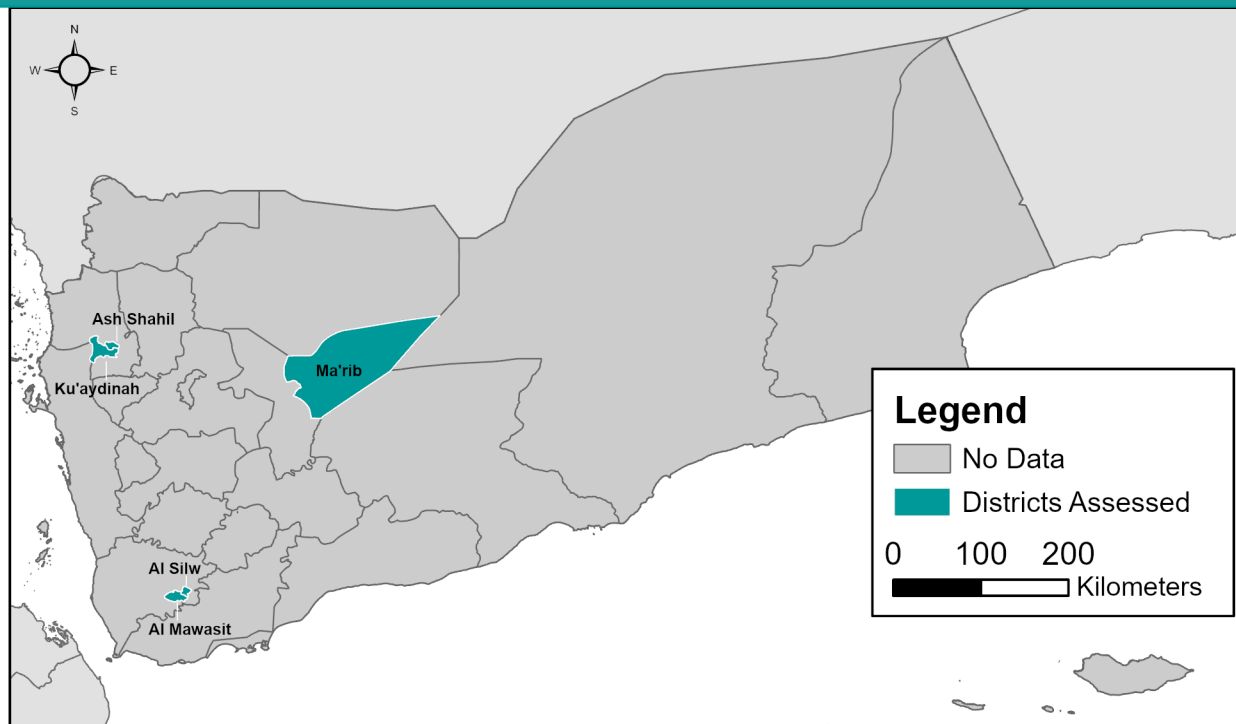


INTRODUCTION

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 January and March 2022, including 36 common and cholera key informant interviews (KIIs) and 4 cholera household interviews. The situation overview triangulates WASH assessment findings with secondary data sources.



WASH RESPONSE UPDATES

The final 2021 Humanitarian Response Plan (HRP) sets forth a strategy to provide humanitarian aid to the people of Yemen. It was estimated that 3.85 billion United States Dollars (USD) would be needed in 2021 to reach the targeted 16 million people (representing 77% of the total 20.7 million people in need).

The YWC estimated that it would need approximately 330 million USD to provide WASH services in 2021.¹ As of December, only 45.8 million USD had been received by the YWC and its partner organizations, which represents 13.8% of the estimated budget for providing WASH support presented in the 2021 HRP.² Overall, the Yemen humanitarian response has been substantially underfunded by the end of 2021, with almost every humanitarian sector having received less than 50% of their HRP budgets. However, at 13.8% of its target budget received, WASH is among the most severely underfunded sectors.

