

Final report on the Findings of the Protection Needs Assessment

In Taizz - July, 2015



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1. List of acronyms

ERW: Explosive Remnant of War

FGD: Focus Group Discussion

FHH: Female Headed of Household

HC: Hosting Communities

ICRC: The International Committee of the Red Cross

IDP: Internally Displaced People

IOM: International Organization for Migration

MRE: Mine Risk Education

MRM: Monitoring and Reporting Mechanisms

MSF: Medicines sans frontiers

NFI: Non Food Item

OCHA: Office for the Coordination of Humanitarian Affairs

UASM: Unaccompanied and Separated Minor

UNHCR: United Nations High Commission for Refugees

UNICEF: United Nations International Children's Emergency Fund

UNOHCHR: United Nations Office of the High Commissioner for Human Rights

UXO: Unexploded ordnance

WHO: World Health Organization

2. Executive Summary

After collecting data and information on the displaced and refugee population in Al Mukalla, INTERSOS continued to profile the needs of the most vulnerable population in Yemen, selecting Taizz as the main area of concern. Taizz was selected in coordination with UNHCR because of its high number of IDPs and because of INTERSOS' capacities of accessing the areas and investigating the needs of the affected population in the specific sector of protection.

On 9th of July, INTERSOS started the needs assessment using the same collection tools that were tested in Al Mukalla, thanks to an effective collaboration with UNHCR that kept providing technical and financial support. In Taizz, the target groups were IDPs and hosting communities, as no relevant presence of refugees had emerged. Given the extremely volatile security situation, the data collection teams were made of staff members from the local organization 'Generation without Qat'. Two senior INTERSOS staff monitored the collectors. As during the assessment in Al Mukalla, it was noted that information only gathered through the questionnaire was not exhaustive, FGDs were included in the methodology of Taizz assessment. Although FGDs enriched the findings, the need for more focused in-depth assessments – especially in the field of gender and child protection – was still felt.

Taizz assessment was meant to lead to a humanitarian intervention in the area, which has been designed according to the findings and aims at providing conflict affected individuals with life saving and protection services. A total of 242 households – 174 IDPs HH and 68 from the HC - were interviewed in three days by a team composed of 8 field teams (each of them made of 1 male and 1 female), for a total of 16 individuals. 2 data entry clerks and 2 senior supervisors respectively entered the collected data and supervised the whole assessment. The average family size of the HHs interviewed was made of 5 family members, for a total of 1,210 individuals, of whom 49% were children (317 boys and 287 girls).

The teams identified the IDPs and most vulnerable HH among the local population through direct observation as currently living in the affected area; through UNHCR estimated number of IDPs and also thanks to the collaboration with local authorities and the local association 'Generation without Qat'. The areas with the highest concentration of refugees/IDPs were prioritized. These are mainly open areas, where IDPs live in tents and temporary shelters, often close to public buildings and/or schools also occupied by IDPs. The data collection was supposed to take place in the following three districts in Taizz: Hayfan, Al-Shamaitaen and SharabAlsalam, given their high concentration of IDPs. Though for security concerns the teams were not able to access Al-Shamaitaen and SharabAlsalam, which were replaced with two other districts where there still is a consistent concentration of IDPs: Mawiyah and DimnatKhadir districts.

Data collection was challenging for the field teams, as well as the phase of analysis as field checks could hardly be made in a rapidly deteriorating context. At the time of writing, INTERSOS, regardless of the extremely high needs that were assessed and the planned humanitarian intervention, has not been able to concretely start supporting the most vulnerable individuals in Taizz, because of lack of access and a very concerning security situation. Few organizations – among others, ICRC, MSF Holland, Mercy Corps, Save the Children and International Medical Corps – still have offices in Taizz. However, MSF are currently the only organization with an international team operating in the area and even national staff are experiencing difficulties reaching their offices. There is a general acceptance by all parties involved in the conflict, as well as among the local population, of humanitarian work in the area. However, in the current hostile environment where armed conflict is rife, and heated political, religious, ethnic and regional rhetoric is in extensive circulation, there remains a high level of skepticism towards humanitarian organizations and their affiliates.

Recommendations

The agencies that conducted the assessment – namely INTERSOS and Generation without Qat – directly witness a very dramatic situation when collecting information for the purpose of this assessment. Men, women and children are severely suffering and lack every sort of basic support that could make their lives barely acceptable. It is, therefore, imperative to respond to the most pressing needs of the resident and IDPs population in Taizz, which is the ultimate recommendation of this assessment report. The security impediments are acknowledged, but ways of delivering aid through local associations, spot distributions and remote management, can still be explored and immediate relief brought to the vulnerable population, till security improvements will allow international agencies to scale up humanitarian activities.

The needs to be addressed are vast and only one organization can hardly address all of them. Therefore, efforts in coordinating the delivery of aid are also recommended and joint actions – whenever feasible – are recommended in order to target a vast number of beneficiaries and provide them with the most essential services.

More specifically, the following is recommended:

- Provision of clean water, food, NFIs – especially mosquito nets - and medical assistance should be looked at as a matter of priority. Protection assistance should be provided thoroughly and advocacy carried out to respect the rights and dignity of the whole population;
- Further interventions should look at access to education, psychosocial and recreational services, with special regards to children, women and persons with special needs;
- Community awareness and capacity building also to be carried out throughout the mentioned interventions

As previously stated, this assessment is not exhaustive and does not capture the complexity of the needs of the targeted population, especially with regards to child protection and sex and disaggregated information. Therefore, it is recommended to:

- Conduct a more in depth child protection assessment and analyze phenomena as child recruitment and child labour that could not be explored in this assessment;
- Conduct a more in depth gender assessment as phenomena such as early marriage and early pregnancies, and SGBV could not be explored in this assessment.

It is finally recommended to better train local organizations before conducting assessments and collecting data. It is advised to increase the cooperation with them at various level, including the provision of aid, as well as local authorities during the phase of data collection, implementation of the programmes, so to ensure a community based approach in respect of the possibilities and rights of people.

