

Multi-Cluster Location Assessment (MCLA)

YEMEN



TABLE OF CONTENTS

02	TABLE OF CONTENTS
04	Executive summary
07	1. Introduction
08	2. Methodology
09	2.1. Overview
10	2.2. Data Collection Principles
11	2.3. Protection of Data
12	2.4. Sampling
13	2.5. Data Storage:
14	2.6. Trainings
15	2.7. Data Collection
18	3. Assessment Finding
19	3.1. Profile of the households
20	3.2. Vulnerabilities
23	3.3. Internally Displaced Persons, Refugees, and Migrants
24	3.4. Shelter and Non-food Items
25	3.5. Water, Sanitation, and Hygiene
28	3.6. Education
30	3.7. Health
32	3.8. Protection
34	3.9. Livelihood
38	3.10. Humanitarian Assistance
42	3.11. Needs
43	4. Conclusion
44	5. Lessons Learned
45	6. Annex

Yemen Reference Map



**40%**

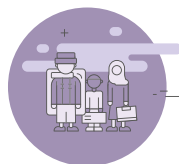
of children of eligible age are out of school

**9.8%**

of the households are headed by women

**23%**

of households have no income source

**7**

years average displacement duration for the IDPs

**20%**

of households live in damaged houses

Executive summary

People in Yemen have suffered the compounded effects of the war, ongoing economic crisis, and disrupted public services. Escalating conflict in 2021 resulted in civilian casualties, increased displacement and further disruption of public services, pushing humanitarian needs higher. Yemen's collapsing economy – itself a product of the conflict – exacerbated vulnerabilities among poor families. More than 23.4 million people - almost three-quarters of the population- need humanitarian assistance and protection in 2022; an increase of 13 per cent from what was already a frightening figure in 2021.

A concerted effort has gone into improving data collection and analysis to inform the humanitarian programme cycle. The Multi-Cluster Location Assessment (MCLA) is one of the tools designed to enhance evidence-based humanitarian prioritization and resource allocation in the context of high needs and scarce resources.

The Multi-Cluster Location Assessment followed a coordinated approach with the engagement of all relevant stakeholders. The Assessment and Monitoring Working Group (AMWG) in Yemen led the designing phase of the assessment under the overall supervision of the Humanitarian Country Team (HCT). Aid agencies and government counterparts jointly developed the MCLA data collection tool. A two-stage random sampling approach was used for data collection. MCLA covered five population groups, i.e., IDPs, returnees, refugees, migrants, and non-displaced households.

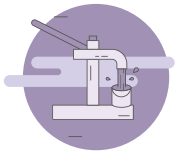
Data was collected in two phases. The household listing was conducted in randomly selected locations during the first

phase. During the second phase, detailed household interviews were performed using a structured questionnaire with randomly selected households. Data entry, cleaning, and analysis followed the standard principles.

The findings of MCLA highlighted several types of vulnerabilities and the specific needs of vulnerable populations. Among population groups, migrants and refugees appeared more vulnerable because of lack of access to basic services and humanitarian assistance. Other vulnerable groups include female-headed households, single women, elderly and child-headed households.

Sectoral findings highlighted the key issues and pressing needs related to shelter, water, sanitation and hygiene, health, education, livelihood and protection. Findings highlighted that majority of the refugees, migrants, and IDPs lived in rented houses and faced difficulties in managing the rent. Some 57 per cent of the returnees and 44 per cent of the non-displaced household reported that their shelters are damaged and need repair. Most of the respondents also faced issues in managing the cost of non-food items, which were available in their nearby markets.

Access to safe drinking water was also limited and one-third of the households collect drinking water from unsafe sources. Only 25 per cent of households have a water source available within the house. The remaining spent significant time collecting the water from the source. In addition, 80 per cent of the households have no means to treat the drinking water. Some 25 per cent of households had no access to a functional latrine. Out of those with access to a functional latrine, 9 per cent, primarily



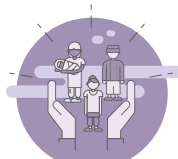
33%

of households collect water from unsafe sources and **25%** don't have access to a functional latrine



35%

of households require more than 60 minutes to reach the nearest health facility



15%

of households faced any type of abuse



75%

of households opted negative coping strategy during the past 30 days



87%

of households owe some debt

refugees and IDPs, had to use shared latrines. Availability of soap and water for safe hygiene practices was also limited. When asked about garbage management, 43 per cent of households reported that there was no mechanism to collect and dispose of the garbage properly.

At the time of the survey, 40 per cent of the school-aged children were not going to school. The ratio of out-of-school children was slightly higher among IDPs, where 42.5 per cent of the displaced children were not attending school. Parents reported several barriers to providing their children with education, including the inability to afford the cost of education and transportation and the children's engagement in household activities.

Long distances to the health facility, unavailability of the required type of service, and unaffordability are significant issues for the vulnerable Yemeni households to receive quality health assistance. Around 80 per cent of the respondents reported that they had to pay an exceptionally high amount, on average, YER 43,800, to get the required medical service. Even then, households were unsatisfied with the service provided, and 83 per cent of the respondents reported that health care services did not meet the household's needs.

Around 15 per cent of the households reported having faced any type of abuse including abuse resulting from war or exploitation. The proportion of the people who faced abuse was slightly higher among refugees (24 per cent), followed by IDPs (19 per cent). When asked about the availability of protection services in the community, 44 per cent of the households reported that no protection service was available to them. Households also highlighted several constraints in accessing the protection services, including unavailability of required services, high cost to access the service or difficulty to access.

Access to stable income sources remains a challenge in Yemen, and in most cases, households have to rely on unstable sources. For instance, in 75 per cent of the households, at least one household member was engaged in day labourer activities for 30 days prior to the assessment. In addition, every three out of four households borrowed money a month before the assessment to fulfill their basic needs. Only 20 per cent of the households have at least one member with full-time employment, and 31 per cent have self-employment opportunities. Market access was also restricted due to long distances to markets, high transportation costs, and lack of fuel/transportation. Due to abridged income levels and reduced income sources, households adopt negative coping strategies. Three out of four households reported that they adopted a negative coping strategy in the past 30 days, including purchasing food on credit, reducing spending on other needs, looking for an additional income source, eating with other families due to lack of food at home, spending savings, and selling necessary domestic and productive assets.

Only 23 per cent of respondents confirmed that they received at least one type of humanitarian assistance, primarily food aid, during the past 30 days. Out of those who received assistance, only 25 per cent were satisfied with the quality of the services provided, half were partially satisfied and the remaining 25 per cent were not satisfied.

The survey respondents were also asked to outline the top three priorities from all of their needs. Livelihood support, food, cash, water, and health assistance were among the top needs.

Introduction

MARIB, YEMEN

IOM's Displacement Tracking Matrix team conducts an assessment in Ma'rib. Photo: IOM 2021



1. Introduction

With the conflict in its eighth year, millions of people in Yemen have suffered the compounded effects of the war, ongoing economic crisis, and disrupted public services. Escalating conflict in 2021 resulted in civilian casualties, increased displacement, and further disruption of public services, pushing humanitarian needs higher. Yemen's collapsing economy – itself a product of the conflict – exacerbated vulnerabilities among poor families. More than 23.4 million people – almost three-quarters of the population – need humanitarian assistance and protection in 2022; an increase of 13 per cent from what was already a frightening figure in 2021 according to the 2022 HNO. This number includes 12.9 million people in acute need.

Concerted effort has gone into improving data collection and analysis to inform the humanitarian programme cycle. However, crucial information gaps remain due to a challenging operating environment that remains restrictive. The Multi-Cluster Location Assessment (MCLA) is one of the tools designed to address the information gaps and improve evidence-based humanitarian prioritization and resource allocation in the context of high needs and scarce resources. More specifically, it was used to provide evidence-based data to inform the 2022 HNO, including cluster severity scoring and calculations of the numbers of people in need.

The Multi-Cluster Location Assessment followed a coordinated approach with the engagement of all relevant stakeholders. The Assessment and Monitoring Working Group (AMWG) in Yemen conducted a secondary data review and identified a critical information gap. MCLA aimed to fill in the gap and complement the other ongoing nationwide and area-specific assessments. To agree on the key indicators and to develop the data collection tools, all clusters were consulted through AMWG and Inter-Cluster Coordination Mechanism. The MCLA was implemented in coordination with MOPIC, SCMCHA, CSO, IOM and OCHA. The national monitoring committee held regular meetings to coordinate the preparation and implementation of the MCLA and was responsible for ensuring consistency in data collection. The process was overall supported and monitored by Inter-Cluster Coordination Mechanism and Humanitarian Country Team (HCT).

2.

Methodology

AL MUKHA, TA'IZ

A field visit to Al Makha to monitor GWQ education project.
Photo: Ahmed Al-Zeriki/GWQ



2.1. Overview

The MCLA assessment followed a methodology that allowed data collection at household level in geographic locations across all districts in Yemen. The locations and households were selected via a randomized sampling process. The MCLA data collection tool was jointly developed by aid agencies and government counterparts. The structured questionnaire served to identify the local demographic profile, displacement dynamics, vulnerabilities, needs and coping strategies of the targeted population groups namely: IDPs, returnees, non-displaced Yemeni population, refugees and migrants. Additionally, it assessed the awareness of humanitarian assistance and identified differences between population groups.

The population groups listed below were relevant to the MCLA:

- IDP: persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border (this includes individuals who moved within their locations, across locations, within their districts, across districts, within governorates, and across governorates)
- Returnee: Internally displaced person who has returned to their place of habitual residence where they used to live prior to being displaced, irrespective of whether they have returned to their former residence or another one.
- Refugee: a person who, "owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinions, is outside the country of their nationality and is unable or, owing to such fear, is unwilling to avail themselves of the protection of that country."
For the MCLA, the following will be considered refugees:
 1. All individuals registered with UNHCR (asylum seekers and recognized refugees),
 2. All Somalis (as they receive prima facie refugee status in Yemen),
 3. All foreigners fled their countries of origin due to fear of persecution.
- Migrant: any person who has crossed State borders voluntarily for economic or other personal reasons.
- Non-displaced population: Non-displaced population of the location with a high density (minimum of 8%) of displaced individuals (IDPs and returnees).

2.2. Data Collection Principles

A principled approach to data collection was critical to ensuring responsible and protective data practice throughout the course of the MCLA. The humanitarian principles of humanity, impartiality, independence and neutrality underpinned the implementation of the data collection methodology, ensuring that data was collected with the goal of informing humanitarian aid to those in need, irrespective of ethnicity, religion or political view. These principles are essential to ensuring effective humanitarian response.

Based on the 'Do No Harm' principle, efforts were made to minimize all possible negative effects and maximize possible benefits of data collection for participants. If there was any reason to believe that carrying out an interview would result in the respondent being in a worse off condition than before, the interview was not undertaken. Heads of households were free to consent to choose to participate or not and to withdraw

participation at any stage of the interview. Further, it was made clear to data collection participants that, by responding to questions, humanitarian aid or incentives would not be delivered in exchange for information.

In accordance with the Inter-Agency Standing Committee (IASC) Policy on Protection, the following principles guided data collection, sharing and management:

- Necessity, relevance, adequacy, and proportionality of data processing;
- Data quality and accuracy;
- Confidentiality;
- Data Security; and
- Transparency and accountability.

DIMNAT KHADIR, TA'IZ

Meeting with CARE staff and local authorities during UCT distribution day in Dimnat Khadir district, Ta'iz governorate.



2.3. Protection of Data

Protecting data is an integral part of protecting life, integrity and dignity of the people being assessed. Protecting personal data in accordance with the principle of proportionality requires that humanitarian organizations take the least intrusive measures available by limiting the right of data protection and access to personal data.

The anonymization of personal data was completed to meet the protection needs of vulnerable individuals in a privacy-friendly way. Anonymization of personal data encompassed techniques used to convert personal data into anonymized data so that data sets containing personal information were fully and irreversibly anonymized to avoid the risk of re-identification. Prior to sharing the final datasets, the assessment team ensured that no personal data was included in the dataset.

ADEN, YEMEN

14 June 2022. monitoring visit to the YHF FSAC-funded project implemented by Yemen Family Care Association (YFCA) in Aden Governorate. Photo: OCHA



2.4. Sampling

Available secondary data was used to inform the research design, the number of locations to be assessed within each district, and the number of households to be completed in each location. The following secondary sources were relied upon to identify people in need in the different locations:

- The location-level dataset that included statistics for IDPs and returnees, based on IOM DTM 16th Report of October 2017;
- The location-level dataset that included statistics for non-IDP, based on population projections of the Yemen CSO's 2004 Census figures;
- The location-level dataset that included statistics for asylum seekers and refugees, based on data collected by UNHCR through a network of refugee leaders in July 2018

A list of locations targeted in the MCLA was randomly drawn using a 2-stage random sampling approach (based on population statistics of secondary data sources). For each targeted population group per district (i.e., five lists per district: for IDPs, returnees,

refugees, and non-IDPs), the probability of each location being selected proportional to the population size of the population group in that location. This methodology ensured that the location selection process was as unbiased as possible and that samples were representative of the needs of the affected local populations living across different locations. A final list of locations was prepared by merging the five sampling lists (lists per population group) into one master list. The number of target locations was 2,521 (954 locations in the south and 1,567 locations in the north), and this was determined based on the standard sample size determination methodology. The household-level sample was determined using a sample selection formula to specify how many households should be interviewed per location per population group. The process of sampling was led by a Sampling Technical Working Group comprised of technical focal persons from CSO, SCMCHA/MOPIC, IOM and OCHA. The TWG utilized its operational knowledge to review the accessibility, security, and availability of heads of households within selected locations.

2.5. Data Storage:

A joint data Center (JDC) was selected to store the data and conduct the data cleanup and sampling. JDC is selected based on the agreement of MCLA with Authorities, IOM and OCHA. The data was kept protected in the JDC with all protection measures.

ADEN, YEMEN

14 June 2022. monitoring visit to the YHF FSAC-funded project implemented by Yemen Family Care Association (YFCA) in Aden Governorate. Photo: OCHA



2.6. Trainings

Before starting the data collection, training was provided to all the governorate focal persons and enumerators on how to collect, quality check and encode the data. Three training sessions were conducted for the MCLA survey.

1. MCLA Training of Trainers: The training was conducted centrally for 5 days. Participants included all the governorate focal persons from all the MCLA partners. The purpose of the training was to train the governorate focal person on all the assessment tools used for the MCLA and how to train the enumerators. The number of trainees for the MCLA training of trainers MCLA was 103 where 95 (92 per cent) were male trainees and 8 (8 per cent) female trainees.
2. MCLA Household Listing Training: The training was conducted in each governorate respectively (except Sana'a, Ma'rib, and Amanat al Asimah governorate because these governorates were near to Sana'a, so a central training session was arranged) by the governorate focal persons for 5 days. The participants included all the enumerators from their governorates. The purpose of the training was to explain how and what to collect and encode the information in the field for Household listing. The number of trainees for the MCLA household listing in the south was 422, where 334 (79 per cent) were male trainees and 88 (21 per cent) female trainees. In addition, the number of trainees for the MCLA household listing in the north was 780, where 686 (88 per cent) were male trainees and 94 (12 per cent) female trainees.
3. MCLA household survey training: The training was conducted in each governorate (except Sana'a, Marib, and Amanat al Asimah, as described earlier) by the governorate focal persons for 5 days. The participants were all the enumerators from their governorates. The purpose of the training was to explain how to collect and encode the data in the field for the household survey. The number of trainees for the MCLA household survey in the south was 422, where 334 (79 per cent) were male trainees and 88 (21 per cent) female trainees. In addition, the number of trainees for the MCLA household survey in the north was 780, where 686 (88 per cent) were male trainees and 94 (12 per cent) female trainees.

2.7. Data Collection

The data collection was implemented in two phases.

1. Phase 1: Data collection for household listing
2. Phase 2: Data collection for household Survey

Phase 1: Data collection for household listing

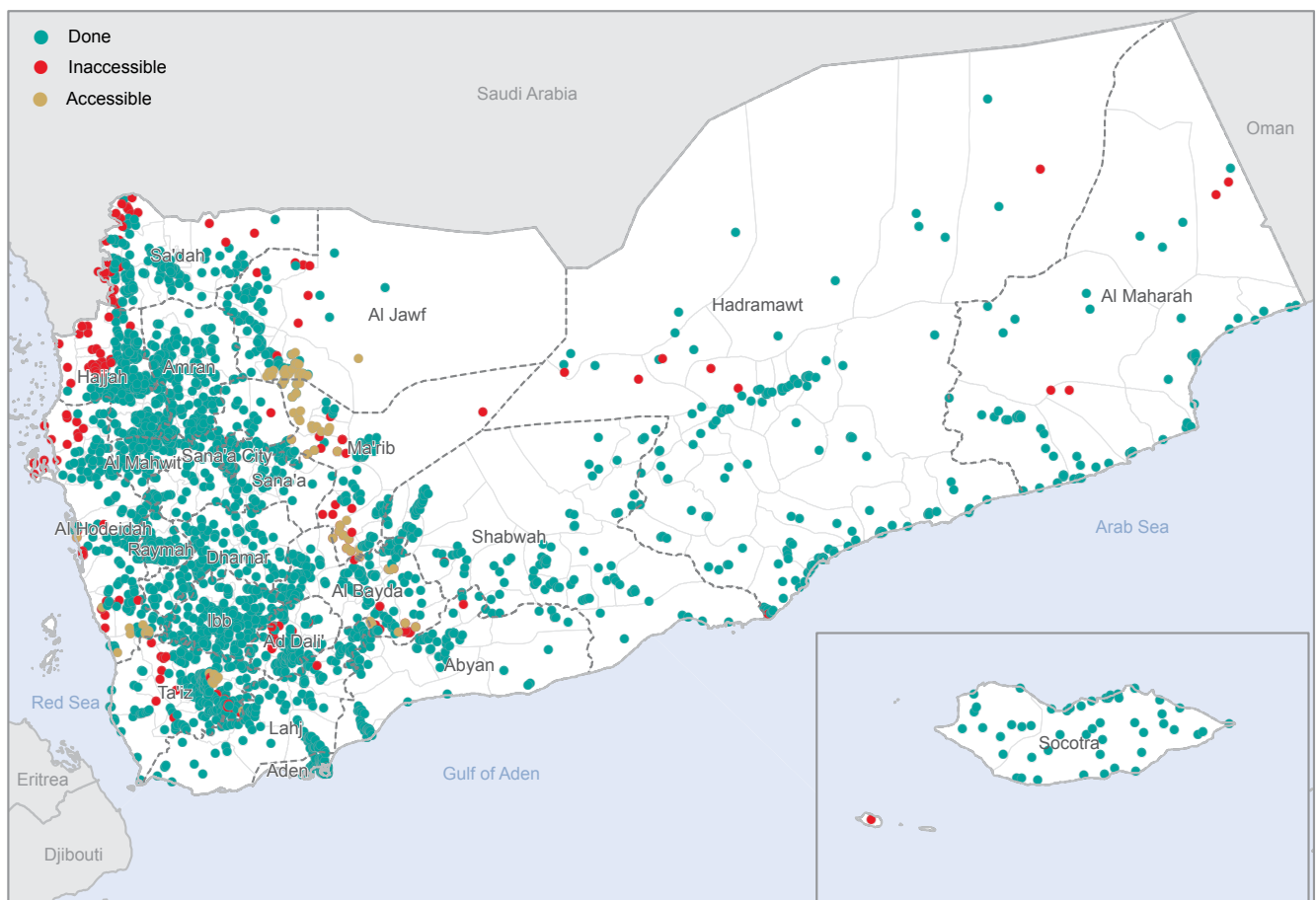
The purpose of gathering information for the household listing for the selected location was to identify the targeted population on the household level. Enumerators administered the household form based on the location sampling to collect the basic demographic information, number of members, and population group information. The number of locations

selected for household listing was 2,686 (954 in the south and 1,732 in the north). Some 17 locations were not accessible in Sa'ada, Hajjah, Ta'iz, Al-Hodeidah, Al Bayda and Ibb due to conflict.

