Assessment Team

Professional Profile of the Assessment Team
1. The sectoral expertise included (a) Public Health Promotion, (b) Public Health Engineering, (c) Emergency food security livelihood and (d) Programme management (e) Gender
2. The team consisted of six (4) members (2 men and 2 women). The inclusion of women in the team enabled the assessment team to interact with local women and obtain information from them.
3. The local language is Arabic. 2 Team members were able to speak fluent Arabic.
4. All the team’s senior members have more than three years of humanitarian work experience at the field level.

Methodology of 48 hours assessment

- Direct observation
- Key informant interviews (women and men) by using the designed tools
- Informal community meetings with IDPs in Turba district.
- Meetings with government officials (rural and urban water authority, district directors, governors)
- Meeting with MSF, save the children, mercy crop, ICRC, SFD and other humanitarian agencies on ground.

This assessment was carried out in concurrence of OXFAM Public Health framework and 48 hours assessment tools.

Scope of the emergency/background:
Yemen already faced a protracted crisis before the latest escalation of the current conflict that was already the largest crisis in the region; an estimated 15.9 million people – 61% of the population – were in need of some form of humanitarian assistance. This situation was further aggravated by water scarcity, soaring food prices and high rates of malnutrition and disease. More than 13 million Yemenis had no access to clean water sources and over 12 million lacked access to adequate sanitation facilities, especially in rural areas. Since the launch of “Operation Decisive Storm” on 26th March 2015 by Saudi Arabia and 10 coalition partners, aerial military strikes have targeted 19 out of 22 governorates. This has resulted in high levels of displacement, with the most recent estimates of OCHA reporting more than 1 million IDPs, among which 54% are women. It is likely though that the total displaced population is much higher, as displacement tracking systems are not established at the scale needed to monitor consistently across all governorates. Most of the IDPs are settled with host communities, at public institutions and in open spaces. This has put additional pressure on the existing urban water supply systems, which were already facing huge challenges to sustain operations and maintenance due to the conflict and associated embargo, mainly as a result of limited fuel, spare parts, and lack of salaries for local water supply staff to operate the systems as well as the prices of food which were getting higher day by day.

Unfortunately still, long fuel queues remain present across the country; with queues reaching 3km long and consumers having to wait up to 3 days. Poor sanitation (such as open defecation; widespread due to protection concerns of women and children not willing to move far from households), and an inability to practice good hygiene are also increasing the likelihood of disease. WHO announced its great concerns about the likelihood of outbreak and the particular need for Wash services. Aggravating factors such as an extended hunger gap and lack of shelter, causing exposure to malaria and respiratory tract infections (particularly amongst children under five, and Pregnant & Lactating Women), will further compromise the ability of the most vulnerable to resist disease, especially when considering that a majority of the workload falls on women. It is therefore critical that life saving WASH and EFSVL activities along with a Protection program are conducted, to alleviate the pressure on households as the crisis becomes protracted and resources become fewer amongst both host and IDP households diminishing coping mechanisms day by day.

Taiz Context Analysis
Taiz is a governorate of Yemen and the governorate's capital is Taiz. It is the third largest city in Yemen. The Governorate has an area of 10,677 km2. It has a population that reached over 3 million with a density of 230/km2. Today it is the most important commercial centre in Yemen owing to its proximity to the richest farmland in the nation and to the important Red Sea port of Mokha. Taiz city, the administrative seat of the Governorate, is located 256 km from the Yemen capital Sana’a by road. Taiz is divided administratively into 24 districts.

Power struggle in Taiz:

Main Issues face Taiz governorate before the current crisis:
There are a number of issues that could be considered as sever problems in Taiz which are the high density of population and high unemployment rates as well as lack of proper health services. But defiantly the highest priority that is addressed as the biggest issue in Taiz is Water scarcity.
The problem of water in the province of Taiz is one of the oldest of its kind in Yemen, where the problem began in the early nineties in the city of Taiz and goes back to the early seventies in the countryside of Taiz. The public water supply reaches Taiz residents once a month, where a lot of people turn to water trucking to meet their needs. The water trucks carry water from wells that are scattered randomly in the city and in most provinces.

A World Bank study suggested that the number of Yemeni cities, on the top of those Taiz and Sana’a, are threatened of drought in less than two decades if necessary measures are not taken to secure new water sources. The local authority in the province indicated in more than one occasion that one of the reason behind the depletion of water is the increase of the number of population and urbanization in the province with limited sources of water in the governorate.

