

BASELINE SURVEY – INTEGRATED CASH
INTERVENTION IN YEMEN

ADEN , KHURMAKSSER, REPORT

By:
Abdul Gabbar Al-Kirshi
Khaled Kassem Kaid

SUBMITTED TO:
ADRA / YEMEN,

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AL-THURAYA CONSULTING/ YEMEN,

SANA'A
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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
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

	Content	Page
1.	Executive summary	5
2.	Introduction	9
3.	ADRA Yemen	9
4.	United Kingdom support to Yemen	9
4.1.	The Foreign Commonwealth and Development Office (FCDO)	9
4.2.	Why FCDO is investing in Yemen	10
4.3.	How will the UK respond to opportunities and challenges?	10
5.	The Project Integrated Cash Intervention (ICI)	10
5.1.	Purpose, objectives and organization context	11
5.1.1.	Purpose	11
5.1.2.	Objective	11
6.	Methodology	13
6.1.	Desk review	13
6.2.	Organization context	13
6.3.	Data collecting and data analysis	14
6.3.1.	Data analysis	14
6.3.2.	Criteria for selection the HHs	14
6.3.3.	Market assessment	15
6.3.4.	Accountability	15
6.3.5.	Others	15
6.3.6.	Evaluation plan	16
7.	Findings	17
7.1.	Overall Results	17
7.1.1.	Verification of selected HHs	17
7.1.2.	The samples and clusters	17
7.1.3.	Current status of HHs	19
7.1.4.	Food security and resilience	19
7.1.4.1.	Work of the heads of HHs	19
7.1.4.2.	Family income	21
7.1.5.	Food security and nutrition indicators	22
7.1.5.1.	The Household Hunger Scale (HHS)	22
7.1.5.2.	Food Consumption Score (FCS)	23
7.1.5.3.	The Household dietary diversity score (HDDS)	24
7.1.5.4.	The coping strategy index (CSI)	24
7.1.6.	Market assessment and market functioning	26
7.1.6.1.	The main food commodities	26
7.1.6.2.	The fuel availability and prices	27
7.1.6.3.	Exchange rate cash vendors	28
7.1.7.	Other assessments	28
7.1.7.1.	Drink water	28
7.1.7.2.	Disabilities	29
7.1.7.3.	Accountability	29
7.2.	Conclusion and recommendation	29
	Attachments	

List of Tables

- Table 1: Population, targeted BFs, clusters and samples
- Table 2: Number of households interviewed (in Al-Nasr and Al-Areesh)
- Table 3: Male and female number and percentage of households interviewed
- Table 4: Clusters and sample size
- Table 5: Samples interviewed of the head of the Household separated in male and female and the related sex ratio
- Table 6: Kinds of work and activities of the selected samples (Numbers and percent)
- Table 7: Kinds of work and activities of the selected samples (in Al-Nasr and Al-Areesh)
- Table 8: Kind of work, income and expenses
- Table 9: Present categories of incomes
- Table 10: Sources of food covering
- Table 11: The Household Hunger Scale (HHS)
- Table 12: Frequency of the Household Hunger scales (HHS)
- Table 13: Food Consumption Score profiles
- Table 14: FDDS in Al-Areesh, Al-Naser
- Table 15: Calculation the CSI
- Table 15: The average prices of the main food commodities (stand December 2020)
- Table 16: The fuel availability and prices (stand December 2020)
- Table 17: The Exchange rate of \$1 (stand December 2020)

List of figures

- Figure 1: Sequence of implementation the baseline study
- Figure 2: Percentage distribution of the baseline samples in the clusters
- Figure 3: Current status of the interviewed families
- Figure 4: Poor, borderline and acceptable FCS by the interviewed samples (%)
- Figure 5: 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?
- Figure 7: The common drink water sources by the interviewed samples
- Figure 8: Kind of disabilities of the interviewed samples

List of annexes

- Annex 1: Main figures and indicators of the Baseline and the logfram
- Annex 2: Date collocation table to analyses the CSI
- Annex 3: Check of disabilities by the head of Household
- Annex 4: Food Groups and current standard weights used in analyses for Food Consumption Score (FCS)
- Annex 5: Calculation of the Household Dietary Diversity Score (HDDS)
- Annex 6: Work plan and time line

1. Executive summary

Study area and project aim

This baseline study has been conducted in Khurmaksser district, Aden governorate in the period from 12 November 2020 till 10 December 2020. 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. Of those districts, ADRA will target Al-Mutoon and Al Hazm in Al-Jawf as well as Dhamar City and Wusab As Safil in Dhamar. **ADRA is also going to target groups of HHs under IPC4 in the southern governorate of Aden (Khurmaksser) according to the recommendation of the Food security and Agriculture Cluster (FSAC).**

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 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.

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 districts.
- 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 HHs and the accountability have been researched.

Following the instructions of the TOR, the induction workshops and the documents review 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) form including the stakeholders;

The sampling method used for this exercise was the cluster method. The clusters were

distributed proportionally on the targeted subdistricts.

Field survey and HHs met

This baseline survey is covering the Khurmaksser district, Aden governorate, south only. The households met and interviewed are concentrated in 2 main subdistricts namely **Al-Nasr** and **Al-Areesh** with a row numbers of 33 and 28 HHs and percentage around 54% and 46%, respectively. The 61 interviewed households consist of around 80% males and 20% females. Samples were distributed in 6 clusters. The most of the HHs are living in Al-Nasr Al-Qadeem 37.7%, Al-Areesh 26.2%, Alswalaban 14.8% and Al-Nasr Al-Jadeed 13.1%. The most of the samples with around 80%, are located in three main clusters namely, Al-Nasr Al-Qadeem, Al-Areesh and Alswalaban. Male and female head households have been met although the number of male head HHs was around sixfold in Al-Nasr and threefold in Al-Areesh subdistricts compared to the female head HHs.

