Yemen WASH Cluster Assessment

Abs District, Hajjah Governorate, Yemen

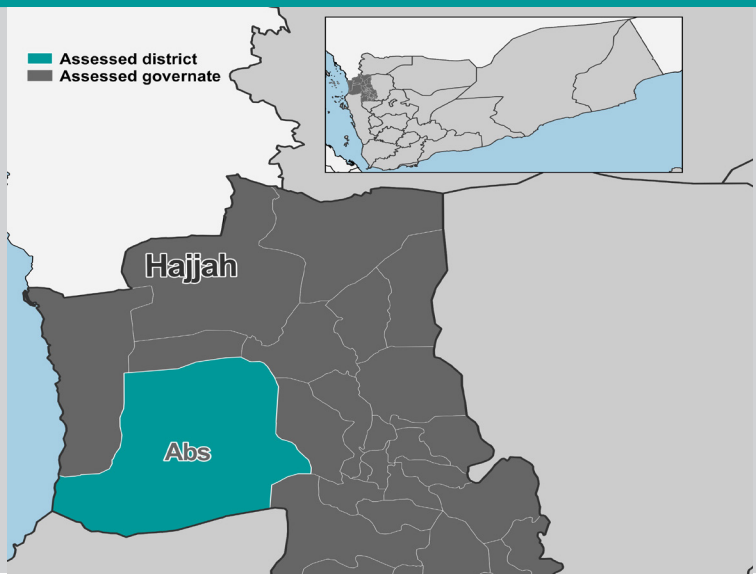
November 2018

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 Abs district, Hajjah governorate. Interviews were conducted with 111 host community and 102 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 Abs district.[4]



Demographics

Total population in district[5]	197,927
Total IDP population in district[6]	66,318
Average household (HH) size	12.5
Proportion of households headed by men	100%
Proportion of households hosting IDPs or extended family	23%
Average number of children under 5 per HH	2.3
Average number of persons with disabilities per HH	0.4
Average number of pregnant and/or lactating women per HH	0.7
Average number of adults over 60 years old per HH	1.1

Health

Number of suspected cases of cholera from January to August 2018[7]	3,067
Global Acute Malnutrition (GAM) for 2018[8]	17%

Water

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

	Improved	% households	Unimproved
[9]	13%		87%
[10]	21%		79%

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

	No issue	% households	Issue reported
	42%		58%
	51%		49%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	5%		95%
	5%		95%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	52 L	92%
	66 L	94%

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
	27%		73%
	44%		56%

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

	30 min or less	% households	More than 30 min
	43%		57%
	58%		42%

[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.

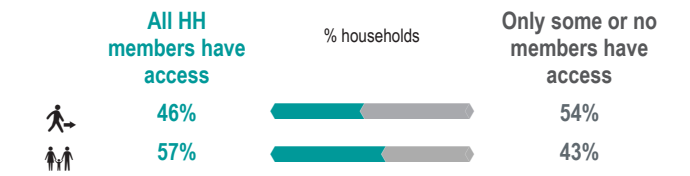
Yemen WASH Cluster Assessment

Abs District, Hajjah Governorate, Yemen

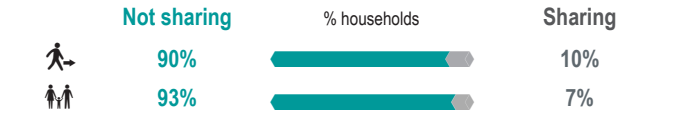
November 2018

Sanitation

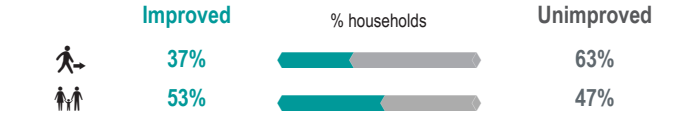
Proportion of households reporting having access to latrines:



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



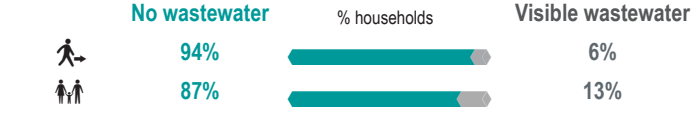
Proportion of households with access to latrines reporting having access to an improved latrine[14]:



Most commonly reported methods of garbage disposal:

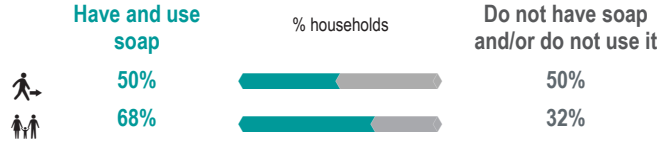
	First most reported	Second most reported	Third most reported
	Garbage is left in public areas and not collected (52%)	Garbage is buried or burned (42%)	Garbage is left in street by household and collected through public system (4%)
	Garbage is left in public areas and not collected (61%)	Garbage is buried or burned (21%)	Garbage is left in street by household and collected through public system (16%)

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



Hygiene

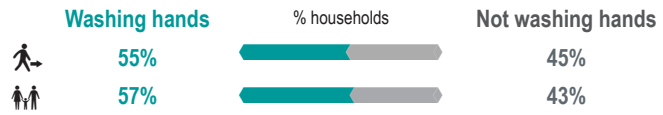
Proportion of households reporting having and using soap:



Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (80%)	We ran out of soap (20%)	NA
	We cannot afford it (86%)	We ran out of soap (14%)	NA

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



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

	First most reported	Second most reported	Third most reported
	Disposable diapers, toothpaste, shampoo (98%)	Washing basin (97%)	Sanitary pads, toothbrush (96%)
	Sanitary pads, disposable diapers, toothbrush (99%)	Washing powder, washing basin, shampoo, water treatment (98%)	Toothpaste (97%)

Overall, 32% of IDP households and 23% 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
	Safe drinking water; basic/ consumable hygiene kits (14%)	Water containers (12%)	Chlorine tablets (9%)
	Basic/ consumable hygiene kits (18%)	Water containers (10%)	Chlorine tablets (9%)

[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.

Yemen WASH Cluster Assessment

Al Abr District, Hadramaut Governorate, Yemen

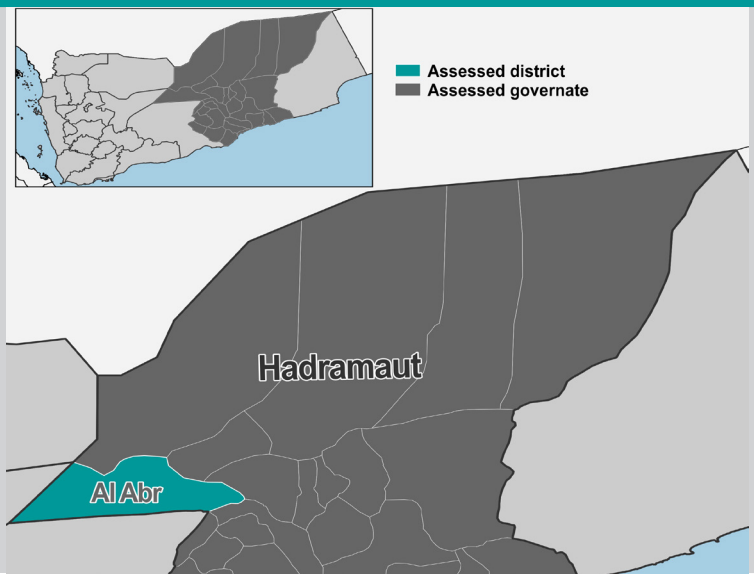
November 2018

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 Abr district, Hadramaut governorate. Interviews were conducted with 98 host community and 90 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 Abr district.[4]



