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Figure 1: Need assessment, Al Dhale'e governorate, December 2022

# GC Need Assessment Report

As Part of New Proposal Design – Emergency  
Food and Nutrition Assistance (EFNA) II Project

December 2022



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## Need Assessment Report for EFNA Project

<b>Name of the proposed project</b>	Emergency Food and Nutrition Assistance II ( EFAN II)
<b>Country and region</b>	Yemen (Al Dhale'e governorate)
<b>Donor</b>	BHA
<b>Potential Project Start and end date</b>	May 1, 2022 – March 31, 2023
<b>Month for the Need assessment</b>	December 2022
<b>Need assessment tools</b>	Individual survey (124 HHs) , FGDs ( 6 ) and KII ( 6)
<b>Individual interview gender disaggregation and qualitative study participants</b>	Men – 91 Women– 33 6 FGDs and 6 KIIs
<b>Need assessment sectors</b>	Technical sector (Food security, WaSH and Nutrition) Crosscutting sector (Protection, Gender &Age, GVB)
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## Abbreviations and Acronyms

CVC	Community Volunteer Committee
EFNA	Emergency Food and Nutrition Assistance
FCS	Food Consumption Score
FGDs	Focus Group Discussions
GBV	Gender-Based Violence
GC	Global Communities
HH	Household
HDDS	Household Dietary Diversity Score
HHS	Household Hunger Scale
IDP	Internally Displaced People
IBY	International Bank of Yemen
IPC	Integrated Food Security and Humanitarian Phase Classification
KIIs	Key Informant Interviews
MUAC	Mid-upper Arm Circumference
OTP	Outpatient Therapeutic Feeding Program
PDM	Post Distribution Monitoring
RCSI	Reduced Coping Strategy Index
SC	Stabilization Center
USAID	United States Agency for International Development
USD	United States Dollars
WaSH	Water, Sanitation and Hygiene
YEFA	Yemen Emergency Food Assistance
YR	Yemeni Rial
HNO	Humanitarian Needs Overview

## 1. Executive Summary

Global Communities conducted a need assessment as part of the new proposal development. The need assessment aim is to develop a compressive and concise need assessment report which submit to the donor along with the new proposal and to generate the key findings and lessons which we will include in the new project cycle proposal development. Both Quantitative and qualitative assessments are employed for the need assessment. 124 individuals were interviewed in the three potential districts for the new YEFA II project in Al-Dhale Governorate. The assessment provided first-hand information about food, income patterns, food consumption score, household diet diversity score, household hunger scale, reduced coping strategies, reduced nutrition rates, and WASH-related data in line with the community's needs. The key findings of the need assessment parameters are summarized below. Detailed results are shown in section 6 of this report.

- The need assessment was conducted with 124 individuals, of whom 73% of respondents were male and 27 % were female. Of the total need assessment participants, 46 of them were in Al Dahle'e, 37 respondents were in Al-Azariq, and the remaining 41 respondents were in the AL Shuaib district. Thirty-four (34) percent of the respondents are from women-headed HHs. Daily labor was the primary source of income for 44% of HHs, followed by No jobs (29%- depending on remittances). Furthermore, of the total respondents, 25 % percent of respondents reported a monthly income of less than 10,000 YR (approximately 9 USD). Only 7% percent of respondents reported having a monthly income of above 70,000 YR (approximately 62 USD). The monthly income sources for most need assessment respondents are low and inadequate to cover their basic needs and minimum food basic requirements
- The need assessment result for all outcome level indicators is low, as expected, demonstrating that most HHs require assistance to meet their basic needs. Apparently, 69% of respondents were found to have a poor FCS, 14 % a borderline score, and 17 % an acceptable score. HHs also had an average Household Dietary Diversity Score (HDDS) of 3.66, with 55 % of households having poor HDDS (0-4 HDDS). Out of the total number of respondents, 40% of surveyed HHs exhibited severe hunger. The baseline assessment data for the mean value of household reduced coping strategies index (rCSI) is 21, while the median value for household rCSI is 20. The sale of the last remaining female animals, borrowing money, reductions to health (including medication) and education expenditures, purchasing food on credit, and spending savings are the most used household coping strategies by the need assessment survey participants.
- Need assessment data showed that 77 % of surveyed HHs described the use of soap at the HHs level. The need assessment collected information regarding handwashing at critical moments. The result revealed very poor exercise for all critical hand-washing moments. The need assessment survey collected information regarding children that currently or have been admitted to the nutrition program. Accordingly, 37 % of them reported the children either currently or have been admitted once in the past. The participants also reported that 52% of their kids are discharged and the remaining 48 % are still admitted. Additionally, only 9 % of the respondents reported having received nutrition messages from government and/or non-government sources. However, 84 % of the respondents believed that exclusive breastfeeding is important

