Yemen WASH Needs Tracking System (WANTS)

Qafl Shammar District, Hajjah Governorate

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 communitylevel WANTS tool used in cholera priority districts¹. The findings below are based on 5 cholera key informant (KI) interviews conducted across 5 communities in Qafl Shammar district, Hajjah governorate. The type of assessed localities were rural areas. KIs are reporting WASH needs of their own communities. Data was collected by RMENA for Human Relief & Development, and Agency For Technical cooperation & Development (ACTED) in November 2022. These findings should be interpreted as indicative of the WASH needs in Qafl Shammar district.

Demographics²

Total population in district	85,098
Total internally displaced people (IDP) in district	2,992
Proportion of the population living with disability	15%

💧 Water

1/5 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.

4/5 KIs reported having 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

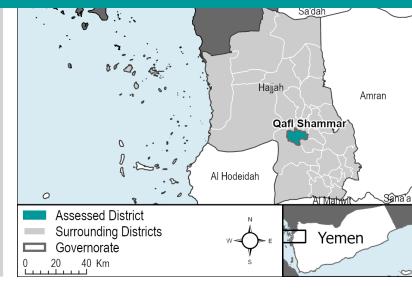
Water is too expensive	4/5
Storage containers are too expensive	1/5
Insufficient number of water points/ waiting time at water points	1/5
Waterpoints are too far	1/5

4/5 KIs reported few people in their community treated their drinking water in the 30 days prior to data collection, whereas 1/5 KIs reported no one treated their water.

Participating partner:







Health

2020 Cholera Severity Score ⁵	1
Global Acute Malnutrition (GAM) prevalence rate ⁶	24.8%

🦢 Hygiene

1/5 KIs reported about few people in the community had enough soap in the 30 days prior to data collection, whereas 1/5 KIs sreported no one had enough soap.

Sanitation

2/5 KIs reported no one in their communities had access to a functional latrine in the 30 days prior to data collection, while 2/5 KIs reported few people had access, and 1/5 KIs reported most 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:

Open hole	2/5	
Flush or pour/flush toilet	1/5	
Open defecation	1/5	
Pit latrine without a slab or platform	1/5	

5/5 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 <u>defined by the WHO</u> 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 <u>Yemen Nutrition Cluster Achievements Analysis 2020-2022</u>.

November 2022



WASH Cluster Water Sanitation Hygiene