Demographics

Total population in district[5]	4,835
Total IDP population in district[6]	4,014
Average household (HH) size	9
Proportion of households headed by men	97%
Proportion of households hosting IDPs or extended family	31%
Average number of children under 5 per HH	2.5
Average number of persons with disabilities per HH	0.3
Average number of pregnant and/or lactating women per HH	0.6
Average number of adults over 60 years old per HH	0.6

Health

Number of suspected cases of cholera from January to August 2018[7]	NA
Global Acute Malnutrition (GAM) for 2018[8]	20%

Water

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

	Improved	% households	Unimproved
9	40%		60%
10	51%		49%

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

	No issue	% households	Issue reported
	9%		91%
	9%		91%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	9%		91%
	19%		81%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	50 L	62%
	42 L	65%

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
	46%		54%
	40%		60%

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

	30 min or less	% households	More than 30 min
	8%		92%
	24%		76%

[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.

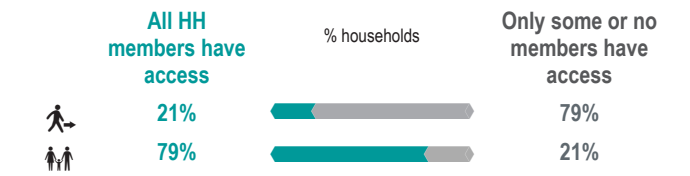
Yemen WASH Cluster Assessment

Al Abr District, Hadramaut Governorate, Yemen

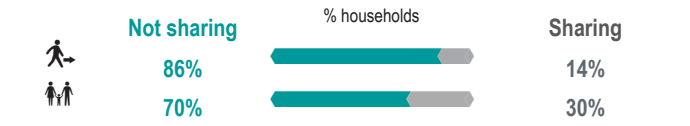
November 2018

Sanitation

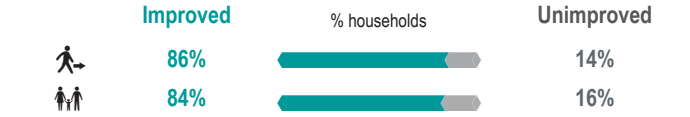
Proportion of households reporting having access to latrines:



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



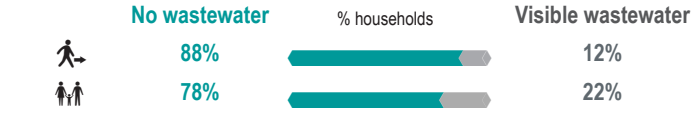
Proportion of households with access to latrines reporting having access to an improved latrine[14]:



Most commonly reported methods of garbage disposal:

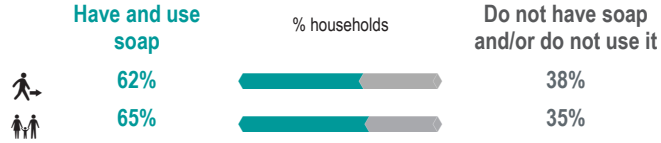
	First most reported	Second most reported	Third most reported
	Garbage is buried or burned (85%)	Garbage is left in public areas and not collected (15%)	NA
	Garbage is buried or burned (79%)	Garbage is left in public areas and not collected (18%)	Garbage is left in street containers by household and collected through public system (2%)

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



Hygiene

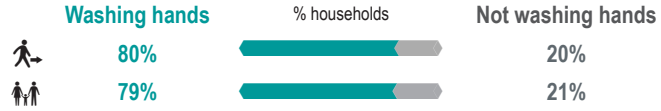
Proportion of households reporting having and using soap:



Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (79%)	We ran out of soap (18%)	Soap is not necessary (3%)
	We cannot afford it (85%)	We ran out of soap (12%)	Soap is not necessary (3%)

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



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

	First most reported	Second most reported	Third most reported
	Washing powder (94%)	Shampoo (93%)	Bar of soap, sanitary pads, disposable diapers (92%)
	Bar of soap, washing powder (99%)	Jerry can / bucket, sanitary pads (96%)	Disposable diapers, shampoo (94%)

Overall, 1% of IDP households and 11% 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
	Chlorine tablets; basic/consumable hygiene kits (1%)	NA	NA
	Water containers (5%)	Safe drinking water (3%)	Support for the construction or maintenance of water and/ or sanitation facilities; other (2%)

[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.

WASH Cluster
Water Sanitation Hygiene

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Yemen WASH Cluster Assessment

Al Hashwah District, Sa'ada Governorate, Yemen

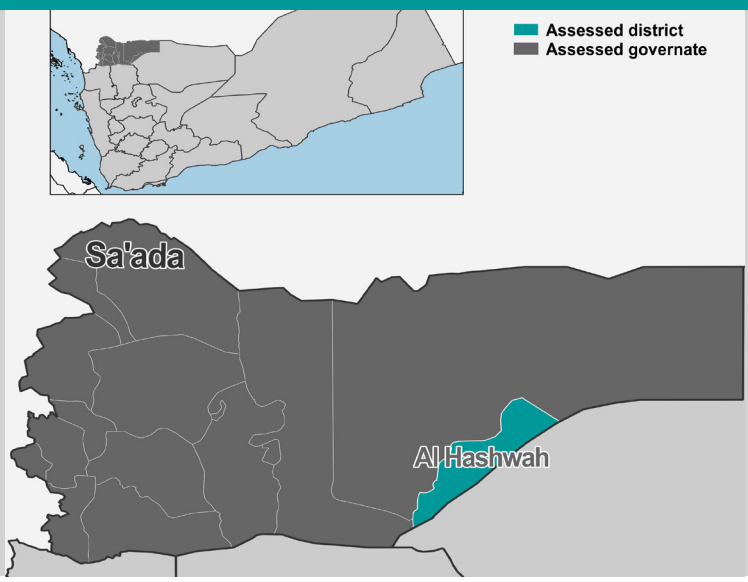
November 2018

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 Hashwah district, Sa'ada governorate. Interviews were conducted with 102 host community and 92 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 Hashwah district.[4]



Demographics

Total population in district[5]	23,079
Total IDP population in district[6]	4,506
Average household (HH) size	12.6
Proportion of households headed by men	100%
Proportion of households hosting IDPs or extended family	18%
Average number of children under 5 per HH	2.4
Average number of persons with disabilities per HH	0.4
Average number of pregnant and/or lactating women per HH	1
Average number of adults over 60 years old per HH	1.5

Health

Number of suspected cases of cholera from January to August 2018[7]	126
Global Acute Malnutrition (GAM) for 2018[8]	16%