3. Humanitarian context

Armed conflict has spread rapidly across much of Yemen since mid-March 2015, with devastating consequences for civilians, in particular women and children. OCHA estimates that 21.1 million people - 80% of the population – require humanitarian protection and assistance. This figure includes 12.9 million people who continue to struggle with access to sufficient food; 20.4 million people who lack access to safe water or adequate sanitation; 15.2 million without access to health care.¹The number of people who are fleeing from violence is immense: 245,919 displaced households, representing 1,439,118 individuals have been recently estimated. Hajjah governorate continues to host the highest number of IDPs followed by Al Dhale'e and Aden.²

Over 4,500 deaths have been reported and over 23,500 injured, among them a vast number of civilians. UNICEF estimates that at least 400 children have been killed. Airstrikes, armed clashes and shelling are directly affecting 21 out of 22 governorates and hitting civil buildings – at least 2,300 structures have been damaged, destroyed or commandeered by armed groups, including schools, hospitals and markets.³ On the 1st of July the UN declared a Level 3 humanitarian emergency in Yemen, the highest level, while a number of attempts at UN-led peace talks among Yemeni parties failed to reach any agreement.⁴

The needs of the overall conflict affected population are enormous.⁵ Nearly 13 million live in food insecurity as Yemen depends enormously on commercial food and fuel imports to meet its basic needs and commercial transactions have been drastically reduced, mainly because of restrictions and airstrikes on the main ports of Aden and Al-Hudaydah. According to UNICEF, about 1.8 million children are likely to suffer from some form of malnutrition in 2015. Gas and diesel are overpriced when available in the market; at least 160 health facilities across the country have closed due to lack of medicines, equipment, supplies and fuel to run the generators. The risk of fatal disease spreading owing to very poor hygienic conditions is also escalating, with outbreaks already reported by WHO. Almost 3 million children are out of school since the beginning of the conflict, as educational structures have been closed till further notice.

The main obstacles to aid delivery are shortages of fuel, increased number of checkpoints, delays in issuance of visas and security constraints that do not allow agencies to move freely, even for humanitarian purposes, and scale up their humanitarian operations. Since March 2015, an astonishing number of seven humanitarian workers have been killed so far, with the sad news of two ICRC staff members shot dead in Amran in early September. At the time of writing, aerial and ground fighting is still very intense and changes over the control of territory quite unpredictable. Although extremely volatile, the local context has allowed national and international humanitarian agencies working through partners and local staff to deliver water and food rations to affected communities. Regardless of the intense efforts, a very small portion of the population – only 7 million people from March to July 2015 – can be currently reached.

Taizz governorate was already one of the most vulnerable governorates in Yemen before the conflict, with 1.8 million people targeted for humanitarian assistance. Air strikes, armed confrontation and looting across the whole governorate have further exacerbated the dramatic situation and severely escalated the humanitarian needs.⁶ Taizz governorate is of strategic importance, especially with regards to its port areas on the Red Sea and its good road links with other governorates. Notably, it is the location of the famous coffee port, Al-Mokha. Taizz city is also of historical and cultural significance due to its former designation as the capital city of Yemen.

1 See <http://www.unocha.org/yemen/crisis-overview>

2 Data from Task Force on Population Movements, 4th Report, 05th August 2015.

3 OCHA Humanitarian Bulletin, Yemen, Issue 1/27 August 2015.

4 <http://www.unocha.org/top-stories/all-stories/yemen-highest-emergency-response-level-declared-six-months>

5 For an overview of the needs, see *2015 Yemen, Humanitarian Needs Overview - Revision - June 2015*.

6 For the latest information related to Taizz governorate, see OCHA, *Yemen: Taizz Governorate, Crisis Update 43/2 September 2015. Final report on the Findings of the Protection Needs Assessment in Taizz - June, 2015*

It has been calculated that from 14 to 27 of August, at least 95 civilians – including 52 children and 20 women – were killed and 129 injured by indiscriminate airstrikes and shelling.⁷The city of Taizz– the third biggest city in Yemen, after Sana’a and Aden – has been turned into a battleground, with people unable to find security and private homes being destroyed as punishment for perceived support for opposing parties. Street fighting has been ongoing for over four months, which in turn has led to the shutdown of most of the medical facilities in the city and heavily restricted access for supplies of basic goods as well as humanitarian organizations.

The overall health system has nearly collapsed, the public hospitals not being operational anymore, with the exception of a small emergency unit. In violation of the international humanitarian law, the Yemen International Hospital in Taizz capital was commandeered and its patients dispersed. As a result of the lack of appropriate health facilities and very poor hygienic conditions – solid waste is not regularly collected, the water network has stopped pumping water – 432 cases of dengue fever were already reported. The ongoing fighting makes almost impossible the delivery of aid to this governorate, where life saving assistance is much needed to the vast majority of the population.

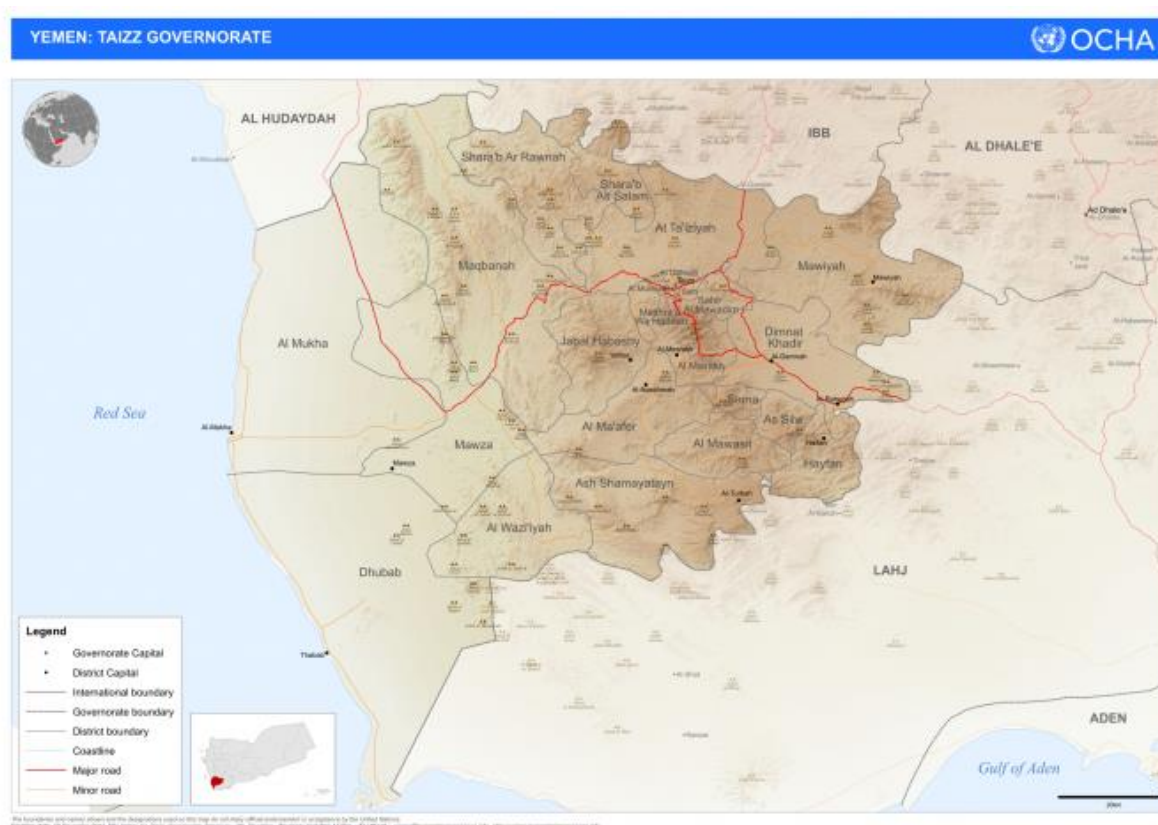
⁷ For an accurate overview of the accidents and the number of victims, see Safer Yemen, *Security Assessment for Taizz*, Restricted document, August 2015.
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4. The Protection Assessment

