Yemen WANTS Situation Overview
April - June 2022

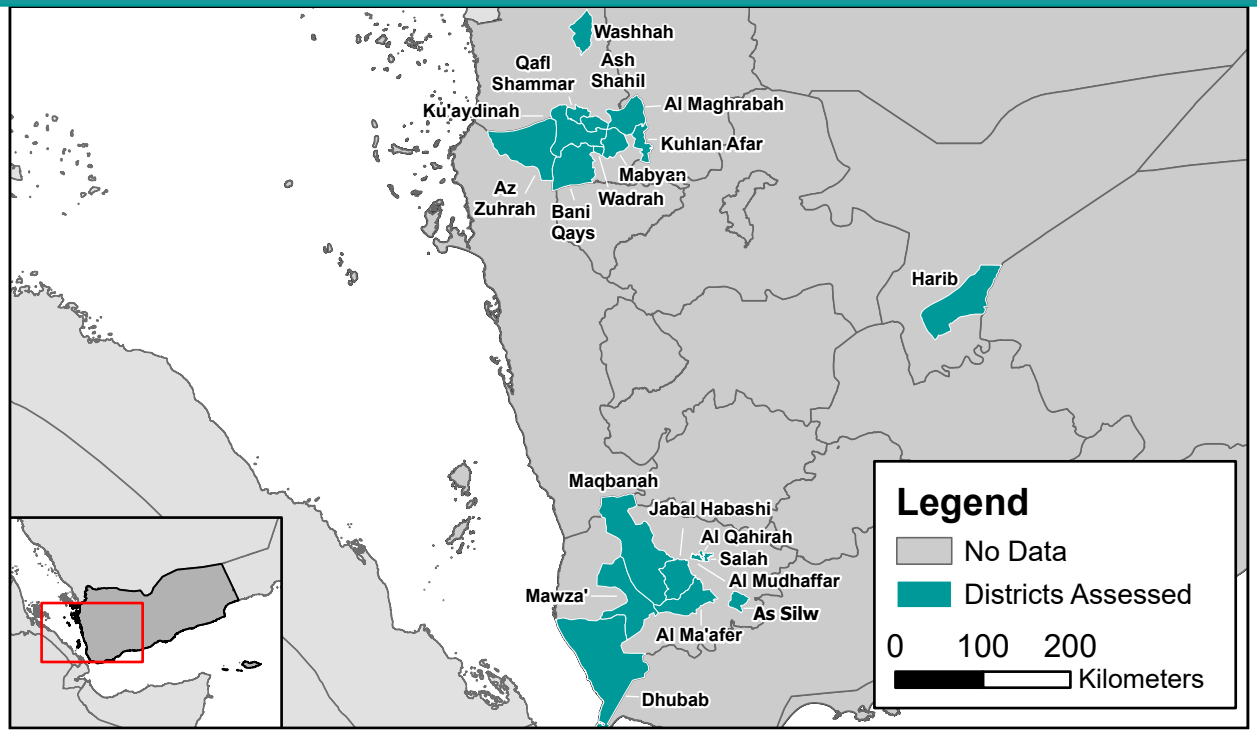
WASH Cluster
Water Sanitation Hygiene

REACH Informing more effective humanitarian action

INTRODUCTION

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

This situation overview describes all YWC partner assessments carried out between April and June 2022, including 264 common key informant interviews (KIIs) and 1544 common household interviews. The situation overview triangulates WASH assessment findings with secondary data sources.



