Yemen Emergency Food Security and Nutrition Assessment (EFSNA) in Yemen

1. General Background

Yemen is currently facing a complex and worrying humanitarian crisis due to months of widespread conflicts. The country is characterized by high food insecurity and malnutrition with rates of child malnutrition and maternal mortality being amongst the highest in the world. Since late March 2015, over 4,000 people were reportedly killed and nearly 20,000 Yemenis sustained injuries. About 80 percent of the population of the country forced to seek some form of humanitarian assistance¹. The conflict has also caused displacement of over 1.4 million people², which is 25 percent higher than the level reported in May 2015.

A large number of IDPs currently live in public buildings, temporary structures, or without access to shelter. Congested living spaces and inadequate access to water and sanitation increase the risk of exposure to disease and gender-based violence. Limited access for many IDPs to humanitarian support and essential public services, including for food, water and shelter, increases the likelihood that vulnerable populations will resort to negative coping strategies in order to meet their basic needs.

The commercial and social service sectors are at the point of collapse: disruption to markets caused by insecurity and the destruction of civilian infrastructure has resulted in the severe decline of imports, including for medicines and staple foods. A combination of severe food insecurity, compromised livelihoods, poor access to water and sanitation, and limited access to health and education services represents an immediate threat to the nutritional status of children and women.

Findings of the June 2015 Yemen Integrated food security Phase Classification (IPC) analysis had indicated that at least 6 million people are in need of emergency food assistance³. The results of the analysis further revealed that 10 out of the 22 governorates were classified under emergency phase. These governorates are Aden, Lahj, Al Dhale’e, Abyan, Taiz, Shabwah, Al Bayda, Sa’ada, Hajjah and Hodeidah. The situation has much further deteriorated in these governorates in emergency phase while at the same time worsened in some of the governorates in crisis phase since June 2015, as a result of intensified conflicts (escalation of ground battles, shelling and continued heavy air strikes) that have destroyed basic infrastructure and damaged income opportunities. Moreover, the households’ food security situation has been exacerbated by a lack of essential commodities and severe escalation of prices. Affected people's coping mechanisms are stretched to the limit, and safety nets are eroding as families adopt negative coping strategies in order to survive. The specific needs of women have become more acute, particularly for those who have been displaced or widowed by the conflict. This assessment is thus proposed to be conducted in order to understand overall impact of the ongoing conflict on the food security and nutrition situation.

¹ OCHA Yemen Situation Update, 15 July 2015.
² The 4th report of the Task Force on Population Movements, 05 August 2015
³ Yemen IPC, June 2015 (the analysis was based on information as at end of May 2015, the results show the food security situation in the country by then). The next IPC is planned to be carried out during the first two weeks of October 2015.

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2. Objectives of the Assessment

The main objective of the planned EFSNA is to establish the current Food Security and Nutritional status of the Yemeni population and update/enhance the knowledge base to inform humanitarian response decisions.

The specific objectives of the assessment include:

- Assess the impact of the continued conflict on the Food Security and Agriculture situation of households, and nutritional status of under-five children (6-59 months) and women;
- Assess the current status of key food security drivers and indicators and identify the main causes of food insecurity;
- Update the number of food insecure households and get an indication of the current levels of malnutrition and mortality at national and governorate levels;
- Evaluate the level of Food Security and Agriculture related humanitarian assistance so far (including SWF) and identify gaps that should be addressed;
- Analyze the impact of the conflict on livelihood strategies, income opportunities, and market conditions; and
- Generate action-oriented information to assist in decision making, inform the upcoming IPC analysis, and planning of appropriate humanitarian emergency response interventions.

3. Methodology of the Assessment

The following methodological approach will be used for the assessment.

Sources of data:
- In order to meet the objectives of the assessment, relevant primary data will be collected through statistically representative household sample surveys, anthropometric and mortality measurements, key informant interviews, focus group discussions, market assessment, etc.; and
- Additional secondary data collection, consolidation and analysis will also be conducted using various data gathering techniques such as desk reviews.