4.1 Overview and objective

As previously said, the protection assessment INTERSOS, UNHCR and IOM conducted in Al Mukallam managed to precisely define needs and priorities of the most vulnerable population in the emergency context of Yemen. Therefore, the same method of collection and analysis was applied to another governorate, among the most affected by the conflict. Given the extremely insecure situation within the whole governorate and overwhelming lack of electricity and fuel, the accomplishment of this assessment was extremely challenging.

The objective of the Taizz assessment was to guide a tailored humanitarian intervention in the area, mainly focusing on the protection sector and providing the most vulnerable with life-saving assistance. The intervention has been designed in cooperation with UNHCR.



1. The governorate of Taizz

4.2 Methodology

The assessment was supposed to be conducted in three days, but given the volatile security context six days were at the end needed to accomplish the objective. Target groups were selected among displaced families and local residents, with the support of UNHCR, local organizations and authorities. The questionnaire used for the previous assessment in Al Mukallawas revised and adapted to the new context and target groups. Once again, questions were tailored in order to be culturally appropriate and do no harm, while still ensuring that adequate information was able to be gathered. The data collection tool was also revised and adapted to the specific requests of this assessment, tailored on the assessment questionnaire and translated into the local language.

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A remote briefing and rapid training from Amman took place for the INTERSOS senior staff, already familiar with protection principles and methodologies of data collection. They trained staff members from the local organization and supervised their work during the days of the data collection phase. Data was transcribed at site level by the same teams, cleaned and analyzed in Amman, with the support of the INTERSOS Protection Advisor.

The data collectors identified three areas: Hayfan, Al-Shamaitaen and SharabAlsalam, as they have a high concentration of IDPs families. However, for security concerns the team was not able to conduct the assessment in Al-Shamaitaen and Sharab Alsalam, which were replaced with two other districts where there still is a consistent concentration of IDPs: Mawiyah and Dimnat Khadir districts. Hayfan is located in the southern part of the province of Taizz, with an estimated IDP population of 11,900 people who are officially registered in the emergency committee of the area. The district of Mawiyah is located in the eastern part of Taizz and is now hosting more than 1,500 IDPs families according to local NGOs that are working in the area. Dimnat Khadir is located in the east-southern part of Taizz and hosts about 10,000 IDPs, according to the local counselor's comments.

The information collected directly from the affected population was often enriched through formal meetings with local authorities and representatives who could detail the humanitarian situation of their area. For instance, in Dimnat Khadir, the teams met with Dr. Mohammed Salem, Director of Al-Raheda Hospital, who discussed the sanitation and medical situation of IDPs and HCs, highlighting the serious concern of disease rampant among the IDPs due to lack of means of sanitation and spread of mosquitoes. In Hayfan, several members of the recently established emergency Committee that struggles to address concerns and needs of the local and displaced population, were met and supported INTERSOS with the identification of the targeted locations and provided security on the way to reach them.

One of the main limitations of this assessment has been the capacity of the local association that was involved in the collection and transcription of data. Although a training was conducted and remote supervision provided, the security did not allow an effective presence of INTERSOS staff in the field at the time of the assessment. In consequence the data cleaning process took a very long time and several discrepancies that could not be sorted out were detected. The FGDs analysis was also challenged by the lack of proper reporting documentation and, therefore, not enough information could be extrapolated and herewith reported.

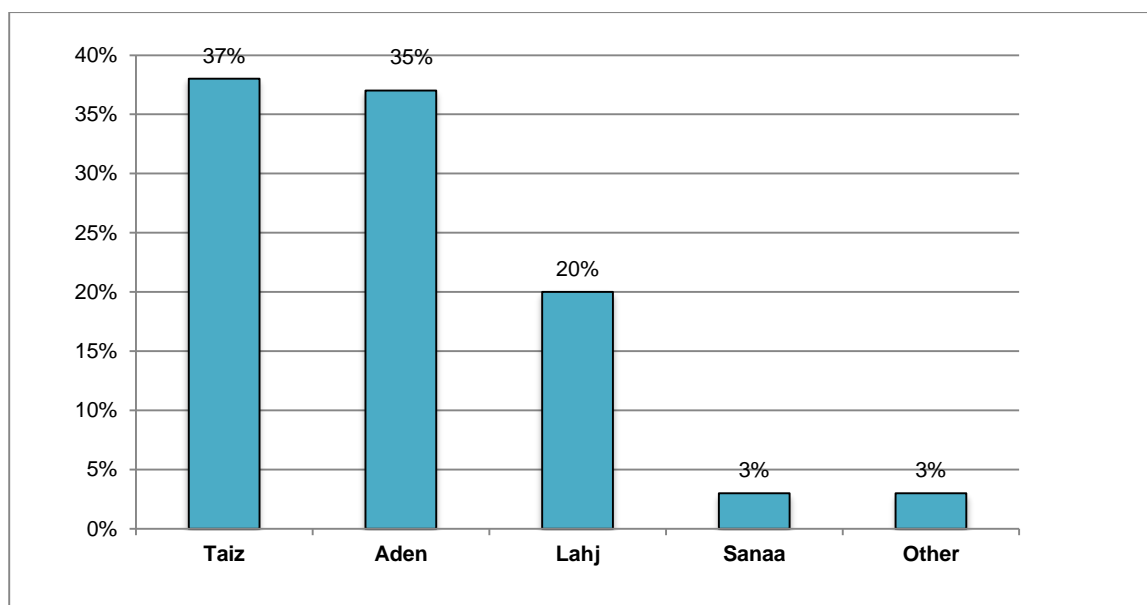
Another major limitation was the reluctance among many responders to provide accurate and full information about their families. One of the main reasons was fear of persecution and affiliation of the organizations involved in the assessment with the coalition and consequent repercussions. The responders were not forced to answer when they felt uncomfortable – especially with regards to questions about registration, living locations, displacement etc. – but this has affected the quality and accuracy of the findings herewith provided.