For household listing, data was collected through paper-based forms. Monitoring teams were deployed by all partners to ensure the quality. After completing the quality check, the collected data was encoded to the Kobo toolbox form to store the information centrally.

The encoded data was cleaned up by removing the duplicate records and updating the sequential number for each household in the household listing form

Map 1: Accessible and Inaccessible Locations for Household Listing



for the specific locations. All partners monitored the data cleaning process to ensure the accuracy of the collected and encoded data.

The encoded cleaned data was compared with initial location sampling and targeted population. As a result,

186 locations were observed not to have the target population. Therefore, based on the available population group, the target population was updated within the same district or nearest district; if not, the same district or nearest number was updated within the same governorate.

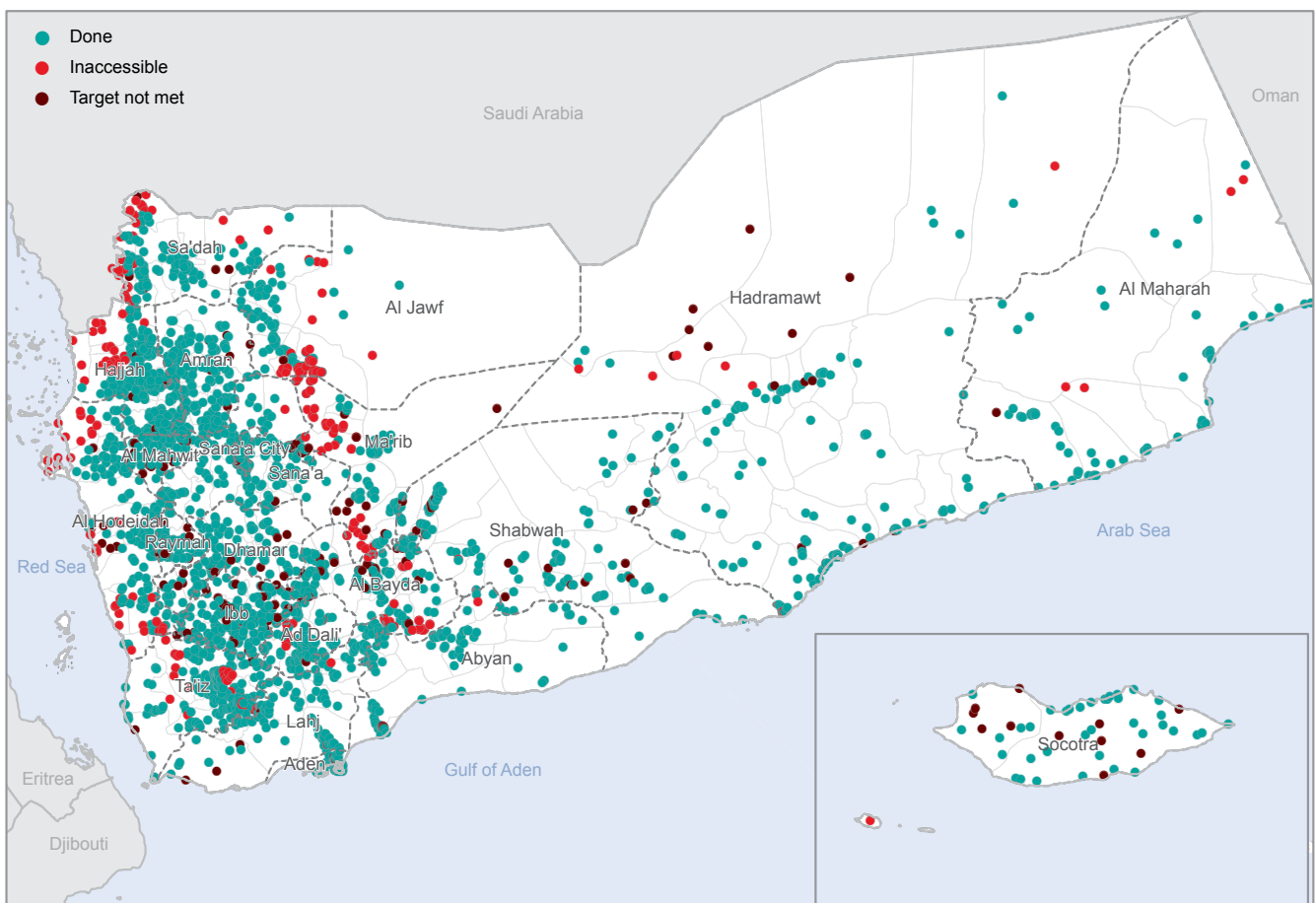
Phase 2: Data collection for household survey

The sample household list was generated based on the updated location list and updated number of the targeted population group for the second phase. The number of households targeted for the second phase was 2,455 locations (888 in the south and 1,732 in the north) having target of 18,675 households (7,188 in the south and 11,487 in the north).

The household sampling in areas in the south was done through the application developed by IOM, whereas in the north, the SQL script was used to perform the sampling. Sampling was done jointly in the JDC server room between IOM, SCAMCHA and Central Statistics Office (CSO).

The following table shows the number of locations assessed during phase 1 and the number of households assessed during phase 2 of data collection.

Map 2: Accessible and Inaccessible Locations for Household Survey



GOVERNORATE	NUMBER OF DISTRICTS	NUMBER OF LOCATIONS ASSESSED	NUMBER OF HOUSEHOLDS ASSESSED	ACCESSIBLE FROM
Al Bayda	19	114		North and South
Al Dhale'e	10	90		North and South
Al Hodeidah	23	156		North and South
Al Jawf	14	83		North and South
Al Mahwit	9	70		North
Amanat Al Asimah	10	98		North
Amran	20	167		North
Dhamar	12	115		North
Hajjah	28	228		North
Ibb	20	158		North
Marib	12	82		North and South
Raymah	6	68		North
Sa'ada	13	104		North
Sana'a	16	126		North
Ta'iz	25	188		North and South
Abyan	11	86		South
Aden	8	67		South
Al Maharah	9	66		South
Hadramaut	25	130		South
Lahj	15	124		South
Shabwah	17	98		South
Socotra	2	37		South

Similar to the household listing stage, household-level data was reviewed and cleaned up to minimize errors. Data were then entered into a KOBO application and sent to the server. The whole process was monitored jointly by all the stakeholders and all the stages followed the rigorous quality assurance protocols.

3.

Assessment Finding

ADEN, YEMEN

14 June 2022. monitoring visit to the YHF FSAC-funded project implemented by Yemen Family Care Association (YFCA) in Aden Governorate. Photo: OCHA

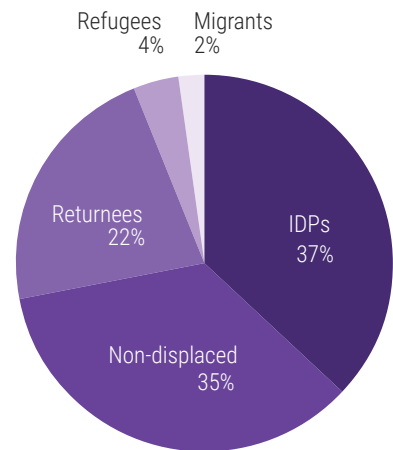


3.1. Profile of the households

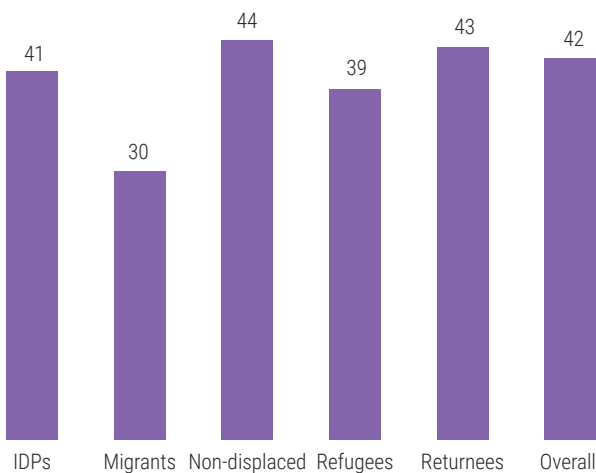
MCLA sample consisted of five population groups. Respondents were either IDPs (6,813 HHs, 37 per cent of the sample), non-displaced population (6,394 HHs, 35 per cent), returnees (4,066 HHs, 22 per cent), refugees (821 HHs, 4 per cent) or migrants (351 HHs, 2 per cent). Some 93 per cent of the responding households were Yemeni nationals. Other nationalities include Ethiopian (3.6 per cent), Somali (2.1 per cent), and a few Djiboutian, Eritrean, and other nationals.

As per the findings of the assessment, the average household size in Yemen was 6.4 persons. Household size varied for different population groups as well as for different geographical locations. Among population groups, migrants and refugees had significantly fewer household members with 2.7 and 4.2 average household sizes respectively. Similarly, the average age of household heads was also significantly lesser for migrants and refugees compared to other population groups. This is because either younger families or younger members of families opted to migrate from their areas of origin.

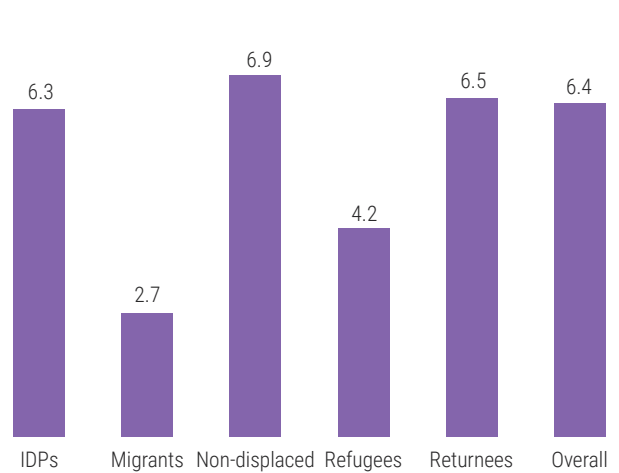
HOUSEHOLD DISPLACEMENT STATUS



AVERAGE AGE OF HOUSEHOLD HEAD



AVERAGE HOUSEHOLD SIZE



3.2. Vulnerabilities

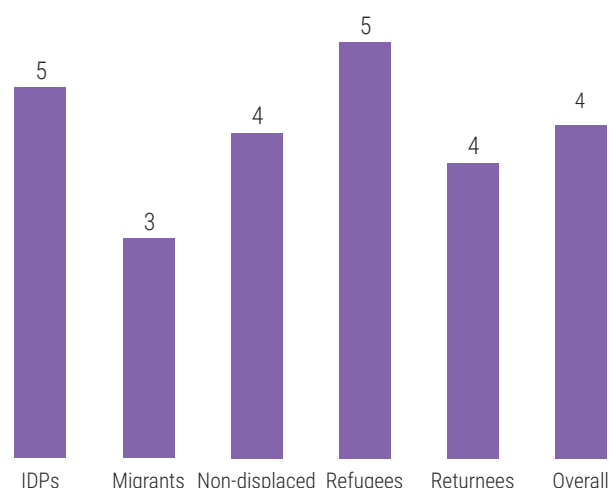
MCLA analysis covered a detailed analysis of vulnerabilities of the assessed households. Some demographic-related vulnerabilities are covered in this section.

MCLA findings highlighted that on average, one out of ten households in vulnerable communities in Yemen is headed by a female member. The ratio of female-headed households slightly increased from 8 per cent to 9.8 per cent after the start of the humanitarian crisis in Yemen.¹ The ratio of female-headed households was significantly higher among refugees (24.5 per cent) and migrants (12.5 per cent) posing additional vulnerabilities to the already vulnerable segments of society.

Another vulnerable segment was the single-headed households. Out of the sampled households, 13 per cent (most of them were either migrants or refugees) were single headed. More than two third of those households were single female headed. Less than one per cent (0.6 per cent) of the households were reportedly headed by a child. In addition, 8.6 per cent of households were reportedly headed by an elderly member.

Nearly one-quarter of the households in Yemen have no income source. Some 23.4 per cent of households reported that no household member was able to earn for the family and they rely on external support and assistance. Again, refugees and migrants along with IDPs appeared more vulnerable in this regard. In addition, 5 per cent of the households had to send at least one child for earning.

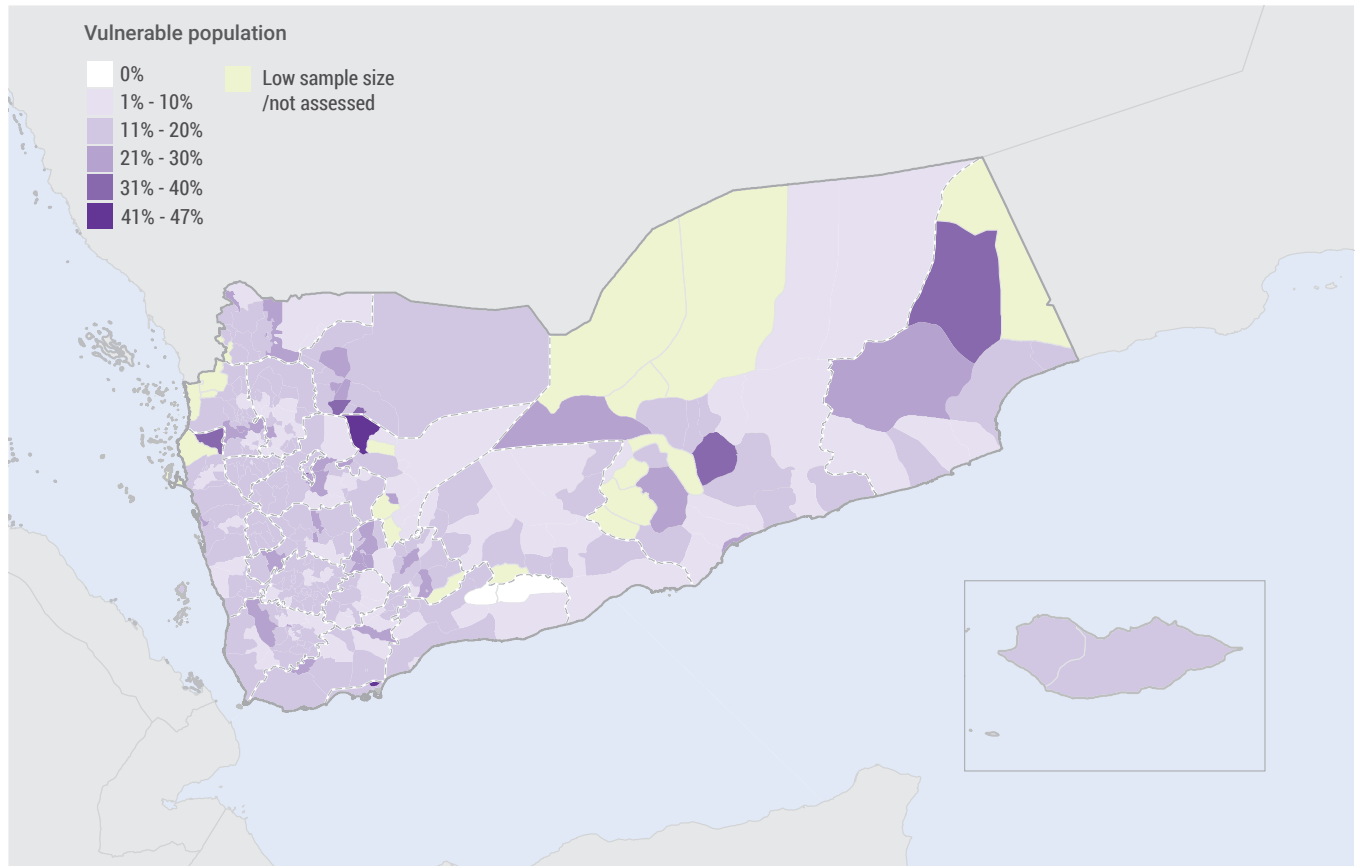
PER CENT OF HHS WITH NO MEMBER EARNING INCOME



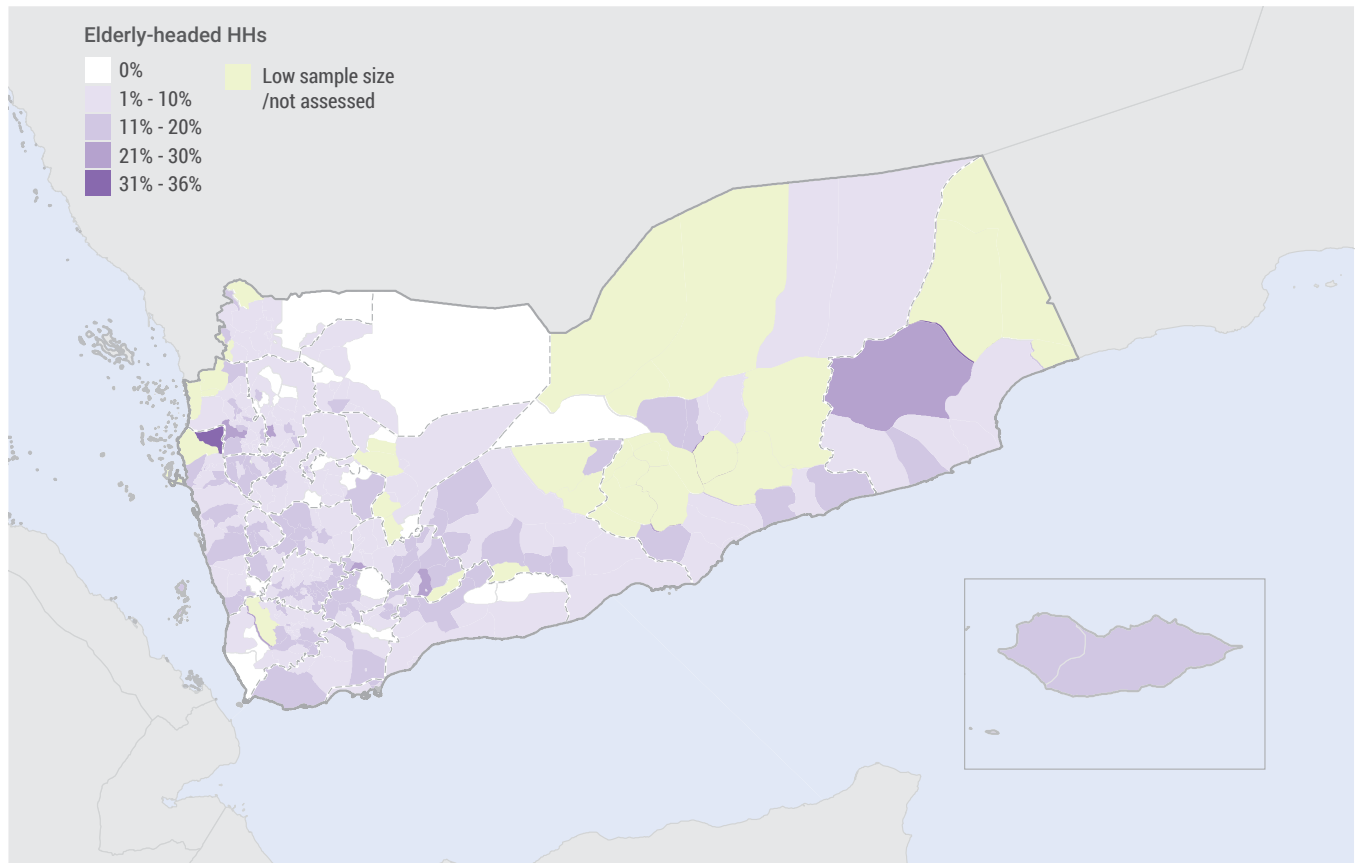
Two-thirds of the responding households reported that at least one adult member of their household was missing necessary documentation such as a birth certificate, personal ID card, or passport. The ratio was significantly higher among migrants where 90 per cent of the households reported this issue. Lack of personal documentation not only restricts access to services and opportunities for vulnerable people but may also pose some protection risks, specifically for migrants and refugees. Map 3 present the prevalence of vulnerable households including female-headed, child-headed, elderly-headed, single-headed and households with no source of income.