Water

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

	Improved	% households	Unimproved
[9]	22%		78%
[10]	14%		86%

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

	No issue	% households	Issue reported
	60%		40%
	71%		29%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	9%		91%
	20%		80%

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	46%
	27 L	56%

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
	36%		64%
	27%		73%

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

	30 min or less	% households	More than 30 min
	30%		70%
	38%		62%

[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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REACH Informing more effective humanitarian action

Yemen WASH Cluster Assessment

Al Hashwah District, Sa'ada Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	36%		64%
	36%		64%

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

	Not sharing	% households	Sharing
	96%		4%
	54%		46%

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

	Improved	% households	Unimproved
	17%		83%
	15%		85%

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 (86%)	Garbage is buried or burned (14%)	NA
	Garbage is left in public areas and not collected (80%)	Garbage is buried or burned (19%)	Garbage is left in street containers by household and collected through public system (1%)

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

	No wastewater	% households	Visible wastewater
	29%		71%
	21%		79%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	45%		55%
	50%		50%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We ran out of soap (73%)	We cannot afford it (27%)	NA
	We ran out of soap (71%)	We cannot afford it (27%)	Soap is not necessary (2%)

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

	Washing hands	% households	Not washing hands
	26%		74%
	28%		72%

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, shampoo (100%)	Sanitary pads, water treatment (99%)	Jerry can / bucket (2%)
	Sanitary pads, disposable diapers, washing powder, washing basin, toothpaste, toothbrush, shampoo, water treatment (100%)	NA	NA

Overall, 0% of IDP households and 1% 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
	NA	NA	NA
	Chlorine tablets (1%)	NA	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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Yemen WASH Cluster Assessment

Al Jafariyah District, Raymah Governorate, Yemen

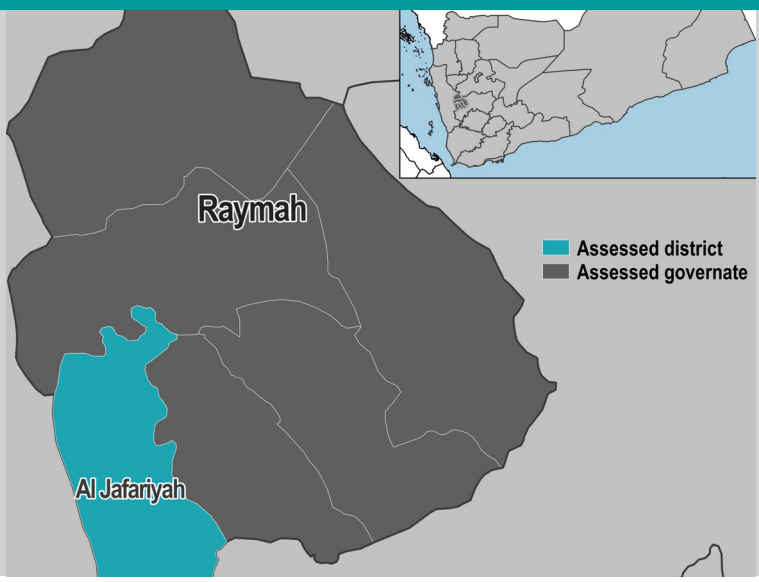
November 2018

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 Jafariyah district, Raymah governorate. Interviews were conducted with 103 host community and 101 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 Jafariyah district.[4]



Demographics

Total population in district[5]	94,252
Total IDP population in district[6]	8,976
Average household (HH) size	11.4
Proportion of households headed by men	98%
Proportion of households hosting IDPs or extended family	47%
Average number of children under 5 per HH	2
Average number of persons with disabilities per HH	0.1
Average number of pregnant and/or lactating women per HH	0.8
Average number of adults over 60 years old per HH	1.1

Health

Number of suspected cases of cholera from January to August 2018[7]	2,419
Global Acute Malnutrition (GAM) for 2018[8]	15%

Water

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

	Improved	% households	Unimproved
[9]	44%		56%
[10]	52%		48%

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

	No issue	% households	Issue reported
	82%		18%
	86%		14%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	33%		67%
	38%		62%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	18 L	72%
	18 L	69%

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
	45%		55%
	40%		60%

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

	30 min or less	% households	More than 30 min
	27%		73%
	24%		76%

[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.

Yemen WASH Cluster Assessment

Al Jafariyah District, Raymah Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	91%		9%
	92%		8%

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

	Not sharing	% households	Sharing
	82%		18%
	75%		25%

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

	Improved	% households	Unimproved
	11%		89%
	12%		88%

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 (86%)	Garbage is buried or burned (14%)	NA
	Garbage is left in public areas and not collected (83%)	Garbage is buried or burned (17%)	NA

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

	No wastewater	% households	Visible wastewater
	21%		79%
	15%		85%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	88%		12%
	96%		4%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (83%)	We prefer a subsitute / The market is too far (8%)	NA
	We cannot afford it / We ran out of soap (50%)	NA	NA

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

	Washing hands	% households	Not washing hands
	82%		18%
	97%		3%

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

	First most reported	Second most reported	Third most reported
	Disposable diapers, toothbrush (100%)	Sanitary pads, washing basin, toothpaste (98%)	Shampoo (95%)
	Disposable diapers, washing basin, toothpaste (100%)	Jerry can / bucket, sanitary pads, toothbrush (97%)	Shampoo (95%)

Overall, 67% of IDP households and 75% 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
	Chlorine tablets (55%)	Basic/consumable hygiene kits (16%)	Water containers (12%)
	Chlorine tablets (62%)	Basic/consumable hygiene kits (12%)	Water containers (6%)

[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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Yemen WASH Cluster Assessment

Al Maqatirah District, Lahj Governorate, Yemen

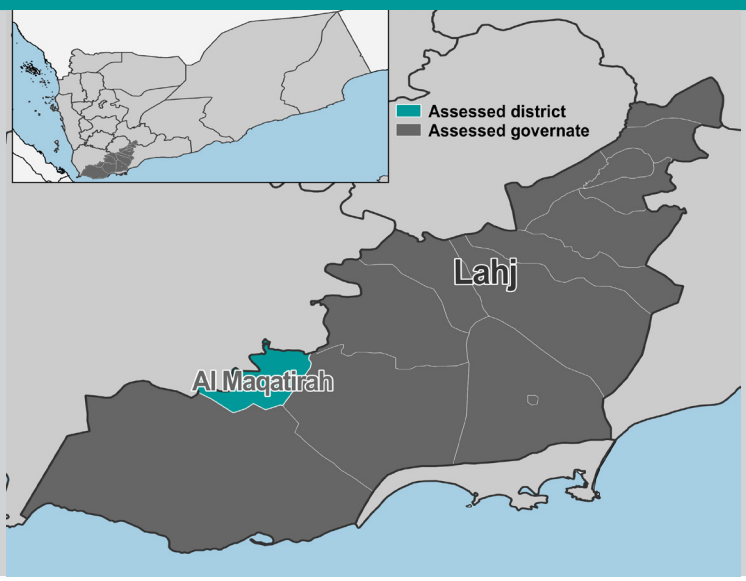
November 2018

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 Maqatirah district, Lahj governorate. Interviews were conducted with 104 host community and 104 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 Maqatirah district.[4]



Demographics

Total population in district[5]	73,525
Total IDP population in district[6]	8,178
Average household (HH) size	11.5
Proportion of households headed by men	88%
Proportion of households hosting IDPs or extended family	62%
Average number of children under 5 per HH	2.3
Average number of persons with disabilities per HH	0.8
Average number of pregnant and/or lactating women per HH	0.8
Average number of adults over 60 years old per HH	1.1

Health

Number of suspected cases of cholera from January to August 2018[7]	1,335
Global Acute Malnutrition (GAM) for 2018[8]	11%

Water

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

	Improved	% households	Unimproved
[9]	45%		55%
[10]	48%		52%

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

	No issue	% households	Issue reported
	13%		87%
	29%		71%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	7%		93%
	7%		93%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	33 L	74%
	26 L	72%

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
	9%		91%
	13%		87%

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

	30 min or less	% households	More than 30 min
	13%		87%
	11%		89%

[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.