5 Key findings and conclusions

5.1 IDPs Population. Causes of displacement and intentions

As stated in the executive summary, 174 IDPs families – among which 30% were female headed households – were interviewed. More precisely, 55 families currently displaced in Dimnat Khadir, 53 in Mawiyahand 66 in Al Hayfan. The majority of them are originally from other districts of Taizz (37%)and Aden (35%) with a smaller but still consistent portion coming from Lahj (20%). A small minority of IDPs also comes from other governorates: Sana'a (3%), Abyan (2%), Althalee (1%), Hajjah (1%), and Shabwa (1%). In Hayfan, 65% of the total number of IDPs who were interviewed is originally from Aden, while in Mawiyah 67% is originally from other districts of Taizz. In Dimna tKhadir, the situation is more variegated with 38% originally from Lahj, 29%from other districts in Taizz and 20% from Aden.

What follows is a chart that illustrates the place of origin of IDPs:

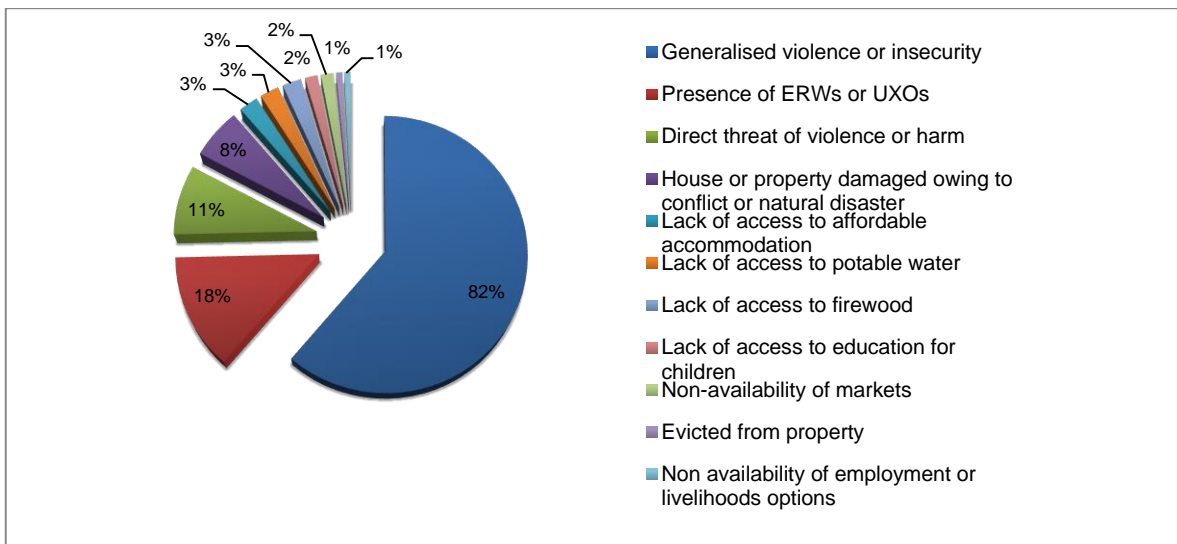


2. IDPs places of origin

During the assessment none of the IDPs has declared to be registered as such, though only 71% of those have replied to the related question. In fact, the remaining 29% have left the question blank, which could lead to various interpretations for doing so (e.g. fear of being further questioned on the matter; fear of repercussions in the provision of aid etc.). Amongst the target group, the big majority (63%) of IDPs declared the current conflict caused their first displacement, whereas a small minority (12%) declared they were displaced two or more other times in the past, but they did not want to provide details on that.

The highest number of IDPs (82%) has indicated that displacement was caused by violence or insecurity, as well as the direct threat of violence or harm that spread from the current conflict (11%). Another major cause of displacement is the increased threat felt by the community (18%) towards the presence in their place of origins of explosive remnants of war (ERWs) and unexploded ordnances (UXOs). Properties and houses have been damaged and caused displacement for 8% of the IDPs, which is also a significant percentage. The conflict has generated a major deficiency in the level of available food, water, accommodation and education, which have all been quoted as reasons for leaving the place of origin. It is important to note that for most of the households the causes of displacement have been multiple⁸.

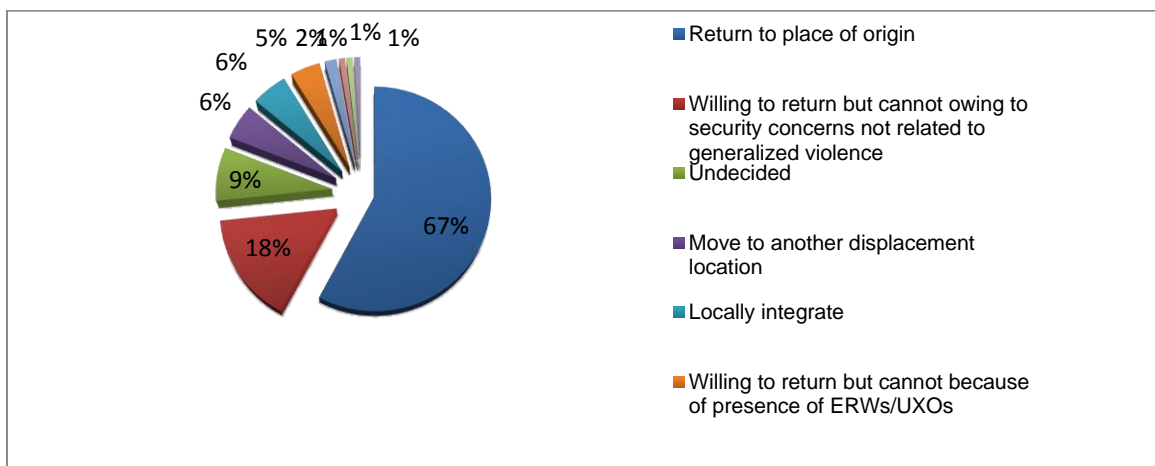
⁸The possibility given to the respondents of choosing multiple answers to this question, which was done for guaranteeing the highest degree of accuracy in reporting the actual causes for the current displacement, has resulted in a higher proportion in *Final report on the Findings of the Protection Needs Assessment in Taizz - June, 2015*



3. Causes of displacement for IDPs families

Although the intentions of the IDPs families are mostly to go back to their places of origin (67%), their willingness to do so is seriously impeded by security concerns (18%) and their fear of the presence of ERWs and UXOs (5%) in their area of origin. Such an intention was also confirmed during the FGDs, with all the categories concerned. A small minority (8%) has instead indicated an inclination to move to another location to try to integrate there, while an even smaller group (6%) has highlighted a willingness to actually stay and integrate with the host community in the district of current displacement. As emerged during FGDs, this minority is hosted by family members and/or friends and lives in proper houses that are rented and/or offered by family members and friends. Their willingness to stay is, therefore, explained, by the support this minority receives and their decent living conditions.

