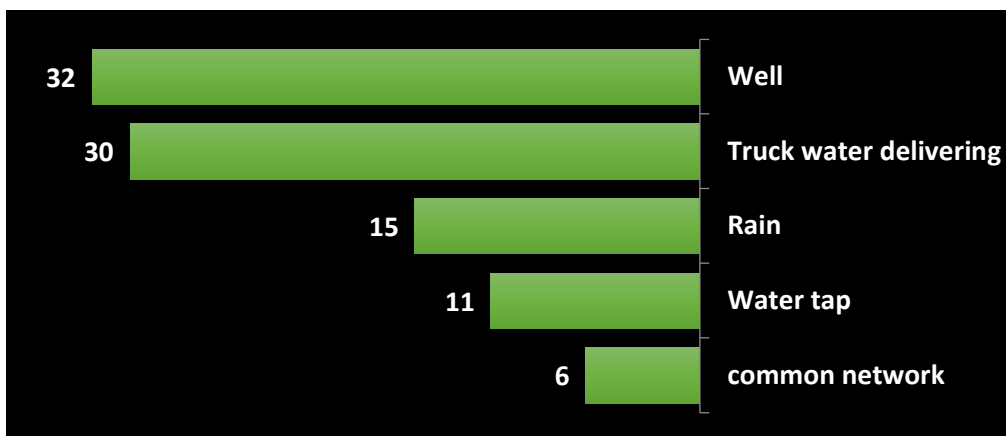


Figure 8: The common drink water sources in the 10 IDP camps (%)

7.2.3.2. Disabilities

The disability issue is very important to be addressed. Disable persons should be reached and contacted through all available devices. Surveys are not always delivered face to face, and especially by disable people, the option of delivering a survey over the phone can be attractive.

Figure 9 illustrates the percentage of different disabilities that the IDPs responded to the disability questions. The study calculated 39% of the IDP (37 IDPs out of 94) to have at least one member with one kind of disability. The disabilities vary in different kinds such as seeing, walking, hearing, and self-care disabilities with the percentage rate of 51%, 19%, 6% and 24%, respectively.

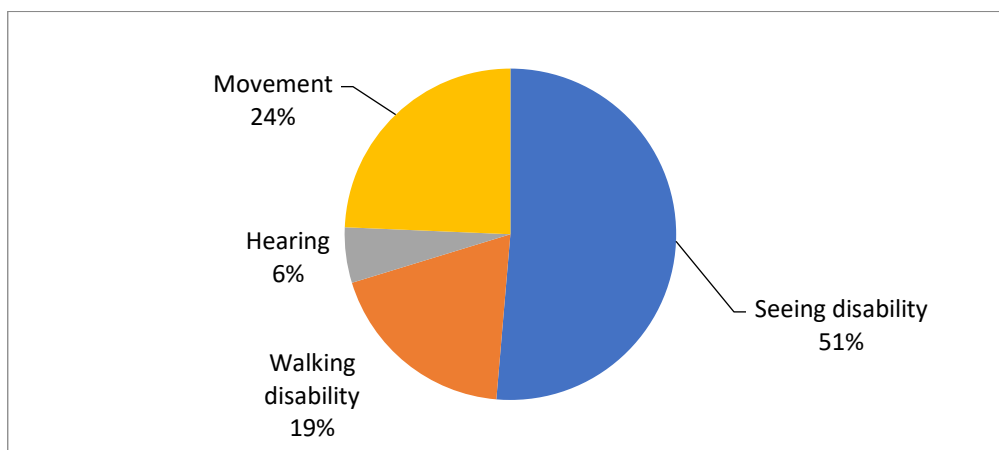


Figure 9: Kind of disabilities of the interviewed samples (n= 37)

7.2.3.3. Distance to the next market

It is very necessary to know the distance between the IDP camps and the next market and financial vendors. Table 16 shows the distances of the 10 visited IDP camps in km as well as the driving time in minutes.