Yemen WASH Cluster Assessment

Al Maqatirah District, Lahj Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	28%		72%
	38%		63%

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

	Not sharing	% households	Sharing
	57%		43%
	46%		54%

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

	Improved	% households	Unimproved
	57%		43%
	54%		46%

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 (70%)	Garbage is buried or burned (30%)	NA
	Garbage is left in public areas and not collected (64%)	Garbage is buried or burned (36%)	NA

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

	No wastewater	% households	Visible wastewater
	9%		91%
	9%		91%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	29%		71%
	36%		64%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (82%)	We ran out of soap (18%)	NA
	We cannot afford it (87%)	We ran out of soap (10%)	The market is too far (3%)

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

	Washing hands	% households	Not washing hands
	89%		11%
	87%		13%

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

	First most reported	Second most reported	Third most reported
	Bar of soap (51%)	Washing powder (50%)	Jerry can / bucket, shampoo (49%)
	Bar of soap, washing powder (63%)	Jerry can / bucket, disposable diapers (60%)	Shampoo (58%)

Overall, 4% of IDP households and 5% 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 (4%)	Water containers (2%)	NA
	Basic/ consumable hygiene kits (3%)	Safe drinking water; water containers; chlorine tablets (1%)	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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Yemen WASH Cluster Assessment

Al Maslub District, Al Jawf Governorate, Yemen

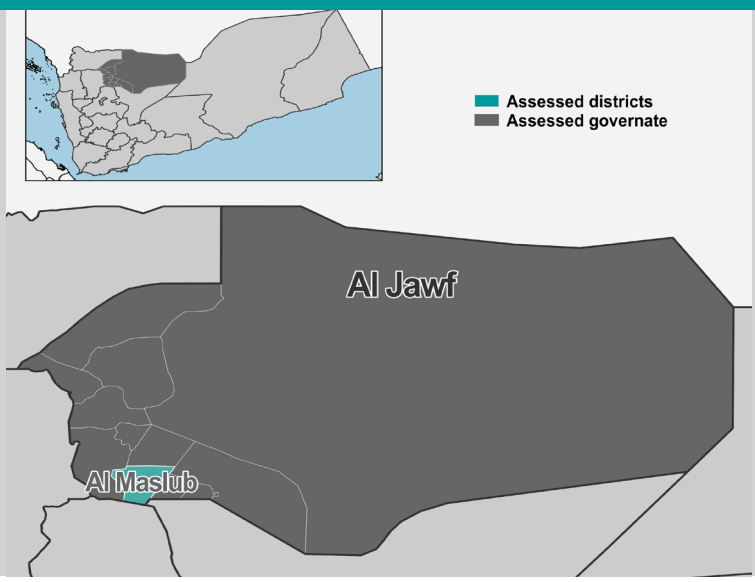
November 2018

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 Maslub district, Al Jawf governorate. Interviews were conducted with 98 host community and 78 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 Maslub district.[4]



Demographics

Total population in district[5]	13,978
Total IDP population in district[6]	2,634
Average household (HH) size	11.1
Proportion of households headed by men	86%
Proportion of households hosting IDPs or extended family	43%
Average number of children under 5 per HH	2.7
Average number of persons with disabilities per HH	0.4
Average number of pregnant and/or lactating women per HH	0.6
Average number of adults over 60 years old per HH	0.7

Health

Number of suspected cases of cholera from January to August 2018[7]	314
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]	56%		44%
[10]	53%		47%

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

	No issue	% households	Issue reported
	15%		85%
	27%		73%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	13%		87%
	13%		87%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	46 L	97%
	41 L	93%

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
	43%		57%
	36%		64%

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

	30 min or less	% households	More than 30 min
	39%		61%
	39%		61%

[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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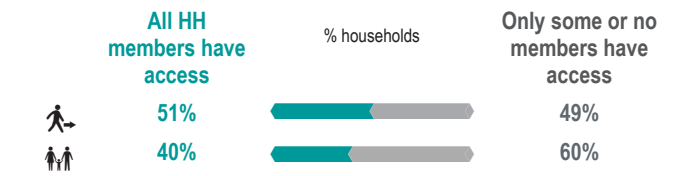
Yemen WASH Cluster Assessment

Al Maslub District, Al Jawf Governorate, Yemen

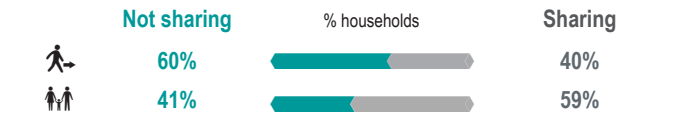
November 2018

Sanitation

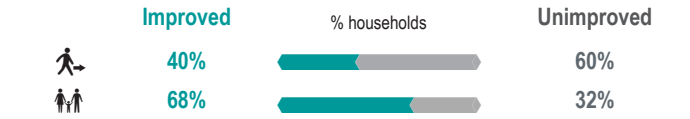
Proportion of households reporting having access to latrines:



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



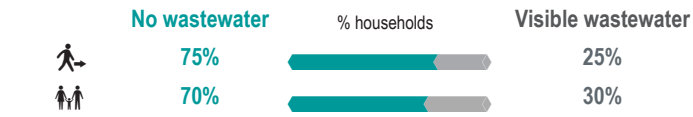
Proportion of households with access to latrines reporting having access to an improved latrine[14]:



Most commonly reported methods of garbage disposal:

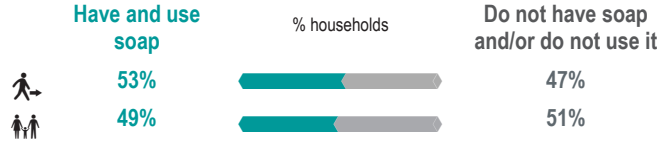
	First most reported	Second most reported	Third most reported
	Garbage is left in public areas and not collected (59%)	Garbage is buried or burned (41%)	NA
	Garbage is buried or burned (52%)	Garbage is left in public areas and not collected (48%)	NA

