Yemen WANTS Situation Overview
October- December 2020

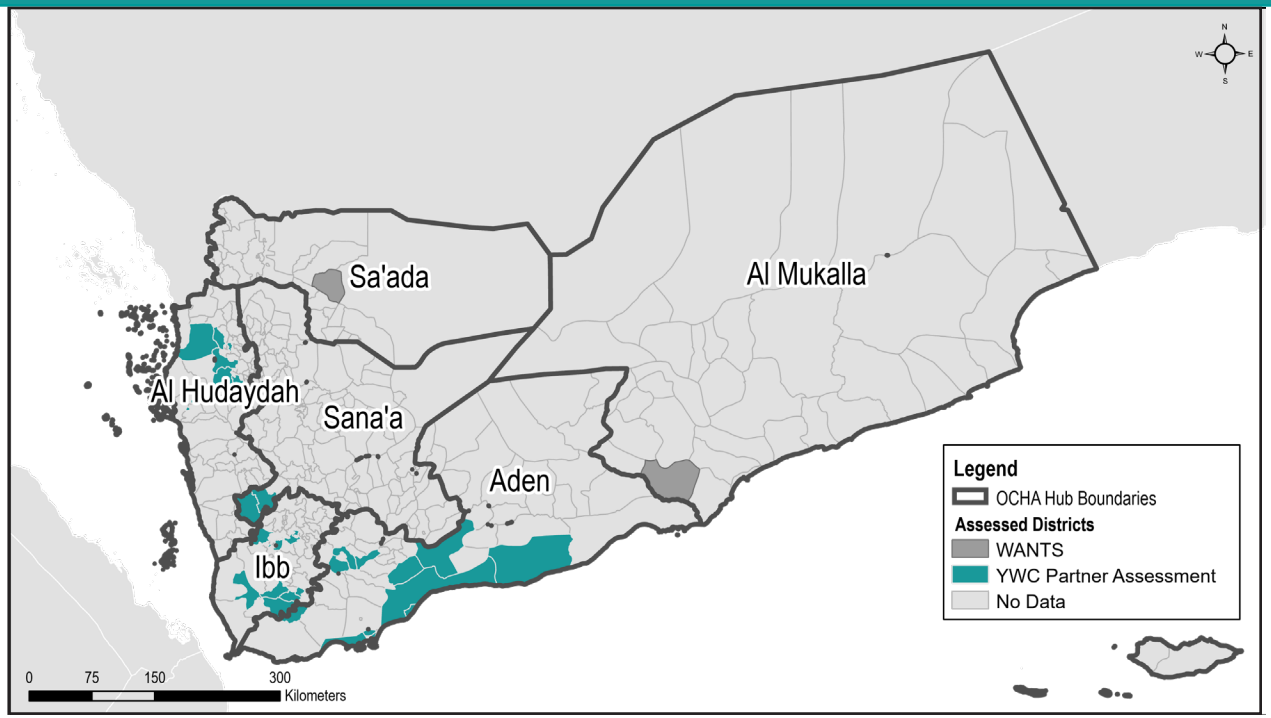
WASH Cluster
Water Sanitation Hygiene

REACH Informing more effective humanitarian action

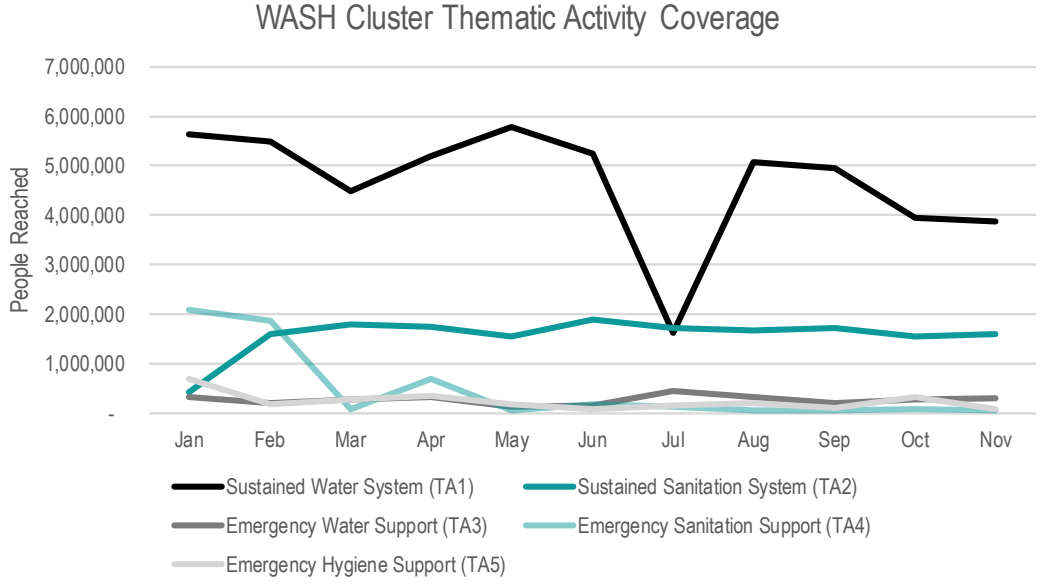
INTRODUCTION

The Yemen 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 October and December 2020, including five WANTS Key Informant Interviews (KIIs) conducted in Al Jawf and Hadramawt governorates. The Situation Overview triangulates WASH assessment findings with contextual information.



WASH RESPONSE UPDATES



- Between October and November 2020, YWC partners were present in 161 districts spanning 19 governorates.[1]
- From January to November 2020, 77 partners have reached 11.4 million women, men, boys and girls with humanitarian WASH assistance.
- The highest WASH response coverage was achieved for Sustained Water System (TA1), and lowest for Emergency Sanitation Support (TA4).[2]
- Over 26,000 suspected cholera cases were identified between October 1 and December 20, 2020, with 20 associated deaths.[3]

1) YEMEN - WASH Cluster Partners Presence (4W Matrix) January – November 2020 Dashboard.
2) YWC Monthly Response Analysis – November 2020. 3) Yemen: Cholera Outbreak – Interactive Dashboard.

COVID-19 and WASH

Yemen's first COVID-19 case was announced in April 2020. As of December 21st, there have been 2,091 confirmed cases of COVID-19, and 607 deaths in Yemen.[1] The humanitarian community in Yemen is currently preparing for a second wave of COVID-19 which has the potential to be more deadly than the first wave as it is expected during the regular flu season.[2]