Finding

Current profile of the study samples

The current status of the samples has the following characteristics:

- 74% of the respondents confirmed that there is at least one working member in the families exist although most of the work activities based on seasonal or daily wages and they are paid very low;
- 48% confirmed the existence of pregnant or lactating women in their HH;
- 18% of the HHs have CU5 with SAM or MAM;
- 18% of the HHs have at least one member with disability;
- Only 16% have stated that they have currently enough money to cover the food for a month;
- 10% of the sample size are Muhamasheen;
- Only 8% receive a kind of financial assistance from others;
- Only 4% have productive land or assets.

It was very necessary to know from the beginning on if the heads of the HHs are active and working. The most of interviewed samples are working in kind of free activities based on daily wages, or they are government employees or retired waiting for very small monthly wages that come once every several months.

Around 77 % of the targeted samples spend the income, whatever the source of the income is, only for covering food needs. That means these families are not able to cover other living needs like education, health and other household costs.

When we check the income sources, we can find that the most of the families rely on the Government salaries. It is known that such salaries are very low and paid only after several months. In Addition, 14.7% of the baseline HHs don't receive any kind salaries and they receive support from their relatives, neighbors and charity persons. This kind of support is seasonal and not regularly paid (Zakat, transfer from relatives lives outside Yemen etc.). This situation should attract the interventions of ADRA and other humanitarian organizations for interventions. In addition, 52.4% of the studied HHs rely on charities, relatives and day by day search for cash to cover food needs

There are IDPs met in Al-Areesh subdistrict. They are working in free activities like drivers and porters. Moreover, a lot of head of households are working by the government and they are either already retired or still active but the wages for this category is very low and not enough

for covering the food needs.

Household Hunger Scale (HHS)

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

- The number of Households (HHs) reduced the meals in a day is 43 HHs out of 61 HHs and makes 70.5% of the total checked samples.
- The number of HHs, with at least one family member, stayed all the day without food is 23 HHs with 37.7%.
- The number of HHs with at least one family member went to bed without taking food 33 and makes 54.1%.

By asking the HHs if they receive assistance form any organization. 53 HHs responded with No. That is around 87 % of the total HHs.

Food Consumption Score (FCS)

46% according to the FCS calculations of the interviewed samples are food insecure (29% in the borderline and 17 in the poor profile).

Household Dietary Diversity Score (HDDS)

The calculation of the HDDS in Al-Areesh and Al-Nasr subdistricts of Khurmaksser have been resulted to 4.9 and 5.6, respectively. They are in the profile of medium dietary diversity.

Coping Strategies Index (CSI)

To cope with lack of food and cash the following common actions are dominated and ranked in order:

1. Reduce portion size of meals;
2. Depend on low food quality;
3. Buying food by Debt;
4. Reduce consumption by adults in order to feed small children;
5. Borrow food or rely on help from friends or relatives;
6. Sold household assets.

The CSI weighted Score calculated was 16.

Market assessment

The district Khurmaksser is an urban area. It is one of the main districts of Aden city and located not far away from the Aden international sea port, the main port for entering all kind of commodities from all over the world. Therefore, the market is functioning well and trader bring all kind of food commodities through this port. Three wholesale markets in the targeted district were visited and found to be working effectively. A wide range of food commodities were available. Nevertheless, all of the household representatives interviewed reported that although food commodities are available, due to price increases it is very difficult for 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 Khurmaksser is widely distributed since the district is a big part of the urban city of Aden.

Drink water availability and sources

Figure illustrates the source of the drink water of the BFs. Since the targeted district is an urban district located in Aden city, we can see that more than 55% rely on central water network. Nevertheless, the central water network is not available for residents and therefore, water tanks container brought by water cares is also common in the city. Less BFs rely on charity and neighbors, private network or wells for water needs.

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 18% of the HHs to have at least one member with disability. The disabilities vary widely in different disabilities such as seeing, walking, communication, movement, and concentration with the percentage 32%, 21%, 19%, 14% and 14%, respectively. However, these disabilities might affect the participation in the intervention and therefore addition care for these HHs should be taken into account.

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. As mentioned above the 61 interviewed households consist of around 20% females in addition 48% confirmed the existence of pregnant or lactating women in their HH and therefore the additional attention should be given to this issue during the project implementation.

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.

In theory, 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 margin⁵.

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 IPC4^{6 7}. 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 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 levels⁸. Many parts of Al-Jawf and Dhamar governorates remain in IPC4 according to the nutrition cluster. Of those districts, ADRA will target Al-Mutoon and Al Hazm in Al-Jawf as

5 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.

⁶ 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

⁷IPC_Yemen_AcuteFoodInsecurity_2020FebDec_Report_English

⁸ IPC_Yemen_AcuteFoodInsecurity_2020FebDec_Report_English

well as Dhamar City and Wusab As Safil in Dhamar. ADRA is also going to target a district under IPC4 in the southern governorate of Aden (Khurmaksser)⁹.

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, objectives and organization context

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):

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

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 Baseline Survey – Integrated Cash Intervention in Yemen, TOR , ADRA, prepared by Mohamed Al Salemi, Sep 2020

- Main sources of income;
- Household's main source of food
- Main expenses of the household such as (food, health, education, fuel and cooking gas, debit repayment)
- Markets functionality and availability of cash transfer institutions in the targeted areas
- Intervention relevancy, effectiveness, efficiency, impact and sustainability
- 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 BFs verification Form latest_version_-_labels_-_2020-11-26-09-46-36 (1) (2)
- 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 in Sana'a and Aden. Meetings have been conducted with the project manager, the MEAL assistance and the consortium leader. In addition, two induction workshops have been elaborated one with the project leadership and the other one with project leadership, project partner in the consortium namely, the YFCA and in Zoom representatives of the ADRA UK have also made substantial comments and recommendation for elaboration the activities. The next organization have been finalized in Aden. Al-Thuraya key experts travelled to Aden and resume the organization by meeting with local authorities to get the necessary permission documents to go to the sites in district Khurmaksser. Furthermore, the team organized meeting with subdistricts personals and the heads of community committees for planning of conducting the baseline activities and for Focus Group Discussions (FGD).

