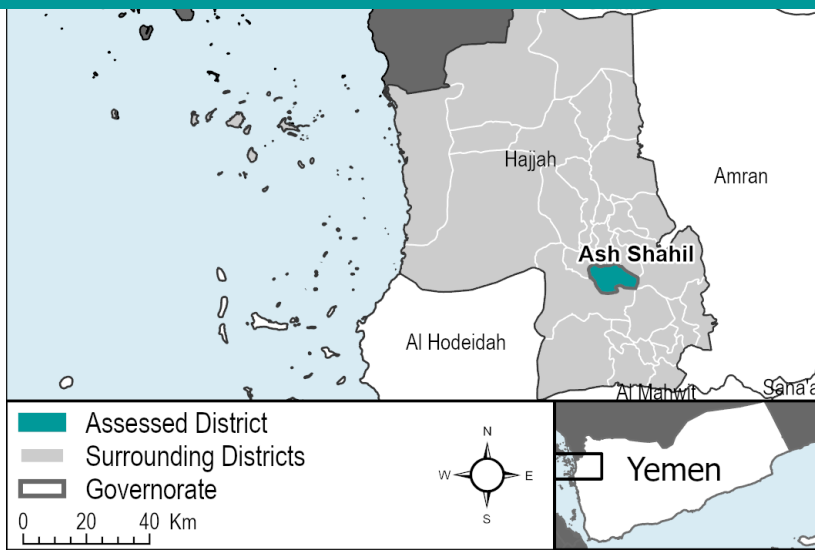
Yemen WASH Needs Tracking System (WANTS)

Ash Shahil District, Hajjah Governorate

December 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 25 cholera key informant (KI) interviews conducted across 24 communities in Ash Shahil district, Hajjah governorate. The type of assessed localities were rural and urban areas. KIs are reporting on WASH needs of their own communities. Data was collected by RMENA for Human Relief & Development (RMENA) in December 2022. These findings should be interpreted as indicative of the WASH needs in Ash Shahil district.



Demographics[2]

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

Water

2/25 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.

18/25 KIs reported having issues related to taste, appearance or smell of water in the 30 days prior to data

Proportion of KIs reporting water access problems in the 30 days prior to data collection:[4]

Water is too expensive	25/25
Waterpoints are too far	18/25
Some groups (children, women, elderly, ethnic minorities, IDPs, etc.) do not have access to the water points	6/25
Storage containers are too expensive	4/25
Insufficient number of water points/ waiting time at water points	2/25
Waterpoints are difficult to reach (especially for people with disabilities)	2/25

16/25 KIs reported few people in their community treated their drinking water in the 30 days prior to data collection, whereas 7/25 KIs reported no one treated their water and 2/25 KIs reported half of the population did.

Health

2020 Cholera Severity Score[5]	1
Global Acute Malnutrition (GAM) prevalence rate[6]	12%

Hygiene

9/25 KIs reported half of the people in the community had enough soap in the 30 days prior to data collection, and 9/25 KIs reported most people had access to enough soap, whereas 6/25 KIs reported few had access and 1/25 KIs reported everyone had.

Sanitation

10/25 KIs reported most people in their communities had access to a functional latrine in the 30 days prior to data collection, and 9/25 KIs reported about half had access, whereas 6/25 KIs reported few people in the community 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 with a slab and platform	17/25
Open hole	4/25
Flush or pour-flush toilet	2/25
Pit latrine without a slab or platform	1/25
Pit VIP toilet[7]	1/25

23/25 KIs reported that specific groups had issues accessing sanitation in the 30 days prior to data collection.

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.

WASH Cluster Water Sanitation Hygiene

Participating partner: RMENA Human Relief and Development, Help Hilfe zur Selbsthilfe

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