Yemen WASH Cluster Assessment

Al Maton District, Al Jawf Governorate, Yemen

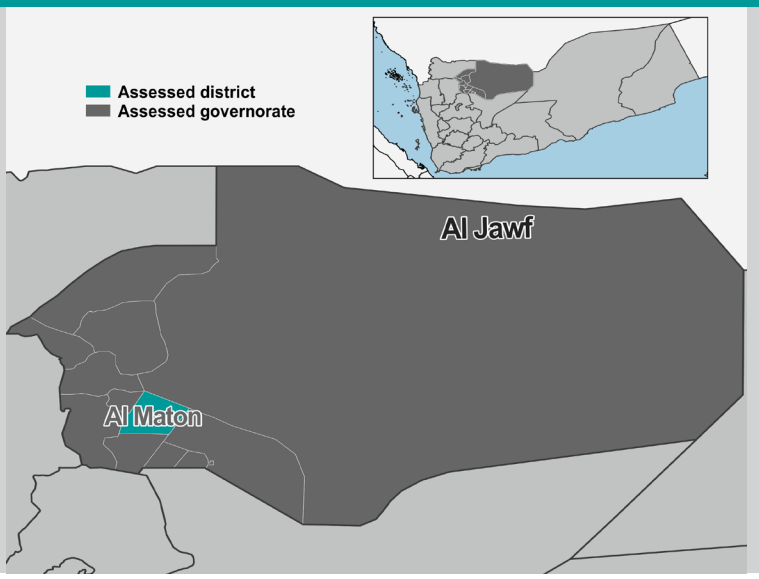
November 2018

Yemen is facing one of the world's worst Water, Sanitation and Hygiene (WASH) crises, as deteriorating WASH infrastructure contributes to a cholera outbreak, and represents one of the underlying causes of malnutrition in the country.[1]

On behalf of the Yemen WASH Cluster, REACH coordinated a household-level assessment to provide an understanding of WASH needs, gaps, and priorities in 38 districts prioritized for famine and/or cholera interventions that also host a high concentration of Internally Displaced People (IDPs - 8% or more of the total district population).[2, 3]

Findings are based on data collection conducted from 4 September to 28 November 2018. Following a two-stage random sampling approach, representative samples of host community and IDP populations were collected in randomly-selected locations in Al Maton district, Al Jawf governorate. Interviews were conducted with 98 host community and 106 IDP randomly selected households in the district. Findings are representative at district level with a 95% confidence level and a 10% margin of error.

This factsheet provides an overview of the key findings of this assessment, for both IDPs and host community households in Al Maton district.[4]



Demographics

Total population in district[5]	36,363
Total IDP population in district[6]	6,246
Average household (HH) size	11.5
Proportion of households headed by men	89%
Proportion of households hosting IDPs or extended family	62%
Average number of children under 5 per HH	2.9
Average number of persons with disabilities per HH	0.4
Average number of pregnant and/or lactating women per HH	0.8
Average number of adults over 60 years old per HH	0.8

Health

Number of suspected cases of cholera from January to August 2018[7]	1,842
Global Acute Malnutrition (GAM) for 2018[8]	13%

Water

Proportion of households reporting the use of an improved water source as main source for drinking:

	Improved	% households	Unimproved
[9]	50%		50%
[10]	37%		63%

Proportion of households reporting issues relating to taste, appearance, or smell of accessible water:

	No issue	% households	Issue reported
	34%		66%
	27%		73%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	25%		75%
	15%		85%

Number of litres of water (per person) collected last time water was accessed:

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	27 L	72%
	28 L	68%

Proportion of households reporting having met household water needs (i.e. for drinking, cooking and washing) in the 30 days prior to data collection:

	Met needs	% households	Did not meet needs
	14%		86%
	16%		84%

Proportion of households reporting taking over 30 minutes to collect water[13]:

	30 min or less	% households	More than 30 min
	27%		73%
	25%		75%

[1] According to the Humanitarian Needs Overview (HNO) 2018, half of all malnutrition cases in the country were associated with WASH-related infections. [2] International Organization for Migration (IOM), Displacement Tracking Matrix (DTM) Report, April/May 2018. [3] For the purpose of this assessment, IDP households also include households who have been displaced because of the conflict that started in 2015 but have now returned to their place of habitual residence as of the day of data collection (returnees) [4] Terms of Reference (ToR) for the Yemen WASH Cluster Assessment can be found here. Dataset can be found here. [5] Host commnity population statistics were obtained from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA)'s Humanitarian Data Exchange 2018 Population Projections. [6] IDP population statistics were obtained from IOM's DTM IDP statistics produced in April and May 2018 [7] Yemen WASH Cluster, District Cholera Situation Report, 16 September 2018. [8] Combined GAM prevalence, % children 6-59 months with Mid-Upper Arm Circumference (MUAC) 125mm or less and/or Weight-for-Height WFH Z-score -2 or less, Yemen Nutrition Cluster, NC caseload and targets calculator 2018 mid year revision, June 2018. [9] Internally Displaced Persons (IDPs) [10] Host community [11] Average consumption per person was calculated by dividing total household water consumption by total household size [12] Minimum 15 litres per person per day, The Sphere Handbook 2018 [13] Go on foot to main water point, fetch water and return (at peak time). Excludes households reporting main water point is located at property.

WASH Cluster
Water Sanitation Hygiene

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Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	53%		47%
	65%		35%

Proportion of households with access to latrines reporting sharing latrines with people other than HH members:

	Not sharing	% households	Sharing
	57%		43%
	59%		41%

Proportion of households with access to latrines reporting having access to an improved latrine[14]:

	Improved	% households	Unimproved
	71%		29%
	66%		34%

Most commonly reported methods of garbage disposal:

	First most reported	Second most reported	Third most reported
	Garbage is left in public areas and not collected (84%)	Garbage is buried or burned (14%)	Garbage is left in street by household and collected through public system (2%)
	Garbage is left in public areas and not collected (90%)	Garbage is buried or burned (10%)	NA

Proportion of households reporting presence of visible wastewater in the vicinity of their household[15]:

	No wastewater	% households	Visible wastewater
	44%		56%
	54%		46%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	22%		78%
	12%		88%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (74%)	We are waiting for the next distribution (12%)	We ran out of soap (9%)
	We cannot afford it (63%)	We ran out of soap (28%)	We are waiting for the next distribution (9%)

Proportion of households reporting washing their hands after at least two critical times[17]:

	Washing hands	% households	Not washing hands
	65%		35%
	57%		43%

Top WASH items households reported needing, but were unable to afford[18]:

	First most reported	Second most reported	Third most reported
	Disposable diapers, washing powder, washing basin, toothpaste, toothbrush (100%)	Bar of soap, jerry can / bucket, sanitary pads, shampoo (99%)	Water treatment (85%)
	Disposable diapers, washing powder, washing basin, toothpaste, toothbrush (100%)	Bar of soap, jerry can / bucket, sanitary pads, shampoo (99%)	Water treatment (95%)

Overall, 46% of IDP households and 34% of host community households reported receiving assistance in the six months prior to data collection. Of those, most common types of WASH assistance received were:

	First most reported	Second most reported	Third most reported
	Basic/ consumable hygiene kits (40%)	Chlorine tablets (28%)	Safe drinking water (1%)
	Basic/ consumable hygiene kits (29%)	Chlorine tablets (26%)	NA

[14] Improved latrines include flush latrine to a tank/sewer system/pit and pit latrine-covered/with slab [15] Includes households reporting there is always, often (1-2 times per week) or sometimes (1-2 times per month) visible wastewater in the vicinity of their households in the 30 days prior to data collection. [16] Only includes households reporting not having soap. [17] Critical times include: before preparing food, after defecating, before eating, before feeding baby, after disposing of baby's faeces. [18] In some cases, more than one WASH item was reported by the same proportion of households in the district.

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