6.3. Data collecting and data analysis

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

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

Survey has been carried out at household 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 1 shows population, targeted BFs, clusters and the selected samples in Khurmaksser district, Aden Governorate.

Table 1: Population, targeted BFs, clusters and samples

District	#of population	#targeted beneficiaries	#of Clusters	#of Samples Planned to be met	# of Samples interviewed
Khurmaksser	47044	400	6	40	61
Al-Mutoon	47693	400	2	40	
Al Hazm	8320	500	3	50	
Dhamar City	173086	2100	1	105	
Wusab As Safil	149531	2000	20	100	
Total		5400	32	335	

Additionally, the survey has focused on:

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

6.3.1. Data analysis

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

6.3.2. Criteria for selection the HHs

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

1. The disability of the head of the HH;
2. Severely food insecure households;
3. Vulnerable IDP households;

4. Vulnerable Host households hosting IDPs;
5. Households with children under 5 with Severe Acute Malnutrition (SAM) or Moderate Acute Malnutrition (MAM);
6. Vulnerable Female-headed households;
7. Child headed households;
8. Vulnerable Households with no productive assets, or functional means of income/ reliable source of income;
9. Vulnerable Elderly headed households;
10. Vulnerable Households headed by chronically ill members;
11. Vulnerable Households headed by physically challenged heads;
12. Vulnerable marginalized communities e.g. Muhamasheen;
13. Vulnerable Households not receiving adequate assistance from other sources;

6.3.3. 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?
- 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?

6.3.4. Accountability

The following questions have been asked to reflect the accountability

- Do you know how people were chosen to receive assistance?
- Have you been told exactly what you are entitled to receive?
- If you wanted to contact the organization for example, to ask a question or to make a complaint – do you know what to do/who to contact?
- Do you have any general suggestions or comments?
- If we have further questions or a follow up, could we contact your household via phone?

6.3.5. 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

6.3.6. Evaluation plan

The evaluation plan is illustrated in figure 1 . The sequence of conducting the baseline study has undergone 7 steps.

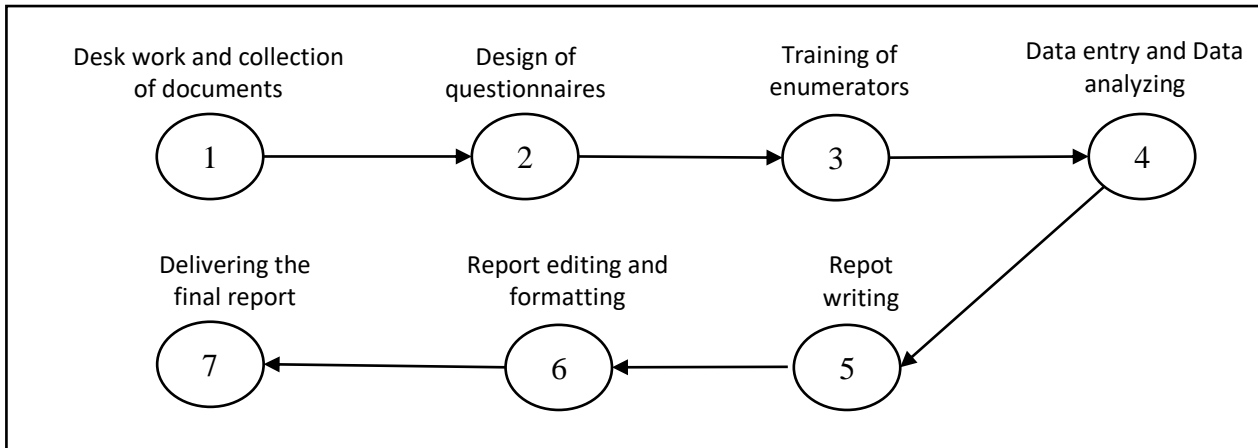


Figure 1: Sequence of implementation the baseline study

The work plan in 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 Aden;
 - 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 BFs
 - Focus Group Discussion (FGD) and 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

The data presented below were calculated from three sources:

1. The food security and resilience form prepared by Al-Thuraya team and conducted in two main subdistricts namely, **Al-Nasr** and **Al-Areesh**.
2. The focus group discussions interviews conducted by Al-Thuraya team
3. ICI BFs verification form conducted by ADRA Yemen. The row data collected by ADRA team have been analyzed for the 50 HHs and used for justification of the baseline date collected and analyzed by Al-Thuraya;

7.1.1. Verification of selected HHs

So many criteria have been set for selection the targeted HHs by ADRA team. This diverse number of criteria, by taking in to consideration the current conflict and poverty situation, makes all HHs in the area justified to be targeted. It is advisable to reduce the selected criteria up to 5 criteria like:

- The disability of the head of the HH;
- Vulnerable Host households hosting IDPs;
- Vulnerable Female-headed households;
- Vulnerable Elderly headed households;
- Vulnerable marginalized communities e.g. Muhamasheen;

7.1.2. The samples and clusters

Table 2 reflects the sample of households met and interviewed in Khurmaksser district. The households met and interviewed are concentrated in 2 main subdistricts namely **Al-Nasr** and **Al-Areesh** with a row numbers of 33 and 28 HHs and percentage around 54% and 46%, respectively. In table 3 we can observe that the 61 interviewed households separated in around 80% males and 20% females. Moreover, the samples were distributed in 6 clusters (Table 4), where the BFs are concentrated. The most of the HHs are living in Al-Nasr Al-Qadeem 37.7%, Al-Areesh 26.2%, Alsawlaban 14.8% and Al-Nasr Al-Jadeed 13.1%.