WASH interventions play an important role in the COVID-19 response, as hygiene is a key component of infection prevention. Since the beginning of the pandemic, COVID-19 interventions have reached over 4 million Yemenis with safe water supply and 88,000 with hygiene resources. This has been supported by over 17,000 community volunteers, which address community groups and work to reduce COVID-19 stigma in Yemen.[3] Among IDP populations, IOM teams have been supplying water through trucking, vouchers, family water tanks and public water points to more than 55 sites in Ibb, Marib and Taizz.

POLIO

Poliovirus has reemerged in Yemen, with the first cases identified in June and July 2020. Since January 2020, 14 circulating vaccine-derived poliovirus (cVDPV) cases have been reported,[4] spreading among districts in Sa'ada governorate. Due to the faceal oral transmission route for polio, WASH interventions are being prioritized for the poliovirus response. A planned response will include hygiene awareness and kit distribution, mobilised alongside a poliovirus vaccination campaign in Sa'ada, Amran, Al Jawf and Hajjah governorates.

FOOD INSECURITY

The UN is reporting unprecedented levels of food insecurity in Yemen, with ongoing conflict, economic crisis and the COVID-19 pandemic driving insecurity towards catastrophic levels.[2] WASH interventions coupled with feeding programs aim to mitigiate the effects of the impending famine in Yemen, but interventions are limited by the recent cuts to humanitarian funding.