Table16: Distance to the camps and driving time from the city of Al Hazm

	District	Subdistrict	IDP camp	Distance km	Driving time minutes
1	Al-Hazm	Hamdan	Al-Mehzam Alsarqy	3	10
2	Al-Hazm	Hamdan	Zahran	7	20
3	Al-Hazm	Hamdan	Al-Mehzam Algharby	2	7
4	Al-Hazm	Hamdan	Wadi Alashajan	8	25

5	Al-Hazm	Al A'aydh	Al A'aydh	10	30
6	Al-Hazm	Hamdan	AlDar	5	12
7	Al-Hazm	Hamdan	Alsaleel	6	12
8	Al-Hazm	Hamdan	Al-Rumailah	4	12
9	Al-Hazm	Thu Husain	Al A'aydh	10	30
10	Al-Hazm	Hamdan	Aljar	15	25

7.3. Conclusion and recommendations

Out of 1100 IDPs planned to be targeted by the ICI project in Hazm AlJawf the baseline study has interviewed 94 HHs and this makes 8.5 % of the targets. The samples have covered 69.1 males and 30.9% females. The most of the IDPs have been found in 4 Camps namely, Al Mehzam Alsharqy, Al A'aydh, Aljar and Al Mehzam Algharby with 26.6%, 21.3%, 16.0% and 12.8%, respectively. The following main results of the baseline study confirmed the need for interventions before breaking out of famine:

- The Households (HHs) reduced food or skipping meals in the previous month are 75 HHs out of 94 and makes 79.8% of the total checked samples.
- The HHs with at least one family member went to bed without taking food are 43 HHs with 45.7%.
- The HHs, with at least one family member, stayed all the day without food are 12 HHs these make only 12.8%.
- Around 49% of the interviewed IDP samples are food insecure, 20% in the borderline and 31 in the acceptable profile. By the calculation of the FCS for the whole 96 IDPs we came to the result figure of 36.69 and this is categorized in the borderline profile
- The calculation of the HDDS have been resulted to 67% low dietary diversity, 24.5% medium and only 8.5 good dietary
- To cope with lack of food and cash the following common actions are dominated in the IDPs camps in Aljawf:
 - a. 40.8 % of the IDPs have reacted with selling household assets;
 - b. 30.6 % have sold more animals than usual;
 - c. 14.3 % reduced health, including drugs, and education expenditure;
 - d. 12.2 have sold last female animals
- The average CSI calculated for all families was 19.46. Grouping the results of the CSI calculated for all interviewed IDPs in the 10 camps according to low, moderate and intensive, we came to the results intensive, moderate and low with percentage rate 12.7%, 26.5% and 60.6%, respectively.
- A wide range of food commodities were available. Nevertheless, the IDPs are not in the city of Al Hazm and use to come to Al Hazm or send relatives or friends to purchase their food needs. Moreover, due to price increases it is very difficult for the most households to buy sufficient food for their families
- Accessibility and availability of cash vendors and financial institutions in the targeted district is distributed in Al Hazm city closed to the 10 IDP camps
- The majority of the IDPs go to the wells distributed around the camps to bring the water. Truck water delivering is the next main group rely on charity and INGOs

- The study calculated 39% of the IDP (37 IDPs out of 94) to have at least one member in the family with a kind of disability. The disabilities vary in different kinds such as seeing, walking, hearing, and self-care disabilities with the percentage rate of 51%, 19%, 6% and 24%, respectively.

Recommendations

The results of the bassline survey have confirmed the necessity for interventions to help the IDPs to overcome the current situation and herein the following recommendation are to be given:

- Continue the implementation of intervention with unconditional cash transfer (UCT) to target the 1100 IDPs registered in Al Hazm;
- Cooperation and integration with other humanitarian organizations working in Al Hazm
- Continue cooperation with local authorities, community committees and the Uqals of the IDP camps;
- Capacity building of the IDPSs through conditional or unconditional training to help them finding suitable and adequate paid work.

Documented pictures



Annexes

Annex 1: Main figures and indicators of the Baseline and the logfram

Annex 2: Check of disabilities by the head of Household

Annex 3: Food Groups and current standard weights used in analyses for Food Consumption Score FCS

Annex 4: Calculation of the Household Dietary Diversity Score (HDDS)