Not surprisingly, the IDPs families have indicated that the reason behind their choice to stay in the current district is mostly the presence of families and friends (39%) and because of the shared sympathetic feeling towards the host community (37%). In addition, most of the IDPs have also indicated some other motives to stay like easier access to accommodation (33%), the presence of same tribal, ethno or sectarian groups (21%), the feeling of safety and security (28%), and an improved freedom of movement (20%).



4. Intentions of IDPs

the percentage calculated. However this does not affect or modify the results for each of the answers to the related question separately. This applies to one or more of the analyzed questions/answers.

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5.2 IDPs and hosting communities.

As stated in the executive summary, 68 HC families – among which 26% were female headed – were interviewed. More precisely, 26 families from Al Rahyda, 27 from Mawiyah and 15 from Dimnat Khadir. As previously seen, the big majority of IDPs families feel sympathy and appreciation towards the hosting communities, defining them as being extremely “kind and welcoming”. However, a small portion of IDPs families (9%) has indicated the presence of tensions and hostilities with the host community. In fact, in some occasions, IDPs stated that few host community members are neglecting elders and harassing women who are begging in the street for food. This was reported only in a few cases, though if the overall situation of the country aggravates, this could have a very negative impact on the overall relationships among displaced and hosting communities.

During FGDs with IDPs women and men (aged 25-55) in Hayfan, it emerged that most of host families were relatives of the displaced people, which confirms the information that IDPs’ main reason for choosing this area is family linkages. The host families were kind and hospitable with them. However, the host families are not able to provide the displaced people with the basic essentials. In Dimnat Khadir, young girls expressed the fear of being evacuated from the school where they sought refuge as the principal often threatened them and their families. General concern is that there are no job opportunities among the hosting communities that could make the lives of IDPs more bearable.

5.3 Shelter and water

Most of the IDPs families have declared to be currently placed in rural (68%) or semi-urban (29%) settings with the highest majority (56%) currently living in temporary and/or semi-permanent tents, while small minorities are living in rented houses (11%), and collective centres (9%). Some have also indicated to be hosted by relatives or friends (7%), host families (6%), as well as mosques (2%). IDPs are forced to seek refuge far from the cities as these are heavily targeted by shooting and airstrike. However, in rural areas services are extremely limited and although unsafe, many IDPs are obliged to get closer to the cities, especially the capital, in order to buy food and other basic items from local markets.

It is interesting to highlight that the IDPs families have all indicated to be coming from extremely different conditions of housing to the ones they have now been placed into. In fact, all of the target groups have indicated to previously owning (47%) or renting (45%) houses with more than 82% of them indicating that their places of origin were in optimal to good condition with no to some repairs needed. This might have had a higher impact on the IDPs families and their physical and mental well being, given the fact that the condition of their current arrangements varies from poor (47%) to average (37%), with only a small percentage (7%) indicating to be currently living in good conditions. This means that living conditions of these families have drastically worsened and that families are undergoing a number of protection, physical and psychological risks that undermine their lives.

On the other hand, host community members have indicated to live in mostly rural settings (64%), with only few living in urban (17%) and semi-urban (10%) surroundings. Some groups are shown to live in owned (30%) or rented houses (12%), and very few (1%) living in temporary or semi-temporary tents. The host community has also indicated that their conditions of living vary from average (29%), to good (4%) with only few indicating instead to live in poor conditions (9%).

Moreover, 46% of IDPs families have indicated to be very poorly or poorly (22%) protected by elements such as cold, heat, wind, and rain, with only a small percentage indicating to live in okay (22%) or good (8%) conditions. This is not the case for the host community, which has instead expressed to live in okay (43%) to good conditions (20%) with a smaller group stating to live in poor (20%) or very poor (4%) conditions. Not surprisingly, IDPs families have also highlighted to be extremely concerned by the sufficiency of space for family and household activities as well as the level of privacy in the households. In fact, a big group of people has indicated that the space for family in their new surrounding is very poor (52%) or poor (13%) and so is the level of privacy (very poor 34%, poor 18%). The situation is particularly dire for FHH as 60% of them stated that their privacy is poor and/or very poor and 62% stated that the available space for their house chores equally poor and/or very poor. In this kind of context SGBV related issues might be likely to happen and the women – as well as the members of their families – exposed to serious risks. Contrarily, the host community is shown to cope better with the above, mostly indicating the space in the households as well as the level of privacy has remained okay (42% and 49% for women and men respectively) and good (respectively 10% and 20% for women and men respectively).

According to the feedback and observations of the data collectors, a serious threat felt by the IDPs families is the shortage in food and non-food items such as gas, mosquito nets, blankets and toiletries for sanitation, which are unavailable due to the distance of the temporary shelters from the local market as well as a lack of economic means for HC and scarcity of available goods in the market. The scarcity of job opportunities and the level of dependency of the IDPs families on other people to fulfil their basic needs seem was often highlighted during FGDs, by men and women equally, which enhances some of the IDPs' level of frustration and fear for the future.

According to the respondents, it seems that aid has been provided mostly to IDPs HHs (61%). The districts that received the most assistance are, respectively: Dimnat Khadir, Hayfan and Mawiyah. They mainly benefitted from food distribution (43%), Shelter/NFIs (7%) and WASH (5%), though it has been indicated a lack of other type of assistance. It was concerning to note that no medical assistance was ever provided in the three districts, together with no education and protection services. As a matter of fact, medical assistance is very much needed as 58% of IDPs and 39% of HCs stated they have no access at all to sanitation facilities, with Hayfan and Mawiyah being extremely poor in terms of medical facilities available, both for HCs and IDPs.