CONFLICT

An estimated 80% of the population of Yemen requires some form of humanitarian assistance and protection. The highest monthly number of civilian casualties this year was recorded in October, with 228 civilian casualties and 178 people injured.[2] The increase in civilian casulaties is greatest in Al Hudayda hub, though the numbers are also rising in Marib and Sa'ada. One recent attack on a mobile health clinic in Taizz represents yet another challenge to the over-burdened healthcare system, which is already addressing conflict-related morbidity, COVID-19, cholera and polio outbreaks simultaneously.

DISPLACEMENT

In October, IOM Yemen estimated that 2,212 households have experienced displacement, which brings the 2020 total number of displaced households to 26,376 (about 100,000 individuals).[5] Three-quarters of those displaced in Yemen are women and children, with women and girls experiencing the most vulnerabilities.

Recent escalation in conflict has increased displacement in Marib and Al Jawf, where people are fleeing to Marib City and areas nearby, exacerbating the humanitarian needs in those cities. According to UNHCR, non-food items (NFIs) have been provided to over 16,600 displaced persons in Marib, Al Baydah, Al Dhale'e, Taizz, Aden, Abyan, Shabwah and Al Hudaydah governorates since the beginning of 2020.[6]

1) WHO Yemen COVID-19 Dashboard 2) OCHA Yemen Situation Report, December 2020 3) Yemen HCT COVID-19 Preparedness and Response Monthly Report, November 2020 4) GPEI, "Yemen – GPEI," 2020 5) IOM Press Release, December 2020 6) UNHCR Operational Update, 31 December 2020

KEY INFORMANT INTERVIEW (n=5): the findings below are based on five KIIs conducted in Hajar and Rajuzah districts, in the Hadramawt and Al Jawf governorates. Data was collected in Sept-Dec 2020 by the Charitable Society for Social Welfare (CSSW) and the General Authority for Rural Water Supply Projects (GARWSP). These findings should only be interpreted as indicative of the WASH needs in the districts where the interviews were collected.

Water

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

Used an improved drinking water source[1]	2/5
Experienced water quality issues	3/5

Proportion of KIs that reported water access problems in the 30 days prior to data collection:

Some groups lack access	2/5
Waterpoint is closed	1/5
Waterpoints too far away	1/5
There are no water points available	1/5

0/5 KIs reported people in the community treat their drinking water, for the following reasons:

Do not treat because they cannot afford to	2/5
Do not treat due to lack of materials	1/5
Do not know how to treat	2/5

WANTS PARTICIPATING MEMBERS

GARWSP

CSSW YEMEN

Hygiene

Estimated proportion of people in the community with enough soap in the 30 days prior to data collection, as reported by KIs:

All	0/5
Most people	1/5
About half	4/5
Few	0/5
None	0/5

Hygiene items KIs reported as not accessible or having increased in price in the 30 days prior to data collection:

	Not Accessible	Price Increased
Bar of soap	-	x
Soap for cleaning floor	x	-
Jerry can/Bucket	-	-
Sanitary pads	-	x
Diapers	-	x
Washing powder	-	x
Washing basin	-	x
Toothpaste	-	x
Toothbrush	-	-
Chlorine	x	-

1) 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. 2) An improved sanitation facility is defined by the WHO as one that likely hygienically separates human excreta from human contact. 3) KIs could select more than one group.

Sanitation

Main sanitation facility type used by people in the community in the 30 days prior to data collection, as reported by KIs:

Open defecation	2/5
Pit latrine with slab and platform	1/5
Flush or pour flush toilet	1/5
Hanging toilet	1/5

Estimated proportion of people in the community with access to a functional latrine/toilet in the 30 days prior to data collection, as reported by KIs:

All	0/5
Most people	0/5
About half	1/5
Few	4/5
None	0/5

Proportion of KIs that reported a specific group[3] faced sanitation access problems in the 30 days prior to data collection:

Women/girls	4/5
People with disabilities	3/5
Elderly people	3/5
Men/boys	1/5
Minorities	1/5