Annex 5: Work plan and time line

Annex 1: Main figures and indicators of the Baseline and the logfram

Household Hunger Scale (HHS)		
	Baseline	Log frame
The Households (HHs) reduced food or skipping meals in a day in the previous month are 75 HHs out of 94	79.8%	
The HHs, with at least one family member, stayed all the day without food are 12 HHs	12.8%	
The HHs with at least one family member went to bed without taking food are 43 HHs	45.7%.	
Food Consumption Score (FCS)		
Poor (≤ 28)	48.9	
Borderline ($42 > FCS > 28$)	20.2	
Acceptable (> 42)	30.9	70%
Household Dietary Diversity Score (HDDS)		
Low dietary diversity	67.0%	
Medium dietary diversity	24.5%	
Good dietary diversity	8.5%	
Coping Strategies Index (CSI). the following common actions are dominated. Several taken actions are common:		
CSI	19.46	
Sold household assets;	40.8 %	
Sold more animals than usual	30.6 %	
Reduced health, including drugs, and education expenditure	14.3 %	
Sold last female animals	12.2%	
Number of households supported through unconditional cash transfers to cover monthly food rations		
Number of beneficiaries in month (disaggregated by sex age and disability in the narrative report)		
Number of new households in month		
Number of households dropping out in month		
% of beneficiaries (disaggregated by sex, age and disability) reporting that humanitarian assistance is delivered in a safe manner		80
% of beneficiaries (disaggregated by sex, age and disability) reporting that humanitarian assistance is delivered in an accessible manner		80
Number of feedback/complaints received which have been timely acted upon (disaggregated by sex and age)		

Annex 2: Check of disabilities by the head of Household

Do you have some type of difficulty? (Mark X in the right spot)	Difficulty seeing, even if wearing glasses?	Difficulty hearing, even if using a hearing aid?	Difficulty walking or climbing steps?	Difficulty remembering or concentrating?	Difficulty (with self-care such as) washing all over or dressing?	Difficulty communicating?
No - No difficulty						
Yes - Some difficulty						
Yes- a lot of difficulty						
Cannot do at all						

Annex 3: Food Groups and current standard weights used in analyses for Food Consumption Score FCS

Food items	Food groups (definitive)	Food Group Weight (definitive)
Rice, sorghum, millet, bread and other cereals	Main staples	2
potatoes and sweet potatoes		
Beans, Peas, groundnuts	Pulses	3
Vegetables, leaves	Vegetables	1
Fruits	Fruit	1
Meat, poultry, eggs and fish	Meat and fish	4
Milk yogurt and other diaries	Milk	4
Sugar and sugar products, honey	Sugar	0.5
Oils, fats and butter	Oil	0.5
Spices, tea, coffee, salt, fish powder, small amounts of milk for tea.	Condiments	0

Annex 4: Calculation of the Household Dietary Diversity Score (HDDS)

HDDS (0-12) =	Sum (A + B + C + D + E + F + G + H + I + J + K + L) Total number of food groups consumed by members of the household. Values for A through L will be either "0" or "1"
Average HDDS = Sum (HDDS)/Total Number of Households	

The International Food Policy Research Institute (IFPRI) proposes the following thresholds ¹²:

Household Dietary Diversity Score profiles

HDDS	Profile
> 6	good dietary diversity
4.5-6	medium dietary diversity
<4.5	low dietary diversity

A. Cereals

B. Root and tubers

C. Vegetables

D. Fruits

E. Meat, poultry,

F. Eggs

G. Fish and seafood

H. Pulses/legumes/nuts

I. Milk and milk products

J. Oil/fats

K. Sugar/honey

L. Miscellaneous

The HDDS variable is calculated for each household. The value of this variable will range from 0 to 12. The average HDDS indicator is then calculated for the sample population.

¹² Elliot Vhurumuku, Food Security Indicators, For the Integrating Nutrition and Food Security Programming for Emergency Response Workshop, Nairobi, 25 to 17 February 2014

Annex 5: Work plan and time line

Activities	First week						Second week						Third week						Fourth week					
	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
Meeting with ADRA representatives, collect ADRA available documents	■	■																						
Agree upon the tools to be used for the different actions of market analyzing	■	■																						
Review of the collected documents and finalizing the questionnaires together with MEAL department in ADRA		■	■	■	■																			
Induction workshop						■	■																	
Training of enumerators; in coordination with ADRA							■																	
Conduct sample surveys of targeted BF's or randomly HH's IN clusters								■	■	■	■	■												
Focus Group Discussion (FGD) and Key Informant Interview (KII),											■	■												
Interview wholesalers and retailers, some owners of exchange offices, some principals in trade offices and enterprises.												■	■	■										

Other annexes

- The survey questionnaire
- ADRA ICI - proposal_8 Jun 2020
- ADRA ICI - Revised Logframe - 16.9.2020 (1)
- List of Key informant interviews (KIIs) and surveyors
- ToR for Baseline Integrated Cash Intervention (ICI)