## 2. Background (Yemen Context)



Humanitarian needs in Yemen continue to grow, driven by the escalating conflict and a protracted economic blockade that has fueled the ongoing economic crisis. The Yemeni Rial has continued to depreciate in southern areas of Yemen, contributing to further increases in already above-average prices of food and non-food commodities, and reducing household purchasing power. Access to income remains constrained due to the long-term impacts of the conflict on Yemen's economy and persistent government revenue shortages.

According to the 2022 HNO analysis, 23.4 million people in Yemen are estimated to require humanitarian assistance in 2022, of whom 12.9 million people are assessed to be in acute need. The main instigators of the number of people in need are food insecurity and malnutrition, health, water, and sanitation need and protection. Some 19 million people require food assistance in 2022, including 7.3 million in acute need. In addition, 21.9 million people need support to access critical health services, while some 17.8 million people will require support to access clean water and basic sanitation needs. Some of the highest levels of vulnerability are concentrated in displacement hosting sites where very few services are available, and protection needs continue to be high across Yemen especially as the deteriorating humanitarian context incentivizes the rising adoption of negative coping strategies. As part of the next year's project cycle proposal development, GC conducted a need assessment following the BHA and GC needs assessment guidelines.

### 3. GC EFNA project baseline assessment key findings

GC conducted a baseline assessment in August 2022 with 480 randomly selected beneficiaries participating in food distribution activities in Al Dhale'e governorate. The assessment provided first-hand information about food, income patterns, market situations, food consumption score, household diet diversity score, household hunger scale, minimum dietary diversity of women and children, reduced coping strategies, reduced nutrition rates, and WASH-related baseline value and data. The key findings of the EFNA baseline parameters and assessments are summarized below.

- A household questionnaire to measure food security, WASH, and nutrition indicators was used to conduct the assessment. GC employed One-stage Simple Random Sample (SRS) to select the sample size of 480, of which 80 % were male respondents. Out of the total sample, 26% of respondents were in Al Dhale'e, 38% in Qa'atabah, and the remaining 36% in Al Azariq districts. The percentage of women respondents was slightly lower in the Al Dhale'e district as compared to Qa'atabah and Al Azariq.
- The results of the baseline survey for outcome indicators showed low values, as expected, due to the vulnerability of the population in the EFNA target districts. Consequently, 69 % of HHs in target districts fell under poor food consumption scores. HHs also had an average Household Dietary Diversity Score (HDDS) of 3.26. Out of the total number of respondents, 25 % of surveyed HHs exhibited severe hunger. Data also indicated that the Minimum Dietary Diversity for Women (MDD-W) is far lower than expected, with only 6% of respondents satisfying minimum requirements. No children satisfied the Minimum Dietary Diversity for Children (6-23 months). The baseline assessment data for the mean value of household reduced coping strategies index (rCSI) is 15

- Survey data from the WASH components showed unsatisfactory results for most aspects. Of the total respondents, 17% of HHs get their water from unprotected open wells, and most survey respondents (55%) perceived the water quality as being very good. In addition, the baseline survey indicated that children suffering from malnutrition accounted for 54%. Among these, 28% of them were admitted to the Stabilization Center (SC) or Outpatient Therapeutic Feeding Program (OTP) center at the time of the baseline assessment. Additionally, 40% of the respondents reported having received nutrition messages from government and/or non-government sources. Furthermore, only 48% of the respondents who have children under five practice exclusive breastfeeding

#### 4. GC Market Assessment Result

As part of the EFNA program, GC conducted a detailed market assessment to collect valuable information on existing market conditions and to examine the capacity and feasibility of the market for the EFNA project food voucher program. The key market assessment results and findings are listed below