WASH RESPONSE UPDATES

The final 2022 Humanitarian Response Plan (HRP) sets forth a strategy to provide humanitarian aid to the people of Yemen. It was estimated that 4.27 billion United States Dollars (USD) would be needed in 2022 to reach the targeted 17.3 million people (representing 76% of the total 23.4 million people in need).[1]

The YWC estimated that it would need approximately 302.2 million USD to provide WASH services to 13.1 million people in 2022. Overall, the Yemen humanitarian response has been substantially underfunded by the mid of 2022, with almost every humanitarian sector having received less than 50% of their HRP budgets. However, at 6.8% of its target budget received, WASH is among the most severely underfunded sectors.[1] As of June, only 20.5 million USD had been received by the YWC and its partner organizations, which represents 6.8% of the estimated budget for providing WASH support presented in the 2022 HRP.[2]

- The YWC sets out to provide WASH support to about 13.1 million people in out of 17.8 million people in 2022 - as of May 2022, the YWC and partners have prepared support to 7.5 million people, or 57% of their target.[3]
- The coverage of WASH support varies among the thematic areas and targets reached were the following: 16% for the sustained sanitation system (TA2); 45% for the sustained water system (TA1); 78% for the emergency water support (TA3); 69% for the emergency hygiene support (TA5); and 65% for the emergency sanitation support (TA4).[3]
- From April to May 2022, 41 YWC partners have been providing WASH activities in 187 districts across 21 governorates of Yemen.[4]

1) OCHA Yemen Humanitarian Response Plan April, 2022, 2) Financial Tracking Service. "Reaquirments Funding Yemen" Accessed June, 27, 2022. 3) Yemen WASH cluster. Yemen - Humanitarian Dashboard January-May, 2022. 4) Yemen WASH Cluster 4W Matrix April-May, 2022 Accessed June, 27 2022.

HUMANITARIAN PROGRAM CYCLE

The 2022 Humanitarian Needs Overview (HNO)[5] estimates that 23.4 million people require some form of humanitarian assistance, with 12.9 million people in acute need. At least 17.8 million people are estimated to require support to access clean water and basic sanitation needs. According to Financial Tracking Service (FTS), Yemen had received only 1.1 billion USD of the 4.27 billion USD required to provide principled assistance between January and June, 2022.[6]

FOOD INSECURITY and WASH

As of May 2022, the Yemen Nutrition Cluster reported that 3.196 children aged 6-59 months live with Severe Acute Malnutrition (SAM) with Complication (In-patient) compared to 27.975 children aged 6-59 months live with Severe Acute Malnutrition (SAM) (Out-patient). Moreover, 27.789 children aged 6-59 months live with Moderate Acute Malnutrition (MAM). It was also reported that 28.532 pregnant and lactating women live with Moderate Acute Malnutrition (MAM PLW).[7]

CASH and WASH

In June 2022, the Joint Market Monitoring Initiative (JMMI) reported an increase of the food Survival Minimum Expenditure Basket (SMEB) cost by 5% in the IRG, and 8% in the DFA, compared to May 2022 were it decreased by 8% in the IRG and increased by 2% in the DFA between April and May. In addition, an increase in the exchange rate by 2% was recorded in the South of Yemen between May and June. Furthermore, in June, a substantial increase of 13% of the IRG water trucking price was reported in comparison with May; while water trucking prices in the DFA have also increased by 19%. According to JMMI, an increase in the WASH SMEB cost by 10% in the IRG and 17% in the DFA was recorded in June. In South, it was measured at 30,528 Yemeni Rial (YER) in June, 27,699 YER in May, and 29,059 YER in April. In the North, the WASH SMEB was measured at 20,677 YER in June, 17,716 YER in May, and 16,362 YER in April.[8]

CONFLICT and Displacement

Between April and June 2022, a total of 562 fatalities were reported across Yemen due to a total of 1,547 conflict events consisting of: 318 battles; 10 riots; 1,114 explosions and incidences of remote violence; and 105 actions of violence against civilians.[9]

Displacement is largely driven by the ongoing conflict, from 01 January 2022 to 25 June 2022 6,893 households (HHs) or 41,358 individuals have experienced displacement at least once as per the International Organization for Migration (IOM) and the Displacement Tracking Matrix (DTM).[10] Due to the reason of difficult weather conditions, IOM Yemen DTM reported that in May 2022 3,228 migrants entered Yemen, compared to 5,212 in April 2022.[11]

CCCM and WASH[12]

Between January and May 2022, the Camp Coordination and Camp Management (CCCM) cluster assessed 735 out of 2,441 IDP sites through the CCCM Site Report. As part of this site-level assessment, Key Informants reported that the majority (62%) of IDP sites have no access to WASH services within about 30 minutes' walk of the site; while 33% have inadequate access, and only 5% have adequate access. Moreover, it was estimated that the vast majority (84%) of IDP sites have no access to Waste disposal services; while 11% have inadequate access.