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



Hygiene

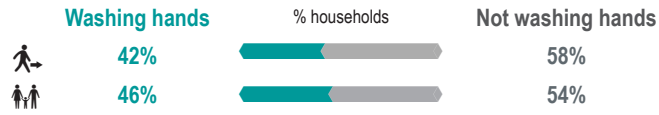
Proportion of households reporting having and using soap:



Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (94%)	We ran out of soap (6%)	NA
	We cannot afford it (83%)	We ran out of soap (13%)	Soap is not necessary / The market is too far (2%)

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



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

	First most reported	Second most reported	Third most reported
	Sanitary pads, washing basin, toothpaste (100%)	Disposable diapers, water treatment (99%)	Jerry can / bucket, washing powder, toothbrush (97%)
	Toothpaste, toothbrush, water treatment (100%)	Jerry can / bucket, sanitary pads, washing powder, washing basin (99%)	Bar of soap, disposable diapers, shampoo (98%)

Overall, 38% of IDP households and 44% 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
	Chlorine tablets; basic/consumable hygiene kits (26%)	Water containers (10%)	Support for the construction or maintenance of water and/or sanitation facilities (1%)
	Chlorine tablets (33%)	Basic/consumable hygiene kits (27%)	Water containers (5%)

[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.

WASH Cluster
Water Sanitation Hygiene

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Yemen WASH Cluster Assessment

Al Maton District, Al Jawf Governorate, Yemen

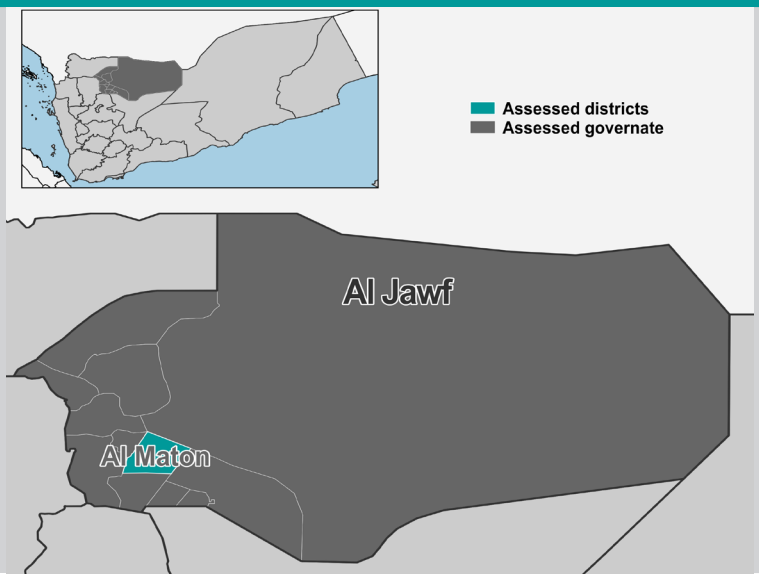
November 2018

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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Yemen WASH Cluster Assessment

Al Maton District, Al Jawf Governorate, Yemen

November 2018

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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Yemen WASH Cluster Assessment

Al Miftah District, Hajjah Governorate, Yemen

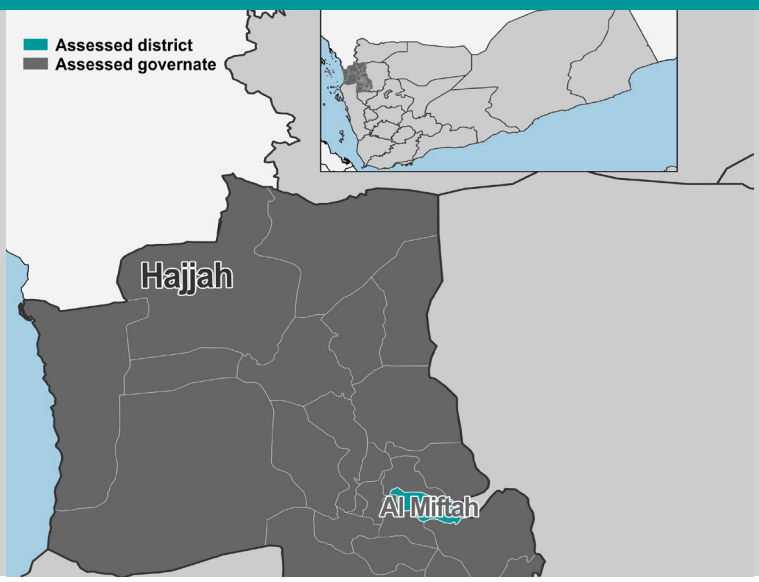
November 2018

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 Miftah district, Hajjah governorate. Interviews were conducted with 108 host community and 89 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 Miftah district.[4]



Demographics

Total population in district[5]	49,272
Total IDP population in district[6]	4,458
Average household (HH) size	9.6
Proportion of households headed by men	93%
Proportion of households hosting IDPs or extended family	26%
Average number of children under 5 per HH	1.5
Average number of persons with disabilities per HH	0.2
Average number of pregnant and/or lactating women per HH	0.6
Average number of adults over 60 years old per HH	0.9

Health

Number of suspected cases of cholera from January to August 2018[7]	2,255
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]	35%		65%
[10]	35%		65%

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

	No issue	% households	Issue reported
	72%		28%
	74%		26%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	81%		19%
	87%		13%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	19 L	60%
	20 L	72%

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
	6%		94%
	12%		88%

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

	30 min or less	% households	More than 30 min
	36%		64%
	29%		71%

[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.

Yemen WASH Cluster Assessment

Al Miftah District, Hajjah Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	93%		7%
	98%		2%

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

	Not sharing	% households	Sharing
	84%		16%
	86%		14%

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

	Improved	% households	Unimproved
	3%		97%
	6%		94%

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 (80%)	Garbage is buried or burned (20%)	NA
	Garbage is left in public areas and not collected (66%)	Garbage is buried or burned (34%)	NA

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

	No wastewater	% households	Visible wastewater
	2%		98%
	4%		96%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	75%		25%
	75%		25%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We are waiting for the next distribution (45%)	We ran out of soap (36%)	We cannot afford it (14%)
	We cannot afford it / We ran out of soap (38%)	We are waiting for the next distribution (23%)	NA

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

	Washing hands	% households	Not washing hands
	88%		12%
	78%		22%

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

	First most reported	Second most reported	Third most reported
	Shampoo (96%)	Washing powder (92%)	Jerry can / bucket, disposable diapers (79%)
	Shampoo (97%)	Washing powder (87%)	Toothpaste (83%)

Overall, 98% of IDP households and 97% 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
	Chlorine tablets (97%)	Basic/consumable hygiene kits (19%)	NA
	Chlorine tablets (96%)	Basic/consumable hygiene kits (30%)	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.