Types of Primary Data to be Collected
- Only critical food security and nutritional related information will be collected during primary data collection so that the size of the questionnaire will be kept as short as possible. The household level data will be collected through a structured questionnaire which will cover the following themes and indicators:
  o Demography and displacements;
  o Household amenities and Water, Sanitation and Hygiene (WASH) condition;
  o Livelihood and income sources (including SWF assistance and remittances) with special focus on rural livelihoods: Agriculture (crop and livestock) and fisheries;
  o Food consumption and Household Dietary Diversity Score (HDDS)/Household Hunger Scale (HHS);
  o Exposure to hazards and shocks, and consumption and livelihood related coping mechanisms /strategies; and
  o Household nutritional status (using anthropometric measurements) - The data to be collected are age, gender, weight, height, MUAC and presence of bilateral pitting oedema. Measurement will be done according to WHO standards. The weight will be...
measured using UNISCALE to weigh children to the nearest 0.1 Kg either held by their mothers to secure them or alone if they are able to stand without assistance on the scale. Length/height will be measured to the last complete 0.1 cm using height board either as a supine length for those shorter than 87 cm or standing height for those equal or taller than 87 cm. A MUAC tape will be used to measure the circumference of the child mid upper arm to the nearest 0.1 cm. Oedema to be measured by gentle thump pressing on the child feet for three second following by check for any pit (dent) remains in both feet. On the other hand, child birthdate will be made upon any formal or informal documentation, or as mentioned by mother or any family member either in Gregorian or Hijri calendar. Otherwise, recalling procedure will be used to get the closer date such as comparing the child birth with other child of known birth date, using agricultural and fishing, or/and local or national anniversaries and events. Household mortality data - The standard SMART mortality form and interview method will be followed. This will focus on the population movement during a certain recall period during which everyone alive, joined, left, born, or passed away during that period is counted. For such crisis, the recall period used for the mortality assessment is normally the time period starting from the beginning of the crisis until the survey date. Increasing the recall period means less sample size but also means less recall ability and increase recall bias. To avoid this, the calculation of sample size will be rechecked for a recall period of 90 – 120 days, but completion of the mortality form will consider the whole conflict/crisis period.

Geographic Coverage:
- Primary data will be collected from 20 out of the 22 governorates (excluding Soqatra and Al Mahra as they are less affected) based on adequate sample size.
- Secondary data collection and analysis will also cover the same governorates.

Sample Size and Sampling Technique:
- The household data collection will utilize an integrated approach whereby food security, nutrition and mortality data will be collected in the same households and clusters/enumeration areas. There will be no independent calculation for the sample size, but that notwithstanding, further calculation will be made to ensure that the minimum number of children and households will be covered through the representative sample.
- Appropriate sample size will be drawn to be statistically representative at governorate level. Samples will be selected by adopting a two stage cluster sampling technique with appropriate parameters and application of the standard formula. With 90% level of precision and 95% degree of confidence and using the 2014 food insecurity levels, an average sample size of about 300 households for each governorate is estimated to be surveyed. Then 20 Enumeration Areas (EAs) or clusters will be randomly selected from each governorate at the first stage and then 15 households will be randomly chosen from the selected EAs for the survey interviews. Therefore, from the 20 governorates, the household sample survey will cover a total of about 6,000 households.

Training of Assessment Team and Quality assurance
Due to the current fluid security situation in the country, only the assessment managers/coordinators drawn from each of the target 20 governorates will come to Sana’a for training. Each assessment
manager/coordinator will then organize and lead training at governorate level for the rest of the team members (enumerators, Supervisors/team leaders, and data technicians).

The EFSNA will focus on meeting all the food security and nutritional assessment quality thresholds. Team members that have previously participated in similar assessments (Nutrition, Food Security or Agriculture) and delivered high quality data/results will be given first preference during the selection of the EFSNA team. The Selection criteria of SMART survey enumerators will be utilized in the team selection. All team members will undergo rigorous 5 day training before embarking on the field work. The team will be taken through the data collection protocols, security requirements, and sampling procedures. With regard to nutrition measurements, lessons learnt from previous surveys in Yemen, as well as the calibration of scales will be an integral feature of the training. Moreover, the field assessment teams will undergo rigorous standardization test procedures during the training. The training would culminate with a pre-test/field of the assessment tools (questionnaires, interview guides) and conducting anthropometric measurements.

