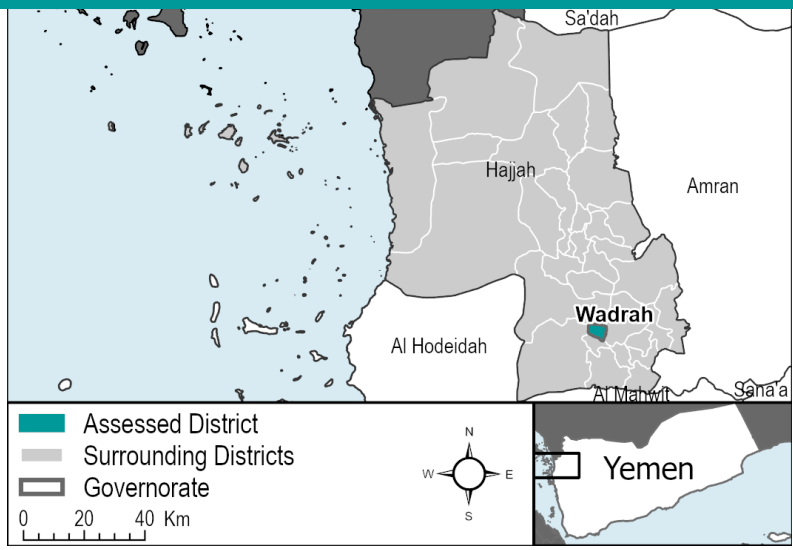
Yemen WASH Needs Tracking System (WANTS)

Wadrah District, Hajjah Governorate

September 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[1]. The findings below are based on eleven (n=11) cholera key informant (KI) interviews conducted across 8 communities in Wadrah district, Hajjah governorate. The type of assessed localities were rural and urban areas. KIs are reporting WASH needs of their own communities. Data was collected by RMENA for Human Relief & Development in September 2022. These findings should be interpreted as indicative of the WASH needs in Wadrah district.



Demographics[2]

Total population in district	20,493
Total internally displaced people (IDP) in district	2,834
Proportion of the population living with disaility	15%

Water

6/11 KIs reported that people in their community mainly relied on an improved water source[3] for drinking water in the 30 days prior to data collection.

6/11 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:[4]

Waterpoints are too far	5/11
I don't know	3/11
Some groups (children, women, elderly, ethnic minorities, IDPs, etc.) do not have access to the water points	3/11
Insufficient number of water points/ waiting time at water points	3/11
Water is too expensive	3/11
Storage containers are too expensive	2/ 11
Waterpoints are difficult to reach (especially for people with disabilities)	2/11
Fetching water is a dangerous activity	1/11

8/11 KIs reported that few people in their community treat their drinking water in the 30 days prior to data collection, whereas 2/11 KI reported half, and 1/11 reported none.

Health

2020 Cholera Severity Score[5]	2
Global Acute Malnutrition (GAM) prevalence rate[6]	12%

Hygiene

5/11 KIs reported that few people in the community had enough soap in the 30 days prior to data collection, whereas 2/11 KI reported none, 2/11 reported half, and 2/11 KI reported most.

Sanitation

5/11 KIs reported that everyone in their communities had access to a functional latrine in the 30 days prior to data collection, whereas 2/11 KIs reported most, 2/11 KIs reported half, and 2/11 KIs reported few and none.

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

Flush or pour/flush toilet	6/11
Open hole	4/11
Open defecation	1/11

5/11 KIs reported that specific groups had issues accessing sanitation in the 30 days prior to data collection.

Participating partner:

MENA Human Relief and Development

Help Hilfe zur Selbsthilfe

1) Districts pioritized 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.