Yemen WASH Cluster Assessment

Al Qabbaytah District, Lahj Governorate, Yemen

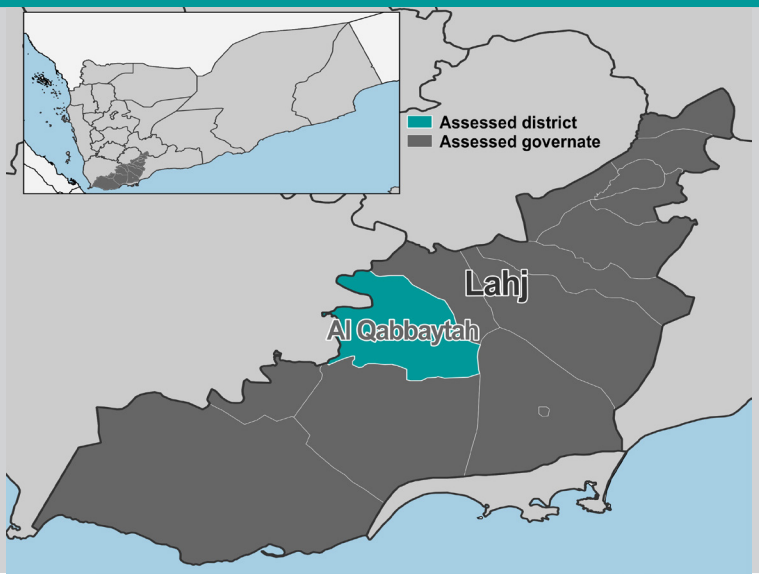
November 2018

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 Qabbaytah district, Lahj governorate. Interviews were conducted with 108 host community and 99 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 Qabbaytah district.[4]



Demographics

Total population in district[5]	130,653
Total IDP population in district[6]	13,542
Average household (HH) size	8.9
Proportion of households headed by men	90%
Proportion of households hosting IDPs or extended family	21%
Average number of children under 5 per HH	1.5
Average number of persons with disabilities per HH	0.4
Average number of pregnant and/or lactating women per HH	0.7
Average number of adults over 60 years old per HH	0.9

Health

Number of suspected cases of cholera from January to August 2018[7]	1,186
Global Acute Malnutrition (GAM) for 2018[8]	11%

Water

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

	Improved	% households	Unimproved
[9]	44%		56%
[10]	61%		39%

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

	No issue	% households	Issue reported
	30%		70%
	50%		50%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	24%		76%
	12%		88%

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	88%
	28 L	81%

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
	39%		61%
	47%		53%

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

	30 min or less	% households	More than 30 min
	22%		78%
	17%		83%

[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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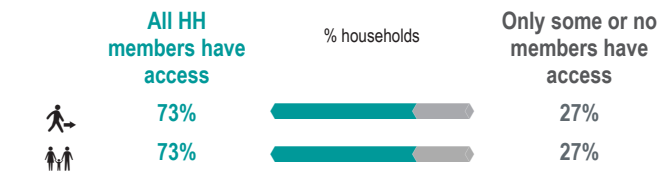
Yemen WASH Cluster Assessment

Al Qabbaytah District, Lahj Governorate, Yemen

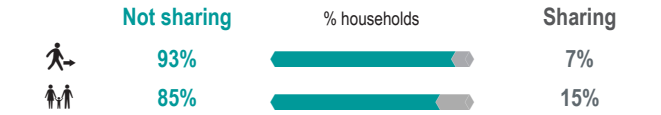
November 2018

Sanitation

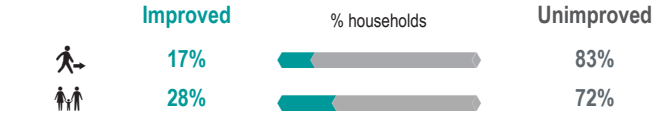
Proportion of households reporting having access to latrines:



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



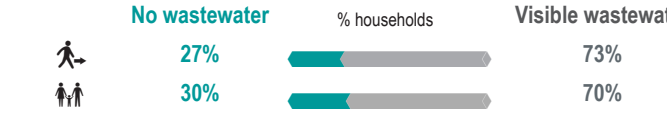
Proportion of households with access to latrines reporting having access to an improved latrine[14]:



Most commonly reported methods of garbage disposal:

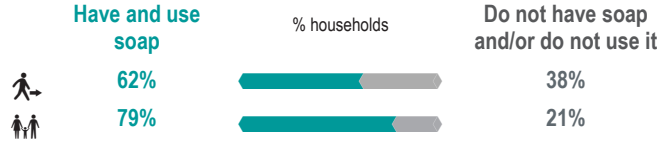
	First most reported	Second most reported	Third most reported
	Garbage is buried or burned (53%)	Garbage is left in public areas and not collected (47%)	NA
	Garbage is buried or burned (60%)	Garbage is left in public areas and not collected (36%)	NA

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



Hygiene

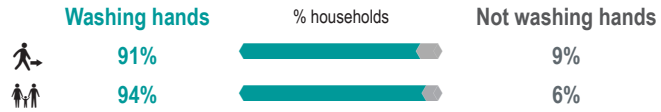
Proportion of households reporting having and using soap:



Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (92%)	Soap is not necessary / The market is too far / We ran out of soap (3%)	NA
	We cannot afford it (96%)	Soap is not necessary (4%)	NA

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



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

	First most reported	Second most reported	Third most reported
	Washing powder (89%)	Bar of soap (80%)	Sanitary pads, disposable diapers (62%)
	Bar of soap (75%)	Washing powder (69%)	Washing basin (63%)

Overall, 5% of IDP households and 12% 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 (3%)	Water containers; chlorine tablets (1%)	NA
	Basic/ consumable hygiene kits (7%)	Chlorine tablets (4%)	Support for the construction or maintenance of water and/or sanitation facilities (2%)

[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.

WASH Cluster
Water Sanitation Hygiene

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Yemen WASH Cluster Assessment

Arhab District, Sana'a Governorate, Yemen

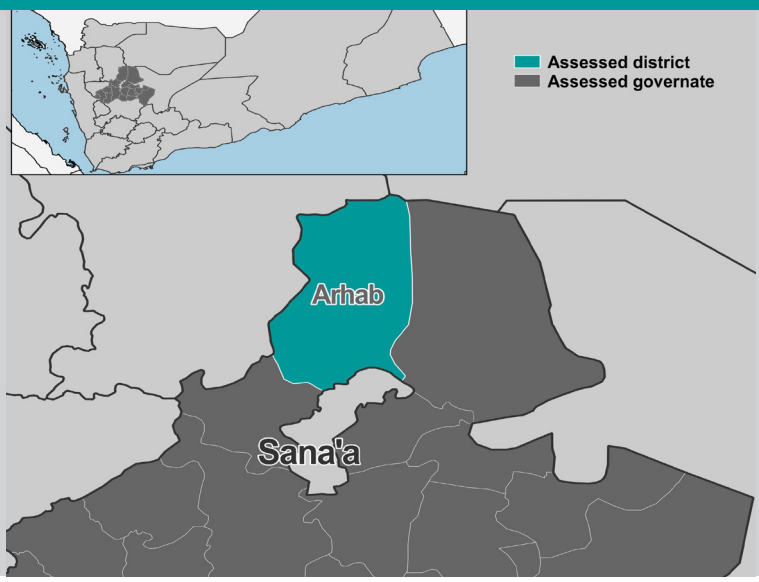
November 2018

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 Arhab district, Sana'a governorate. Interviews were conducted with 101 host community and 95 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 Arhab district.[4]



Demographics

Total population in district[5]	113,763
Total IDP population in district[6]	11,706
Average household (HH) size	8.4
Proportion of households headed by men	90%
Proportion of households hosting IDPs or extended family	7%
Average number of children under 5 per HH	1.5
Average number of persons with disabilities per HH	0.1
Average number of pregnant and/or lactating women per HH	0.5
Average number of adults over 60 years old per HH	0.6

Health

Number of suspected cases of cholera from January to August 2018[7]	4,349
Global Acute Malnutrition (GAM) for 2018[8]	10%

Water

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

	Improved	% households	Unimproved
[9]	12%		88%
[10]	13%		87%

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

	No issue	% households	Issue reported
	15%		85%
	18%		82%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	15%		85%
	13%		87%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	69 L	92%
	67 L	88%

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
	31%		69%
	42%		58%

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

	30 min or less	% households	More than 30 min
	40%		60%
	54%		46%

[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.