¹ 2013 National Health and Demographic Survey for Yemen reported that 8 per cent of households were headed by a woman. (<https://dhsprogram.com/pubs/pdf/SR220/SR220English.pdf>)

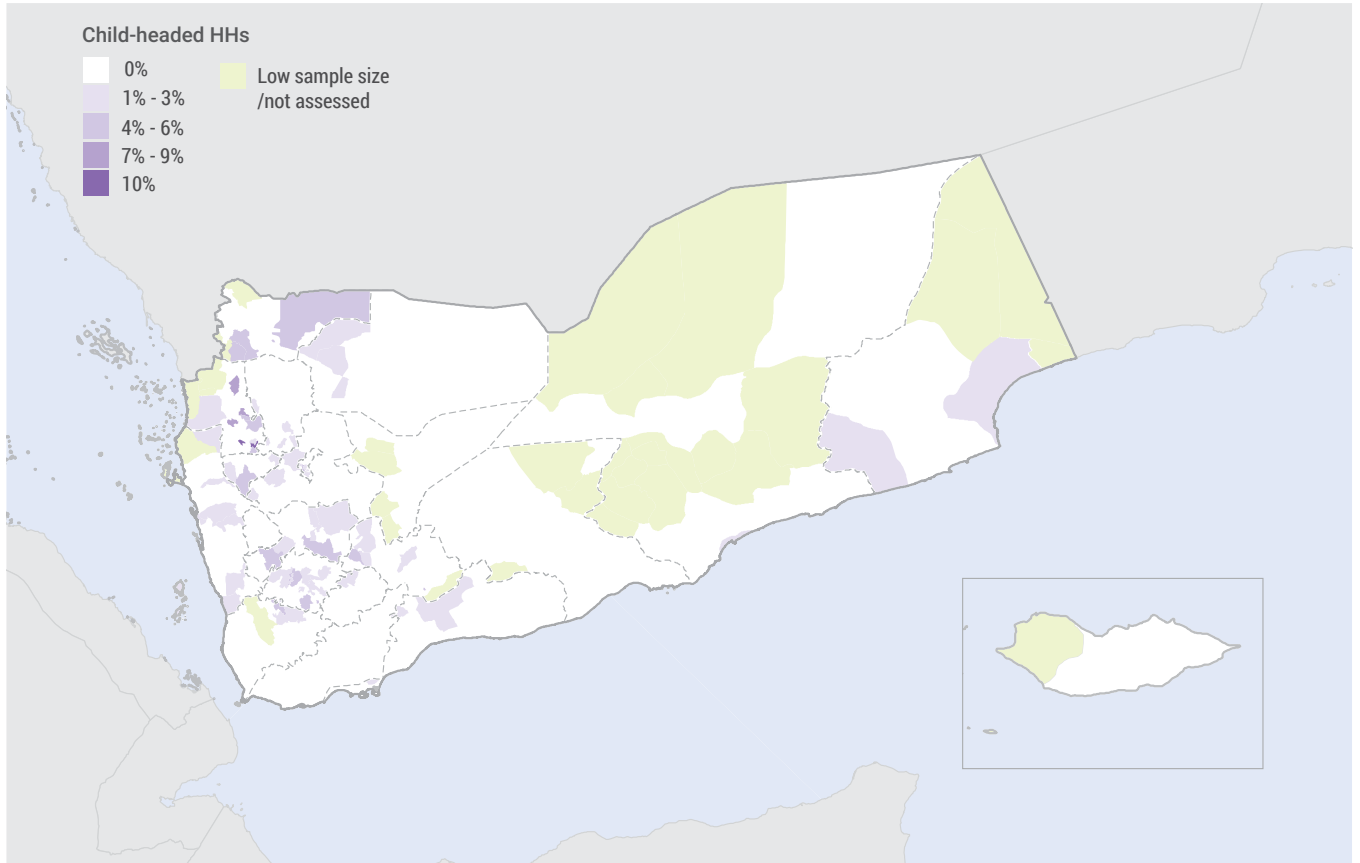
Map 3: Prevalence of Vulnerable Households



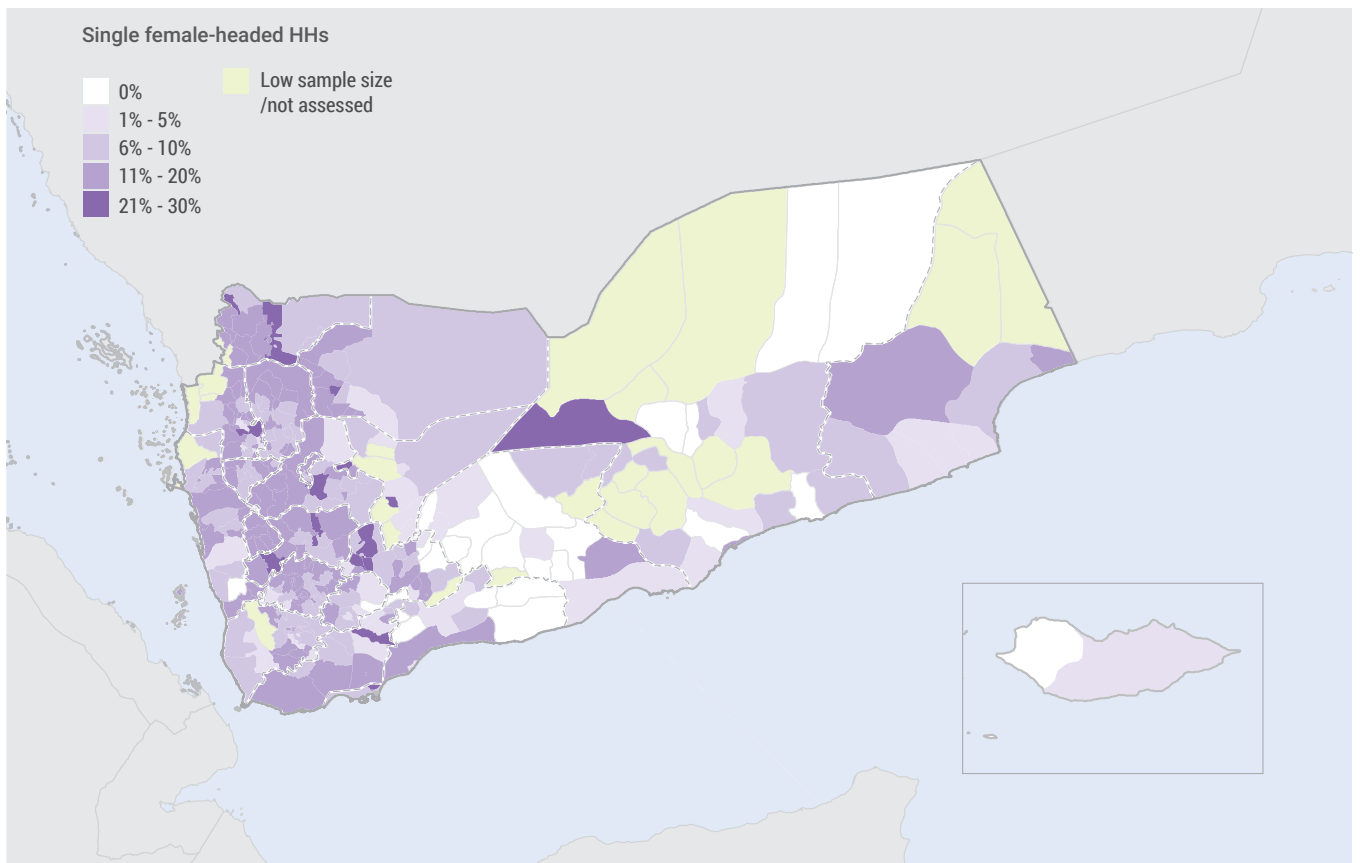
Map 4: Prevalence of Elderly-Headed Households



Map 5: Prevalence of Child-Headed Households



Map 6: Prevalence of Female-Headed Households



3.3. Internally Displaced Persons, Refugees, and Migrants

Yemen hosts the world’s fourth largest population of internally displaced persons. As reported in the 2022 Humanitarian Needs Overview, over 4.3 million people are internally displaced. In addition to this, migration flows remained persisted in Yemen despite the deteriorating humanitarian and protection situation.

The duration of displacement/migration is remarkably high. For instance, IDPs, on average are displaced from their areas of origin for more than seven years. Whereas refugees reported that they left their homes 13 years ago, on average. The average duration for migrants was reported as 4.2 years.

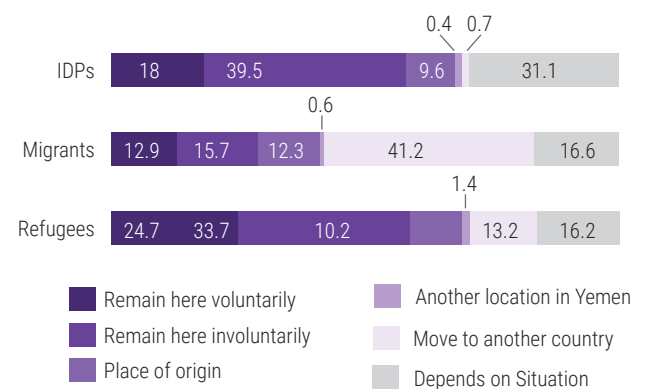
During this time, those households had to relocate multiple times, either due to security situations or in search of better opportunities. During the assessment, one-third of the IDPs reported that they were displaced more than once. Some 22 per cent of households reported that they were displaced twice, 8 per cent were displaced three times and 2 per cent were displaced more than three times. For refugees and migrants, 52 per cent changed their locations once, 25 per cent changed twice and 20 per cent relocated three or more times.

When asked about their intentions for the short term, most of the IDPs and refugees either opted to remain in their current location, either voluntarily or involuntarily. Around 31 per cent of IDPs were uncertain about their possible movement and stated that it depends on the situation. However, every four out of ten migrant families preferred to move to another country.

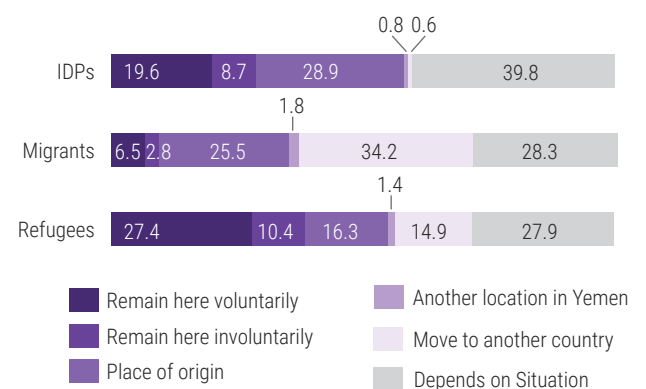
When asked about longer-term intentions, many households preferred to return to their areas of origin. For example, for IDPs, only 9.6 per cent of the households preferred to return to their areas of origin as compared to 28.9 per cent in the long term.

It is pertinent to note that around 20 per cent of IDPs and 27 per cent of refugee households preferred to remain in the areas of displacement in long term. In line with the durable solution framework, these households may need assistance for local integration in long term.

MOVEMENT INTENTIONS - SHORT TERM



MOVEMENT INTENTIONS - LONG TERM

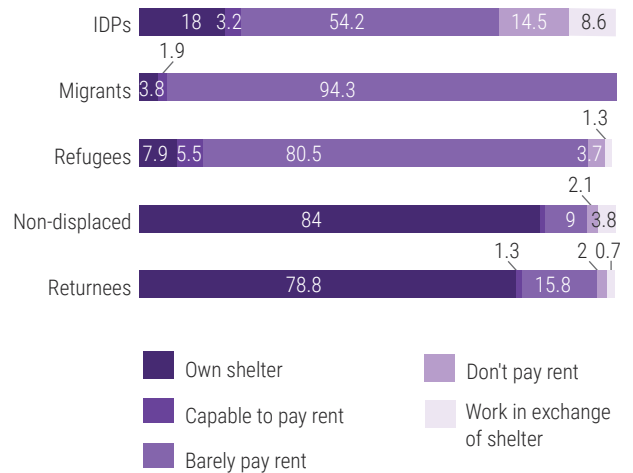


3.4. Shelter and Non-food Items

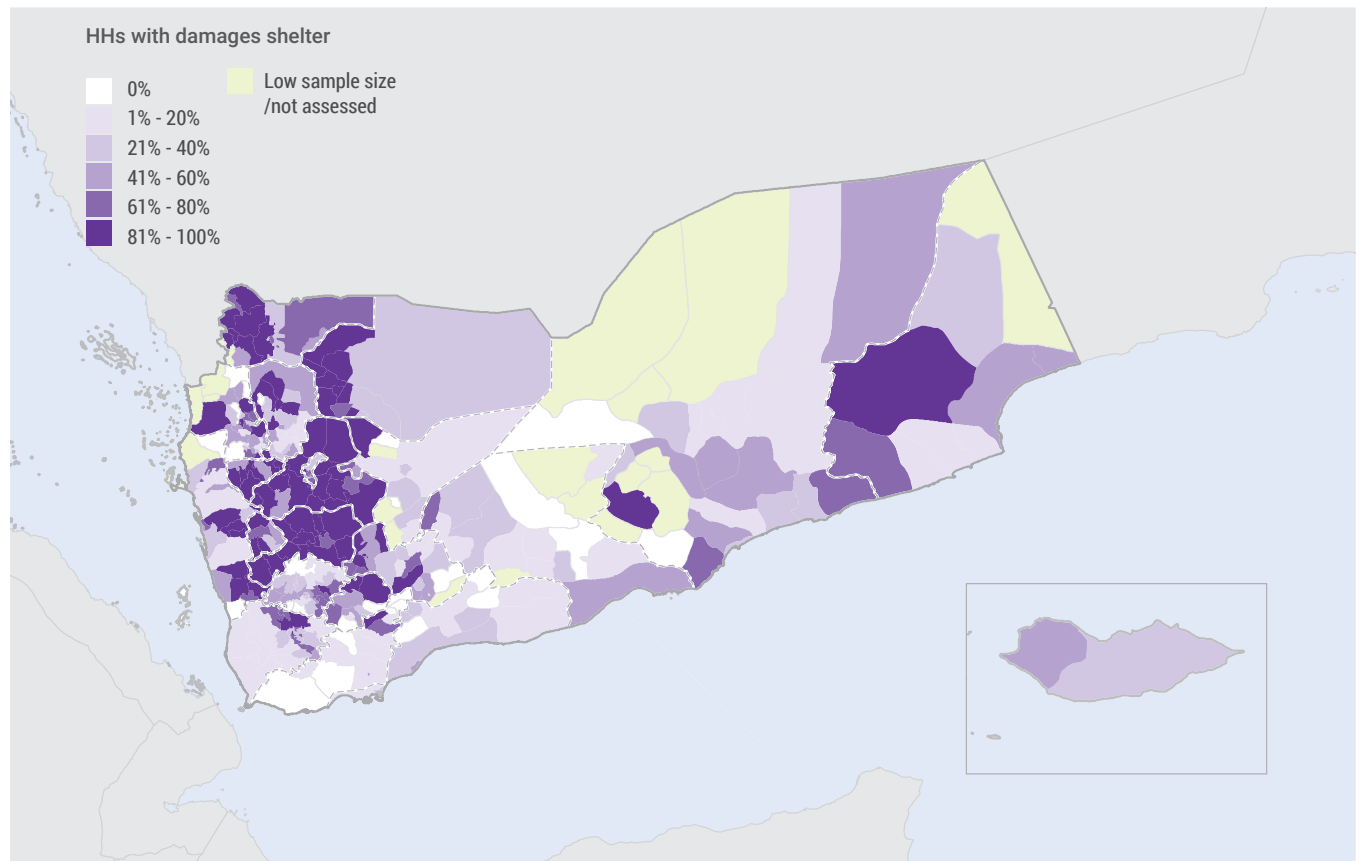
MCLA covered key issues related to shelter and access to non-food items. As per the findings of the assessment, the majority of the non-displaced people and returnees own houses and don't need to pay rent. However, most of the refugees, migrants, and IDPs have to pay rent, although they faced difficulties in managing the money. Specifically, 94 per cent of the migrants reported that they barely pay the shelter rent.

