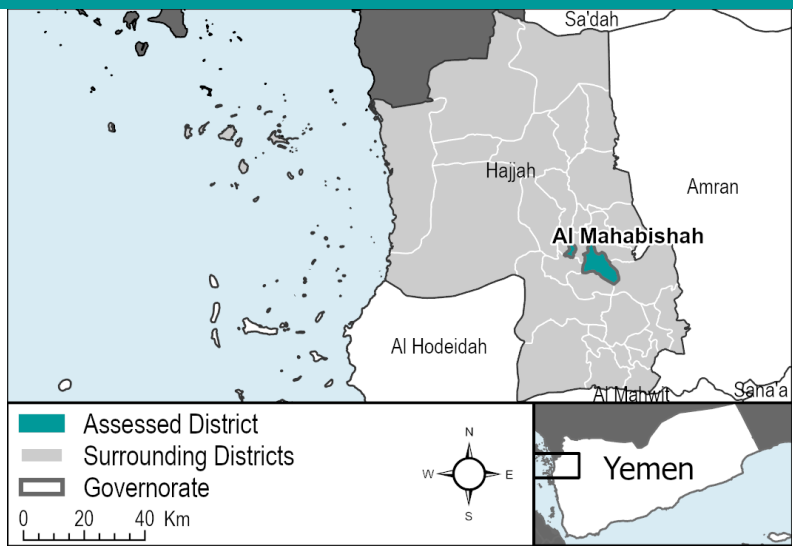
Yemen WASH Needs Tracking System (WANTS)

Al Mahabishah District, Hajjah Governorate

October 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 seventeen (n=17) cholera key informant (KI) interviews conducted across 17 communities in Al Mahabishah district, Hajjah governorate. The type of assessed localities were rural, urban, and peri-urban areas. KIs are reporting WASH needs of their own communities. Data was collected by RMENA for Human Relief & Development in October 2022. These findings should be interpreted as indicative of the WASH needs in Al Mahabishah district.



Demographics[2]

Total population in district	88,050
Total internally displaced people (IDP) in district	6,008
Proportion of the population living with disaility	15%

Water

0/17 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.

16/17 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]

Water is too expensive	17/17
Storage containers are too expensive	16/17
People don't like the taste/quality of the water	14/17
Fetching water is a dangerous activity	12/17
Waterpoints are too far	11/17
Waterpoints are difficult to reach (especially for people with disabilities)	9/17
Water is not available at the market	7/17
Some groups (children, women, elderly, ethnic minorities, IDPs, etc.) do not have access to the water points	3/17
Water points are not functioning or closed	2/17
Insufficient number of water points/ waiting time at water points	1/17

8/17 KIs reported that half the people in their community treated their drinking water in the 30 days prior to data collection, whereas 6/17 KI reported a few had, 1 KI reported most poeple had, 1/17 KIs reported no one had, and 1/17 KIs reported not knowing if people in their community treated their drinking water.

Health

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

Hygiene

9/17 KIs reported that few people in the community had enough soap in the 30 days prior to data collection, whereas 5/17 KIs reported half the people had, 2/17 KIs reported no one had, and 1/17 KIs reported most people had.

Sanitation

4/17 KIs reported that everyone or most people in their communities had access to a functional latrine in the 30 days prior to data collection, whereas 2/17 KIs reported a few had access, and 1/17 KIs reported half 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	12/17
Bucket toilet	2/17
Open defecation	2/17
Flush or pour/flush toilet	1/17

4/17 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.