Table 2: Number of households interviewed (in Al-Nasr and Al-Aressh)

Subdistrict	Number	Percent
Al-Nasr	33	54.1
Al-Areesh	28	45.9
Total	61	100.0

Table 3: Male and female number and percentage of households interviewed

Sex	Number	Percent
Male	49	80.3

Female	12	19.7
Total	61	100.0

Table 4: Clusters and sample size

	Subdistrict/ Site	Number of HH	Percent
1	Al-Nasr Al-Qadeem	23	37.7
2	Al-Nasr Al-Jadeed	8	13.1
3	Radfan	2	3.3
4	Al-Areesh	16	26.2
5	Alsawlaban	9	14.8
6	Ghazy Alwan	3	4.9
	Total	61	100.0

Figure 2 reflects clearly the 6 clusters in which the sample sizes were conducted. The most of the samples with around 80%, are located in three main clusters namely, Al-Nasr Al-Qadeem, Al-Areesh and Alsawlaban.

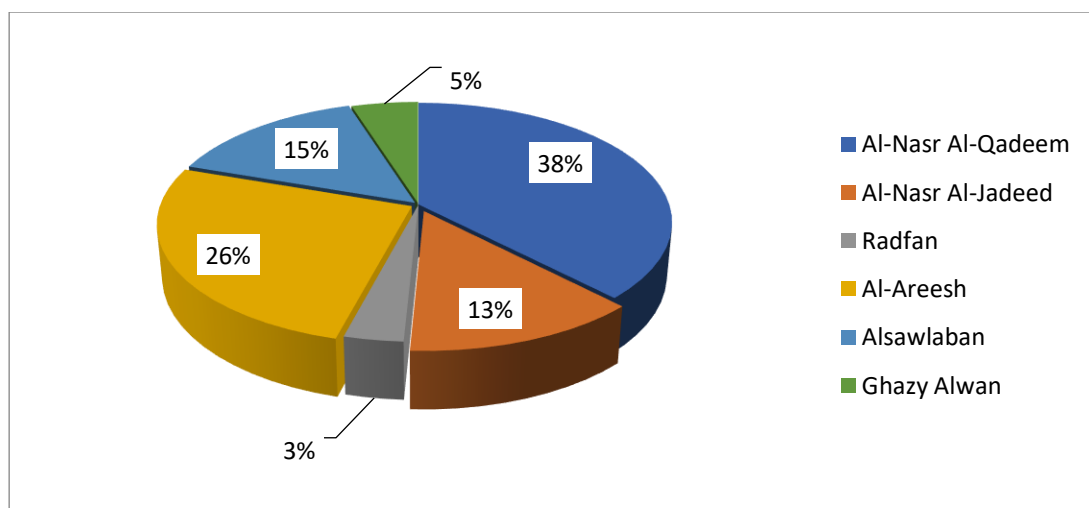


Figure 2: Percentage distribution of the baseline samples in the clusters

Table 5 reflects the samples of the head of HHs separated in male and females. We can see that the male head HHs is around sixfold in Al-Nasr and threefold in Al-Areesh subdistricts compared to the female head HHs.

Table 5: Samples interviewed of the head of the Household separated in male and female and the related sex ratio

Subdistrict	Male	Female	Total	Sex ratio (female: male)
Al-Nasr	28	5	33	5.6:1
Al-Areesh	21	7	28	3:1

7.1.3. Current status of HHs

The current status of the samples is illustrated in figure 3. We can draw the following characteristics of the targeted HHs:

- 74% of the respondents confirmed that there is at least one working member in the families exist although most of the work activities based on seasonal or daily wages and they are paid very low;
- 48% confirmed the existence of pregnant or lactating women in their HH;
- 18% of the HHs have CU5 with SAM or MAM;
- 18% of the HHs have at least one member with disability;
- Only 16% have stated that they have currently enough money to cover the food for a month;
- 10% of the sample size are Muhamasheen;
- Only 8% receive a kind of financial assistance from others;
- Only 4% have productive land or assets.

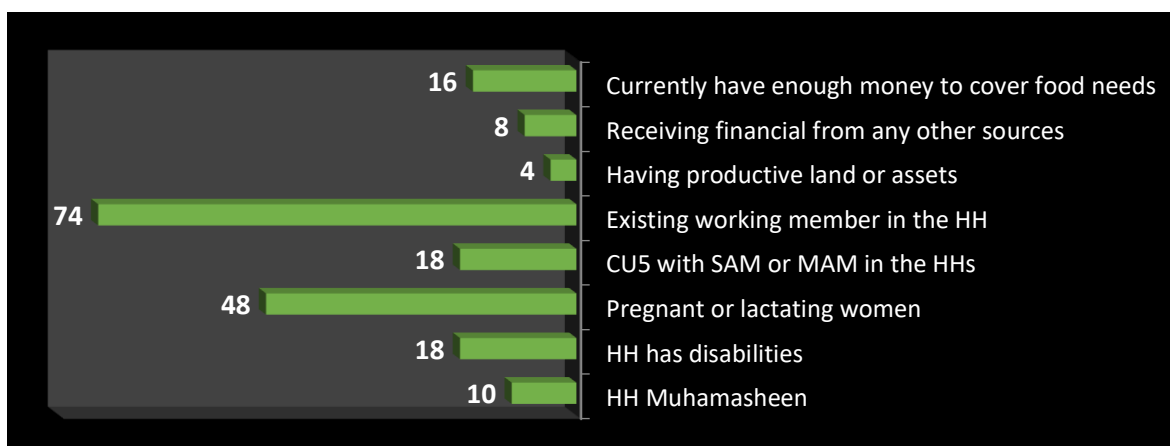


Figure 3: Current status of the interviewed families

7.1.4. Food security and resilience

7.1.4.1. Work of the heads of HHs

It was very necessary to know from the beginning on if the heads of the HHs are active and working. Table 6 reflects the work and activities of the heads of HHs. The most of interviewed samples are working in kind of free activities based on daily wages, or they are employee by the government or retired waiting for very small monthly wages that come once every several months. To reflect more information about the different work categories in the two main subdistricts namely, Al-Areesh and Al-Nasr, the kind of the work and activities of the heads of HHs are illustrated in details in table 6

Table 6: Kinds of work and activities of the selected samples (Numbers and percent)

Work the head of HH	Number	Percent
Without work	2	3.3
Free activities	22	36.1
Government employee	19	31.2
Household women	4	6.6
Retired	8	13.1
IDP/ free daily worker	6	9.8
Total	61	100.0

In the table 7 we can see that IDPs are concentrated in Al-Areesh subdistrict. They are working in free activities like drivers and porters. Moreover, a lot of head of households are working by the government and they are either already retired or still active but the wages for this category is very low and not enough for covering the food needs.