Although non-displaced households and returnees do not face much of rental issues, they reported damages to their shelter infrastructure. Some 57 per cent of the returnees and 44 per cent of the non-displaced household reported that their shelters are damaged and need repair. More than 95 of those households are

ABILITY TO PAY HOUSE RENT



Map 7: Households with Damaged Shelter



unable to repair their houses either due to unavailability of repair material or due to affordability constraints.

In addition, 45 per cent of the IDPs, 26 per cent of the refugees and 15 per cent of the migrants also reported shelter damage, most of them unable to repair it. Damages to shelter infrastructure were also recognized and reported by the enumerators through direct observations during the assessments.

Respondents also highlighted housing, land and property issues. Around 11 per cent of the households reported that they are facing some dispute regarding ownership of their property. 2.6 per cent reported that their property was occupied unlawfully. Some 13 per

of the households reported that they don't have proper documentation for their properties which potentially cause issues in the future. In addition, 25 per cent of the households reported that they don't have access to their properties at the moment. More than half of the households highlighted that they fear the threat of eviction from their residences.

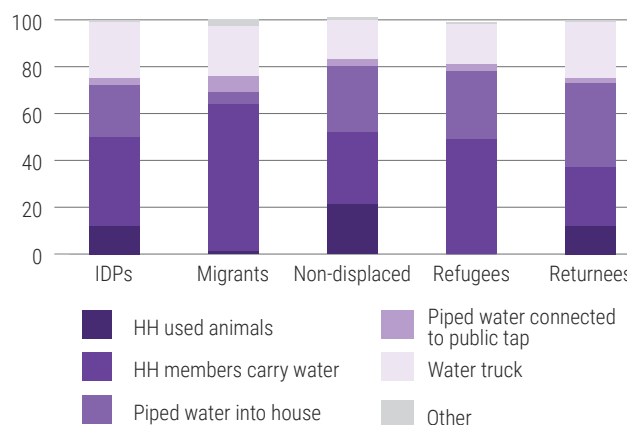
When asked about sufficient non-food items, more than 80 per cent of the households reported that essential items are available in nearby markets, but households are unable to afford them as per their needs.

3.5. Water, Sanitation, and Hygiene

Water scarcity in Yemen is far worse than that of any other country in the region. As per the water stress ranking conducted by World Resources Institute (WRI) in 2019, Yemen ranked on 19th position globally and ranked as a high-stress country.² Access to safe drinking water and sanitation services was further restricted after the conflict.

As per the findings of MCLA, only one-third of the households in Yemen have to access drinking water from unsafe sources including surface water, unprotected rainwater, or unprotected spring/well. When asked about the means of transporting water, one-third of the households reported that household members carry water into the house. Some 27 per cent of households have piped water into the house, 21 per cent relied on water trucking and 14.5 per cent used animals such as donkeys to carry water into the house. Water trucking was more common among IDPs and returnees, where around 25 per cent of the households relied on expensive water trucking which eventually affect the spending on water. On average, one

MEANS OF WATER TRANSPORTATION

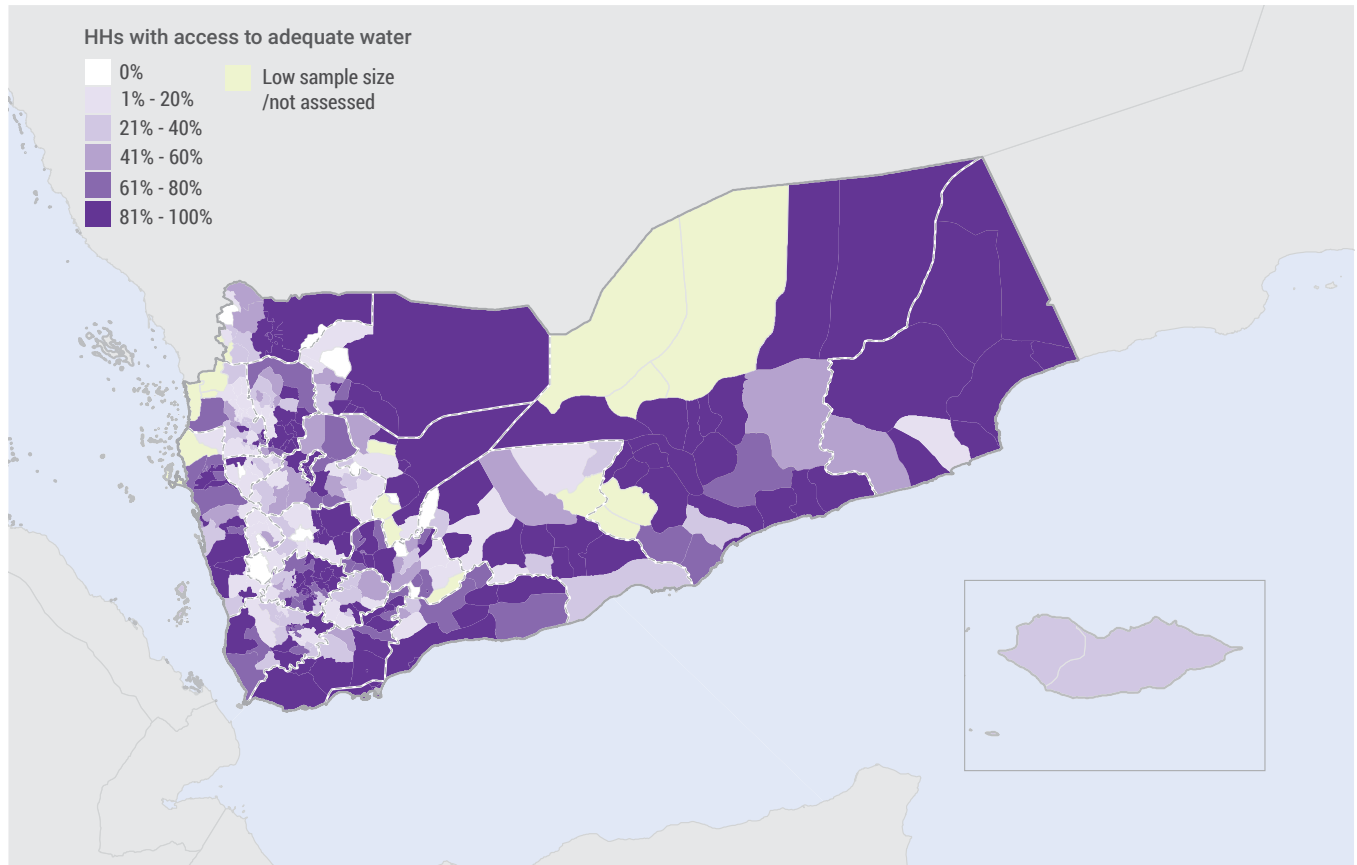


household spend YER3,400 on water. Relatively higher spending was reported by the returnees (YER3,910) and non-displaced households (YER 3,880) per month.

As only 25 per cent of households have a water source available within the house, the remaining have to go outside to fetch water. They require significant time to

² <https://www.wri.org/water/water-security>

Map 8: Households with Access to Adequate Water



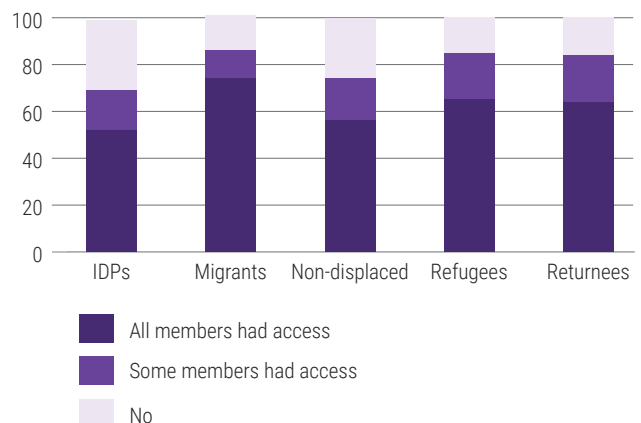
go, fetch water, and come back. Some 55 per cent of the households reported that they require more than 30 minutes to fetch water. As reported, 80 per cent of the households have no means to treat the drinking water.

When asked about water-related issues, 28 per cent of the households reported that the high prices of water was their main concern. Some 24 per cent reported that the distance to the water point was long and 23 per cent reported that water quantity was not enough. Some 15 per cent complained about water quality and reported that drinking water was not safe clean.

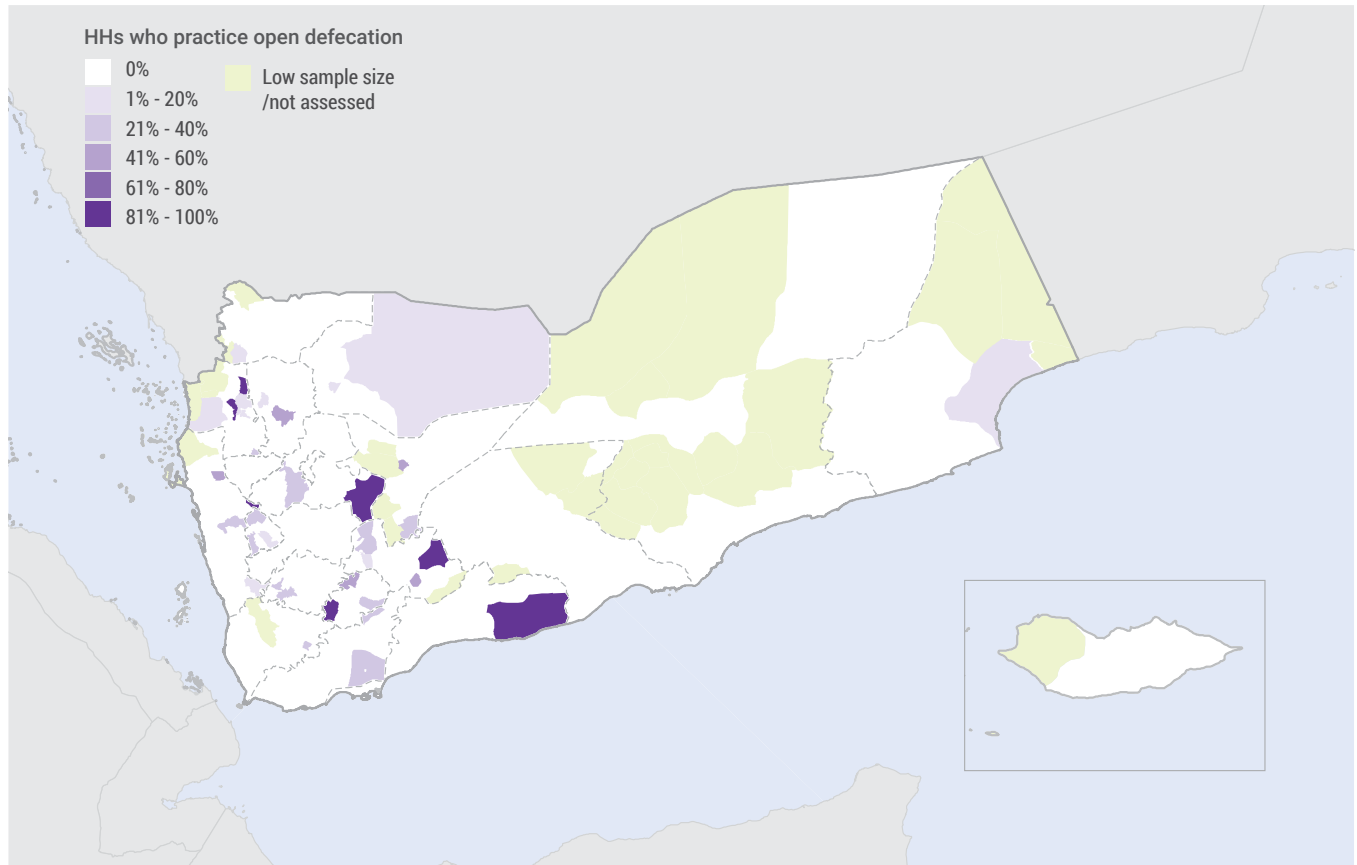
When asked about access to a sanitation facility, 57 per cent of the households reported that all the members of the household have access to a functional latrine. Some 18 per cent of households reported that some members have access and 25 per cent of households had no access to the functional latrine. The ratio of households without access to a latrine was higher among IDPs where 30 per cent of IDP households reported no access. In addition, 85 per cent of those who had access to the latrine, reported that they access a private

dry latrine. Whereas 9 per cent, mostly refugees and IDPs, had to use shared latrines. Enumerators, through their direct observations, reported that 45 per cent of the households had access to flush latrine connected to a sewer system. In 18 per cent of the cases, flush latrines were connected with open drainage. Some 10 per cent of the households has dry latrines, and 8.5 each had pit latrines with and without slabs. Enumerators also observed the condition of latrines

ACCESS TO FUNCTIONAL LATRINE



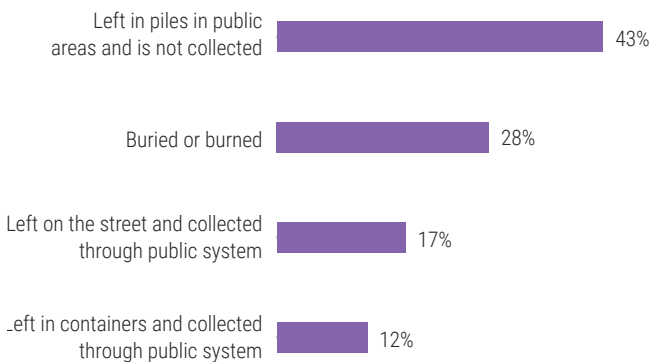
Map 9: Households Reported Open Defecation Practice



and reported that in 81 per cent of the cases, latrines were functional. However, in half of such cases, latrines were dirty. Enumerators also observed that only 29 per cent of the households had water and soap available for hand washing at the time of the interview. Migrants were most exposed as only 3 per cent of the migrant households had water and soap available.

When asked about garbage management, 43 per cent of households reported that there was no mechanism to properly collect and dispose of the garbage. They left the garbage in public areas, which is not collected by anyone, and piled up day by day. In 28 per cent of the cases, households burn or bury the garbage. Burying garbage may cause environmental degradation and is considered an improper method to dispose of garbage. For the remaining 29 per cent of the households, garbage is being collected through the public service system

WASTE DISPOSAL METHODS



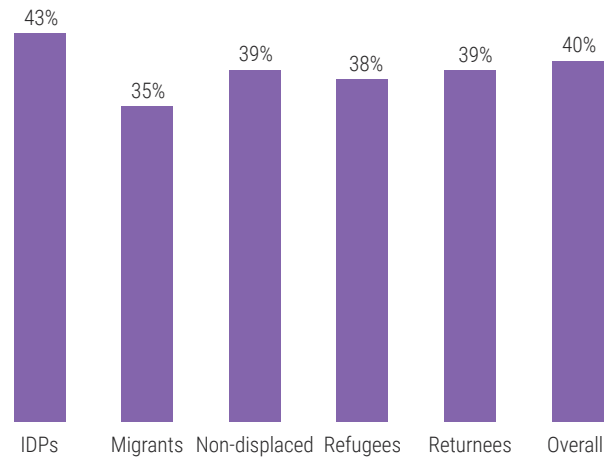
3.6. Education

The education sector has been affected not only due to years of conflict and economic decline but also due to the COVID-19 pandemic. At the time of the survey, reportedly 40 per cent of the school-aged children were not going to school. The ratio of out-of-school children was slightly higher among IDPs where 42.5 per cent of the displaced children were not going to school. The proportion of out-of-school children was relatively less among migrants and refugees because 25 per cent of migrants and 22 per cent of refugee households reported that there was no school-going child in their household at the time of the interview. In addition, some 14 per cent of the children of eligible age were never enrolled in school.

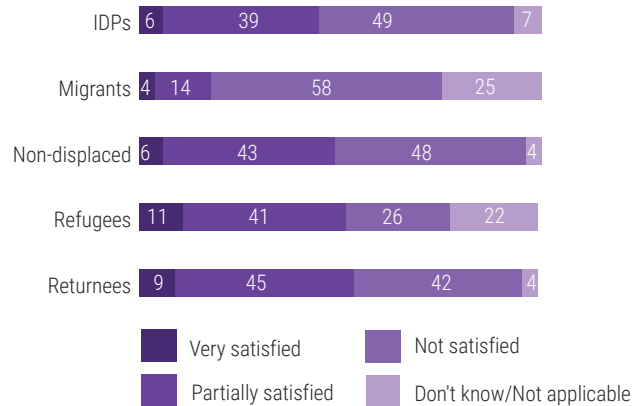
For the children of eligible age but not attending school, household heads reported multiple social and economic barriers affecting the enrollment of the children. More than 90 per cent of such parents reported that they cannot afford the education expenses of their children. Two-thirds also added high transportation costs as one of the major concerns for them. A similar proportion (66 per cent) reported that their children were working to support their families. This includes both, child labour and the engagement of children in household chores.

Those who enrolled their children for formal education were largely not satisfied with the quality of education provided to their kids. Overall, 46 per cent of the households were not satisfied at all with the quality of education. Another 42 per cent were partially satisfied. Only 6.5 per cent of the households were satisfied with the quality of education.