There is a concerning scarcity of water in the whole governorate and families are obliged to collect water by themselves as the water system is not functioning.⁹In addition, many IDPs families have also indicated a high need in the provision of water tanks, which is broadly felt to be missing. No local association was indicated to neither provide water nor fuel supplies. Therefore, it is women (50% among IDPs and 76% among HCs), men (40% among IDPs and 14% among HCs), boys (6% among IDPs and 5% among HCs) and girls (4% among IDPs and 5% among HCs) who are held responsible for fetching water outside their shelters, which ultimately generates protection and security concerns. A similar situation was reported with regards to fuel sources (mostly firewood 92%), which is again fetched outside of their building by IDPs women, men, and girls, with very similar percentage as the above. The distance to the closest firewood and water collection points vary from 15 minutes to three hours.

It did not come out from this assessment if women, men and children are exposed to protection threats when collecting water or firewood and dynamics of collection were not defined. Further investigation on the issues might be extremely interesting to understand the protection risks linked to the scarcity of resources and the community dynamics.

In Mawiya hdistrict, it has been reported by 41 IDPs families that they have to share toilet facilities with 20 or more other people. It seems that the most popular option for IDPs in Mawiayah and Hayfan is to use open spaces instead of toilets, although most of the respondents did not give an answer to this question. If poor or no functioning sanitation and/or bathing facility are available, the hygienic conditions will further worsen and become extremely risky in terms of the spreading of diseases, but also in terms of safety of individuals, especially women and girls who can be exposed to a number of protection threats, such as SGBV, harassment etc.

⁹See also OXFAM, *Taiz Governorate Rapid WASH, EFSVL, and Shelter Assessment Report*, July 2015.

5.4 Vulnerable categories

5.4.1 Children

All the children currently residing in Taizz, including residents, do not have access to education as the government has suspended this service till further notice and schools are used as collective shelters, commandeered or might have been destroyed. 95% of children amongst IDPs and HCs families have been reported as not attending school. Indeed, children from IDPs and HCs families who are impeded to attend school or participate in the social environment of the community have been reported as have nothing to occupy their day with, which might lead to an increase in their willingness to find alternative but extremely dangerous solutions and increase their exposure to protection threats.

Moreover, the assessment identified 5 cases of unaccompanied minors (3 IDPs and 2 HC), 4 separated (3 IDPs and 1 HC), 26 orphans (23 IDPs and 3 HC), 8 children headed households (7 IDP and 1 HC) and 9 involved in labour (1 IDPs and 8 HCs). Although these might seem small numbers, data collectors observed that the real number of children without parental care or involved in labour is much higher according to informal discussions with authorities and direct observation.

Child recruitment can be hardly reported during a general protection assessment, given its sensitivity and the reluctance of the adults to talk about the issue. However, two children were reported to have been forcibly recruited by armed forces or rebel groups in Mawiyah and four IDPs children were also reported being forcibly recruited as well as some children being reported as voluntarily joining army or rebel groups in the Hayfan district. This is extremely dangerous, since the social and economic conditions that the IDPs and HCs are currently experiencing might lead children to increasingly voluntary joining armed or rebel forces.

Furthermore, it was disturbing to note that early marriage was openly marked as a practice by 27 IDPs and by 10 host community members, caused mostly by security concerns and local traditions. It is mandatory to further investigate such a situation and understand what kind of gender related risks and threats – with special regards to early marriages and pregnancies – the girls and women in Taizz are facing with. As it has been said previously, in terms of child protection, this assessment is not comprehensive and does not bring enough light to forms and reasons of labour or any specific condition of separated and unaccompanied children that were not fully explored. Numbers were not always disaggregated by gender and, therefore, a more in depth child protection assessment should be performed in order to assess and understand the protection risks and threats pertaining to the specific situation of girls and boys in Taizz.

5.4.2 Medical conditions

Another source of concern is the access to health facilities which is very limited with 58% IDPs groups and 39% host community members indicating that no health facility is available for them. The lack of access to medical facilities is seriously harming also those with chronic/critical medical conditions with 23 adults, 17 children amongst the IDPs families, and 6 adults, and 8 children from the host community in urgent need of medical assistance and with no access to health, mainly because of distance from facilities and lack of money. Lack of medical facilities seriously affects pregnant women who suffer from lack of maternal care during pregnancy and at the time of delivery: during the assessment, 24 cases of pregnant women (22 IDPs and 2 HCs) with no access to health care were identified. In addition, 3 adults and 3 children from the IDPs families were identified as persons with disabilities and in need of special support and consequently exposed to further protection threats in a displacement context.

Only 10 adults and 7 children from the IDPs families were identified as suffering from psychosocial diseases, though such an aspect was investigated only superficially. The consequences of displacement, lack of access to basic services and the general trauma of armed conflicts have long lasting effects on children and adults equally. More cases would have been identified if the assessment had been focus on psychological consequences of the war, which can be looked at during further and more in depth assessment.

5.5 Security and Safety

In terms of the safety and security of the population, Yemen does not offer functioning mechanisms and structures – both at community and governmental level – that are considered trustable by most of the population. And, as a matter of fact, people rely just on themselves or on the so called de facto authorities for their own security and safety. The presence of local authorities or police in the districts is felt on a very small scale; in fact IDPs and HC families count on themselves (41% for both) or the Sheik (28% and 30% respectively) or de facto authorities (18% and 20% respectively) for protection and to address problems of people informally. Recurring only to the informal justice can be hazardous as the existing mechanisms are often biased, especially in terms of gender, and not always provide families and individuals with indiscriminate protection. This is another aspect that deserves to be further investigated through a more in depth assessment.

The interviewed households come from violent and severely conflict affected contexts, where physical violence, threats, and abuses have been widely experienced as well as an exponential feeling of insecurity. For instance, 30 cases (26 IDPs and 4 HCs) of UXO accidents were reported during interviews; 11 individuals (9 IDPs and 2 HCs) reported their dignity being violated in different ways, which was not specified for lack of privacy and adequate preparation of the staff.

Having found shelters and the provision of some basic needs in the past months, even if temporarily, has probably improved the sense of security that the IDPs families are feeling. This is probably one of the reasons that led IDPs families to indicate that the level of security is now between okay (38%) and good (23%), with another portion indicating a slightly higher feeling of insecurity (18%). However, during FGDs it was concerning to hear that owners of schools and buildings where IDPs have taken shelters threaten them to be forcibly removed. This matter was not extensively investigated but it would be useful to fully understand to which extent the IDPs are being threatened and if this is becoming a practice amongst building owners. Nonetheless, some IDPs families have also indicated their fear for the wellbeing of relatives that have taken shelters far away from them and the impossibility in communicating directly or indirectly with them.