Taiz city mainly depends on 3 main water sources: the Al-Haima, Wadi Al-Dhaba and Hawban. These 3 sources provide the city with 17,000 m$^3$ per day, whereas the daily requirement of the population of the water is 56,000 m$^3$, which means gap in the water need of 26,000 cubic meters, according to the local institution for water and sanitation.

What has been done so far?
1. ICRC and UNICEF provide fuel to LWSC for gen sets to run the water supply systems.
2. Hosting communities are hosting most of the IDPs, while government building such as schools in all locations of assessments are full of IDPs and the rest of the IDPs are living in open spaces in very hard situations without any facilities.
3. Mercy crop are doing water trucking for 1000 families and repair of few school latrines as part of their emergency response.
4. MSF is planning to install some communal water tanks for IDPs in schools
5. Local charities provide cooked food to IDPs particularly in schools.

Our observations and findings during assessment

Nature of displacement in Taiz
During the assessment we observed IDPs settled in open spaces, Schools buildings, unfinished buildings and hosting communities. We have visited total 4 districts Shammayatin, Dimnat Khadeer, Smera and Haifan, this highest number of IDPs reported were in Shammayitin 18,000 households and the rest of figures for IDPs still need to be collected from the government departments.

Thematic Priorities:
The assessment has been conducted targeting three sectors which are Shelter, Food Security and Livelihoods, and WASH. The main services which were affected by the current crisis in these districts Dimnat Khadeer, Samea, Haifan and Shammayatin are reduced or fully inaccessible to these services, the chart below gives summary of the services reduction. Water and health services have been fully stopped with 100%, access to educational services like electricity, telephone have been reduced to 50%. However General civil insecurity, Post office /bank and Public transport services respectively have been reduced to 25% in the areas covered by the assessment.

<table>
<thead>
<tr>
<th>Basic services intrerrupted /reduced access to</th>
<th>Water</th>
<th>Health</th>
<th>Schools</th>
<th>Trade disrupted</th>
<th>People and good movement</th>
<th>General civil insecurity</th>
<th>Post office /bank</th>
<th>Public transport</th>
<th>Others (Electricity ,etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>0%</td>
<td>50%</td>
</tr>
<tr>
<td>Serie1</td>
<td>100%</td>
<td>100%</td>
<td>88%</td>
<td>0%</td>
<td>0%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>50%</td>
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Food Security
100% of participants responded that they do not have enough food at the moment as compared to their life back in the native villages or cities.
The source of IDPs food:
50% of IDPs currently are getting their food from neighbours and friends in the hosting communities and other sources. Market, donation, Zakat and loans and credits are second main sources which score 25% of each. The chart below sums the collected data against the sources of food IDPs are getting.

![Chart showing food sources](chart.png)

Food stock:
75% of interviewed IDPs mentioned that they currently do not have their own food stock however 25% of them referred that they do currently have food stocks.

Food sources lasting:
87% of the interviewed persons agreed that the food they have may last for two days however 13% of them reported that their food may last up to 7 days. Further to this, 75% of responses mentioned that they could cook their food and 25% of them reported that they could not cook their food. Those who could not cook their food are due to the lack of cooking Gas, lack of food items and the lack of utensils.

Coping strategies (mechanisms):
Eating less preferred food and less food for meals are the two main mechanisms applied by IDPs to meet the shortage of food. However reduction of number of meals and sharing food with neighbors and friends are other second important coping mechanisms to meet the shortage of food. The chart below gives a summary of the coping mechanisms applied by IDPs.

![Coping mechanisms chart](chart.png)

Market accessibility:
The main locally produced food items are eggs, vegetables and sorghum. However the stable food available in the market and shops are beans, canned food, flour, rice, oil, sugar and vegetable, though wheat is the least food items available in the local market. In addition, the scarce of food items are milk, chicken and yoghurt. Further, 100% of respondents shared that the local market is functioning and the current food traders stocks may last for more than 7 days.

Cash transfer:
Before the crisis people used to get their cash transferred through the post offices and the money transfer agencies. 100% of attendants reported that the cash transfer systems are still active as before the crisis.

Livelihoods:

<table>
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<tr>
<th>Main Affected Livelihood by the recent crisis (from March 2015)</th>
<th>IMPACT</th>
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<tbody>
<tr>
<td>Regular salary (Govt./Private)</td>
<td>Low 25%</td>
</tr>
</tbody>
</table>
100% respondent mentioned that people lost their assets mainly small projects, and livestock, and partially for employment, labour works and motor bikes.