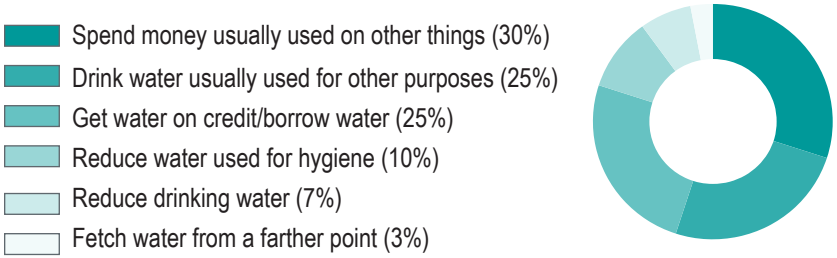
Proportion of KIs tat reported in the 30 days prior to data collection their community:

Used improved sanitation facilities[2]	2/5
Had regular garbage collection	0/5
Disposed of garbage in public containers	1/5

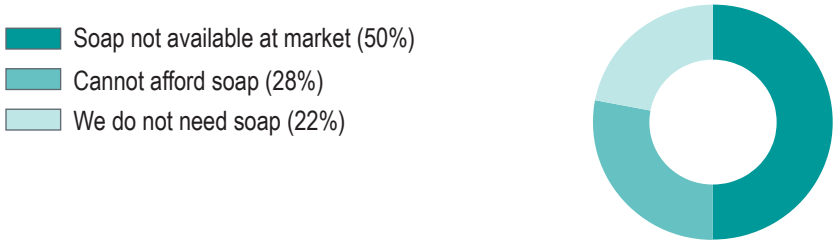
The findings in this section are a summary of results from all YWC partner assessments submitted to the YWC Assessment Registry between October and December 2020. If multiple assessments existed for a single governorate, data was aggregated using an unweighted average.

Ibb Governorate

Proportion of people that reported coping method for insufficient quantity of water



Proportion of people that reported reason for not having soap



KEY ASSESSMENT RECOMMENDATIONS

Overall, the lowest coverage was observed for garbage collection services (2%), drinking water treatment (19%) and accessible handwashing facilities (30%). Partners recommend:

- Conducting solid waste collection and disposal campaign.
- Conducting hygiene awareness campaign.
- Providing water filters and/or treatment materials (e.g. chlorine tablets).
- Supporting female-headed households.
- Providing cash assistance.

Flood Response

Floods have affected households across Yemen, and YWC partners have made the following recommendations for WASH response:

- Using Cash for Work programs to facilitate the construction and rehabilitation of WASH facilities (Ibb).
- Distributing hygiene kits, water filters and water storage tanks (Ibb, Hajjah).

COVID-19 Response

YWC partner assessments indicate that the level of knowledge on COVID-19 and related preventive measures is very low. Partners recommend hygiene promotion and awareness activities to increase COVID-19 knowledge and reduce stigma. Utilization of community health workers is recommended to increase community buy-in.

	Abyan	Ad Dali	Aden	Al Hodeidah	Hajjah	Ibb	Lahj	Taiz	Overall
% of people accessing improved primary water source	73%	33%	66%	63%	0%	27%	52%	82%	**49%**
% people reporting water collection time does not exceed 30 minutes round trip	57%	76%	45%	85%	6%	19%	36%	64%	**49%**
Average household water quantity use (litres of water per person per day)				15			25	20	**20**
% people who treat drinking water	8%	13%	24%				27%	25%	**19%**
% of people using improved sanitation facilities			59%	37%	0%	60%	45%	28%	**38%**
% of people using functioning and clean sanitation facilities					0%	74%	40%		**38%**
% of people whose garbage is collected through public system	0%	0%	0%		2%	0%	10%		**2%**
% of people reporting having soap			89%	37%	0%	53%	81%		**52%**
% of people reporting having handwashing facilities	98%	1%	29%			26%	10%	14%	**30%**
% of people who pratice handwashing at 3 or more critical times	23%	29%	69%				57%	78%	**51%**