- The market assessment findings indicated that the average age of traders is 40 years and all the traders who participated in this survey are men.
- Most traders sell all the GC-selected commodities for the food basket under the EFNA program and looking at the EFNA project demand and the existing trader stock, it seems that there is good potential in Al-Dhale'e Governorate.
- The market assessment collected price data for each commodity. The commodity price in the market for each commodity and the food basket amount for one family budgeted in the project proposal has significant differences. 84 USD is the budget in the proposal for one HHs for one month whereas 107 USD is the cost for one HHs per month which is calculated using the current average market price for each commodity
- The market assessment trend analysis for the commodity price for one year (August 2021 to August 2022) showed a significant increment and a percentage increase for some commodities by more than 60 percent

Table1. Market price (Yemen rial) trend for one year (August 2021 up to August 2022)

Commodity	Unit	Quantity	Market price trend (Al Dhale'e and Qa'atabah) Assessment data								
			Aug 2021	Nov 4, 2021	Nov 21, 2021	Jan 5, 2022	Feb 8, 2022	March 1, 2022	April 21, 2022	Aug 2, 2022	Aug24 2022
Wheat	Kg	25	11708	17250	19397	13520	13339	16178	14696	18,238	19683
White	Kg	25	12812	17813	21471	14300	13979	17488	15882	20,500	20865
Rice	Kg	20	24788	29675	35382	27667	28518	34020	31071	34,906	33026
Red Beans	can	24	13223	16375	18419	13733	16036	18550	14921	17,700	17346
Oil	Litter	8	17433	27650	23918	17973	17736	21395	18060	22,250	22104
Sugar	kg	2.5	1904	2680	3036	3117	1980	2309	1826	2,465	3651
Salt	kg	1	313	163	276	240	298	280	200	161	275

- The traders reported that almost all the commodities are highly available in the market before the three years. However, the trader acknowledged that still, most commodities are available in the market in sufficient quantity.
- The Market assessment finding results showed that there is a change in the restocking frequency for the trade three years and at the time of the market assessment. However, still, the traders have a good capacity to restock the commodities either within a week or month time.
- The market assessment finding collected information regarding the storage facilities for traders in Al Dhale'e. Accordingly, all (100%) of the market assessment participants (traders) in Al-Dhale'e have their own storage facilities (warehouse)
- The market survey asked the vendor if all their stocks of food commodities were sold today, how many days would it take to rebuild their stock? Accordingly, 94 % of them have the potential to restock the commodities within two weeks period
- The market assessment participants highlighted the main factors based on the level of influence for choosing their supplies. Price (26%) and quality issues (74%) are the main factors identified for influencing the supplier choices
- The traders in Al Dhale'e reported as retailers with their own shops who sell in this market are exclusively their main customers. Individual households, hotels, or restaurants, retailers without their own shops who sell in this market, retailers without their own shops who sell in a different market, retailers with their own shops who sell in a different market, and wholesalers who sell in a different market are the main customer for traders lived in Al Dhale'e.

## 5. Methodologies

### Sample size and data collection methods

GC collected data from 124 randomly selected individuals for the HHs survey from the three districts. The individual HHs survey sample used a 10% of margin of error and 95% of confidence interval. Six focus group discussions and six KIIs were conducted as part of qualitative data collection. Men and women separate focused group discussions conducted to capture women and men segment of the community equality, protection, and livelihood situations. Data was collected in Al-Dahle, Quataba, and Al Shuaib districts with a focus on the vulnerable communities including women-headed. The data was also collected in areas where most of the survey respondents do not receive any food assistance at the time of the need assessment. Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) targeted different stakeholders including women and men beneficiaries, extension agents, religious leaders, Community Volunteer Committee (CVC) members, and GC staff. GC used secondary data as part of the data collection methods for some critical information.

### Potential Sectors (Subsector)

GC under the proposed project will focus on key sectors including food assistance, nutrition, health, and emergency life-saving WASH. As a result, GC focused on these sectors to collect data for the need assessment apart in addition to the cross-cutting teams.

Sector <sup>1</sup>	Subsectors
Food Assistance	Unconditional food assistance (linked with nutrition promotion and Hygiene promotion)
Water, Sanitation, and Hygiene (WASH)	Hygiene promotion; WASH NFIs
Nutrition	Maternal Infant and young child nutrition in emergencies; management of acute malnutrition

## Data collection period

The need assessment was conducted in December 2022 (Data collection period: December 11, 2022–December 18, 2022) through GC’s team in the proposed districts of Al Dhale’e governorate. A household questionnaire measuring food security indicators, wash, and nutrition practices were developed and used by trained enumerators. The survey was translated into Arabic to facilitate the work of the field teams. GC staff members provided orientation to M&E assistants and enumerators on (i) the use of a questionnaire, (ii) guiding principles for conducting a household interview, (iii) roles and responsibilities of enumerators/supervisors during the data collection, and (iv) COVID-19 precautionary measures to be followed during the data collection.

