YEMEN, Al Hudaydah
“Alkhokhah and Al Garrahi districts”
Report
"RAPID Needs Assessment report: «YEMEN, Al Hudaydah» Alkhokhah and Al Garrahi districts”

1. General information:

<table>
<thead>
<tr>
<th>Location (country, region/area affected):</th>
<th>YEMEN, Al Hudaydah» Alkhokhah and Al Garrahi districts”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization:</td>
<td>International Youth Council Yemen (IYCY)</td>
</tr>
<tr>
<td>Date/s on which the rapid needs assessment was done:</td>
<td>October 27-10, 2016</td>
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<tr>
<td>Date on which the rapid needs assessment report is being written:</td>
<td>October 30-10, 2016</td>
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<tr>
<td>Date of transmission:</td>
<td></td>
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<tr>
<td>Full name, job title, e-mail and phone number of the team leader/ person writing the report:</td>
<td></td>
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</table>
Summary

On the period of October 2 till October 8, 2016, IYCY has responded to the emergency situation of Al Hudaydah and investigated two of the most affected districts including Alkhokhah and AlGrrahi. IYCY has assessed both districts in order to understand the current needs and the capacity of the conflict-affected people, IDPs, and host communities.

With a focus on food security and health, this rapid assessment points out that urgent humanitarian work and expanded capacity are needed to increase services and strengthen the structures that are currently addressing needs. The findings highlight that the two communities assessed, in Alkhokhah and AlGrrahi, have reached famine which require immediate intervention for food and medical treatment, especially for children, elderly, and women. In conclusion, IYCY implement and recommend an integrated approach in order to respond to the current emergency.
Political instability, civil insecurity, an intensified war, and localized conflicts have plunged the country into a serious food security and humanitarian crisis, and put into further jeopardy an already precarious food security situation of Yemen. According to UNICEF, more than 15 million people cannot obtain the basic health services whereas 1.8 million child discontinue their study. Al Hudaydah Governorate has been ranked under the Emergency Phase as one of the most conflict-affected governorates requires an immediate support by humanitarian partners. The situation of Al Hudaydah became worse as a reflection of the long conflict in the country two years ago. The ongoing conflict affects particularly children who are suffering from malnutrition resulted of acute shortage of food and medicine, and the lack of potable water, and the deterioration of the health system has led to “many deaths”. According to the report of secretary general for humanitarian affairs and emergency relief coordinator, Stephen O’Brien in his statement to the security council on Yemen he stated that chronic drug shortages, unpaid salaries, and conflict related destruction means that around 14 million Yemenis do not have sufficient access to healthcare services. Since March last year, nearly 600 health facilities closed due to damage, shortages of critical supplies or lack of health workers. Nearly 220 of these facilities used to provide treatment for acute malnutrition.

Yemen is the second worst country in the world in terms of nutrition, Al Hudaydah ranked first among provinces in Yemen according to reports by international organizations. Thousands of Yemenis, including children, severe food shortages as a result of lack of food, malnutrition.

And there were signs of famine has appeared in Alkhokhah and Al Garrahi districts in Al Hudaydah city where is located western Yemen where the population are unable to provide food, water and living without electricity after the cessation of basic services as well as the poverty has increased in the regions and villages of Alkhokhah and Al Garrahi districts.
the recent standardized monitoring and assessment of relief and transitions (SMART) nutrition survey of UNICEF and the MOHPH conducted in Aden, Lahej, Hajjah, Al-Hodeidah and Al-Beidah during August-October 2015 shows alarming level of malnutrition especially in Al-hodeidah where the global acute malnutrition (GAM) is 31 percent compared to 18.3 percent in 2014. According to UN Yemen on the brink of disaster, and that 21 million of its population of 26 million in need of humanitarian aid, and more than half of the population suffers from malnutrition."the humanitarian situation worsens, and non-governmental organizations are no longer able to cover the needs of the population, the situation recorded during the year has deteriorated significantly,. and the country on the threshold of famine. “about 16 million people in need of humanitarian assistance representing about 80% of the population. According to a new study by, the World Food Programme, and by the Yemeni Ministry of Planning, the six million Yemeni at least suffer severe lack of food security and in dire need of emergency food aid and life-saving aid in Yemen.

A recent analysis Category progress integrated food security and humanitarian situation, Al Hudaydah was on out ten of 22 provinces classified in Yemen, as food-insecure that reaches the “emergency” level, , there are millions of others are vulnerable to food insecurity .
THE AFFECTED POPULATION

The effected population including, Al Khawkhah and AlGarrahi Districts those districts considered the poorest areas in Yemen.

The tow districts are geographically located within Tihamah region in the south of Al Hudaydah City on the western side of the Republic of Yemen on the Red Sea coast, bordered to the east parts of the provinces of Ibb and Dhamar, Sana’a and Mahweet, and North of Hajjah province, and south of Taiz province, to the west by the Red Sea.