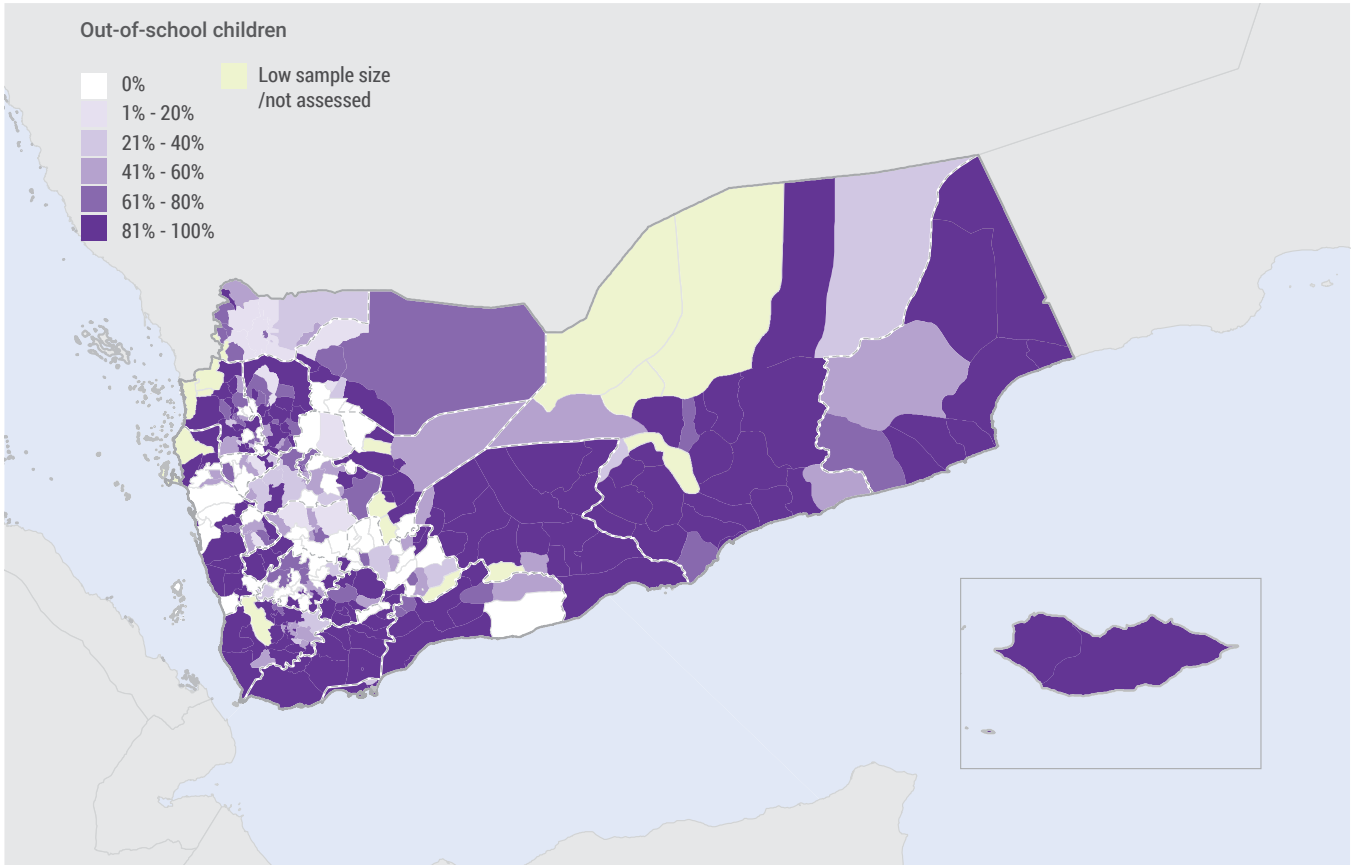
PROPORTION OF OUT OF SCHOOL CHILDREN



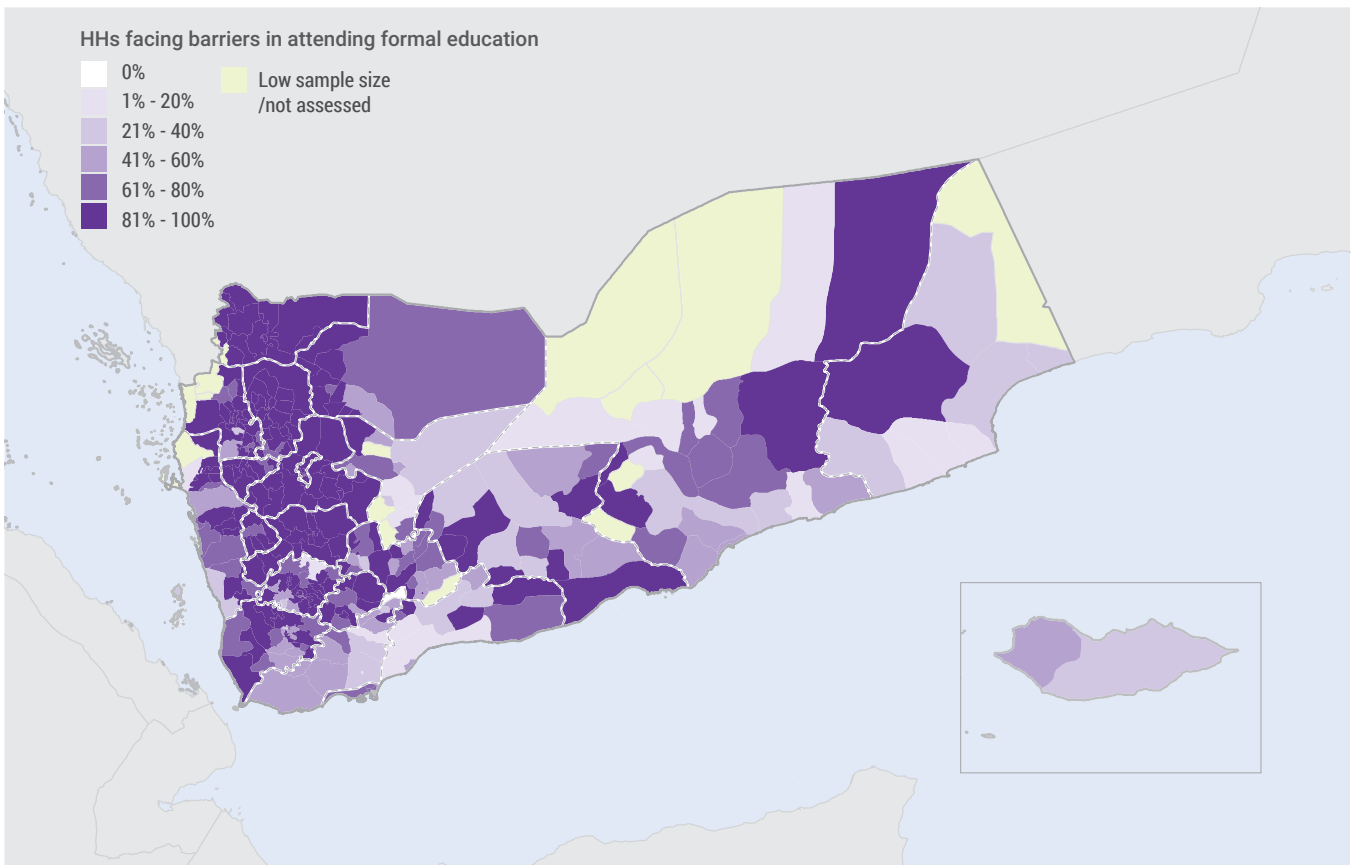
HOUSEHOLDS SATISFIED WITH QUALITY OF EDUCATION



Map 10: Percentage of Our-of-School Children



Map 11: Households Reported Barriers for their Children in Attending Formal Education



3.7. Health

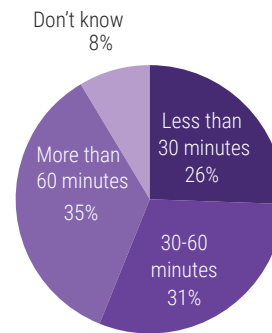
At the time of the survey, 70 per cent of the responding households reported that at least one member of their household got sick during the past 60 days, and a vast majority of them (89 per cent) were able to receive some kind of medical treatment. Two-thirds of households needed more than 30 minutes to reach the health facility. 35 per cent even needed more than 60 minutes.

Along with the long distances to the health facility, availability of the required type of service and affordability are major issues for the vulnerable Yemeni households to receive quality health assistance. Around 80 per cent of the respondents reported that they had to pay at the health facility to get the required medical service. The amount paid by the households was reportedly very high, at YER 43,800, on average. Comparing the vulnerable groups, migrant households paid significantly higher amounts for health services as compared to other groups (YER 49,900 paid by migrants as compared to the average amount of YER 43,800).

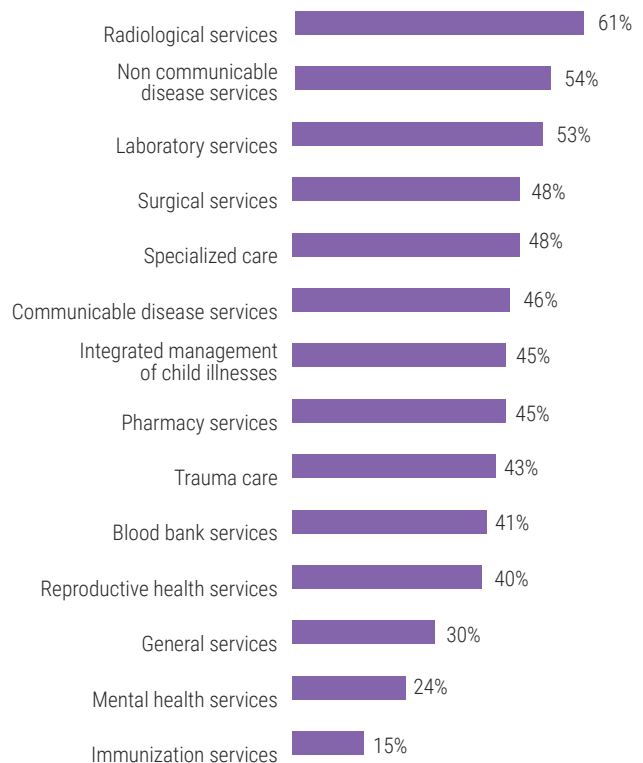
Even after paying this amount, households were not satisfied with the service provided and 83 per cent of the respondents reported that health care service did not meet the needs of the household. In contrast, refugees paid less for health service (YER 34,800 on average) but the satisfaction level with health services was significantly better than other groups (26 per cent of refugee households were satisfied as compared to 13 per cent on average).

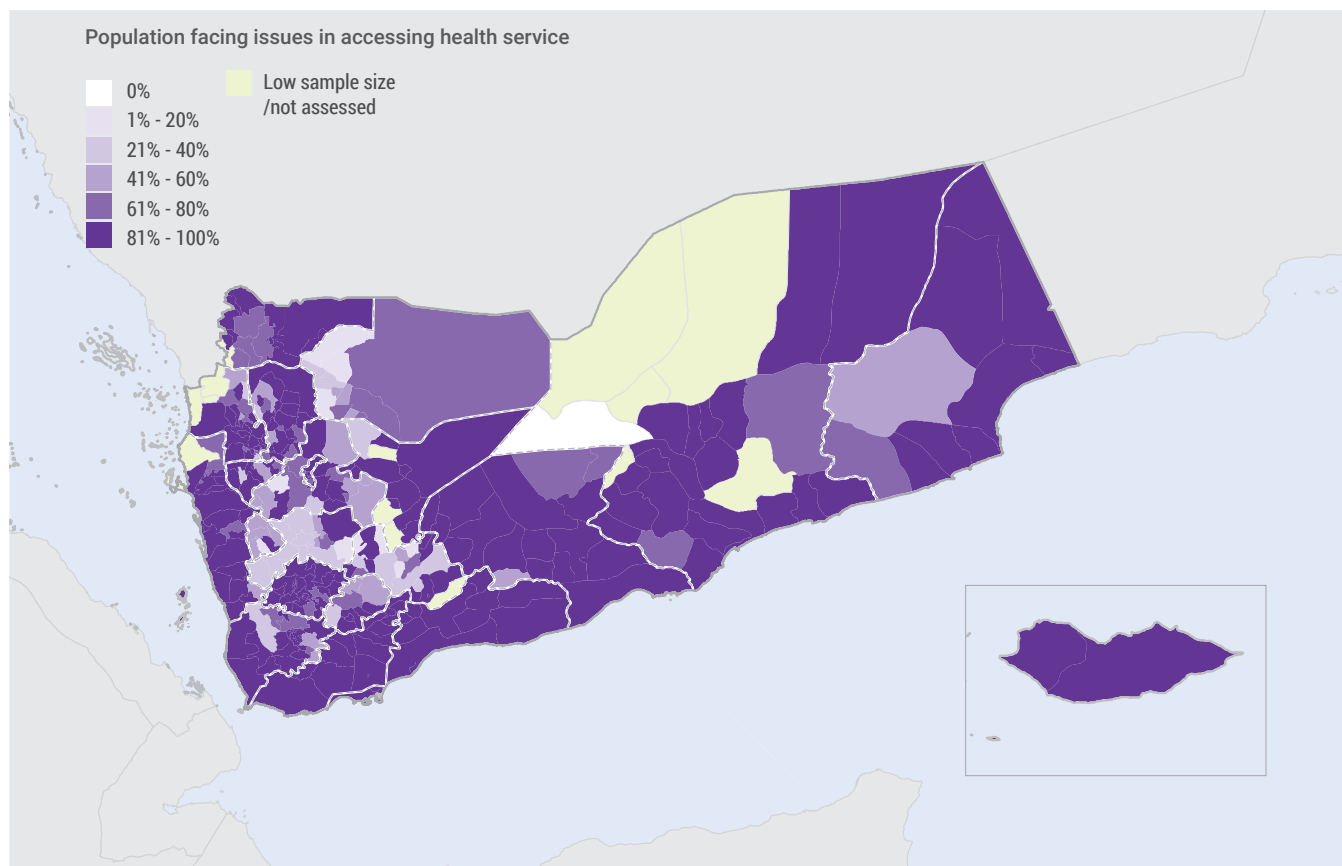
When asked about the health care services that were required by the household and were not available at the health facility, respondents mentioned radiological services, non-communicable disease services, laboratory, surgery, and specialized care services among the top five required services.

TIME REQUIRED TO ACCESS HEALTH FACILITY



HEALTH SERVICES NOT AVAILABLE



Map 12: Households Facing Issues in Accessing Health Service

Those households, who required medical assistance but were not able to get the service reported physical access to the facility as a key constraint. More than 90 per cent of such households either reported that the health facility was too far, transportation was not available, or the household was not able to bear the transportation cost. Due to such constraints, households had to adopt multiple negative coping strategies including using traditional medicine or homemade remedies, reducing food or education expenses, selling assets, borrowing, or at worst, not treating the disease at all.

Only 6.5 per cent of the households reported that any of the women in their households give birth in the past 90 days. More than half of those births were delivered at home, either alone or with the help of unqualified female or traditional midwives. 36 per cent of the households reported delivering at a health facility. The cost associated with delivery cases was reportedly very high; on average, one household spent YER 100,000 for such services.

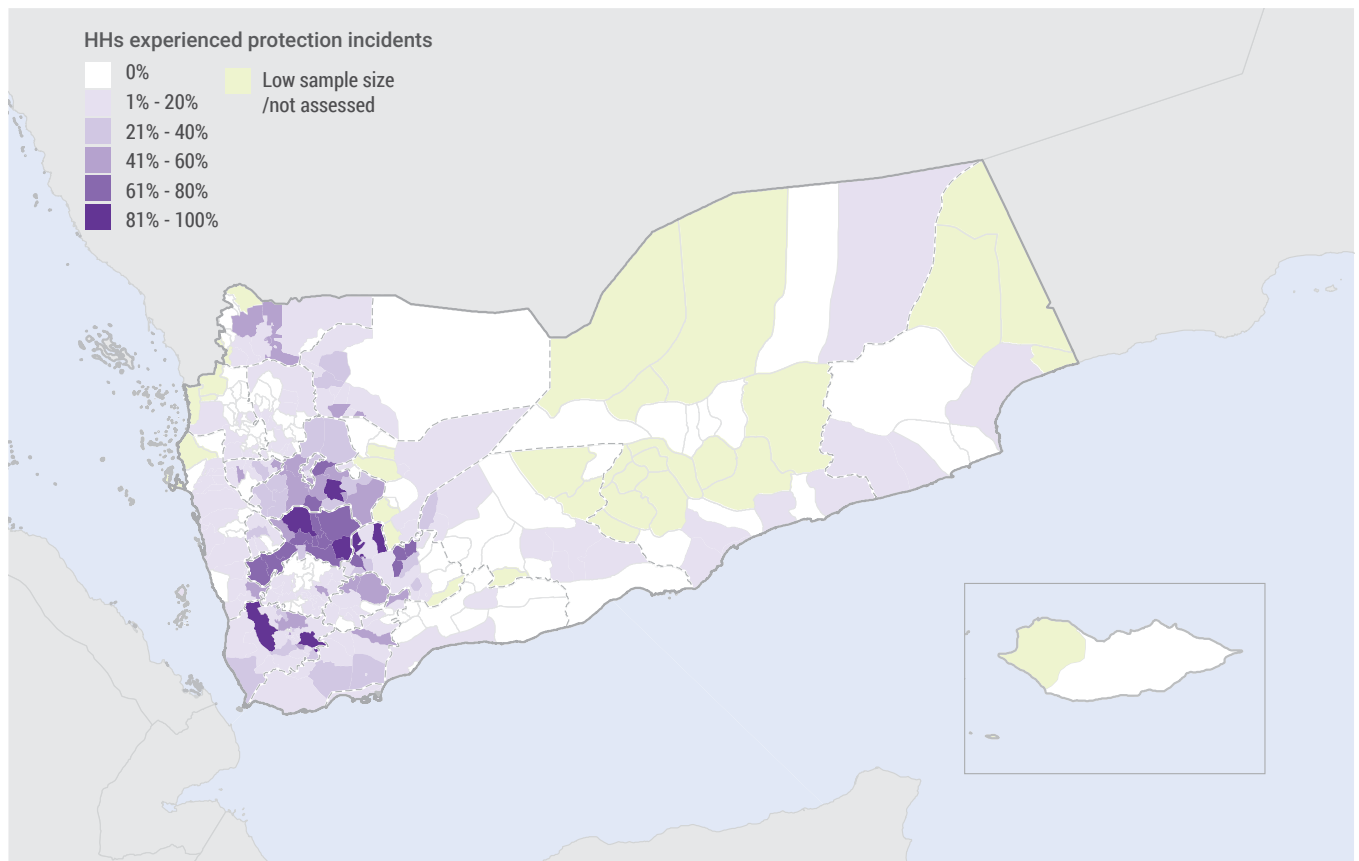
3.8. Protection

Around 15 per cent of the households reported that they have faced some type of abuse, including abuse resulting from war or exploitation. The proportion of the people who faced abuse was slightly higher among refugees (24 per cent) followed by IDPs (19 per cent).

Those who faced abuse mostly reported this incident to the local authorities or police. Less than half of them (47 per cent) also raised it with community leaders. 30 per cent of such persons asked their families and 22 per cent asked their friends for support.

When asked about the availability of protection services in the community, 44 per cent of the households reported that no protection service was available to them. 34 per cent mentioned that they can access legal assistance to get justice. 16 per cent were able to access medical support and alarmingly, only 8 per cent of the households reported access to psycho-social support. Households also highlighted several constraints in accessing the protection services including unavailability of required services, cost to access the service being high or service being difficult to access.

Map 13: Households Experiences Protection Issues





AS SAWADIYAH , AL BAYDA

A female-focused group discussion at a collective IDP site in As Sawadiyah district, Al Bayda governorate under Relief and Development Peer Foundation (RDP) project "Life-saving Response Project in Food Security."

A separate question was asked from IDPs, migrants and refugees regarding the availability of women-specific protection services, especially for widows, divorced or elderly women. Half of the respondents reported that no specific women related service was available in the community. 15 per cent households mentioned that such women can access justice or legal support, 13 per cent reported access to healthcare and only 8 per cent reported access to psycho-social support.

When asked about child safety, some 5 per cent of the households reported that their children are engaged in such activities that requires the use of dangerous tools such as knives or heavy machinery.