## Research Ethics Protocols

GC obtained verbal consent from each respondent before the interviews were conducted. GC enumerators read the prepared consent note aloud to the beneficiaries and requested the beneficiaries’ consent before they started the need assessments.

## Data Collection and Analysis

The need assessment team collected the data using digital data collection tablets. Device Magic application was used to store the data before it was imported to the Statistical Packages in Microsoft Excel for the analysis of quantitative data, including the key indicators (i.e. FCS, HHS, rCSI), to determine the need assessment values. A simple descriptive analysis (frequency, percentage, mean, etc.) was used for analyzing the data.

## Team Composition

Senior M&E Manager, M&E Specialist, M&E and Reporting Officer, M&E Assistant, Wash and Nutrition officers, and field officer are the main need assessment team who lead the process of the need assessment including design tools, data collection at the field level, etc. GC’s Senior Program Manager, Program Manager, Country Director, and the GC HQ program management team provided additional support to the need assessment team as required

## Limitation of the need assessment

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<sup>1</sup> Definitions and technical guidance can be found in Annex A at the link above.



The sample size for the need assessment is not large enough to generalize the findings in the Al-Dhale'e Governorates.

## 6. Key Findings

The key findings of the need assessment are reported in five major sections. Section 6.1 provides demographic details for quantitative assessment; section 6.2 presents the households' main income. Section 6.3 presents the findings on major program food security status; section 6.4 focuses on Individual hand washing and hygiene behavior section 6.5 focuses on nutrition status and section 7 consists of the need assessment conclusions. Summary of qualitative findings for the technical sector (Annex I- Food assistance, WaSH, and Nutrition) and crosscutting sector (Annex –II Projection, Gender, and GBV) annexed along this report

### 6.1 Respondent Demographics

#### 6.1.1 Household Survey Profile

The need assessment was conducted with 124 individuals, of whom 73% of respondents were male and 27 % were female. Of the total need assessment participants, 46 of them were in Al Dahle'e, 37 respondents were in Al-Azariq, and the remaining 41 respondents were in the AL Shuaib district. Thirty-four (34) percent of the respondents are from women-headed HHs.

**Table 2: Gender of Head of HH**

HH head sex	AL-Azariq		AL- Dhale		Al Shuaib	
	# Of respondents	Percentage	# Of respondents	Percentage	# Of respondents	Percentage
Male	27	73	39	85	25	61
Female	10	27	7	15	16	39
Total	37	100	46	100	41	100

In the total surveyed population of 984 people, 52.1 % are male and 47.9 % are female. The average household size of respondents is 7.9 which is much higher than the national average. Sixty-three (63) percent of the total population is classified as dependent. Of the total population, 56% is under the age of 18 years. Among the children of school age, only 83% of them attended school at the time of need assessment

**Table 3: Household Demography: Gender and Age**

Gender	Number of People by Age and Gender				
	0 to 5	5 to 17	18-60	60+	Total
Female	123	116	191	41	471
Male	145	169	169	30	513
<b>Total</b>	268	285	360	71	984

Of the total respondents, 35% of the need assessment participants reported having at least one member of the HHs as a person with special needs (handicapped, sick for a long time, etc).

**Table 4: Household member with special need status**

Special need status	# Of respondents	Percentage
1. Blind	8	18%
2. Paralytic	12	27%
3. Very Old	16	36%
4. No legs/arms	0	0%
5. Abnormal	8	18%
Total	44	100%

## 6.2 Household Income.

### 6.2.1 Main Income Sources and Average Monthly Income

**Source of Income:** Daily labor was the primary source of income for 44% of HHs, followed by No jobs (29%- depending on remittances). Income through livestock, the public sector, and agricultural production is the other reported sources of income.

**Table 5: Main Sources of Income for Respondent Households**

Main income source	Percentage
1. Daily labor	44
2. Farmer (agricultural produce)	2
3. Salaried employee (private sector)	2
4. Livestock rearing	6
5. Public sector	21
6. No job (main income from remittances/family & friends in Yemen/charity/humanitarian assistance)	29
7. Others (Specify)	9

**Monthly Income Amounts:** Of the total respondents, 25 % percent of respondents reported a monthly income of less than 10,000 YR (approximately 9 USD). Only 7% percent of respondents reported having a monthly income of above 70,000 YR (approximately 62 USD). The monthly income sources for most need assessment respondents are low and inadequate to cover their basic needs and minimum food basic requirements.