Alkhokhah is coastal area, famous on tourism. In other side AlGarrahi is agricultural area surrounded by many farms where grown different types of grains, fruits and vegetables, AlGarrahi is famous in pottery and ceramic industries and sew tissue.

The main road of AlGarrahi and Alkhokhah districts is asphalt road that is linking Alhoudaidah city with Taiz city. The distance between both districts is about 25 km2.

<table>
<thead>
<tr>
<th>District</th>
<th>Population in 2004</th>
<th>Population estimates 2013</th>
<th>Geographical Size of each district km2</th>
</tr>
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<tbody>
<tr>
<td>Al Garrahi District</td>
<td>89,163</td>
<td>109,0000</td>
<td>628</td>
</tr>
<tr>
<td>Al Khawkhah District</td>
<td>33,764</td>
<td>50000</td>
<td>557</td>
</tr>
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</table>

Table (1): AlGarrahi District, Al Khawkhah District. Population

The table above shows estimated population of both districts in addition the population above doesn’t containing IDPs who has displaced from the conflicts areas of taiz to Al Garrahi and Al Khawkhah districts, their estimated population about 3000 IDPs.
Objectives

For effective planning and implementation of the assessment, IYCY needed to get a better understanding of the situation on the ground as to successfully address the essential health needs of most vulnerable communities. The key objectives of the team were to:

1- To evaluate areas and cases that suffering from food insecurity and health diseases which need treatment.
2- To explore the feasibility and identify possible bottlenecks for the proposed intervention.
METHOD OF DATA COLLECTION

IYCY has collected data and qualitative information for this assessment through experts team connections and presence in the target areas facilitated access to the affected population and mitigated against assessment-fatigue.

The assessment was carried out from 30th May to 9th June 2016, with follow up visits, in three locations:

The team spent 2 days in each area.

Assessment methodology included:

- Key Informant Interviews (KII) with at least one community leader/representative and one health expert/authority per location;
- Group Interviews (GI), one for females and one for males per location, to capture the views of the wider community of IDPs in the areas. Group Interviews included a less rigidly structured Focus Group Discussion (FGD) methodology, asking the participants open questions about their fears and concerns;
- Direct observations of sector experts (health, food)

HH Survey methodology was kept to a minimum and used to triangulate findings and integrate them with information coming from the single HH perspective. The team collected a minimum of three HH surveys per location visited.

The majority of respondents for HHs Surveys and KII (with the exception of one female doctor in AAF) are adult men. Female FGD/GIs conducted by women surveyors were the most effective modality to gather women’s opinions and narrative on IDP conditions and needs, in a way accepted by their families and communities.
Data Analysis and Discussion

The data collected from the assessment was analyzed including the results of data screening, demographic information. The data presented in form of graphs, charts and interpreted accordingly.

### Interview participants

<table>
<thead>
<tr>
<th>Interview participants</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Community Leaders</td>
<td>35%</td>
</tr>
<tr>
<td>Government Officials</td>
<td>16%</td>
</tr>
<tr>
<td>Heath Workers</td>
<td>19%</td>
</tr>
<tr>
<td>Activists</td>
<td>18%</td>
</tr>
<tr>
<td>IDPs</td>
<td>12%</td>
</tr>
</tbody>
</table>

**Figure (1): Interview participants**

According to figure 1.1, the assessment team examined and addressed the vulnerability level through the interviews included 8 government officials, 19 community leaders, 13 health workers, 7 activists, 6 of the conflict-affected communities and 5 IDPs in the two districts. The assessment team had recognize the vulnerable population priorities according to Sphere Standards and Yemen Humanitarian Response Plan (2016) in order to satisfy the objectives of determining the most urgent health care needs supporting the evidence for decision-making.

### Vulnerable groups

<table>
<thead>
<tr>
<th>Vulnerable Groups</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Children</td>
<td>39%</td>
</tr>
<tr>
<td>Women</td>
<td>30%</td>
</tr>
<tr>
<td>Elderly People</td>
<td>19%</td>
</tr>
<tr>
<td>Disabled People</td>
<td>12%</td>
</tr>
</tbody>
</table>

**Figure (2): The most vulnerable groups in Alkhokhah and Al Garrahi**

According to figure 2, the highest health needs occur on children in the two districts of In addition, women are the second group affected by the intense fight in 30% of the population. 19% of elderly people are directly affected by the conflict. The last is 12% who were determined as disable people influenced by ware.
Findings

Health:

The health condition in Al Khawkhah and Al Garrahi Districts is almost totally disastrously with the continued intense heat and constant power outages. The health facilities is overcrowded due to increasing the number of patients. Citizens and health workers have talked about the death of a large number of patients in recent days due to the lack of treatment and medication.

The continuation of this situation without capacity of the local authority to response to the disaster. Health situation had a negative impact on vulnerable populations such as pregnant women and young children. So immediate interventions will gain a positive impact such as in cases of acute infection, diarrhea, malaria, and acute malnutrition.