In terms of the primary water source, Key Informants reported that nearly a third (29%) of assessed sites use Water trucking; 21% reported Borehole; 17% unprotected Well/Water tank/Spring, and 10% surface water. Furthermore, nearly a third (29%) of assessed sites are reported to be using open latrine (covered) as their primary latrine type; 27% open defecation; 20% pit latrine (open); and 16% flush latrine to tank/sewage system/pit. In relation to threats to IDP sites, 20% of sites were reported to be at risk of infectious diseases, 15% at risk of flooding, and 13% at risk of water contamination.

5) OCHA Humanitarian Needs overview issued April, 2022 6) OCHA Yemen Financial Tracking Service Accessed June, 2022 7) Yemen Nutrition Cluster Achievements Analysis 2020-2022, Accessed 28 June, 2022. 8) YEM, REACH JMMI Situation Overview April, May, and June, 2022. 9) ACLED Dashboard. Accessed on June 29, 2022. 10) IOM Yemen DTM Yemen Rapid Displacement Tracking issues 27 June, 2022. 11) IOM Yemen DTM FLOW MONITORING REGISTRY DASHBOARD May 2022. 12) Yemen CCCM Cluster IDP Hosting Site Monitoring Dashboard Accessed June, 2022.

KEY INFORMANT INTERVIEW (n=264): the findings below are based on 264 KIIs conducted across 19 communities in Maqbanah, Dhubab, Jabal Habashi , As Silw, Al Mudhaffar, Al Qahirah, Salah, Al Ma'afer, Qafl Shammar, Al Maghrabah, Kuhlan Afar, Mabyan, Ash Shahil, Ku'aydinah, Wadrah, Bani Qays, Washhah, Az Zuhrah and Harib governorates. KIs are reporting WASH Needs for their own communities. Data was collected between April and June 2022 by Action contre la Faim (ACF), Assistance for Response and Development (ARD), Mayar Foundation for Development (MFD), Norwegian Refugee Council (NRC), RMENA for Human Relief & Development (RMENA), Society for Humanitarian Solidarity (SHS) and Solidarites International (SI) . These findings should be interpreted as indicative of the WASH needs in the districts where the interviews were collected.

Water

Proportion of KIs that reported people in their community, within 30 days prior to data collection:

Used an improved drinking water source[13] as their main source	20%
Experienced water quality issues	69%

Proportion of KIs reported that people in their community had water access problems[14] in the 30 days prior to data collection:

Storage containers are too expensive	56%
Waterpoints are too far	48%
Insufficient number of water points/ waiting time at water points	48%
Water is too expensive	46%
Waterpoints are difficult to reach	36%
People don't like the taste/quality of the water	30%
Some groups (children, women, older persons, ethnic minorities, IDPs, etc.) do not have access to the water points	29%
Water points are not functioning or closed	10%
Water is not available at the market	6%
Fetching water is a dangerous activity	5%
Don't know	1%

KIs reported people in their community do not treat their drinking water for the following reasons:

They don't have materials for water purification	61%
They don't know any treatment methods	19%
Treating water costs too much money	15%
Other	5%

Sanitation

Proportion of KIs reported that specific groups (minorities, IDPs, women, etc) faced sanitation access problems in the 30 days prior to data collection[17]

Women/girls	77%
People with disabilities	74%
Older persons	47%
Marginalized people (minorities)	41%
Men/boys	28%
IDPs	19%
Other	3%

46% of KIs reported few people in their community had access to a functional latrine in the 30 days prior to data collection whereas 21% reported the same for nobody, 19% reported about all and most people, 11% reported half, and 3% reported don't know or refuse to answer.