**Table 6: Average Monthly Income Levels (in YR)**

Average Monthly Income	Respondents	
	Number	Percentage
Less than 10,000	31	25
10,001 YR to 20,000 YR	16	13
20,001 YR to 30,000 YR	20	16
30,001- 50,000 YR	30	24
50,001 - 70000	18	15
More than 70,000	9	7
Total	124	100

**Food assistance preference:** The need assessment collected information from the respondents regarding beneficiaries' preferences. If assistance was made available to their household, which type of assistance would they prefer? Hence the majority (88 %) of the respondents preferred direct food assistance to value vouchers or cash assistance (27 %). Another 27 % of the respondents preferred daily bread and ready-to-eat ration assistance. The PDMs assessment report conducted in November 2022 also has similar findings on the food preference assistance with the need assessment findings since the PDM result showed 94 % of them preferred in-kind food assistance.

**Table 7: HHs preference for food assistance**

Food assistance preference	# of respondents	Percentage
In-Kind Food Assistance	109	88
Cash and voucher	34	27
Bread	33	27
Ready-to-eat rations	33	27
Cash Assistance	40	32

The need assessment data indicated that 74 % of the total respondents will use cash assistance for purchasing food items. Paying off debt, purchase of livelihood inputs and purchase of HHs items are some other reported for use of the cash assistance.

**Table 8: HHs preference for food assistance**

If giving cash, how would you spend the money	Respondents	
	Number	Percentage
Pay off Debt	2	2
Purchase Food	92	74
Purchase livelihoods inputs	11	9
Purchase Medical Needs	14	11
Purchase Shelter Items	5	4
Total	124	100

**Source of food:** The majority of respondent HHs (49%) rely upon Gifts from neighbors/relatives followed by the exchange for labor (42%) and Only 9% depending on their production of crops or animals,

**Table 9: Main food source**

Food Source	Respondents	
	Number	Percentage
Own production (crops - animal)	11	9
Exchange of food for labor	52	42
Gifts from neighbors/relatives	59	49
Total	122	100

## 6.3 Outcome Indicators – Food Security

### 6.3.1 Food Consumption Score (FCS)

The FCS uses the information provided about weekly food consumption by type of food and frequency of consumption (number of days per week), and weighs it against the nutritional value, to provide an indication of a household's consumption patterns and food security. Once scored, a HH's food consumption is classified into three categories based on the following thresholds and intervals (for details about FCS food items and groups see Table 6):

- Poor: HHs with an FCS less than or equal to 28 are considered food insecure.
- Borderline: HHs with FCS between 28 and 42 are considered vulnerable to food insecurity.
- Acceptable: HHs with FCS greater than 42 are considered food secure.

**Table 10: FCS Food Items and Food Groups**

Group	Food Items	Food Groups (Definitive)
A	Maize, maize porridge, rice, sorghum, millet pasta, bread	Main Staples
	Cassavas, potatoes and sweet potatoes	
B	Beans, peas, groundnuts and cashew nuts	Pulses
C	Vegetables and leaves	Vegetables
D	Fruits	Fruit
E	Beef, goat, poultry, eggs and fish	Meat and Fish
F	Milk, yogurt and other dairy products	Milk
G	Sugar and sugar products, honey	Sugar
H	Oils, fats and butter	Oils
I	Spices, tea, coffee, salt, and small amounts of milk for tea	Condiments

The results of the need assessment survey indicated that most targeted HHs (83%) fell under either poor or borderline FCS categories. Overall, 69% of respondents were found to have a poor FCS, 14 % a borderline score, and 17 % an acceptable score, as displayed in table 11. The need assessment result for this indicator is low, as expected, demonstrating that most HHs require assistance to meet their basic needs. GC within the new proposed project will target the most vulnerable HHs in the area for food assistance since the FCS data showed the required food support in the area for enhancing the food security for poor and borderline categories

**Table 11: FCS Results**

FCS	Respondents	
	Number	Percentage
0 to 28	86	69
28 to 42	17	14
above 42	21	17
Total	124	100

The need assessment result shows different results among districts. Almost all (85%) respondents HH in AL-Dhale are food insecure since they are under the poor food consumption category. Around 76%

of Azariq respondents are also under poor food consumption score. Al Shuaib district seems better results in the food consumption score categories as compared to the other two districts.