- The YWC set out to provide WASH support to about 11.1 million people in 2021 - as of December, the YWC and partners have provided support to 10.2 million people, or 91.9% of their target.²
- The coverage of WASH support varies among the thematic areas and targets reached were the following: 111% for the the sustained sanitation system (TA2); 96% for the sustained water system (TA1); 60% for the emergency water support (TA3); 28% for the emergency hygiene support (TA5); and 24% for the emergency sanitation support (TA4).²
- From October to December 2021, 58 YWC partners have been providing WASH activities in 220 districts across 20 governorates of Yemen.³

1) OCHA [Yemen Humanitarian Response Plan](#) March, 2021 2) Yemen WASH cluster. "[YEMEN - Humanitarian Dashboard \(January - December 2021\)](#)" Accessed January, 17 2022. 3) Yemen WASH Cluster Partners Presence ([4W Matrix](#)) [January - December, 2021](#). Accessed January, 17, 2022.

HUMANITARIAN PROGRAM CYCLE

The 2022 Humanitarian Needs Overview (HNO)⁴ estimates that 23.4 million people require some form of humanitarian assistance, with 12.9 million people in acute need. According to Financial Tracking Service (FTS), only 2.24 billion USD of the 3.85 billion USD needed had been received between January and December, 2021.⁵ A total number of 195 organizations delivered aid to an average 11.3 million people per month in 2021.⁶

FOOD INSECURITY and WASH

According to the Integrated Food Insecurity Phase Classification (IPC),⁷ the acute food insecurity and malnutrition situation in Yemen has deteriorated further in 2022, with 17.4 million people (IPC Phase 3 and above) in need of assistance as of now, increasing to 19 million starting June to the end of the year. This is mainly due to conflict and economic crisis. Moreover, also according to the IPC, 2.2 million children aged 6-59 months are acutely malnourished.⁸

In March 2022, the Joint Market Monitoring Initiative (JMMI) reported an increase of the food Survival Minimum Expenditure Basket (SMEB) cost by 25% in the IRG, and 4% in the DFA, compared to February 2022; 26.2% between January and February. In addition, an increase in the exchange rate by 18% was recorded in the South of Yemen between February and March. Furthermore, in March, a substantial increase of 10% of the IRG water trucking price was reported in comparison with February; while water trucking prices in the DFA remained the same. According to JMMI, an increase in the WASH SMEB cost by 10% in the IRG and 1% in the DFA was recorded in March. In South, it was measured at 26525 Yemeni Rial (YER) in March, 24,070 YER in February, and 25,123 YER in January. In the North, the WASH SMEB was measured at 17718 YER in March, 17,550 YER in February, and 15,400 YER in January.⁹

CONFLICT

Between January and March 2022, a total of 4,413 fatalities were reported across Yemen due to a total of 1,964 conflict events consisting of: 491 battles; 12 riots; 1,344 explosions and incidences of remote violence; and 117 actions of violence against civilians.¹⁰

Displacement is largely driven by the ongoing conflict, from 01 January 2022 to 19 March 2022 4,556 households (HHs) or 27,336 individuals have experienced displacement at least once as per the International Organization for Migration (IOM) and the Displacement Tracking Matrix (DTM).¹¹

COVID-19 and WASH

In March 2022, Yemen has reported around 2 new infections on average each day. 11,797 infections and 2,140 deaths related to COVID-19 were reported in the country since the beginning of the pandemic. Moreover, Yemen has received at least 807,502 doses of Covid vaccines so far. Assuming each person needs 2 doses, the total number of doses received is enough to cover 1.4% of the population.¹²

WASH interventions play an important role in the COVID-19 response, as hygiene is a key component of infection prevention. Although more than 11.2 million vulnerable people are targeted for assistance in 2021, WASH partners have so far received only 13.8% of the required fund.¹³ As per WASH 4W data,¹⁴ 11 YWC partners conducted COVID-19 activities across 22 districts in 10 governorates between October and December, 2021. As part of the COVID-19 response, the United Nations Children's Fund (UNICEF) had provided personal protective equipment (PPE) that includes gloves, masks, gowns, face shields, goggles to 15,863 healthcare providers. The equipments were provided in 3,644 health facilities throughout 330 districts in 22 governorates during October, 2021.¹⁵