Table 7: Kinds of work and activities of the selected samples (in Al-Nasr and Al-Areesh)

Sub district \ Work of the head of HH	Al-Nasr		Al-Areesh	
	Number	%	Number	%
Without work	1	3.0	1	3.6
Free activities	10	30.3	12	42.9
Government employee	16	48.48	3	10.7
Household women	1	3.0	3	10.7
Retired	5	15.2	3	10.7
IDP/ free daily worker	0	0.0	6	21.4
Total	33	100.0	28	100.0

7.1.4.2. Family income

From the table8 we can see that around 77 % of the targeted samples spend the income, whatever the source of the income is, only for covering food needs. That means these families are not able to cover other living needs like education, health and other household costs.

Table 8: Kind of work, income and expenses

income and expenses		Have no Income	Incomes spend only for food	Incomes spend for food and other services
Work of the head of HH				
Without work		0	1	1
Free activities		0	18	4
Government employee		1	13	5
Female Household		1	3	0
Retired		0	7	1
IDP/ free daily worker		1	5	0
Total	Number	3	47	11
	%	4.9	77.1	18.0

When we check the income sources, we can see in the table 9 that the most of the families rely on the Government salaries. It is known that such salaries are very low and paid only after several months. In Addition, 14.7% of the baseline HHs don't receive any kind salaries and they receive support from their relatives, neighbors and charity persons. This kind of support is seasonal and not regularly paid (Zakat, transfer from relatives lives outside Yemen etc.). This situation should attract the interventions of ADRA and other humanitarian organizations for interventions.

Table 9: Precent categories of incomes

Income category	Number	Percent
No income	3	4.9
Government salary	18	29.5
Free activities	19	31.1
Support from relatives	6	9.8
Retired salary	15	24.6
Total	61	100.0

Table 10 confirmed the need for intervention since there are three groups which make 52.4% of the studied HHs rely on charities, relatives and day by day search for cash to cover food needs

Table 10 Sources of food covering

	Source and way of food covering	Number	Percent
1	From the salary	30	49.2
2	From charities	3	4.9
3	From relatives	6	9.8
4	Day by day search for cash	23	37.7
	Total	61	100.0

7.1.5. Food security and nutrition indicators
7.1.5.1. The Household Hunger Scale (HHS)

The Household Hunger Scale (HHS) is one of the four indicators tested by this baseline study. Table 11 reflects the HHS of the interviewed samples. From the table we can observe the following:

- The number of Households (HHs) reduced the meals in a day is 43 HHs out of 61 HHs and makes 70.5% of the total checked samples.
- The number of HHs, with at least one family member, stayed all the day without food is 23 HHs with 37.7%.
- The number of HHs with at least one family member went to bed without taking food 33 and makes 54.1%.

Asking about the frequency and repeating the above-mentioned situation table 12 shows that the 43 HHs who reduced the meals in a day have a repeated frequency of 149 days to reduce the meals while 23 HHs who stayed all the day without food have a repeated frequency of 114 days. The related figure for the third group is 99 days in which at least one family member went to sleep without taking food

Table 11: The Household Hunger Scale (HHS)

Reduce of meals per day			Stay all the day without food		Go to sleep without taking food	
	Number	Percent	Number	Percent	Number	Percent
NO	18	29.5	38	62.3	28	45.9
Yes	43	70.5	23	37.7	33	54.1
Total	61	100.0	61	100.0	61	100.0

Table 12: Frequency of the Household Hunger scales (HHS)

Actions	Number of HH	frequency
Reduce of meals per day	43	149
Stay all the day without food	23	114
Go to sleep without taking food	33	99

Supports and assistance

By asking the HHs if they receive assistance form any organization. 53 HHs responded with No. That is around 87 % of the total HHs.

7.1.5.2. 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 13: Food Consumption Score profiles¹⁰

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

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

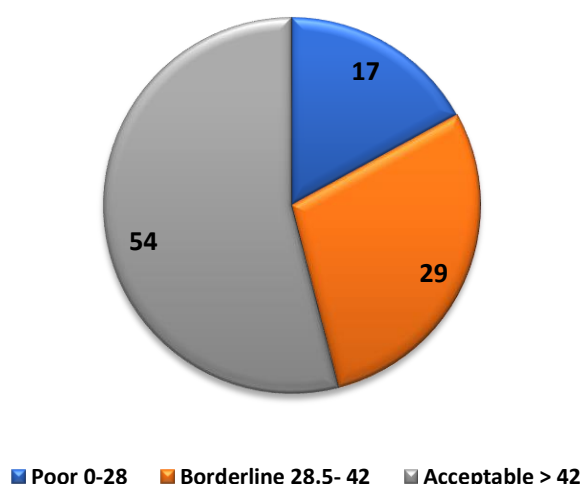


Figure 4: Poor, borderline and acceptable FCS by the interviewed samples (%)

In figure 4 we can see that 46% according to the FCS calculations of the interviewed samples are food insecure (29% in the borderline and 17% in the poor profile).

7.1.5.3. 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 in Al-Areesh and Al-Nasr subdistricts of Khurmaksser have been resulted to 4.9 and 5.6, respectively. They are in the profile of medium dietary diversity (Table 14)

Table 14: FDDS in Al-Areesh, Al-Naser

	Al-Areesh	Al-Nasr
HHs	28	33
HDDS	4.9	5.6
Profiles	Medium dietary diversity	Medium dietary diversity

7.1.5.4. 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

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>

aid has been targeted to the most food insecure households. A series of questions about how 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?”.

From the figure 5 we can observe the actions of the family HH when they lack the availability of food. The following common actions are dominated in the area:

- Reduce portion size of meals;
- Depend on low food quality;
- Buying food by Debt;
- Reduce consumption by adults in order to feed small children;
- Borrow food or rely on help from friends or relatives;
- Sold household assets.