**Table 12: FCS, per district**

FCS	AL-Dhale		Azariq		Al Shuaib	
	Number	Percentage	Number	Percentage	Number	Percentage
0 to 28	39	85	28	76	19	46
28 to 42	4	9	4	11	9	22
above 42	3	7	5	14	13	32
Total	46	100	37	100	41	100

### 6.3.2 Household Dietary Diversity Score (HDDS)

The HDDS is a widely used proxy measure of household food access, wherein respondents recall the number of different food groups consumed over the previous 24 hours. While a diversified diet (HDDs food group – Table 7) is an important outcome, it also correlated with improved outcomes in birth weight, child anthropometric status, caloric and protein adequacy, as well as household income. Increased food expenditure resulting from additional income is generally associated with increased quantity and quality of the diet.

**Table 12: Food Groups Used for Measuring HDDs**

Food Groups	
A	Cereals (sorghum, rice, maize, bread, pasta, biscuits, etc.)
B	Roots and tubers (potato, cassava, yams, etc.)
C	Vegetables and leaves (spinach, cabbage, tomato, onion, pumpkin, okra, eggplants)
D	Fruits (mango, pawpaw, guava, banana, watermelon, orange, lemon, passion fruit, etc.)
E	Meat, poultry, and offal (beef, goat, camel, sheep, cow, chicken, liver, kidney, wild meat)
F	Eggs
G	Fish and Seafood (dried, smoked, fresh, prawns, shrimps, crabs, etc.)
H	Pulses/Legumes/Nuts (beans, lentils, nuts, peas, almonds, seeds, etc.)
I	Milk and Dairy Products (fresh, powdered, yogurt, cheese, etc.)
J	Oil/Fats (including from groundnuts, sesame, sunflower, oil, fat, butter, ghee, etc.)
K	Sugar and Sugar Products (Sugar, sugarcane, honey, sweets, etc.)
L	Condiments or Other Miscellaneous Foods (spices, tea, coffee, Maggie, etc.)

Data from the need assessment, which can also be seen in below table revealed that the interviewed households had an average HDDS of 3.66 at the time of the need assessment, with 55% of households found to have poor HDDS, 33% with borderline HDDS, and 12 % HHs with acceptable HDDS.

**Table 13: HDDS Results**

HDDs	Number	Percentage
0 to 4	68	55
5 to 8	41	33
9 to 12	15	12
Total	124	100



The need assessment result showed different results among the district for the FCS results. Al-Zariq HHs have more poor categories as compared to Al-Dhale and AL Shuaib as indicated in table 14

**Table 14: HDDS Results per district**

HDDs	Ad Dhale		Azariq		Al Shuaib	
	Number	Percentage	Number	Percentage	Number	Percentage
0 to 4	27	59	28	76	13	32
5 to 8	17	37	4	11	20	49
9 to 12	2	4	5	14	8	20
Total	46	100	37	100	41	100

### 6.3.3 Household Hunger Scale (HHS)

Household hunger was measured using the HHS, a perception-based food deprivation scale. The scale consists of three components measuring inadequate household food access, with each component split into an occurrence question (whether the episode of food deprivation occurred at all in the past four weeks) and a frequency of occurrence question (how many times the episode had occurred in the past four weeks). The responses to the questions are coded and summed into a numerical score (with a minimum possible score of 0 and a maximum possible score of 6) representing three levels of hunger: (1) Little to no hunger (HHS score = 0 to 1); (2) Moderate hunger (HHS score = 2 to 3); and (3) Severe hunger (HHS score = 4 to 6). Please see Table 8 for the perception-based food deprivation scale used to measure the HHS.

**Table 15: Perception-based Food Deprivation Scale**

No	HHS Perception – HHS	Response Option
1	In the past [4 weeks/30 days], was there ever no food to eat of any kind in your house because of a lack of resources to get food?	0= No (Skip to 2) 1= Yes
1a	How often did this happen in the past [4 weeks/30 days]?	1= Rarely (1–2 times) 2= Sometimes (3–10 times) 3= Often (more than 10 times)
2	In the past [4 weeks/30 days], did you or any household member go to sleep at night hungry because there was not enough food?	0= No (Skip to 3) 1= Yes
2a	How often did this happen in the past [4 weeks/30 days]?	1= Rarely (1–2 times) 2= Sometimes (3–10 times) 3= Often (more than 10 times)
3	In the past [4 weeks/30 days], did you or any household member go a whole day and night without eating anything at all because there was not enough food?	0= No (End interview) 1= Yes
3a	How often did this happen in the past [4 weeks/30 days]?	1= Rarely (1–2 times) 2= Sometimes (3–10 times) 3= Often (more than 10 times)

Overall, 40 % of surveyed households exhibited severe hunger, 28 % showed moderate hunger and 32% exhibited little to no hunger during the need assessment period.