4) OCHA [Humanitarian Needs overview](#) April, 2022 5) OCHA Yemen [Financial Tracking Service](#) Accessed January, 2022 6) OCHA [Yemen Humanitarian Update](#) December, 2021. 7) Yemen [Acute Food Insecurity](#) January-May 2022. 8) Yemen [Food Security & Nutrition Snapshot](#), March 2022. 9) Yemen [Acute Malnutrition Hits Record](#) Accessed on Dec, 2021. 10) YEM, REACH [JMMI Situation Overview](#) March, 2022. 11) [ACLED Dashboard](#). Accessed on Mar 31, 2022. 12) IOM Yemen DTM [Yemen Rapid Displacement Tracking](#) March, 2022 13) Yemen [Reuters Covid-19 tracker](#). 14) OCHA Yemen [Financial Tracking Service](#) Accessed January, 2022. 15) WASH Cluster Partners Presence ([4W Matrix](#)) December, 2021. There is no available data yet for Q1, 2022. 15) UNICEF [Yemen Humanitarian Situation Report](#). October, 2021.

KEY INFORMANT INTERVIEW (n=36): the findings below are based on 36 KIIs conducted across 23 communities in Al Mawasit, As silw, Ma'rib, Ash Shahil, and Ku'aydinah districts, in Taiz, Hajjah, and Ma'rib governorates. KIs are reporting WASH Needs for their own communities. Data was collected between January and March 2022 by RMENA for Human Relief & Development (RMENA), Samaritan's Purse (SP), and Sana'a Coalition for Relief and Development (SCRD). 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 ¹⁶ as their main source	44%
Experienced water quality issues	47%

Proportion of KIs reported that people in their community had water access problems¹⁷ in the 30 days prior to data collection:

Water is too expensive	56%
Waterpoints are too far	53%
Waterpoints are difficult to reach	44%
Storage containers are too expensive	38%
Insufficient number of water points/ waiting time at water points	24%
Some groups (children, women, older persons, ethnic minorities, IDPs, etc.) do not have access to the water points	15%
Water points are not functioning or closed	9%
Fetching water is a dangerous activity	6%
Water is not available at the market	3%
People don't like the taste/quality of the water	3%

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

No need to be treated	22%
Due to lack of materials	17%
Do not know how to treat water	8%
Other	6%



Sanitation

Proportion of KIs reported that specific groups (minorities, IDPs, women, etc) faced sanitation access problems in the 30 days prior to data collection¹⁷

People with disabilities	67%
Older persons	56%
Marginalized people (minorities)	39%
Women/girls	28%
Men/boys	28%
IDPs	22%
Other	6%

33% of KIs reported few people in their community had access to a functional latrine in the 30 days prior to data collection whereas 36% reported the same for all and most people, 19% reported about half, 6% reported nobody, and 6% reported don't know or refuse to answer.



Hygiene

While respectively 14% and 6% of KIs reported that most or no people had enough soap in the 30 days prior to data collection, most KIs reported that only few (39% of KIs) or half (39%) of the people in their community had enough soap in the 30 days prior to data collection.

Assessed communities per district

Districts	Number of assessed communities per district
As silw	9
Ash Shahil	7
Al Mawasit	4
Ku'aydinah	2
Ma'rib	1

Participating partners:



16) Defined by the WHO as a source that, is accessible on premises, available when needed and free from faecal and priority chemical contamination. 17) KIs could select more than one answer.



HOUSEHOLDS INTERVIEW (n=4): the findings below are based on 4 cholera household interviews conducted in Ash Shahil and Ku'aydinah districts, in Hajjah governorates. Data was collected in March 2022 by RMENA for Human Relief & Development (RMENA). 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 0/4
Had enough water for drinking, cooking, bathing and washing 0/4

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

Water trucking 4/4

1/4 households reported that they do not treat their drinking water, whereas 3/4 reported that they sometimes do. The reasons reported for not treating the water were the following:

It takes too much time 2/4
Due to lack of materials 1/4
Other 1/4

Hygiene

Proportion of households using each type of handwashing device:

No device 2/4
Simple basin/bucket, with no tap 2/4



4/4 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 3/4
Soap sold in the market is of bad quality 1/4



Sanitation

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

Used improved sanitation facilities¹⁸ 0/4
Share their sanitation facility with at least one other family 0/4

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

Pit latrine without a slab 1/4
Bucket toilet 1/4
Open defecation 1/4
Refuse to answer 1/4

Assessed communities per district

Districts	Number of assessed communities per district
Ash Shahil	3
Ku'aydinah	1

Participating partners:



¹⁸) Defined by the WHO as one that likely hygienically separates human excreta from human contact.