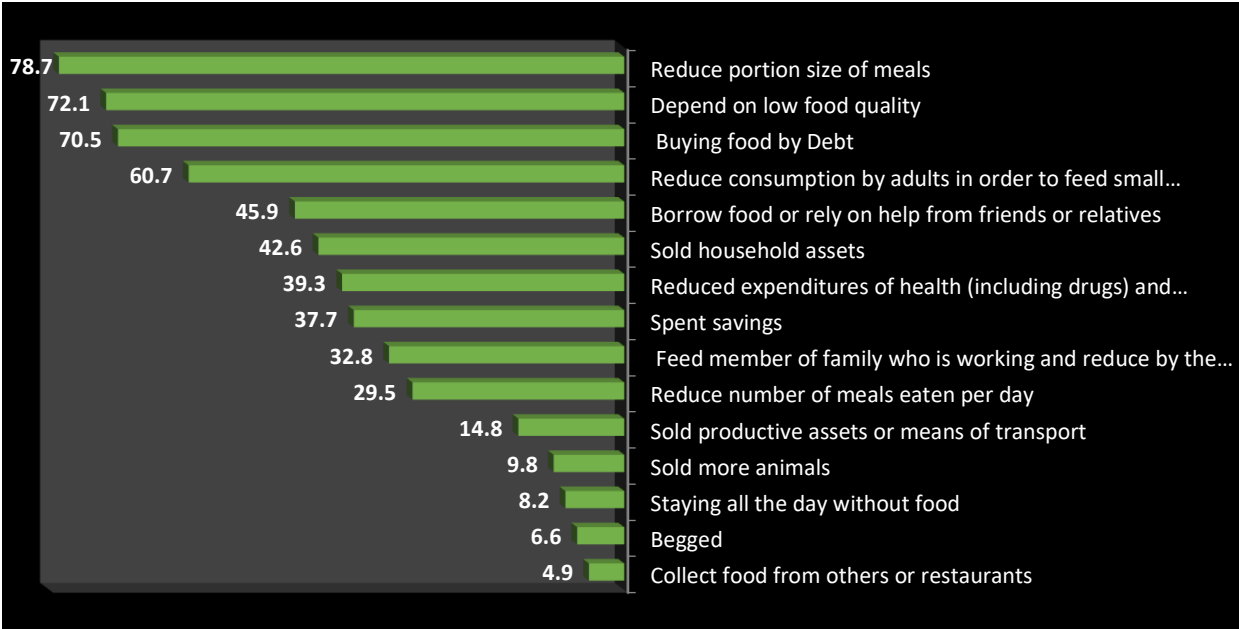


Figure 5: Percentage answers of HH of the question: What do you do when you don’t have adequate food, and don’t have the money to buy food?

When we test the above common actions and categorized them in three intensity groups namely, intensive, moderate and low dependents, then we can see the results in figure 6.

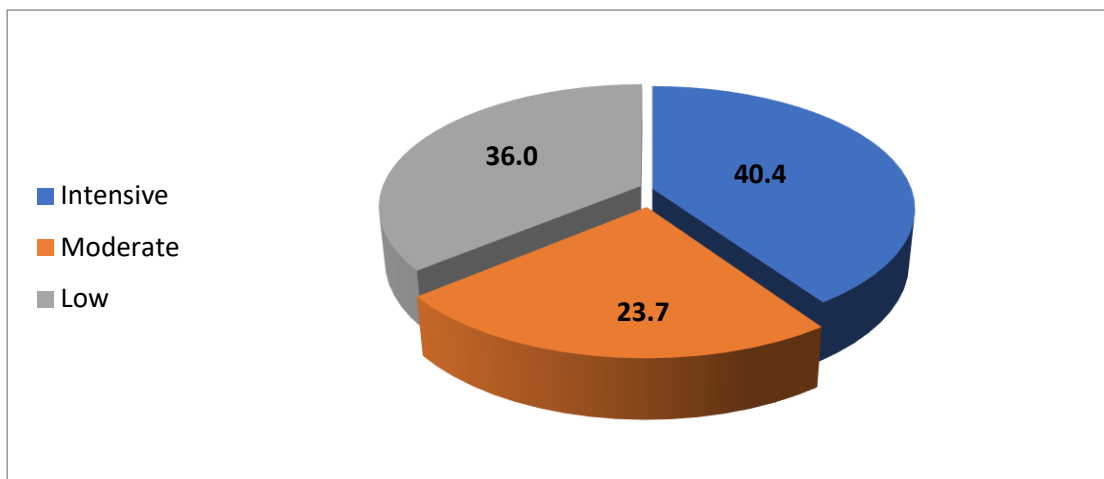


Figure 6: The most common coping actions categorized in intensive, moderate and low frequency

If we calculate the CSI using the weighted frequency and severity for the sample size, then we come to the weighted score of 16 (table 15)¹²

Table 15: Calculation the CSI

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	Borrow food, or rely on help from a friend or relative?	0	1	0
2	Borrow food, or rely on help from a friend or relative?	2.4	2	4.8
3	Purchase food on credit?	0	2	0
4	Gather wild food, hunt, or harvest immature crops?	0	4	0
5	Consume seed stock held for next season?	0	3	0
6	Send household members to eat elsewhere?	0	2	0
7	Send household members to beg?	0	4	0
8	Send household members to beg?	2.6	1	2.6
9	Restrict consumption by adults in order for small children to eat?	2	2	4
10	Feed working members at the expense of non-working members?	0	2	0
11	Reduce number of meals eaten in a day?	2.28	2	4.56
12	Skip entire days without eating?	0	4	0
Average CS Index				16

7.1.6. Market assessment and market functioning

7.1.6.1. The main food commodities

The district Khurmaksser is an urban area. It is one of the main districts of Aden city and located not far away from the Aden international sea port, the main port for entering all kind of commodities from all over the world. Therefore, the market is functioning well and trader bring all kind of food commodities through this port. Three wholesale markets in the targeted district were visited and found to be working effectively. A wide range of food commodities were available. Nevertheless, all of the household representatives interviewed reported that although food commodities are available, due to price increases it is very difficult for most households to buy sufficient food for their families. Table 16 reflects the average of current prices for 17 food commodities in Khurmaksser districts.