**Table 16: Household Hunger Score Results**

Household Hunger Score	Percentage			Total
	Al-Dhale	Azariq	Al Shuaib	
Little to no hunger (HHS score = 0 to 1)	22	40	61	40
Moderate hunger (HHS score = 2 to 3)	24	30	29	28
Severe hunger (HHS score = 4 to 6)	54	30	10	32

### 6.3.4 How many meals did the family consume yesterday?

The need assessment data regarding surveyed HHs experience on the number of meals their family consumed yesterday indicated that all of them have meals more than one. In fact, 77 % of the respondents have three meals for their families before one day of the need assessment.

**Table 17: Number of meals HHs consumed (Yesterday)**

How many meals did the family consume yesterday	Respondents	
	Number	Percentage
1. One Time	5	4
2. Two times	23	19
3. Three times	96	77

### 5.3.6 Household rCSI

The rCSI is a proxy indicator of household food insecurity that is based on a list of behaviors (coping strategies). The index reflects both the frequency of each behavior (i.e., how many days over the last 7 days the coping strategy was used by any member of the HH) and severity (i.e. how serious was the strategy). The rCSI is based on a list of five food-related coping strategies that the HH used within seven days prior to the survey. The rCSI raw scores are calculated by multiplying the frequency with which behavior was used by the universal severity weight, finally summing the weighted scores for each coping strategy. The maximum raw score for the rCSI is 56, i.e. a household that used all five strategies every day for the last 7 days would have a raw score of 56

The mean (or sample mean) is the mathematical average of the survey sample, and the median is a measure of central tendency. To find the median, the observations are to be arranged in order from the least to the greatest value. If there are an odd number of observations, the median is the middle value. If there is an even number of observations, the median is the average of the two middle values.

The need assessment data for the mean value of household rCSI is 21 and the median value for rCSI is 20.

### 5.3.7 Household Coping Strategies

Coping Strategies Index (CSI) is a standard indicator used in food security analysis. Its essential objective is to measure the frequency and severity of negative coping behaviors employed by HHs,

when they do not have enough food. The indicator is created by asking HHs what they do when they do not have enough food, and how often they have done so in the past 30 days before the day of the interview.

The sale of the last remaining female animals, borrowing money, reductions to health (including medication) and education expenditures, purchasing food on credit and spending of savings are the most used household coping strategies by the need assessment survey participants.

**Table 18: Household Coping Strategy**

Household Coping Strategy	Percentage			
	Never	Seldom or very rare	Sometimes	Always
Sold household assets/goods (radio, furniture, refrigerator, television, jewelry, clothes)	48	21	18	13
Purchased food on credit	38	24	23	15
Reduced health (including drugs) and education expenditures	10	20	48	22
Sold last remaining female animals	43	32	9	16
Begged	80	8	6	6
Sold house or land	77	3	14	6
Withdrew children from school	60	22	8	10
Consumed seed stocks that were to be held/saved for the next season	67	6	18	9
Sold productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car, etc.)	56	21	12	11
Borrowed money	7	22	47	24
Spent savings	59	12	13	16

## 6.4 Individual handwashing and hygiene Behavior

### Use of soap

Need assessment data showed that only 77 % of surveyed HHs reported the use of soap at HHs level. Access to soap is the main reasons and financial capacity challenge to buy soap whenever needed are the key reason highlighted by the respondents. Moreover, soap finished (81 %) and no money to buy soap (19%) are the key main reasons for not using soap at HHs levels for one day before the need assessment day.

Cleaning clothes, bathing, washing children’s bottoms, and washing cooking pots are some of the household’s uses of soap at the household level.