In addition, another source of concern for IDPs families comes from the supposition that the current location could become target of the on-going shelling in the country, which would mean having to escape and relocate again somewhere else. The same concern is shared by HC families, who perceive their safety as relatively okay, although during FGDs they have repeatedly confessed concern over an escalation of the airstrike and have shared fears of being forced to move to another place.

6. Conclusions and recommendations

Conducting this assessment has been extremely challenging, given the volatile security situation in the whole country, the very few means of communication in the targeted areas and even poorer means of processing and elaborating data, as fuel, electricity, internet connection etc. However, there is general agreement on the value and relevance of the data collected, which will make the planned assistance tailored to the real needs and priorities of the beneficiaries.

The consequences of the – almost complete – lack of basic services are dramatic for IDPs and HCs in Taizz:

Women, men, girls and boys currently IDPs and/or seeking refuge in Taizz are in urgent need of humanitarian attention and, therefore, the very first recommendation of this report is to immediately start to respond to the most pressing needs of the affected population, both IDPs and HCs. And specifically:

- Emergency food assistance through general food distribution and cash vouchers/assistance;
- Provide primary health care services, through mobile clinics, outreach services - and provide medicines and supplies;
- Provision of safe and clean water;
- Guarantee safe and equal access to sanitation facilities, including the distribution of hygiene kits;
- Provide essential household items (NFIs) in a dignified and gender sensitive way;
- Ensure security from violence and exploitation to boys, girls, men, women and persons with special needs through the provision of safe spaces and capacity building of local communities;
- Provide psychosocial, legal and material support, including education for children;
- Conduct awareness campaign on protection mechanisms, risks and threats, including MRE/MRM, while advocating for the respect of IDPs and refugees' rights;
- Empower the community and guarantee community based approach throughout;
- Build the capacity of local organizations already providing humanitarian assistance in Taizz or willing to do so

To conclude, it is also stressed that further needs assessment are required to better respond to the complex needs of the affected population of ATaizz. Therefore, the following is suggested:

- Periodically conduct sex and age disaggregated focus group discussions in order to take into account the views of all the categories concerned in the proposed intervention;
- Conduct a more in depth child protection assessment as phenomenon as child recruitment and child labour could not be explored in this report;
- Conduct a more in depth gender assessment as phenomenon as early marriage and early pregnancies, SGBV could not be explored in this report.

Annex 1: Assessment form – English version

PROTECTION

1. Location

| | | | | |
|-----------------|-------------|----------|--------------|-------------------|
| | Governorate | District | Sub-district | Town/Village name |
| Place of origin | | | | |
| Type | Longitude | | Latitude | |

Urban Semi-urban Rural

2. Displacement/Migration Cycle

Do not count a household in two different categories. A household should ONLY be included in the most recent category.

| Category | Year of displacement/return/arrival | # of households (HoHs) | # of individuals | # registered by ExU/UNHCR |
|---|-------------------------------------|------------------------|--------------------------------------|--------------------------------------|
| IDPs | | | | |
| IDP Returnees | | | | |
| Ethiopian Migrants | | | | |
| Somali Migrants | | | | |
| Other (specify): | | | | |
| Average number of displacements experienced by IDPs | | | <input type="checkbox"/> 1 time | <input type="checkbox"/> 2 – 3 times |
| | | | <input type="checkbox"/> 3 – 4 times | <input type="checkbox"/> 5 + times |

3. Causes of displacement/migration

Indicate the main reason for movement. Select as many as applicable

| IDPs | Migrants |
|--|--|
| <input type="checkbox"/> Generalised violence/insecurity | <input type="checkbox"/> Generalised violence/insecurity |
| <input type="checkbox"/> Direct threat of violence/harm | <input type="checkbox"/> Direct threat of violence/harm |
| <input type="checkbox"/> Natural disaster (flooding/landslides) | <input type="checkbox"/> Natural disaster (flooding/landslides) |
| <input type="checkbox"/> House/property damaged owing to conflict/natural disaster | <input type="checkbox"/> House/property damaged owing to conflict/natural disaster |
| <input type="checkbox"/> Evicted from property | <input type="checkbox"/> Evicted from property |
| <input type="checkbox"/> Lack of access to affordable accommodation | <input type="checkbox"/> Lack of access to affordable accommodation |
| <input type="checkbox"/> Lack of access to health services | <input type="checkbox"/> Lack of access to health services |
| <input type="checkbox"/> Lack of access to potable water | <input type="checkbox"/> Lack of access to potable water |
| | <input type="checkbox"/> Lack of access to sources of fuel (such as firewood) |

Lack of access to sources of fuel (such as firewood)

Lack of access to education for children

Lack of access to education for children

Lack of access to education for youth

Non-availability of employment/livelihoods options

Non-availability of employment/livelihoods options

Non-availability of markets

Non-availability of markets

Presence of ERWs/UXOs

Unable to afford the cost of living

Other (specify):

Forced/prolonged military service

Political views

Religious reasons

Nationality/race related reasons

Other (specify):

4. Reasons for return

Indicate the main reason for return from the place of displacement. Select as many as applicable.

IDP Returnees

Peace and stability in place of origin

Lack of access to potable water in location of displacement

Generalised violence/insecurity in location of displacement

Lack of access to sources of fuel in location of displacement

Direct threat of violence/harm in location of displacement

Lack of access to education for children in location of displacement

Natural disaster (flooding/landslides) in location of displacement

Non-availability of employment/livelihoods options in location of displacement

House/property damaged owing to conflict/natural disaster in location of displacement

Non-availability of markets in location of displacement

Evicted from property in location of displacement

Unable to afford the cost of living in location of displacement

Lack of access to affordable accommodation in location of displacement

Tensions with host community in location of displacement

Other (specify):

Lack of access to health services in location of displacement

5. Circumstances in current location

Indicate the situation in the current location. Select as many as applicable.