Hygiene

While respectively 52% and 25% of KIs reported that nobody or few had enough soap in the 30 days prior to data collection, only 11% and 9% of KIs reported that half or most of the people, and 2% reported all people in their community had enough soap in the 30 days prior to data

Number of communities assessed per district

Districts	Assessed communities
Maqbanah	1
Dhubab	11
Jabal Habahsi	8
As Silw	2
Al Mudhaffar	15
Al Qahirah	3
Salah	9
Al Ma'afer	5
Qafl Shammar	12
Al Maghrabah	11
Kuhlan Afar	3
Mabyan	15
Ash Shahil	9
Ku'aydinah	6
Wadrah	6
Bani Qays	2
Washhah	8
Az Zuhrah	5
Harib	12

Participating partners:

Help Hilfe zur Selbsthilfe
ACTION AGAINST HUNGER
ARD Assistance for Response and Development
MENA Human Relief and Development
SHS Society For Humanitarian Solidarity
SOLIDARITÉS INTERNATIONAL
NRC NORWEGIAN REFUGEE COUNCIL
MFD MAYAR FOUNDATION FOR DEVELOPMENT MFD-YEMEN.ORG

13) Defined by the WHO as a source that, is accessible on premises, available when needed and free from faecal and priority chemical contamination. 14) KIs could select more than one answer.

WASH NEEDS TRACKING SYSTEM (WANTS) FINDINGS April - June 2022

HOUSEHOLDS INTERVIEW (n=1544): the findings below are based on 1544 common and cholera household interviews conducted in Dhubab, Mawza', Jabal Habashi, As Silw, Al Mudhaffar, Al Qahirah, Hays, and Salah districts. Data was collected in June 2022 by Agency For Technical cooperation & Development (ACTED), Adventist Development and Relief Agency (ADRA), Assistance for Response and Development (ARD), Bana Charity for Human Development (BCFHD), Norwegian Refugee Council (NRC), Youth creativity organization (YCO), Security Council (SC), Society for Humanitarian Solidarity (SHS) and Solidarites International (SI). These findings should be interpreted as indicative of the WASH needs in the district where the interviews were collected. These findings are based on a small sample which is a limitation that must be considered when interpreting this findings.

Water

Proportion of households that reported in the 30 days prior to data collection their community:

Used improved drinking water sources	41%
Had enough water for drinking, cooking, bathing and washing	24%

Proportion of households using each type of main drinking water source:

Water trucking	50%
Bottled water	17%
Piped water into compound	13%
Piped water connected to public tap	7%
Unprotected spring	6%
Other	4%

90% of households reported that they do not treat their drinking water, whereas 7% reported that they sometimes do, 2% always do, and 2% don't know. The reasons reported for not treating the water were the following:

We don't have materials for water purification	45%
There is no need to be treated	31%
Treating water costs too much	11%
We don't know any treatment methods	10%
Other	2%

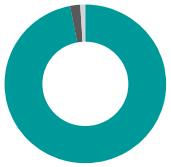
Hygiene

Proportion of households using each type of handwashing device:

No device	50%
Simple basin/bucket, with no tap	30%
Sink with tap water	13%
Buckets with taps	5%
Tippy tap	3%

households had issues accessing soap in the 30 days prior to data collection. Of the households that reported issues, the following issues were reported:

Soap is too expensive	97%
The market is difficult to reach/too far away	2%
Soap is not available at the market	1%



Sanitation

Proportion of households that reported in the 30 days prior to data collection that their household:

Used improved sanitation facilities[15]	86%
Share their sanitation facility with at least one other family	17%

Proportion of households reported using each type of main sanitation facility type in the community in the 30 days prior to data collection:

Flush toilet (Improved)	69%
Pit latrine with a slab	17%
Open defecation	7%
Hanging toilet	3%
Open hole	3%

Number of communities assessed per district

Districts	Assessed communities
Dhubab	11
Mawza'	9
Jabal Habashi	5
As Silw	2
Al Mudhaffar	21
Al Qahirah	5
Salah	10
Hays	52

Participating partners:

15) Defined by the WHO as one that likely hygienically separates human excreta from human contact.