3.9. Livelihood

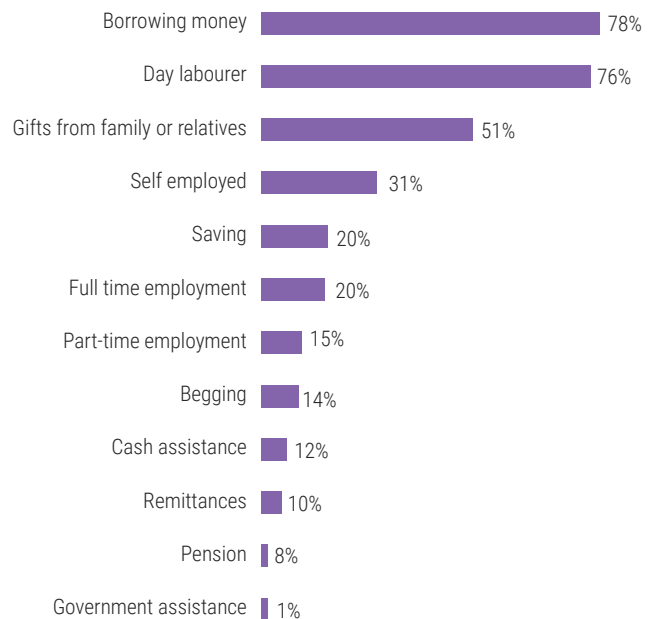
Households in Yemen have to rely on multiple income sources to fulfill their basic needs. However, access to stable income source remains a challenge, and in most cases, households have to rely on unstable sources. For instance, in 75 per cent of the households, at least one household member was engaged in day labourer activities for 30 days prior to the assessment. In the context of Yemen, day labouring was one of the least unsustainable income sources. Reliance on day-labouring was significantly higher among migrants and IDPs as compared to other population groups, 86 and 81 per cent respectively as compared to 75 per cent on average.

Every three out of four households borrowed some money a month prior to the assessment to fulfill their basic needs. Half received gifts from friends, relatives, or fellow community members and at worst, 14 per cent were engaged in begging. Begging was significantly higher among migrants (50 per cent of the households) and refugees (28 per cent of the households).

Only 20 per cent of the households have at least one member with full-time employment and 31 per cent have self-employment opportunities. In addition, 10 per cent of the households also receive remittances. Full-time employment was reported mostly by returnees (27 per cent) or non-displaced people (23 per cent). Migrants and refugees have minimal employment opportunities and have to rely either on day labouring or on income support from any source.

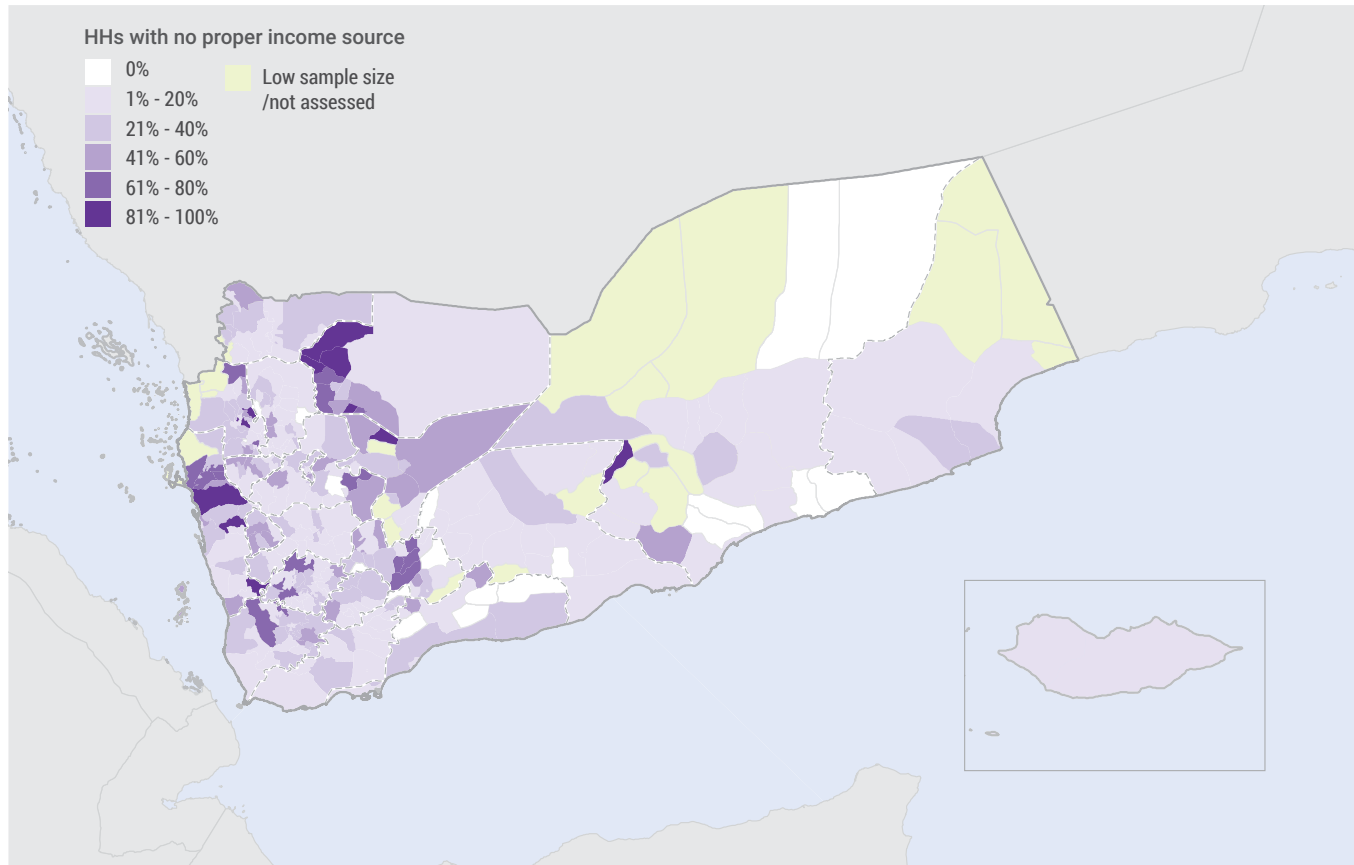
Out of those households who rely on regular employment, 40 per cent reported that they faced several issues including limited opportunities on the job market, their skills are no longer required in the markets, or lack of livelihood assets.

SOURCE OF INCOME DURING PAST 30 DAYS



Some 62 per cent of the households reported that they faced challenges in accessing the market. When asked about the challenges they face, they mentioned, long distances to the markets were reported by 96 per cent of those households. Following to this, high transportation costs, lack of fuel availability or lack of transportation were reported by the majority of households. Damages to the roads to market or to markets itself was also reported by 59 per cent and 31 per cent households respectively.

Due to abridged income levels and reduced income sources, households adopt negative coping strategies. During the assessment, three out of four households reported that they had to adopt a negative coping strategy in the past 30 days. The most common coping strategy was to purchase food on credit. More than 80 per cent of households reported adopting this coping strategy during the last month. In addition, 57 per cent of households reported reducing spending on

Map 14: Households with No Proper Income Source

basic needs. Reducing transportation expenses was also one of the major activities, considering the fuel shortage at the time of assessment. Looking for an additional income source, eating with other families due to lack of food at home, spending savings, and selling necessary domestic and productive assets were among key coping strategies. Begging as one of the coping strategies was slightly higher among the migrants. Some 15 per cent of the migrant reported begging including begging by a child as a coping strategy, as compared to 3.7 per cent on average.

As highlighted earlier, vulnerable households in Yemen have to borrow money to meet their needs. A high level of borrowing highlights the income deficit compared to the necessary spending level. However, sometimes, the most vulnerable segments of the community are even unable to access the debt due to their inability to pay back the debt. In such cases, less borrowing highlights their vulnerability contrarily.

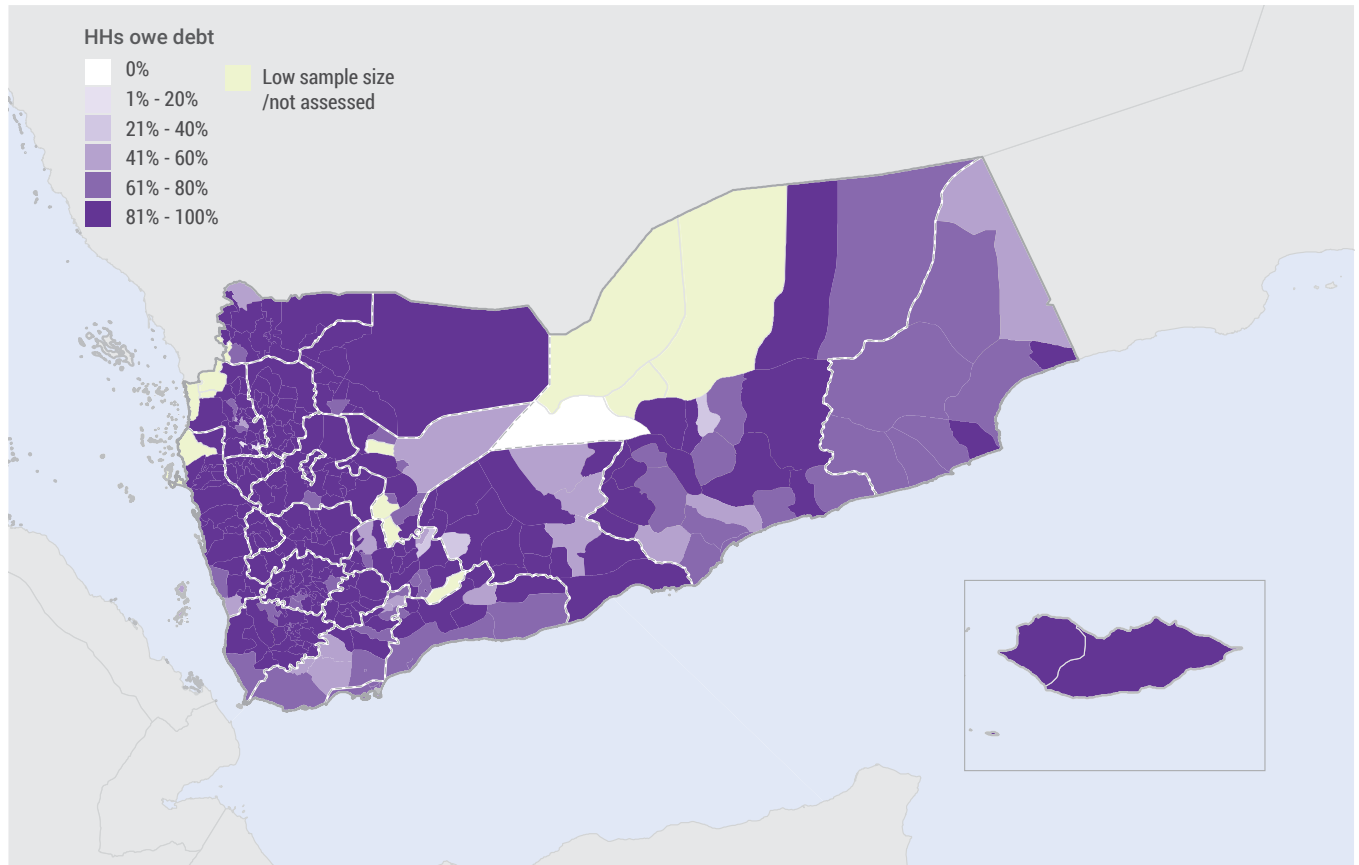
As per the finding of MCLA, 87 per cent of the households have to repay some debt. Borrowing was

significantly higher among IDPs, 91 per cent of IDP households have to repay some debt. On contrary, only 47.5 per cent of migrants owe some debt. However, this may also indicate their vulnerability due to the above-mentioned reason.

When asked about the reason, most of the households reported that they borrowed to fulfill the basic food needs of household members. Health-related expenditures were the second most important reason. Education, rent payment, purchasing necessary assets, or ceremonies were also the key reasons for the borrowing. Some 5 per cent of households reported that they have to borrow, just to repay the previous debt, highlighting the long-suffering of those households.

Borrowing for food was a common main reason for all population groups. However, subsequent reasons differ for Yemeni and non-Yemeni nationals. Yemeni groups (including IDPs, returnees, and non-displaced communities) reported health and education as the subsequent most important reasons. Refugees and migrants reported rent payments, and, in some

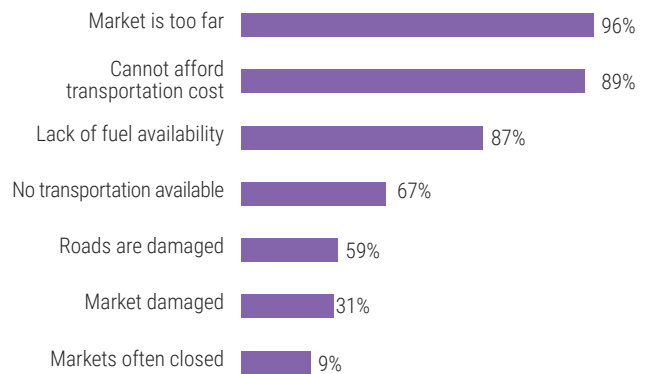
Map 15: Households Who Owe Debt



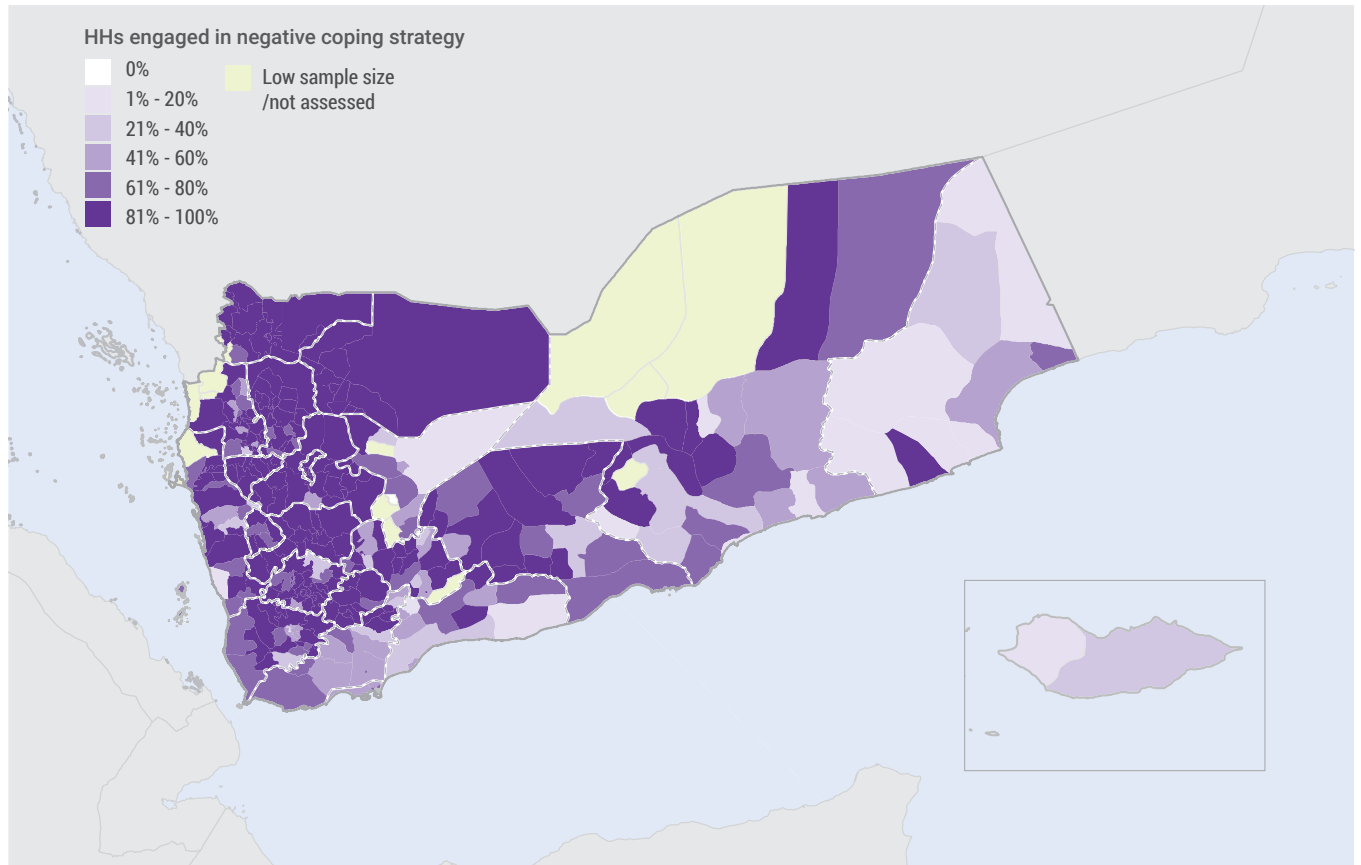
cases, costs related to migration/movement as important reasons.

When asked about primary livelihood-related needs, a majority of the households (57 per cent) preferred to have regular employment. Some 17 per cent of the households asked for business grants, while 14 per cent asked for any agriculture or livestock-related assistance including provision of small ruminants, water for agriculture use, provision of medication, and vaccination for livestock or agriculture inputs.