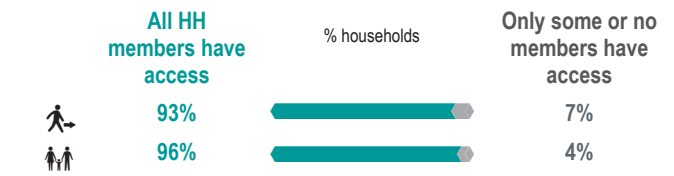
Yemen WASH Cluster Assessment

Arhab District, Sana'a Governorate, Yemen

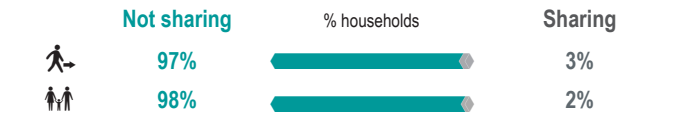
November 2018

Sanitation

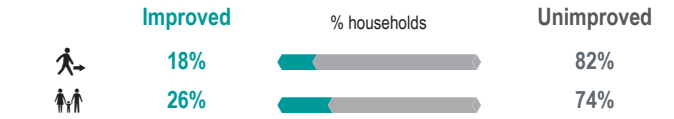
Proportion of households reporting having access to latrines:



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



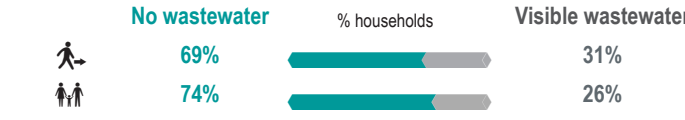
Proportion of households with access to latrines reporting having access to an improved latrine[14]:



Most commonly reported methods of garbage disposal:

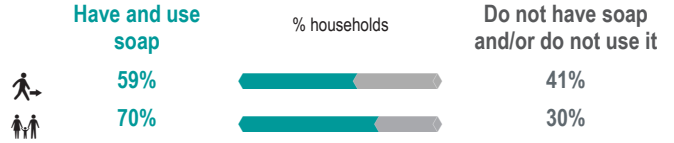
	First most reported	Second most reported	Third most reported
	Garbage is buried or burned (95%)	Garbage is left in public areas and not collected (5%)	NA
	Garbage is buried or burned (92%)	Garbage is left in public areas and not collected (8%)	NAA

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



Hygiene

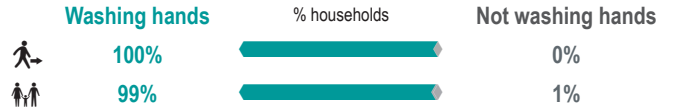
Proportion of households reporting having and using soap:



Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	The market is too far (50%)	We cannot afford it (47%)	It is unavailable at the local market (3%)
	The market is too far (57%)	We cannot afford it (43%)	NA

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



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

	First most reported	Second most reported	Third most reported
	Bar of soap (90%)	Jerry can / bucket (53%)	Disposable diapers (29%)
	Bar of soap (84%)	Jerry can / bucket (48%)	Sanitary pads (35%)

Overall, 32% of IDP households and 23% 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 (2%)	Water containers; other (1%)	NA
	Basic/ consumable hygiene kits (3%)	Water containers; chlorine tablets (1%)	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.

WASH Cluster
Water Sanitation Hygiene

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Yemen WASH Cluster Assessment

Ash Shamayatayn District, Taizz Governorate, Yemen

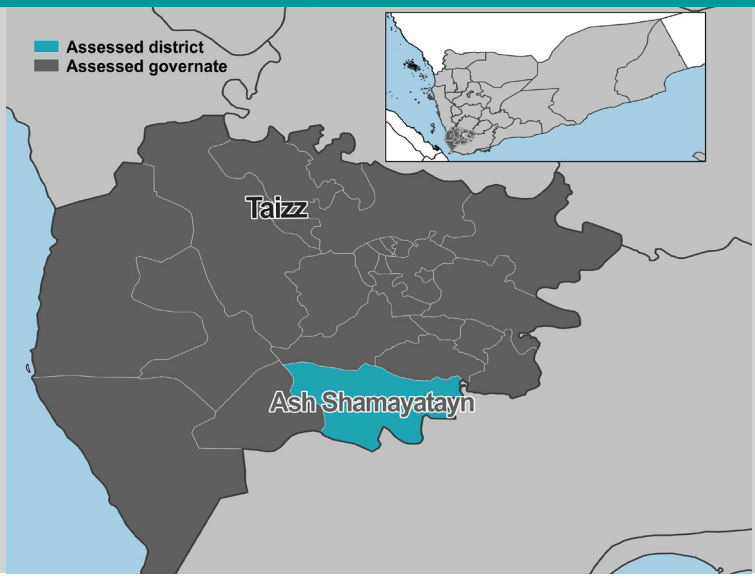
November 2018

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 Ash Shamayatayn district, Taizz governorate. Interviews were conducted with 103 host community and 115 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 Ash Shamayatayn district.[4]



Demographics

Total population in district[5]	203,257
Total IDP population in district[6]	28,068
Average household (HH) size	8.8
Proportion of households headed by men	78%
Proportion of households hosting IDPs or extended family	34%
Average number of children under 5 per HH	1
Average number of persons with disabilities per HH	0.3
Average number of pregnant and/or lactating women per HH	0.5
Average number of adults over 60 years old per HH	0.9

Health

Number of suspected cases of cholera from January to August 2018[7]	915
Global Acute Malnutrition (GAM) for 2018[8]	18%

Water

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

	Improved	% households	Unimproved
[9]	86%		14%
[10]	91%		9%

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

	No issue	% households	Issue reported
	54%		46%
	60%		40%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	23%		77%
	18%		82%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	44 L	84%
	39 L	83%

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
	42%		58%
	51%		49%

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

	30 min or less	% households	More than 30 min
	49%		51%
	37%		63%

[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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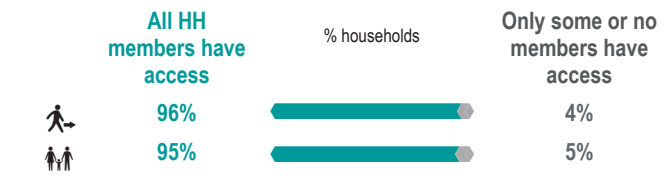
Yemen WASH Cluster Assessment

