

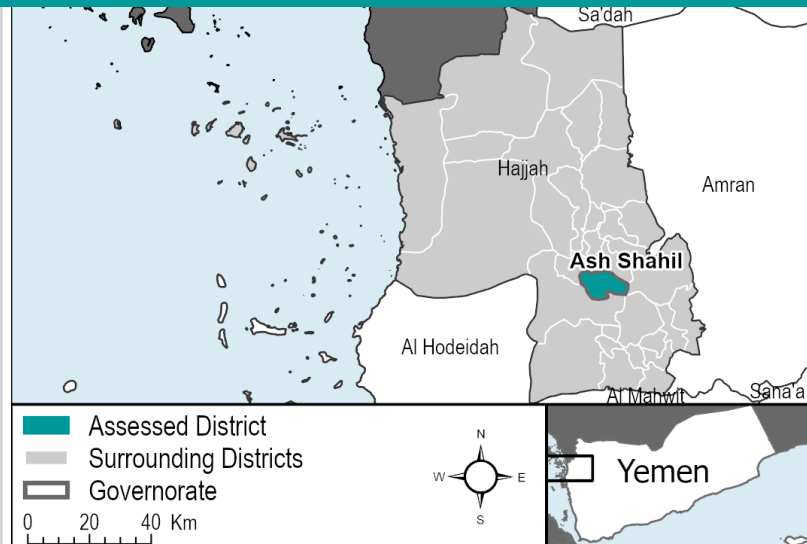
# Yemen WASH Needs Tracking System (WANTS)

Ash Shahil District, Hajjah Governorate

November 2022

The Yemen Water, Sanitation and Hygiene (WASH) Cluster launched the WASH Needs Tracking System (WANTS) with the support of REACH to provide high quality WASH data and inform more effective WASH programming and planning. The WANTS comprises a set of harmonized monitoring tools which, through partner data collection, provide updated information and analysis on WASH access and needs throughout Yemen.

The cholera key informant (KI) interview tool is a community-level WANTS tool used in cholera priority districts<sup>1</sup>. The findings below are based on 4 cholera key informant (KI) interviews conducted across 4 communities in Ash Shahil district, Hajjah governorate. The type of assessed localities were rural. KIs are reporting WASH needs of their own communities. Data was collected by RMENA for Human Relief & Development in November 2022. These findings should be interpreted as indicative of the WASH needs in Ash Shahil district.



## Demographics<sup>2</sup>

Total population in district	52,710
Total internally displaced people (IDP) in district	673
Proportion of the population living with disability	15%

2020 Cholera Severity Score <sup>5</sup>	1
Global Acute Malnutrition (GAM) prevalence rate <sup>6</sup>	12%

## Water

1/4 KIs reported that people in their community mainly relied on an **improved water source**<sup>3</sup> for drinking water in the 30 days prior to data collection.

4/4 KIs reported **issues related to taste, appearance or smell** of water in the 30 days prior to data collection.

**Proportion of KIs reporting water access problems in the 30 days prior to data collection:<sup>4</sup>**

Waterpoints are too far	4/4
Water is too expensive	3/4
Waterpoints are difficult to reach (especially for people with disabilities)	2/4
Storage containers are too expensive	1/4

2/4 KIs reported **no one** in their community **treated their drinking water** in the 30 days prior to data collection, whereas 1/4 KIs reported **about half** of the people treated their water and 1/4 KIs reported **few** treated their drinking water.

## Participating partner:



## Hygiene

3/4 KIs reported **few** people in the community had **enough soap** in the 30 days prior to data collection, whereas 1/4 KI reported **no one** had.

## Sanitation

2/4 KIs reported **no one** in their communities had **access to a functional latrine** in the 30 days prior to data collection, whereas 1/4 KIs reported **few** people had access and 1/4 KIs reported **about half** of the people had access.

**Main sanitation facility type used by people in the community in the 30 days prior to data collection, as reported by KIs:**

Pit latrine without a slab or platform	3/4	<div><div></div></div>
Open defecation	1/4	<div><div></div></div>

4/4 KIs reported that specific groups had **issues accessing sanitation** in the 30 days prior to data collection.

1) Districts prioritized by the Yemen WASH Cluster for cholera intervention due to cholera incidence and clustering of cases, including high and/or sudden increases in cases. 2) All demographic information is based on UNOCHA 2022 Yemen Population projections. 3) Improved drinking water source is [defined by the WHO](#) as a source that, by nature of its construction, adequately protects the water from outside contamination, in particular from faecal matter. 4) KIs could select more than one answer. 5) Cholera severity scores based on Suspected Cholera Incidence Rate per 10,000 people. Reported by WHO for 2021 Humanitarian Needs Overview. Cholera Severity score is on a scale of 1 to 5 with 5 being the most severe. 6) Combined GAM prevalence, % children 6-59 months with MUAC 125mm or less and/or WFH Z-score -2 or less. Based on [Yemen Nutrition Cluster Achievements Analysis 2020-2022](#).