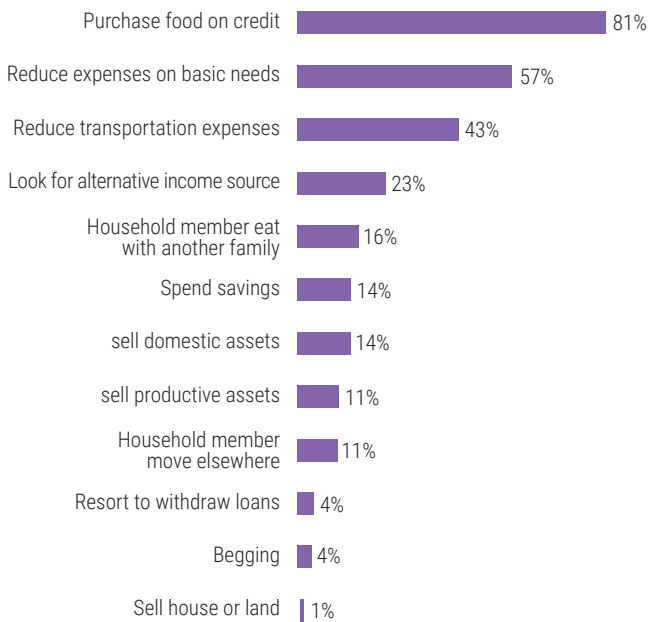
ISSUES IN ACCESSING MARKETS



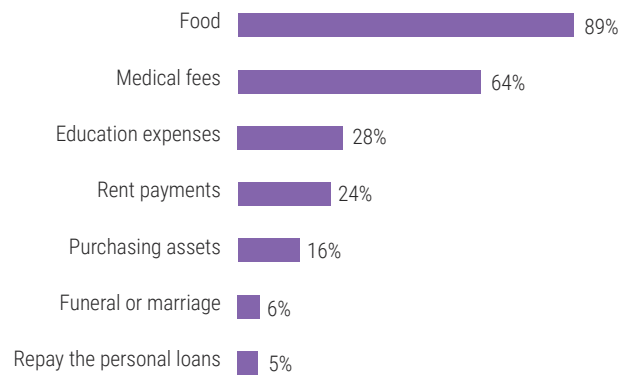
Map 16: Households Who were Engaged in Negative Coping Strategies



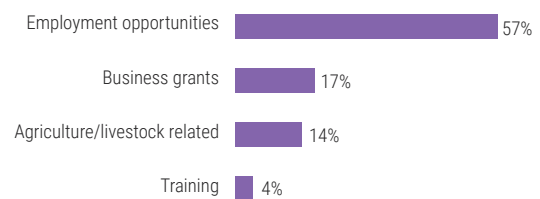
HOUSEHOLDS ADOPTED NEGATIVE COPING STRATEGIES



REASON TO BORROW THE DEBT



LIVELIHOOD NEEDS



3.10. Humanitarian Assistance

When respondents of MCLA were asked about humanitarian assistance received, only 23 per cent of respondents confirmed that they received at least one type of humanitarian assistance during the past 30 days. Among population groups, refugees remain the least assisted. Only 6 per cent of the refugee households confirmed receiving assistance. Migrants were also less assisted as compared to other population groups.

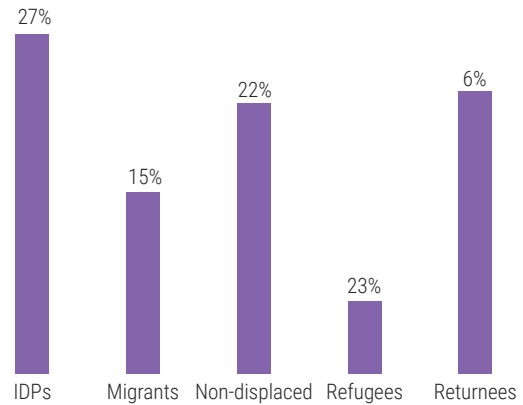
When asked about the type of assistance received, a majority of the aid recipients (89 per cent) reported that they received food assistance. Multi-purpose cash grant and nutrition support was also mentioned. Among the food recipients, most were IDPs. Similarly, for multi-purpose cash assistance, more IDPs were targeted than other population groups.

Most of the aid recipients (85 per cent) reported that they received humanitarian assistance from humanitarian organizations. Around 10 per cent also received some assistance either from host communities or from fellow community members.

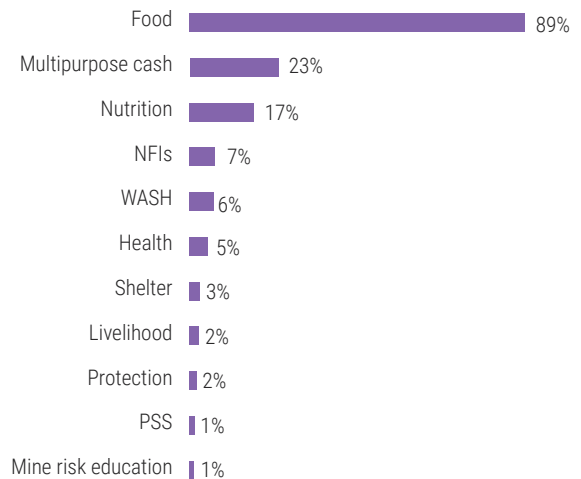
Out of those who received assistance, only 25 per cent was satisfied with the quality of the assistance provided, half were partially satisfied, and the rest -25 per cent - were not satisfied at all. When asked the reason for their dissatisfaction, they stated that either assistance was not enough, or the quality of assistance did not meet their expectations. Some households reported that beneficiary selection criteria were not fair, the assistance provided was not relevant to their needs, or assistance was not delivered on time.

For those households, who were not able to access humanitarian assistance, only 1 per cent reported that they were well-off and did not need assistance. Lack of information about humanitarian assistance was reported as the most significant reason. Some 39 per

PER CENT OF HHS RECEIVED AT LEAST ONE TYPE OF HUMANITARIAN ASSISTANCE DURING PAST 30 DAYS

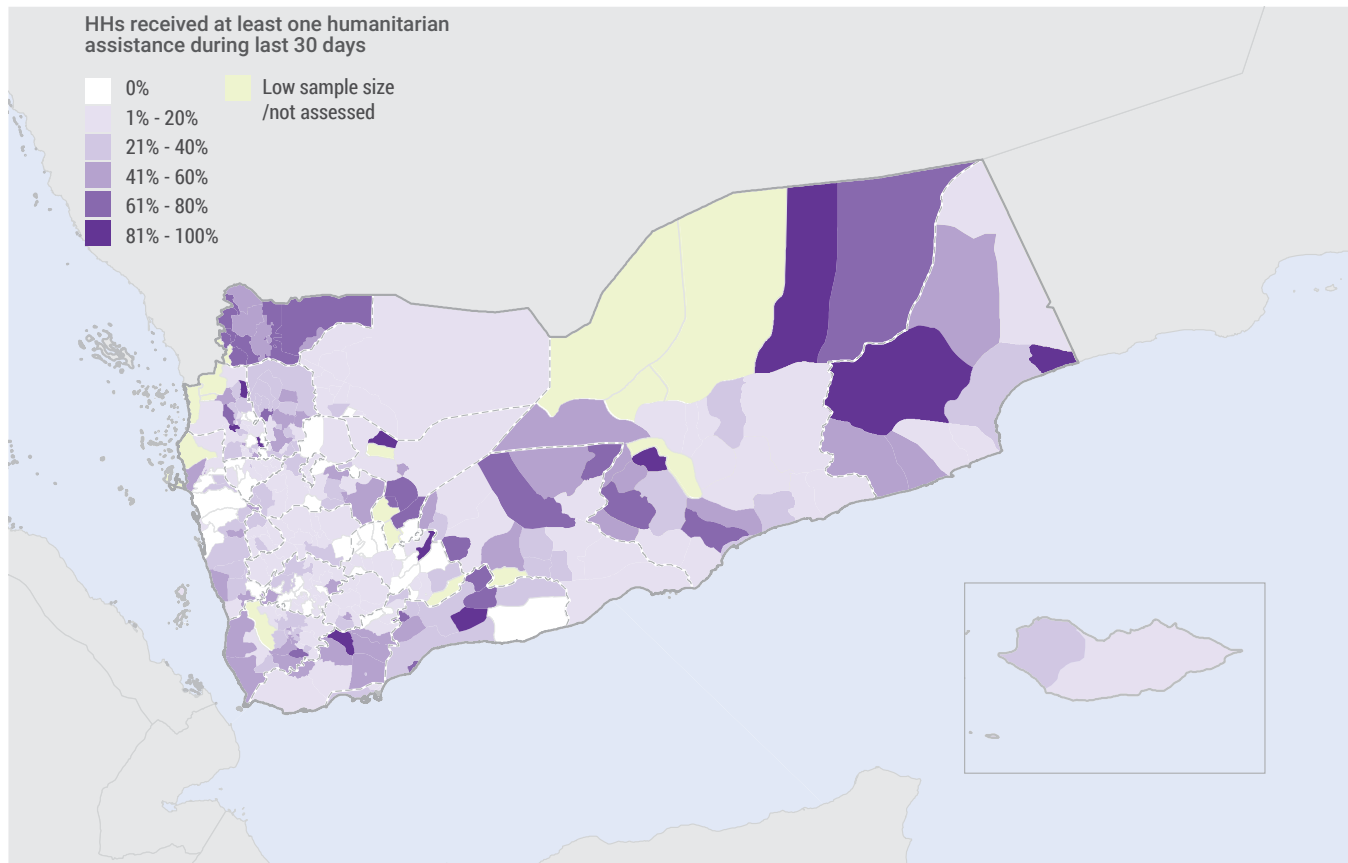


TYPE OF ASSISTANCE RECEIVED



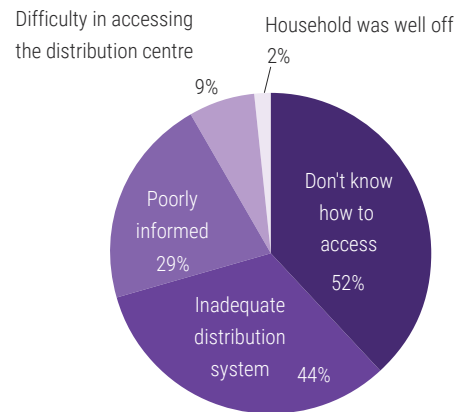
cent of those households who didn't get the assistance reported that they did not know how to access the assistance. In addition, 32 per cent were poorly informed; and 21 per cent claimed that the distribution system was inadequate. While 7 per cent faced difficulty in accessing the distribution center.

Map 17: Households Received At least One Humanitarian Assistance During Past 30 Days



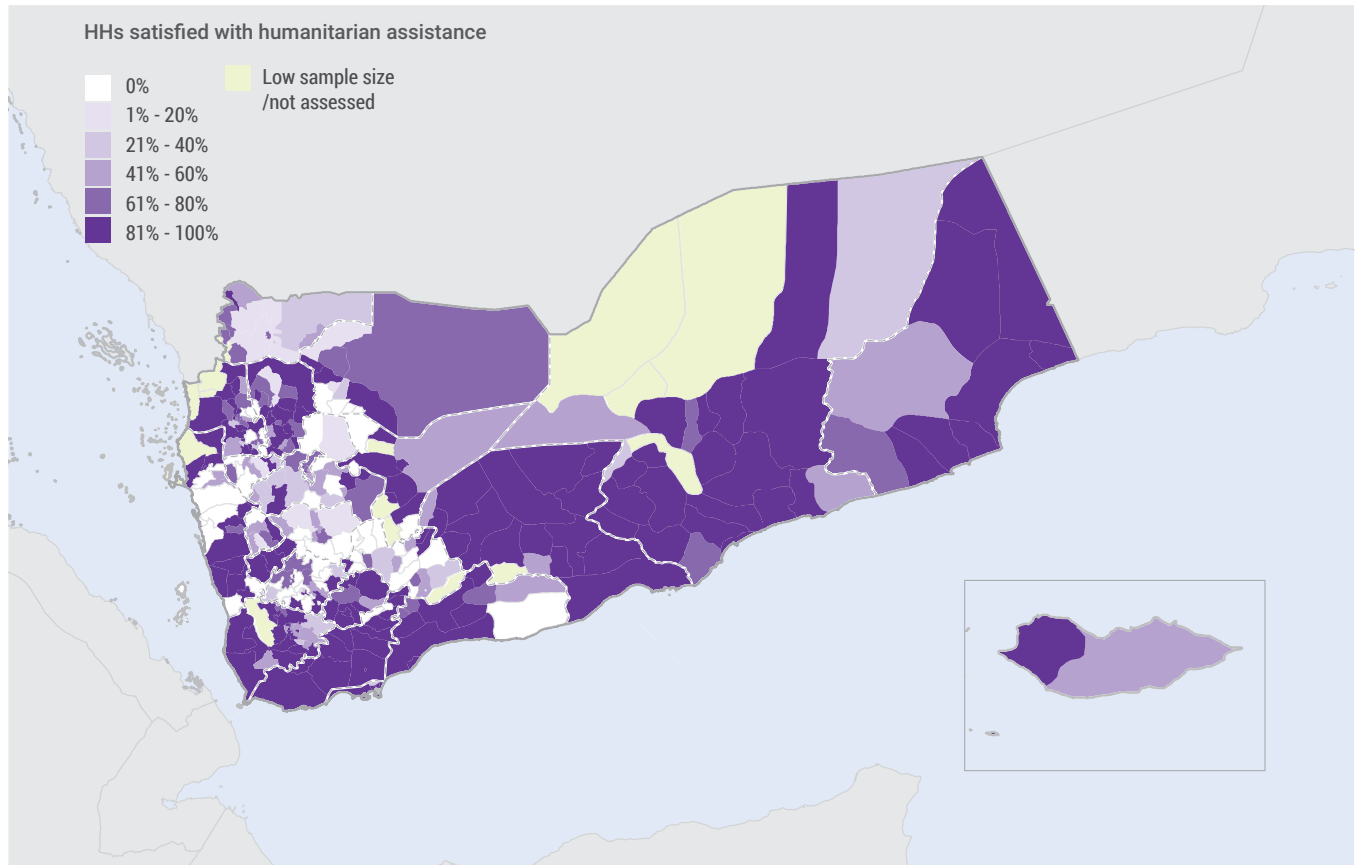
The communication gap (lack of information and being poorly informed) was reported as the most important factor for not getting assistance. Therefore, 82 per cent of the households highlighted that they need more information from agencies about humanitarian assistance. Migrants and refugees appeared more unaware about the humanitarian assistance. Mostly, they needed information regarding how to get registered for assistance or how to access the assistance itself. Some 10 per cent also highlighted that they need information about complaints and feedback mechanisms.

REASON OF NOT GETTING ASSISTANCE

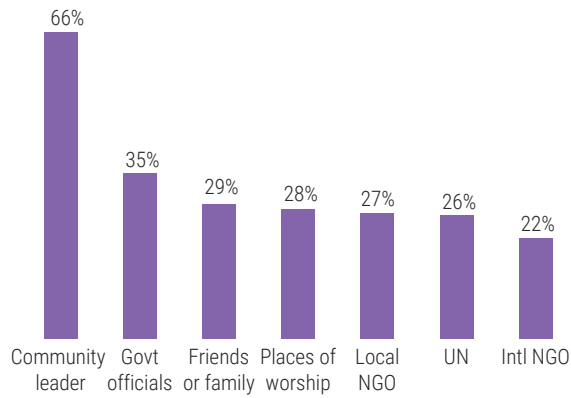


Preferred channels to receive information from humanitarian organizations include community leaders (66 per cent of the households), government officials (35 per cent), or directly through humanitarian organizations. More than half of the respondents (51 per cent) preferred to receive direct SMS. The remaining preferred either through private meetings or community gatherings. Community gatherings were preferred mostly by the IDPs, non-displaced, or returnee Yemeni households. Whereas migrants and refugees either preferred direct meetings with the beneficiaries or through SMS.

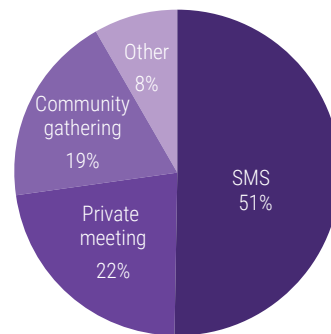
Map 18: Per cent of Households Satisfied with Humanitarian Assistance



PREFERRED CHANNEL TO RECEIVE INFORMATION



PREFERRED MEANS OF COMMUNICATION





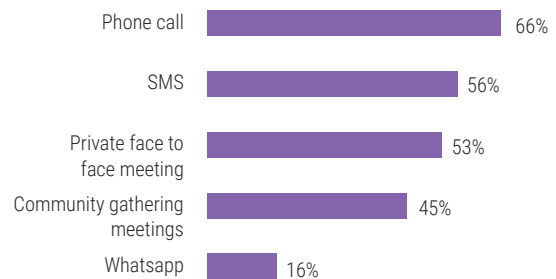
JABAL IYAL YAZID , AMRAN

Interviewing a health worker in Al Sararah rural hospital in Jabal Iyal Yazid district, Amran governorate under the Islamic Relief Yemen project aimed at the provision of secondary health services.

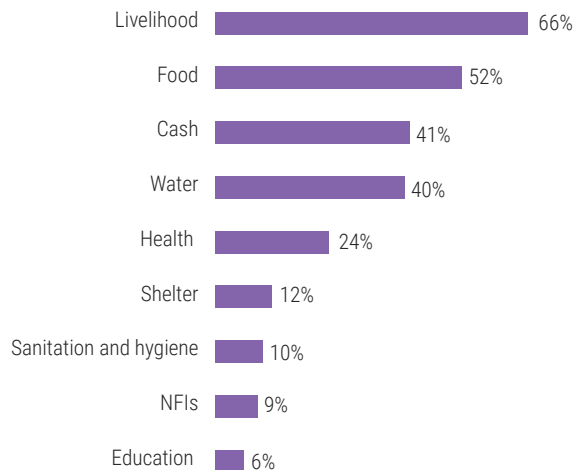
The findings of MCLA also highlighted the issues related to Accountability to Affected Populations. The engagement of beneficiaries in the planning process was low. Only 18 per cent of the households confirmed that they were consulted about their preferences for humanitarian assistance. Similarly, only 11 per cent of the households were aware of the complaints and feedback mechanisms in place. Relatively fewer refugees (4 per cent) and migrants (9 per cent) were aware of the complaints and feedback mechanism.

The preferred channels for complaint and feedback mechanisms include phone calls, SMS, private face-to-face meetings, and community gatherings.

PREFERRED CHANNEL FOR CFM



PRIORITY NEEDS





ADEN, YEMEN

OCHA-HFU field monitoring visit for one of the YHF funded project

3.11. Needs

MCLA findings highlighted the acute pressing needs of the vulnerable households in Yemen. The respondents of the survey were also asked to prioritize the top three needs from all of their needs.

Two-thirds of the households considered livelihood support including job opportunities as one of their top three needs. This shows the commitment of vulnerable households to be self-reliant in the longer term and have their own sustainable income sources. Some 52 per cent of the households considered food as one of

the priority needs, while 41 per cent of the households preferred to receive cash support so that they can utilize the cash for their immediate needs. Cash, in fact, is a modality for humanitarian assistance and not a need itself. It allows beneficiaries to spend it as per their priorities hence it was prioritized by the respondents. Water was also prioritized by 40 per cent of the households.



AS SAWADIYAH, AL BAYDHA

Field Meeting with local authorities and beneficiaries at a collective IDP site in As Sawadiyah District, Al Baydha governorate under Relief and Development Peer Foundation (RDP) project "Life-saving Response Project in Food Security." Photo: UNCHA

4. Conclusion

With the ultimate goal of improving evidence-based humanitarian programming across geographical areas, sectors, and population groups, the MCLA covered nearly all districts in the country and covered five population groups. MCLA findings were fed into Humanitarian Program Cycle. For the 2022 Humanitarian Needs Overview, 18 indicators were based on MCLA. In addition, 8 clusters used MCLA findings in defining the situation overview.

MCLA findings highlighted that refugees, asylum seekers, and migrants are among the most vulnerable segments of society. They live in harsh conditions, face constraints in accessing essential services, and have limited access to humanitarian assistance.