In brief, under food security the first priority needs include:
- Access to Food. People want to get food to eat regardless of modalities of distribution
- Creating work opportunities for people to earn and survive

Water, Sanitation and Hygiene

Water:
100% of respondents mentioned that the water facilities have been affected by the current crisis. Furthermore, 75% of these people reported that the available water is not safe for drinking, though people do nothing for purification of water.

Sanitation:
50% of respondents showed that there are practicing open defecation and the same value goes for the functioning latrines; however 50% of people show their readiness to dig their latrines by themselves.

100% of responses show that there is indiscriminate solid waste in addition that 100% of responses showed that there are vector related diseases (malaria, dengue, etc).

75% respondents reported that the surface water is standing or flowing pose a risk to people’s health.

Solid wastes:
87% of people show the need to do small drainage works around the houses and accommodation places. The need for such works appears in the importance of addressing the vector related diseases as 100% of people expressed that there were diarrhea cases occurred during the last week. And for practices of treating diarrhea, 50% people expressed that they use ORS and yoghurt and others expressed using salt sugar solution.

Hand washing:
63% of people use water only for hand washing and 37% use water and soap. Majority of the responded shared that key time for hand washing is before prayer and some of them referred to washing hands before eating. The chart below shows the responses against the critical times for hand washing.

<table>
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<tr>
<th></th>
<th>0%</th>
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<tbody>
<tr>
<td>Wage labour (unskilled, casual, seasonal agriculture labour)</td>
<td>12.5%</td>
<td>12.5%</td>
<td>75%</td>
</tr>
<tr>
<td>Self-employment/small business/ skilled labour</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Remittances</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Pensions /Social benefits/SWF</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Qat production /sales</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Family -Community support (Zakat)</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Crop/Livestock production</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Petty trade</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Fishing</td>
<td>0%</td>
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</tr>
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</table>

The responded expressed their needs for hygiene related items are mainly for soap, buckets for hand washing, jugs and buckets for water storage.

Access to information:
People do not have any access to health information; however 50% of respondents expressed that children and women can read in one or more language. In addition, 38% of people reported that radio is the main health promotion media available, 13% of them selected TV and 25% reported no available health promotion media.
In brief, the top water, sanitation and hygiene priorities mentioned by the communities include:
- Provision of water for the drinking and domestic use through water trucking or other possible options
- Installation of communal water storage
- Latrine construction for IDPs in open places and rehabilitated the available facilities in schools and other public buildings
- Hygiene items such as soap, buckets and Jerry cans
- Hygiene and health promotion activities targeting different groups through different methodologies
- Provision of menstruation materials

Shelter:

Type of shelter IDPs use:
50% of respondents reported that they sleep in open spaces; however 38% of them reported that they share accommodations with the hosting communities. 13% of interviewed persons reported that they sleep in public institutions. The chart below gives summary of the responses detailed.

Shelter needs for IDPs:
The main shelter needs specified by IDPs are shelter NFI s such as blankets and mattresses, and cooking gas. 88% responded also mentioned the needs of cleaning tools. However plastic sheets, tents and wood have respectively 50% for each.

The top priorities regarding shelter and non food items, highlighted by respondents, were the provision of the following items: Cooking Gas
- Blankets, mattresses, cooking utensils, plastic sheets, cooking gas and locally available woods
- Cleaning tools such as shovels, pickax, wheel barrow which can be used for shelter construction

Over all key recommendations
- Food security interventions are highly recommended along with livelihood opportunities.
- Provision of water, sanitation facilities particularly latrines construction, basic hygiene items and along with promotional activites.
- Shelter NIFs distribution
- Security is still a concern as the airstrikes are continuing to date especially in the close areas to Taiz city.

Recommendations supporting water and sanitation authorities:
- Start supporting solid waste department for staff incentive and establishing monitoring systems.
- Hygiene promotion activities focusing on prevention of diarrhoea through radio, CHVs network and other possible approaches on ground.
- Technical assessment must be applied for all water sources before construction/rehabilitation of the exiting water supply sources.
- Support, repair and rehabilitation of communal water storage which have been damaged by the air strikes.
- Repair and rehabilitation of damaged water supply systems which includes pumps, pipe lines and gen sets