Table 16: The average prices of the main food commodities (stand December 2020)

¹² 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>

	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	1200	980	1200	1126.67	1
2	Peas	400 gm	350	400	370	373.3	1
3	White beans	400gm	400	400	400	400	1
4	Red beans	400gm	400	400	450	416.67	1
5	Vegetable oil	4Ltr	4000	4000	4000	4000	1
6	Rice	Bag of 10 Kg	920	3400	9000	4440	1
7	Macarona	400gm	200	350	350	300	1
8	Date	1kg	1000	1500	1000	1166.67	1
9	White flour	25kg	9500	8850	9200	9183.3	1
10	Red flour	25kg	9300	8100	8000	8466.67	1
11	Eggs	30big size	2500	2400	2700	2533.3	1
12	Tona	Can big	900	710	850	820	1
13	Milk	250ml	6000	1900	250	2716.67	1
14	Yogurt	200gm	200	150	200	183.3	1
15	Cheese	24packet	1300	1200	1200	1233.3	1
16	Salt	2kg	200	200	200	200	1
17	Sugar	5kg	2400	2300	2200	2300	1

7.1.6.2. The fuel availability and prices

Table 17: The fuel availability and prices (stand December 2020)

Fuel	Available in public stations	Available in black market	Price per Liter	Price in YER second wholesaler	Price in YER Third wholesaler	Average price YR
Petrol	Available	Available	330	330	330	330
Diesel	Available	Available	360	360	360	360
Cooking Gas	Available	Available	340	340	340	340

7.1.6.3. Exchange rate cash vendors

Table 18: 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	850	890	850	863.3

Accessibility and availability of cash vendors and financial institutions in the targeted district is widely distributed since Khurmakseer as mentioned before is an urban city and one of the main districts of Aden Governorate.

7.1.7. Other assessments

7.1.7.1. Drink water

Figure illustrates the source of the drink water of the BFs. Since the targeted district is an urban district located in Aden city, we can see that more than 55% rely on central water network. Nevertheless, the central water network is not available for residents and therefor, water tanks container brought by water cares is also common in the city. Less BFs rely on charity and neighbors, private network or wells for water needs.

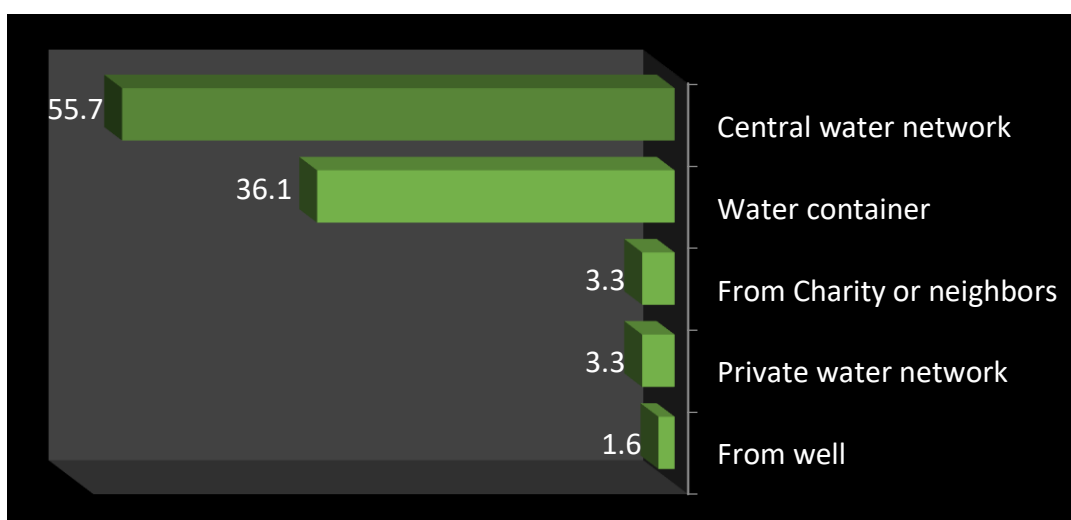


Figure 7: The common drink water sources by the interviewed samples

7.1.7.2. 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 8 illustrates the percentage of different disabilities that the households responded to the disability questions. The study calculated 18% of the HHs to have at least one member with disability. The disabilities vary widely in different disabilities such as seeing, walking, communication, movement, and concentration with the percentage 32%, 21%, 19%, 14% and 14%, respectively.