According to the figure 3, acute malnutrition is the highest disease spread among the conflict affected people and IDPs and in the seven districts. Malaria was recognized as the second common health issues encountering people and IDPs. Diarrhea, Diabetes mellitus, are identified as the common health issues spread in two districts of Tihamah region and ranked respectively.

Figure (3): Common diseases in the seven districts of Alkhokhah and Al Garrahi districts.
Food:

Most people in Alkhokhah and AlGarrahi were heavily dependent on fishing, and farming as sources of income, both activities is almost non-existent now, as the conflict began the sea became not safe anymore due to air strikes that have led to the destruction of many of boats. That is contributed in increasing the level of unemployment.

The conflict escalated into a scarcity of basic foodstuffs and other essential commodities, and the disruption of livelihoods, markets, agriculture, fishing, and export and import activities and commercial activities, and others. This has led to a serious decline in the incomes of the population as well as the difficulty of access to basic food items, although the entire Yemen is facing the consequences of the conflict, but the poorest families, and internally displaced persons, and unskilled labor, are the most affected. that the food crisis began dramatically appearing in Alkhokhah and Al Garrahi, where the population suffers from the difficulty in providing food.

It has become clear that the central bank came to the inability to cover food import bill from the outside, and even before that stage, people arrived at the inability to buy food because of the phase-stop sources of income and the low purchasing power.” out millions of people their savings began to run out and is now certain that they will not be able to provide the basics of food necessary to meet their needs in the face of rising food prices so now days the main male just bread with tea which is often without sugar.

The people in Alkhokhah and AlGarrahi are suffering financial distress unprecedented since the control of Shiite power in late September / September 2014, where the export of oil revenues, which make up 70% of the revenues of the country stopped.
The results from the rapid MUAC screening are shown in Figure (4). This provides a snapshot of the affected population and IDPs nutrition situation in the towns visited in the two districts. The overall GAM rate of the children measured was calculated at 28%.

It is important to note that a high proportion of GAM cases fell under the severely malnourished category. The SAM rate for the children assessed was 20.46%. This is double the crisis threshold. According to Nutrition Cluster data, Yemen’s average SAM rate is 2.24%. This indicates the situation for the children assessed Alkhokhah and Algarahi is significantly worse than the national average.

All 10 key informants interviewed reported a serious problem with food in their community. Participants from the FGDs concurred. Due to the lack of income and resources to purchase food, a main theme that surfaced was the lack of diversity in food, the quality, and type of food provided. Both the KII respondents and the participants of the FGDs asserted that there are issues with the nutrition aid that they receive.
Summary of Findings

- Signs of famine has appeared Alkhokhah and AlGarrahi districts specially on children due to acute malnutrition.
- The most primary needs are in terms of food and health.
- Since the conflict began the situation become worse for disable persons.
- Economic issues has a major influence on people’s quality of life, feelings of security and opportunities for employment and education. About 90 present of worker have loosed their job and most IDPs and conflict-affected communities are scaring the dwindling financial resources. In addition, a majority of IDPs facing difficulties in living with their relatives.
- Health systems are weak in both areas, acute shortage of drugs and equipment, poor infrastructure, loosely structured and technically weak health workforce, inadequate range and coverage of essential health services are largely the result of weak governance, lack of commitment, corruption and inadequate health financing. There are huge community needs in terms of nutrition, and health due to poverty, lack of awareness and health seeking behaviour, geographical distances and user fees at point of service delivery.
LIMITATIONS

During the assessment period (IYCY) could not deliver any help to the effected population in alkhokhah and al garrahi districts due to the lack of financial capacity, but with support of donors IYCY commits to decrees people suffering through integrated effective emergency plans.

Recommendations

- **IYCY suggests intervention strategy including:**
  1. Providing integrated special food package and essential health services.
  2. Urgent health requirements are first aid for delivery, and other emergency cases diagnostic, therapeutic and emergency care.
  3. Rehabilitation of health facilities to enable them to resecuring health services.
  4. Support the elderly people with major services such as chairs etc.
- Health sites need to be supported by Mobile Health and Nutrition teams, with community level outreach services. While a top up incentive and capacity building of the HF workers, and the free distribution of essential drugs and equipment.
- The health facilities should be provided with beds, bed for delivery, surgical tools, sutures, disinfectants, antiseptics, antibiotics, drips like normal saline, Ringer’s lactate, 5% glucose, ORS. dressings and gauze.
- Implementing reactive and preventive measures, including the treatment of illness, provision of essential medicines, referral to hospitals for severe cases, and distribution of key health-related messages. The recruitment and training of skilled staff to support health operations is an essential component to ensure adequate coverage of health services, particularly in hard-to-reach areas.
- There should be an approach of an integrated nutrition, health is justified and needs based.
- The conflict-affected districts (Alkhokhah and Al Garrahi) need to be supported by Mobile Health and Nutrition teams, with community level outreach services through and capacity building of the HF workers will leverage support, the free distribution of essential drugs and equipment. Strategically, it is extremely important that IYCY as has been present on the ground, provided physiological support. Therefore, we appeal to international donors to take actions to save people lives.