The assessment managers/Coordinators will ensure that there will be a daily debriefing session after each day’s field work which would create a forum for discussion and information sharing, during which a plausibility check of that day’s work would be made. This would encompass the overall quality scoring and identification of each team’s quality using a 10 point scoring criteria (statistical tests), plus ensuring that each team gets the requisite feedback on the quality of the previous day’s data collection. A daily briefing will be done in the morning of each field day whereby a daily equipment calibration will be done before commencing travel to field locations.

4. Tentative assessment Duration and Timeline of Activities

The total duration of the assessment is expected to be about a month and half in September/October 2015. The preparation will be started in the 3rd week of August (preparation of tools, hiring of field staff and renting of vehicles as well as any logistical issues) and will be completed by the end of September. A comprehensive training will be given to the field staff at two levels:

i) 20 assessment managers from all the 20 governorates will be given training of trainers in Sana’a (4th week of September); and

ii) all the enumerators and team leaders will be trained at their respective governorates by the assessment managers (4th week of September).

Data collection including data entry will be conducted in the 1st week of October. Data editing/processing and analysis will be done in the second week of October. Preliminary results of the EFSNA will be ready for IPC analysis by the 3rd week of October. The draft report of the EFSNA will be completed by the 4th week of October and final assessment report will be produced and disseminated by the 1st week end of November 2015 (see table below).

Table 2: Tentative timeline of activities for the assessment
5. Fieldwork Implementation Modalities

5.1 Field Work Implementation

The three Sister Agencies (WFP, UNICEF and FAO) will utilize their existing networks of already trained enumerators located within the whole country. Key focal points and/or contacts drawn from the relevant government ministries like Ministry of Health (MoH), CSO, Ministry of Agriculture and Irrigation (MAI), and Ministry of Planning and International Cooperation (MOPIC) will be utilized for providing previously trained staff\(^4\). These relevant government departments/ministries will play a key role in training of the field staff, translation of tools into Arabic, providing information on Enumeration Areas (EAs), data collection, and facilitating the field work through membership in both the technical and steering committees. Additionally, governorate level networks for interested FSAC partners (INGOs and NNGOs) will be utilized for further technical, operational and logistical support. Willing and able FSAC partners with the operational presence in certain governorates will support in field work related technical, administrative and logistical issues e.g. provision of cars and technical teams.

5.2 Steering and Technical Committees

A management/steering committee and Technical Committee will be formulated to assist with the management and provision of technical direction to the EFSNA. Both committees will be coordinated by the Food Security and Agriculture Cluster (FSAC) Coordinator or his designee in his absence.

The composition of the committees will be as follows:

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\(^4\) CSO involved in WFP’s 2014 CFSS; MoH staff involved in UNICEF’s SMART surveys and Nutrition assessments; FSIS Focal points involved in collection of key Food Security and Agriculture data.

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• Steering Committee - Vice Minister MOPIC; Deputy Minister MOPIC; Chairman of CSO; Ministry of Health; Ministry of Agriculture and Irrigation; WFP Representative/ Deputy Representative; UNICEF Representative/Deputy Representative; FAO Representative/Deputy Representative; Food Security and Agriculture Cluster Coordinator (or Designee)
• Technical Committee - FSAC Coordinator (or Designee); MOPIC (2); MOAI (2); MOH (2); CSO (2); FSTS (1); SUN (1); FAO, WFP, UNICEF

The functions of the two committees will be as below:-
• Steering Committee - The committee will be tasked with the overall supervision and guidance of the EFSNA including making required decisions to facilitate the implementation of the assessment and approve the final report.
• Technical Committee – The committee will be tasked with all the technical aspects of the EFSNA from preparation to the end phases including data analysis and report writing. Other tasks will be:
  ❖ Finalize the sampling work including the selection of clusters/enumeration areas at the governorate level.
  ❖ Review and finalize the assessment tools (questionnaires, interview guides, and the field technical guideline)
  ❖ Ensure proper selection of the EFSNA data collection field teams
  ❖ Supervise the implementation of the training to the assessment teams (both at Sana’a and governorate level)
  ❖ Oversee the data collection, entry, processing and analysis phases
  ❖ Undertake data verification and cleaning before commencement of analysis
  ❖ Report writing (production of draft report and incorporation of comments/inputs into the final draft)