IDPs

IDP Returnees

Migrants

Presence of family/friends

Access to accommodation

Presence of family/friends

Presence of same tribal/ethno-sectarian group

Access to health services for physical problems

Presence of same tribal/ethno-sectarian group

Sympathetic host community

Access to health services for psychological problems

Sympathetic host community

Access to accommodation

Access to potable water

Access to accommodation

Access to health services for physical problems

Access to sources of fuel

Access to health services for physical problems

Access to health services for

Access to health services for

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- | | | |
|---|---|---|
| psychological problems | <input type="checkbox"/> Access to education for children | psychological problems |
| <input type="checkbox"/> Access to potable water | <input type="checkbox"/> Availability of employment/livelihoods options | <input type="checkbox"/> Access to potable water |
| <input type="checkbox"/> Access to sources of fuel | <input type="checkbox"/> Availability of markets | <input type="checkbox"/> Access to sources of fuel |
| <input type="checkbox"/> Access to education for children | <input type="checkbox"/> Safety and security | <input type="checkbox"/> Access to education for children |
| <input type="checkbox"/> Availability of employment/livelihoods options | <input type="checkbox"/> Freedom of movement | <input type="checkbox"/> Availability of employment/livelihoods options |
| <input type="checkbox"/> Availability of markets | <input type="checkbox"/> Affordable cost of living | <input type="checkbox"/> Availability of markets |
| <input type="checkbox"/> Safety and security | <input type="checkbox"/> Tension with community | <input type="checkbox"/> Safety and security |
| <input type="checkbox"/> Freedom of movement | <input type="checkbox"/> Other (specify): | <input type="checkbox"/> Freedom of movement |
| <input type="checkbox"/> Affordable cost of living | | <input type="checkbox"/> Affordable cost of living |
| <input type="checkbox"/> Tension with host community | | <input type="checkbox"/> Transit hub |
| <input type="checkbox"/> Other (specify): | | <input type="checkbox"/> Tension with host community |
| | | <input type="checkbox"/> Other (specify): |

6. Intentions Indicate the main intentions of the persons in these locations.

| IDPs | IDP Returnees | Migrants |
|--|---|---|
| <input type="checkbox"/> Return to place of origin | <input type="checkbox"/> Re-integrate | <input type="checkbox"/> Return to country of origin |
| <input type="checkbox"/> Move to another displacement location | <input type="checkbox"/> Return to area of past displacement | <input type="checkbox"/> Locally integrate |
| <input type="checkbox"/> Locally integrate | <input type="checkbox"/> Move and integrate in another location | <input type="checkbox"/> Move to another location |
| <input type="checkbox"/> Move and integrate in another location | <input type="checkbox"/> Leave Yemen for another country | <input type="checkbox"/> Move and integrate in another location |
| <input type="checkbox"/> Leave Yemen for another country | <input type="checkbox"/> Undecided | <input type="checkbox"/> Leave Yemen for another country |
| <input type="checkbox"/> Willing to return but cannot owing to security concerns not related to generalized violence | | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Willing to return but cannot because of presence of ERWs/UXOs | | |
| <input type="checkbox"/> Willing to return but cannot because of a lack of livelihood opportunities | | |
| <input type="checkbox"/> Undecided | | |

7. Vulnerabilities Identify the presence of persons with specific needs.

| Category | IDPs | Estimated % | IDP Returnees | Estimated % | Migrants | Estimated % |
|---|--------------------------|-------------|--------------------------|-------------|--------------------------|-------------|
| Unaccompanied children (not with parents or relatives) | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Separated children (not with parents but with relatives or care-givers) | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Orphans | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Child headed households | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children involved in labour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children not involved in labour but not attending school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Women headed households | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Single women without family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pregnant women without access to health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Single male parent with minor children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Older persons without family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adults with chronic/critical medical conditions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children with chronic/critical medical conditions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adults exhibiting signs of psychological problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children exhibiting signs of psychological problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adults with disabilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children with disabilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Families with immediate family members who have been abducted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Families with immediate family members who have been killed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult survivors of direct violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child survivors of direct violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. General protection Ascertain the circumstances of the persons in the location. Provide narrative responses to the questions.

| | |
|---|----------------------|
| 8.1 Who is responsible for the collection of water? Is it women, men, girls or boys and how far do they have to travel on average for the purpose? | IDPs |
| | IDP Returnees |
| | Migrants |
| 8.2 Who is responsible for the collection of sources of fuel, such as firewood? Is it women, men, girls or boys and how far do they have to travel on average for the purpose? | IDPs |
| | IDP Returnees |
| | Migrants |
| 8.3 Are there sanitation facilities and if so, are they separate for men and women? If not, where do | IDPs |
| | IDP Returnees |

| | |
|--|------------------|
| people go to defecate and bathe? | Migrants |
| | IDPs |
| 8.4 Is there good access to health facilities and services? If not, what are the impediments to accessing health services? | IDP Returnees |
| | Migrants |
| | IDPs |
| 8.5 Do both female and male children go to school? If not, why not and how do both girls and boys occupy their time? | IDP Returnees |
| | Migrants |
| | IDPs |
| 8.6 Do members of the family possess identification documents? If not, what are the reasons for this? If so, do both male and females in the family have these documents? If not, why not? | IDP Returnees |
| | Migrants |
| | IDPs |
| 8.7 Has the dignity of member of the family been violated in any way? If yes, who was affected, what type of incidents occurred and when? | IDP Returnees |
| | Migrants |
| | IDPs |
| 8.8 Who do you rely on for protection and security (sheikh, imam, tribal leaders, local government, de facto authority, police, etc.)? | IDP Returnees |
| | Migrants |
| | IDPs |
| 8.9 Have people been injured or killed by mines/UXOs/ERWs? If so, why does this occur? | IDP Returnees |
| | Migrants |
| | IDPs |
| 8.9 a Have boys and/or girls from yours and/or other communities been recruited by armed forces and/or groups? | IDP Returnees |
| | Migrants |
| | IDPs |
| 8.10 Is there a tendency for families to marry girls and young women early? If so, what are the reasons? | IDP Returnees |
| | Migrants |
| | IDPs |
| 8.11 What are the prospects for employment/livelihoods for both men and women and in what sectors? If they do not work, why not? | IDP Returnees |
| | Migrants |

8.12 In terms of basic needs, what are the top three needed items/services?

IDPs
IDP
Returnees
Migrants

9. Additional observations

Provide narrative comments on any issues, which are pertinent/relevant.

Annex n.2 List of locations targeted during the assessment

| DimnatKhadirdistrict |
|-----------------------------|
| Al-Thorah school |
| Al-Rood school |
| OzlatAbdulamlek |
| OzlatAlghool |

| Hayfan district |
|------------------------|
| Al-Khazagh |
| Zuhaimeeq |
| Al-Agabra |

| Mawiyah district |
|-------------------------|
| Shorman |
| Al-Kamara |