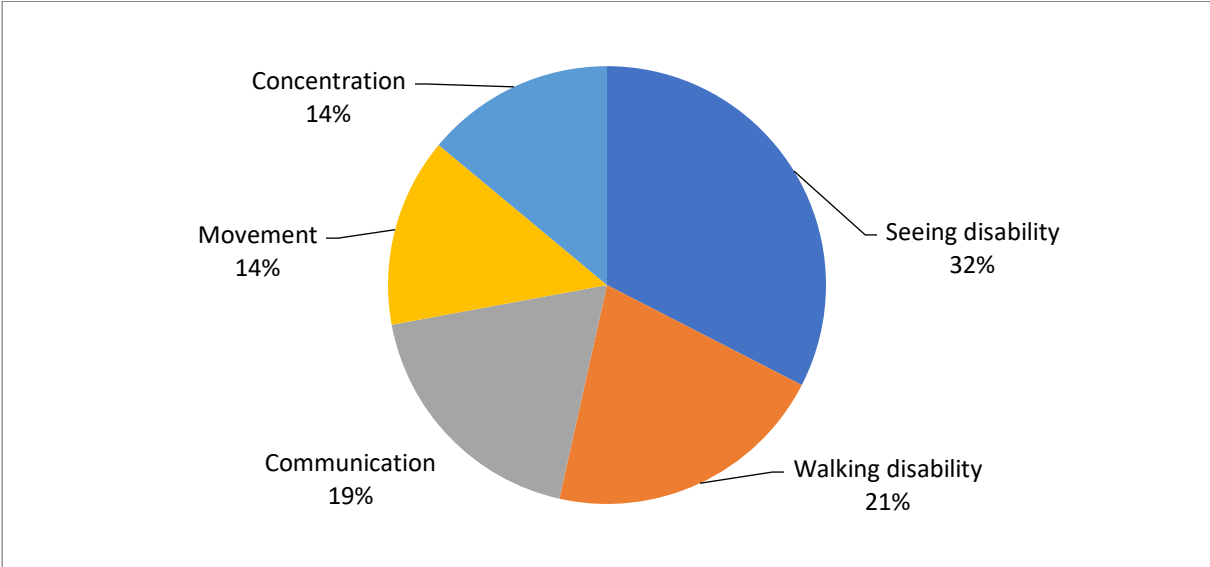


Figure 8: Kind of disabilities of the interviewed samples

7.1.7.3. 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.

Anyway, ADRA team working in the fields address this issue clearly by all meetings and contacts with BFs and with stakeholders about the right and involvement in the project activities positively through direct discussion and giving suggestions to all issues related to field activities such as BFs registration, selection criteria, approval of final lists and kind of assistance. Accordingly, ADRA instructs the field team to receive any complaint or suggestions and provide the required information to BFs. Moreover, ADRA formed a community committee to received complaints and answering any inquiries by beneficiaries as well. A hotline No. (8000098) is also established.

7.2. Conclusion and recommendation

Out of 400 HHs planned to be targeted by the ICI project in Khurmaksseer the baseline study has interviewed 61 HHs and this makes 15.3 % of the targets.

- The samples have covered 80.35 males and 19.7% females and therefore
- The income of 52% comes from retired wages, seasonal support from relatives,
- Malnutrition, illnesses and food insecurity are results of poverty and lack of family income;

- Around 10% were IDPs. These found particularly in Al-Areesh subdistrict where IDPs and Mohamasheen are common;

The following main results of the baseline study confirmed the need for interventions before breaking out of famine:

- The percentage of Households (HHs) have to reduce the meals in a day is 70.5% of the total checked samples;
- The percentage of HHs with at least one family member, stayed all the day without food is 37.7%
- 54.1% of the interviewed HHs conformed that at least one family member went to bed without taking food
- The dramatic inflation and the exchange rate of 1 USD which reached the level of 900 YR and this affects negatively the stabilization the prices of food commodities and other services like health, education etc;

Moreover, the areas surveyed for the baseline study in the district Khurmaksseer are found to be inhabited by poor households who have the following main profile:

- Only 4% have productive land or assets.
- Only 8% receive a kind of financial assistance from others;
- About 10% are Muhamasheen;
- Only 16% have currently enough money to cover the food for a month;
- Children Under 5 years with SAM or MAM are around 18% in the interviewed samples;
- Most of the work activities are based on seasonal or daily wages and they are paid very low;
- Existence of pregnant or lactating women in around 50% of the interviewed samples;

The areas are exposed to a number of constraints including lack of access to quality services, lack of support of humanitarian agencies and low incomes.

Recommendations

The results of the bassline survey have confirmed the necessity for interventions to help the family HHs 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 400 poor registered HHs;
- Cooperation and integration with other humanitarian organizations working in the area;
- Continue cooperation with local authorities, community committees and the Uqals of the subdistricts and street quarters;
- Capacity building of the HHs to help them finding suitable and adequate paid work.

Annexes

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

Household Hunger Scale (HHS)		
	Baseline	Log frame
The number of Households (HHs) reduced the meals in a day	70.5%	
The number of HHs, with at least one family member, stayed all the day without food	37.7%.	
The number of HHs with at least one family member went to bed without taking food	54.1%.	
Food Consumption Score (FCS)		
Poor	17%	
borderline	29%	
Acceptable	54%	70%
Household Dietary Diversity Score (HDDS)		
Al-Areesh Subdistrict	4.9	
Al-Naser Subdistrict	5.6	
Coping Strategies Index (CSI). the following common actions are dominated. Several taken actions are common:		
CSI weighted Score	16	
Reduce portion size of meals;	78.7%	
Depend on low food quality;	72.1%	
Buying food by Debt;	70.5%	
Reduce consumption by adults in order to feed small children;	60.5%	
Borrow food or rely on help from friends or relatives;	45.6	
Sold household assets	42.6	
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: Data collocation table to analyses the CSI

During the last seven days when there was not food available, did use any of the following coping strategies and how many times?	Times in the last 30 days, 0=Never, 1= Rarely (1-2) during 30 days, 2=Sometimes (3-10 times) during 30 last days, 3=Always (more than 10 times during the last 30 days)
Eaten less preferred or less expensive food	
Borrowed or relied on family or friends for food	
Buy food on debit	
Gather food from wildlife or harvesting pre-mature crops	
Consume seeds saved for the next season	
Send some of the HH members to eat food to another places	
Send HH members to beg	
Reduce food quantity during meal times	
adults eat less or restricted food consumption in order for small children to eat	
only working HH member eat food more than non-working members	
reduced number of meals eaten in a day	
Stay a whole day without food	
Other	

Annex 3: 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 4: 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 5: 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 ¹³:

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.

¹³ Elliot Vhurumuku, Food Security Indicators, For the Integrating Nutrition and Food Security Programming for Emergency Response Workshop, Nairobi, 25 to 17 February 2014

Annex 6: 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 BFs or randomly HHs 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.												■	■	■											
Data entry and Data analysis														■	■	■	■	■	■						
Final report																		■	■	■	■	■	■		

Other annexes

- The survey questionnaire
- ADRA ICI - proposal_8 Jun 2020
- ADRA ICI - Revised Logframe - 16.9.2020 (1)
- Committees and Surveyors
- ToR for Baseline Integrated Cash Intervention (ICI)