**Table 19: Use of soap**

What did you use the soap for?	# of respondents	Percentage
(1) Washing clothes	33	27

(2) Washing cooking pots or dishes	12	10
(3) For bathing	34	27
(4) Washing my children	14	11
(5) Washing child's bottom	8	6
(6) Washing my hands	33	27
(7) Washing my children's hands	3	2
(8) Other (Specify)	2	2

### Hygiene promotion message

Of the total need assessment participants, 31 % received hygiene messages from different actors in their localities. Radio, posters, and leaflets/flyers are the identified source for the hygiene promotion message. Accordingly, 58 % of the need assessment participants acknowledge receiving hygiene messages from the poster and 37 % from leaflets, and the remaining 5 % from radio. Of the total need assessment respondents, 41, 23 and 10 percent of them received handwashing, food hygiene, and diarrhea disease prevention and control messages respectively.

**Table 20: Use of soap at the household level in addition to hand washing**

What messages did you receive?	Percentage
Hand washing	41
Safe water chain	14
Diarrhea disease prevention & control	10
Proper use and maintenance of latrine	1
Food hygiene	23
ORS preparation	8

The need assessment collected information regarding handwashing at critical moments. The result revealed very poor exercise for the majority of the critical hand-washing moment as indicated in table 21 below

**Table 21: Use of soap at the household level in addition to hand washing**

Key moments to wash your hands	Percentage
Washing hands after defecating	58
Washing hands after cleaning the child's stool	19
Washing hands before feeding the child	15
Washing hands before preparing food	29
Washing Hands before eating	73

## 6.5 Nutrition Component

### Nutritional Status and Other Vulnerabilities

The need assessment survey collected information regarding children that currently or have been admitted to the nutrition program. Accordingly, 37 % of them reported the children either currently or have been admitted once in the past. The participants also reported that 52% of their kids are discharged and the remaining 48 % are still admitted. Additionally, only 9 % of the respondents reported having received nutrition messages from government and/or non-government sources. EFNA baseline assessment result has different results since 40 % of the baseline assessment acknowledge receiving the nutrition message from government or non-government organizations. However, 84 % of the respondents believed that exclusive breastfeeding is important

GC under the YEFA III project carried out the screening of 3,807 children under five years old and 1,242 pregnant and lactating women during the program period. Among the screened children 513 of them screened as SAM and MAM cases and 36 % of women screened also have MAM cases.

**Table 12: Use of soap at the household level in addition to hand washing**

District	Children under five years			PLW			
	Total Screened	SAM	MAM	Normal	Total Screened	MAM	Normal
Qatabah	1301	33	249	1019	632	195	439
Al-Dhale'e	826	3	60	763	264	89	175
Alazariq	1680	25	143	1512	344	165	179
Total	3807	61	452	3294	1242	449	793

EFNA baseline survey finding results indicated similar results for the children suffering from malnutrition which accounted for 54%. Among them, 28 % were admitted to the SC or OTP center at the time of the baseline assessment. It is important to note that responses to this question were self-reported, i.e. the survey teams did not use any measurement tools such as mid-upper arm circumference (MUAC) to confirm the responses. 48% of the respondents who have children under five practice exclusive breastfeeding. The survey data also showed that 53% of HHs have either pregnant or lactating women in the HH. Twenty-one (21 %) of the respondents reported that at least one of the family members visited the nutrition center within the past three months before the survey day. Twenty percent (20%) of survey participants have at least one disabled person in their HHs.

## 7. Conclusion

As part of the new project proposal development, GC conducted a need assessment on the project proposed area. The need assessment focused on the key sectors including food assistance. Nutrition, health, and emergency life-saving wash. The main purpose of the need assessment is to generate the key findings and lessons which will include in the new project cycle proposal development and to confirm the proposed sectors are appropriate along with the potential identified beneficiaries.

The need assessment included individual HHs surveys, focus group discussions, key informant interviews, desk reviews, and observations. The individual HHs survey sample used a 10% of margin of



error and 95% of confidence interval. Men and women separate focused group discussions conducted to capture women and men segment of the community equality, protection, and livelihood situations. A total of 124 individuals participated in the need assessment interview and a total of six FGDs and six KIIs were conducted..

The need assessment captured the key food security outcome indicators including data on food, income patterns, food consumption score, household dietary diversity score (HDDS), household hunger scale, minimum dietary diversity of women, food security coping strategies, critical handwashing practices, protection concern, hygiene behaviors, and nutritional status. The need assessment data from the individual survey, focus group discussions and key informant interviews confirmed the required intervention in food assistance, nutrition and hygiene promotion in the need assessment area.