MCLA also highlighted that along with the most pressing life-saving needs, vulnerable communities in Yemen prioritized sustainable livelihood support to progress toward self-sufficient dignified life. Aid

agencies should prioritize early recovery activities along with a focus on humanitarian-development cooperation.

MCLA also provided valuable insight into humanitarian programming. Along with limited coverage, findings highlighted that only one-quarter of the aid recipients were fully satisfied with the provided assistance. Issues around the quantity and quality of humanitarian assistance and beneficiary selection criteria were highlighted. It was also highlighted that in many cases, households were either unaware of the provision of assistance or were poorly informed. The engagement of the affected population in humanitarian programming was reportedly shallow. In addition, only 11 per cent of households were aware of Complaints and Feedback Mechanisms. Findings highlighted the preferred way of communication with communities and should be considered by the aid agencies to engage with the communities.



AL MMAKHA, TA'IZ

A field visit in Al Makha District to monitor FMF FSAC project, August 2021. Photo: Mateusz

5. Lessons Learned

While the extensive scope of the MCLA plays an important role in informing the humanitarian response in Yemen, it is equally pertinent that lessons learned and best practices informed by this exercise are used to enhance assessment exercises moving forward. This includes evidence-based strategic-level decision making related to the Yemen response. Some of the key recommendations for future rounds of MCLA are given below:

- Secondary data used to identify the master locations list for the population group of IDPs and Returnees was outdated. It is important to conduct regular country-wide rounds of “Area Assessment” at least twice a year. It will help to establish an up-to-date list of locations of IDPs and returnees. It will also enhance the quality of the findings for the population groups.
- Sufficient time should be given to every stage of assessment including data cleaning. This is necessary to minimize errors in the data and to increase the validity of the findings
- Continued engagement with the same technical team is necessary for the continuity of initiative and agreed standard operating procedures. Changing

the technical focal persons during the process caused uncertainty and delays in the process.

- The software (MS Excel) used for data cleaning and analysis was time-consuming. Alternative packages open-source technology R and SQL express can be used for data storage, cleaning and analysis.
- Due to the operational challenges, the timeline of the MCLA changed more than eight times. Such challenges need to be addressed in detail to improve timely completion of MCLA activities in the field and to get the findings of MCLA on time.
- MCLA data collection was completed in different periods in the north and south. Ideally, data should be collected in concurrently across Yemen.
- The operational cost of MCLA was too high due to the huge number of field staff. There is a need to review the frame of agreement of MCLA to reduce the cost of MCLA.

The sample size of MCLA was statistically significant at the governorate level and indicative at the district level. In 35 districts, the sample size was quite less and was not sufficient for statistical inferences. District level findings were not presented for such districts.

6.

Annex

Indicators List

#	SECTOR	INDICATOR
1	Demographic section	Household displacement status
2	Demographics (HH roster) / RMMS	Average age of HH head
3	Shelter/NFI/CCCM / RMMS	% of HHs with any damage to their shelter
4	Demographics (HH roster)	% of HHs where one member above 18 is missing any documentation
5	Demographics (HH roster)	% of HHs with pregnant and/or lactating woman
6	Demographics (special needs roster) / RMMS	% of HHs with at least one member having any special need
7	Demographics (special needs roster)	% of HHs with at least one member having special needs (cognition)
8	Demographics (special needs roster)	% of HHs with at least one member having special needs (communication)
9	Demographics (special needs roster)	% of HHs with at least one member having special needs (hearing)
10	Demographics (special needs roster)	% of HHs with at least one member having special needs (mobility)
11	Demographics (special needs roster)	% of HHs with at least one member having special needs (self care)
12	Demographics (special needs roster)	% of HHs with at least one member having special needs (vision)
13	Demographic section	% Respondent with [x] nationality
14	Demographic section	Average HH size
15	Demographic section	% of HH hosting others
16	IDPs/Refugees/Migrants	Number of times IDP HHs have been forcibly displaced since the start of the conflict
17	IDPs/Refugees/Migrants	% of IDP, Refugee, and Migrant HHs whose long-term intention is [x]
18	IDPs/Refugees/Migrants	District of origin for IDP HHs
19	IDPs/Refugees/Migrants	Point of entry into Yemen for Refugees and Migrants
20	IDPs/Refugees/Migrants	Number of times Refugee and Migrant HHs have changed location since departure from country of origin
21	IDPs/Refugees/Migrants	Average number of months IDP, Refugee, and Migrant HHs have been displaced
22	IDPs/Refugees/Migrants	% of IDP/Refugee/Migrant HHs who left their place of origin because of [x]
23	IDPs/Refugees/Migrants	% of Refugee/Migrant HHs with any member(s) who have faced [x] security incident due to legal status/lack of documentation

#	SECTOR	INDICATOR
24	IDPs/Refugees/Migrants	% of HHHs who came to their current location for [x] reason
25	IDPs/Refugees/Migrants	% of IDP, Refugee, and Migrant HHHs whose short-term intention is [x]
26	Demographics (HH roster) / RMMS	% of child headed HHHs
27	Priority Needs	% of HHHs whose top priority need is [x]
28	Priority Needs	% of HHHs that own/have/have access to [x]
29	WASH / RMMS	% of HHHs that have access to an adequate/sufficient quantity of water (per person per day)
30	Shelter/NFI/CCCM	% of IDP HHHs living in an IDP hosting site
31	Shelter/NFI/CCCM/RMMS	% of HHHs living in vulnerable/inadequate shelter types
32	Shelter/NFI/CCCM/RMMS	% of HHHs living in vulnerable/inadequate shelter types
33	Shelter/NFI/CCCM/RMMS	% of HHHs living in vulnerable/inadequate shelter types
34	Shelter/NFI/CCCM / RMMS	% of IDP, Migrant, and Refugee HHHs that have benefited from [x] durable solution in the last 90 days
35	Shelter/NFI/CCCM/RMMS	% of HHHs that can barely make the rent or are unable to make the rent
36	Shelter/NFI/CCCM	% of HHHs that have experienced difficulties paying rent in the last 90 days
37	Shelter/NFI/CCCM	% of HHHs with access to [x] facility
38	Shelter/NFI/CCCM / RMMS	% of HHHs with [x] damage to their shelter
39	Shelter/NFI/CCCM / RMMS	% of HHHs with damaged shelters [internal or external] who are not able to repair the damage nor have access to the required materials
40	Shelter/NFI/CCCM	% of IDP HHHs facing [x] (HLP issue)
41	Shelter/NFI/CCCM	% of HHHs living in an area where basic non-food items are not affordable or available in the market
42	Shelter/NFI/CCCM	% of IDP HHHs involved in community decision-making, directly or indirectly
43	Demographics (HH roster) / RMMS	% of elderly headed HHHs
44	WASH	% of HHHs facing [x] problem getting water
45	WASH / RMMS	Average number of litres of water consumed per day
46	WASH	% of HHHs with [x] as the main source of water
47	WASH	Average monthly expenditure on water purchases
48	WASH	% of HHHs using [x] container
49	WASH	% of HHHs using hygienic water containers
50	WASH	Average water storage capacity
51	WASH	% of HHHs who use [x] as the means of transporting water to household
52	WASH	% of HHHs living in areas where they have to travel more than one hour to fetch water
53	WASH	% of HHHs that use [x] to purify water

#	SECTOR	INDICATOR
54	WASH	Frequency of garbage collection
55	WASH	% of HHs disposing of garbage in [x] ways
56	WASH	% of HHs with access to functioning handwashing facilities (and soap)
57	WASH	% of HHs unable to access/afford required hygiene/sanitation items in the last 30 days
58	WASH	% of HHs with members who wash their hands [x]
59	WASH	Occurrence of flooding in the district
60	WASH / RMMS	% of HHs reporting having access to functioning toilet for the past 30 days
61	WASH	% of household citing [x] as main reason not to access a functional latrine
62	WASH	% of HHs sharing a latrine with others
63	WASH / RMMS	% of HHs having functional toilet
64	WASH / RMMS	% of HHs having [x] type of toilet
65	WASH	% of HHs facing severe environmental hygiene problems (solid waste and waste water)
66	Demographics (HH roster) / RMMS	% of female headed HH
67	Education	% of HHs with school-age children reporting barriers to attendance during the 2019/2020 school year
68	Education	% of HHs citing [x] as economic barrier to school attendance during the 2019/2020 school year
69	Education	% of HHs citing [x] as education barrier to school attendance during the 2019/2020 school year
70	Education	% of HHs citing [x] as health barrier to school attendance during the 2019/2020 school year
71	Education	% HHs citing [x] as social barrier to school attendance during the 2019/2020 school year
72	Education	% of HHs that cited [x] factor as the main factor that would improve the quality of education
73	Education	% of HHs reporting that they are satisfied with the quality of education services during the 2019/2020 school year
74	Education	% of HHs citing [x] reason as the main reason they are not satisfied with education services
75	Health	% of HHs with any member(s) who have experienced any disease in the past 60 days
76	Health	% of HHs that felt that the health assistance they received met the household needs
77	Health	% of HHs citing [x] as the biggest problem preventing access to health facilities
78	Health	% of HHs who faced [x] problem when accessing health services
79	Health	% of HHs that relied on [x] coping strategy if health services were not available or accessible
80	Health / RMMS	% of HHs with member(s) with special needs able to access specialized services
81	Health	% of HHs with women/girls who have given birth in the last 90 days
82	Health	% of HHs with women/girls who have had unsafe births in the last 90 days

#	SECTOR	INDICATOR
83	Health	Average cost of care during delivery in a health facility
84	Health	% of households with women/girls who have faced any issues accessing health services/facilities in the last 90 days % of HHs with women/girls who have faced [x] problem in accessing health services/facilities
85	Health	% of HHs that have experienced [x] disease in the past 60 days
86	Health	% of HHs that have sought any form of medical treatment in the last 60 days
87	Health	% of HHs that have accessed [x] health facility in the last 60 days
88	Health	% of HHs that had to travel more than 60 minutes to reach a functional health facility
89	Health	% of HHs that have accessed [x] health service in the last 60 days
90	Health	% of HHs that report that [x] health service was not available or accessible in the last 60 days
91	Health	% of HHs that have paid for health services at a public health facility
92	Health	Average amount paid for health services at public health facility
93	WASH	% of HHs where women/girls of menstruating age have access to MHM
94	Health / RMMS	% of HHs that have accessed any health facility in the last 60 days
95	Health	% of HHs that have accessed any health services in the last 60 days
96	Demographics (HH roster)	% of HHs with school-aged children not currently enrolled in school
97	Demographics (HH roster)	% of HHs with school-aged children never enrolled in school
98	Demographics (HH roster)	% of children out of school (out of total eligible children)
99	Demographics (HH roster) / RMMS	% of HHs where children are currently earning income
100	Demographics (HH roster)	% of HHs with at least one member suffering from a chronic disease
101	Demographics (HH roster)	% of HHs with at least one member experiencing symptoms of psychological distress
102	Demographics (HH roster) / RMMS	% of HHs that have access to regular/sustainable income
103	WASH / RMMS	% of households that have access to/use functioning latrines (by type of latrine, improved or not)
104	Demographics (HH roster) / RMMS	% of HHs without a single member currently earning income
105	WASH	% of HHs that do not know/do not have the materials to purify water
106	Demographic section	% of HH with separated children
107	Protection / RMMS	% of HHs with member(s) who have experienced abuse
108	Protection	% HHs citing [x] as place of support for victims of abuse
109	Protection / RMMS	% of HHs reporting [x] being available and accessible multi-sectoral protection services at the district-level
110	Protection / RMMS	% of HHs that have access to [x] service

#	SECTOR	INDICATOR
111	Protection	% of HHHs that report that services were not accessible for [x] reason
112	Protection / RMMS	% of IDP HHHs with separated children that report that [x] service is available and safely accessible in the district
113	Protection / RMMS	% of HHHs with vulnerable women (widows, elderly women) that report that services are available and safely accessible in the district
114	Protection	% of HHHs with children that have done activities requiring the use of dangerous tools or the operation of heavy machinery
115	Livelihoods / RMMS	% of HHHs whose main source of income is [x] in the past 30 days % of HHHs that have access to regular and sustainable income
116	Livelihoods	% of HHHs that cite [x] as the most important need for the improvement of livelihoods
117	Livelihoods	% of HHHs that have faced difficulties in finding employment in the past 90 days
118	Livelihoods	% of HHHs that have faced [x] problem finding employment in the past 90 days
119	Livelihoods	% of HHHs that face problems accessing local markets
120	Livelihoods	% of HHHs that face [x] problem in accessing local markets
121	Livelihoods	% of HHHs that had to engage in any coping strategies to meet the needs of the household in the past 30 days
122	Livelihoods	% of HHHs that employed [x] coping strategy to meet the needs of the household in the past 30 days
123	Livelihoods	% of HHHs that currently owe debt to creditors
124	Livelihoods	% of HHHs that owe [x] type of debt
125	Cash	% of HHHs that have received humanitarian assistance in the form of cash in the past 30 days
126	Cash	% of HHHs that have received humanitarian assistance in the form of cash from [x] source in the past 30 days
127	Cash	% of HHHs that received cash assistance in [x] form in the past 30 days
128	Humanitarian Assistance	% of HHHs that have received any type of humanitarian assistance in the last 30 days
129	Humanitarian Assistance	% of HHHs who would like to receive [x] type of information from humanitarian agencies
130	Humanitarian Assistance	% of HHHs that would prefer to receive information from [x] institution/individual
131	Humanitarian Assistance	% of HHHs that would prefer to receive information through [x] channel
132	Humanitarian Assistance	% of HHHs that have been asked about the type of humanitarian assistance they would like to receive in the last 30 days
133	Humanitarian Assistance	% of HHHs that received the type of assistance they asked for
134	Humanitarian Assistance	% of HHHs that know how to present feedback or complaints to the humanitarian actors that delivered assistance
135	Humanitarian Assistance	% of HHHs that would prefer to provide feedback to humanitarian actors through [x] channel
136	Humanitarian Assistance	% of HHHs that have received [x] type of humanitarian assistance in the last 30 days

#	SECTOR	INDICATOR
137	Humanitarian Assistance	% of HHs that received assistance provided by [x] provider in the past 30 days
138	Humanitarian Assistance	% of HHs that report that they were satisfied with the assistance received
139	Humanitarian Assistance	% of HHs that were partially or not satisfied with humanitarian assistance because of [x] reason
140	Humanitarian Assistance	% of HHs that were satisfied with the way humanitarian actors behaved while providing assistance
141	Humanitarian Assistance	% of HHs that have been asked to pay or give something in exchange for humanitarian assistance
142	Humanitarian Assistance	% of HHs who did not receive assistance for [x] reason
143	Humanitarian Assistance	% of HHs that would prefer to have more information from humanitarian agencies about humanitarian assistance
144	Agriculture	% of HHs that cultivated/grew crops this season
145	Agriculture	% of HHs that keep or herd livestock
146	Agriculture	Most common purpose HHs bred animals
147	Agriculture	% of HHs whose number of beehives in 2019-2020 has changed compared to 2018-2019
148	Agriculture	% of HHs whose number of camels in 2019-2020 has changed compared to 2018-2019
149	Agriculture	% of HHs whose number of cows in 2019-2020 has changed compared to 2018-2019
150	Agriculture	% of HHs whose number of domestic chickens in 2019-2020 has changed compared to 2018-2019
151	Agriculture	% of HHs whose number of donkeys/mules in 2019-2020 has changed compared to 2018-2019
152	Agriculture	% of HHs whose number of goats in 2019-2020 has changed compared to 2018-2019
153	Agriculture	% of HHs whose number of lambs in 2019-2020 has changed compared to 2018-2019
154	Agriculture	% of HHs that cite [x] as the main reason for the decrease in the number of beehives
155	Agriculture	% of HHs that cite [x] as the main reason for the decrease in the number of camels
156	Agriculture	% of HHs that cite [x] as the main reason for the decrease in the number of cows
157	Agriculture	% of HHs that cite [x] as the main reason for the decrease in the number of domestic chickens
158	Agriculture	% of HHs that cite [x] as the main reason for the decrease in the number of donkeys/mules
159	Agriculture	% of HHs that cite [x] as the main reason for the decrease in the number of goats
160	Agriculture	% of HHs that cite [x] as the main reason the decrease in the number of lambs
161	Agriculture	% of HHs that cite [x] as the most common constraint encountered in agricultural production
162	Agriculture	% of HHs that cite [x] as the most common constraint encountered in keeping or herding livestock
163	Agriculture	% of HHs whose cultivated area of 2019-2020 changed compared to 2018-2019

#	SECTOR	INDICATOR
164	Agriculture	% of HHs whose crop production of 2019-2020 changed compared to 2018-2019
165	Agriculture	% of HHs whose source of seeds/seedlings was [x]
166	Agriculture	% of HHs that report that the availability of grain seeds changed compared to last season
167	Agriculture	% of HHs that used fertilizer this growing/planting season
168	Agriculture	Most common type of fertilizer used
169	Agriculture	% of HHs whose source of fertilizer is [x]
170	Agriculture	% of HHs that did not grow/cultivate crops for [x] reason
171	Demographics (HH roster)	Most common economic activity
172	Demographics (HH roster)	Most common highest level of educational attainment
173	Demographics (HH roster)	% of HHs citing [x] as a most common reason for children not being enrolled in school
174	Demographics (HH roster)	% of HHs by residential status
175	Demographics (special needs roster) / RMMS	% of HHs citing cognition as most prevalent special need
176	Demographics (special needs roster) / RMMS	% of HHs citing communication as most prevalent special need
177	Demographics (special needs roster) / RMMS	% of HHs citing hearing as most prevalent special need
178	Demographics (special needs roster) / RMMS	% of HHs citing mobility as most prevalent special need
179	Demographics (special needs roster) / RMMS	% of HHs citing selfcare as most prevalent special need
180	Demographics (special needs roster) / RMMS	% of HHs citing vision as most prevalent special need
181	Demographics (HH roster)	Average of school-aged children not currently enrolled in school per HH
182	Demographics (HH roster)	Average of school-aged children never enrolled in school per HH
183	Demographics (HH roster)	Average of children out of school (out of total eligible children) per HH
184	Demographics (HH roster) / RMMS	Average of children are currently earning income per HH
185	Cash	Number of times HHs have received cash assistance in the past 30 days
186	Education	% of HHs with school-age children that attended the correct grade for their age during the 2019/2020 school year
187	Demographics (HH roster) / RMMS	% of single female headed HH
188	Demographics (HH roster) / RMMS	% of single headed HHs (unmarried, divorced, widowed)
189	WASH	% of HHs unable to access/afford required hygiene/sanitation items in the last 30 days
190	WASH	% of HHs accessing water from an unsafe source

Multi-Cluster Location Assessment

YEMEN