Ash Shamayatayn District, Taizz Governorate, Yemen

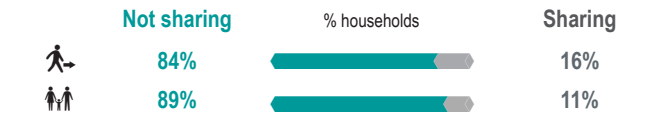
November 2018

Sanitation

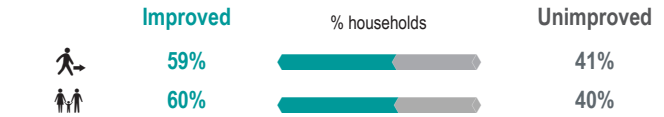
Proportion of households reporting having access to latrines:



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



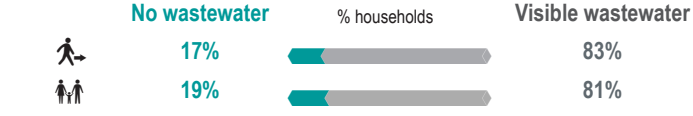
Proportion of households with access to latrines reporting having access to an improved latrine[14]:



Most commonly reported methods of garbage disposal:

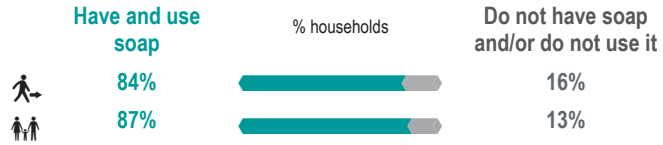
	First most reported	Second most reported	Third most reported
	Garbage is buried or burned (76%)	Garbage is left in public areas and not collected (13%)	Garbage is left in street by household and collected through public system (6%)
	Garbage is buried or burned (79%)	Garbage is left in public areas and not collected (14%)	Garbage is left in street containers by household and collected through public system (5%)

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



Hygiene

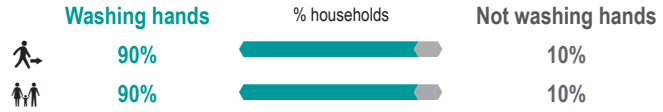
Proportion of households reporting having and using soap:



Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We ran out of soap (56%)	We cannot afford it (33%)	We prefer a subsitute (example: ash) (11%)
	We ran out of soap (85%)	We cannot afford it (15%)	NA

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



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

	First most reported	Second most reported	Third most reported
	Sanitary pads (78%)	Shampoo (76%)	Disposable diapers (67%)
	Sanitary pads (80%)	Disposable diapers (78%)	Shampoo (72%)

Overall, 32% of IDP households and 30% 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 (28%)	Chlorine tablets (3%)	Water containers (2%)
	Basic/ consumable hygiene kits (24%)	Chlorine tablets (3%)	Support for the construction or maintenance of water and/or sanitation facilities (2%)

[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.

WASH Cluster
Water Sanitation Hygiene

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Yemen WASH Cluster Assessment

Aslem District, Hajjah Governorate, Yemen

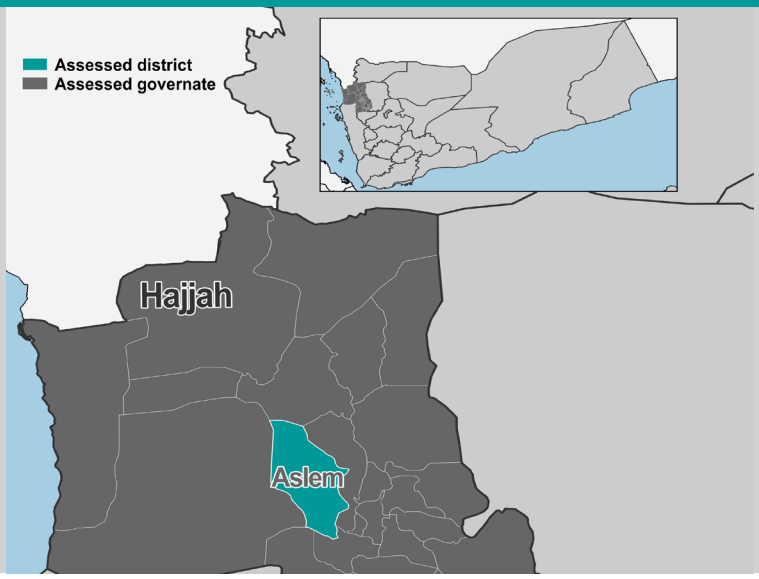
November 2018

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 Aslem district, Hajjah governorate. Interviews were conducted with 121 host community and 98 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 Aslem district.[4]



Demographics

Total population in district[5]	78,522
Total IDP population in district[6]	14,766
Average household (HH) size	10.4
Proportion of households headed by men	91%
Proportion of households hosting IDPs or extended family	17%
Average number of children under 5 per HH	1.9
Average number of persons with disabilities per HH	0.6
Average number of pregnant and/or lactating women per HH	0.7
Average number of adults over 60 years old per HH	1

Health

Number of suspected cases of cholera from January to August 2018[7]	1,924
Global Acute Malnutrition (GAM) for 2018[8]	17%

Water

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

	Improved	% households	Unimproved
9	94%		6%
10	90%		10%

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

	No issue	% households	Issue reported
	30%		70%
	29%		71%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	6%		94%
	13%		87%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	32 L	81%
	30 L	72%

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
	15%		85%
	29%		71%

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

	30 min or less	% households	More than 30 min
	47%		53%
	50%		50%

[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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Yemen WASH Cluster Assessment

Aslem District, Hajjah Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	21%		79%
	38%		62%

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

	Not sharing	% households	Sharing
	77%		23%
	77%		23%

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

	Improved	% households	Unimproved
	16%		84%
	27%		73%

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 (95%)	Garbage is buried or burned (4%)	Garbage is left in street by household and collected through public system (1%)
	Garbage is left in public areas and not collected (97%)	Garbage is buried or burned (2%)	Garbage is left in street by household and collected through public system (1%)

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

	No wastewater	% households	Visible wastewater
	77%		23%
	70%		30%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	16%		84%
	18%		83%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (89%)	We ran out of soap (6%)	The market is too far (4%)
	We cannot afford it (83%)	We ran out of soap (12%)	The market is too far (4%)

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

	Washing hands	% households	Not washing hands
	80%		20%
	83%		17%

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

	First most reported	Second most reported	Third most reported
	Jerry can / bucket (87%)	Bar of soap (86%)	Washing powder (80%)
	Bar of soap (92%)	Washing powder (89%)	Jerry can / bucket (86%)

Overall, 8% of IDP households and 17% 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 (6%)	Other (3%)	NA
	Basic/ consumable hygiene kits (17%)	Chlorine tablets (1%)	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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Yemen WASH Cluster Assessment

At Ta'iziyah District, Taizz Governorate, Yemen

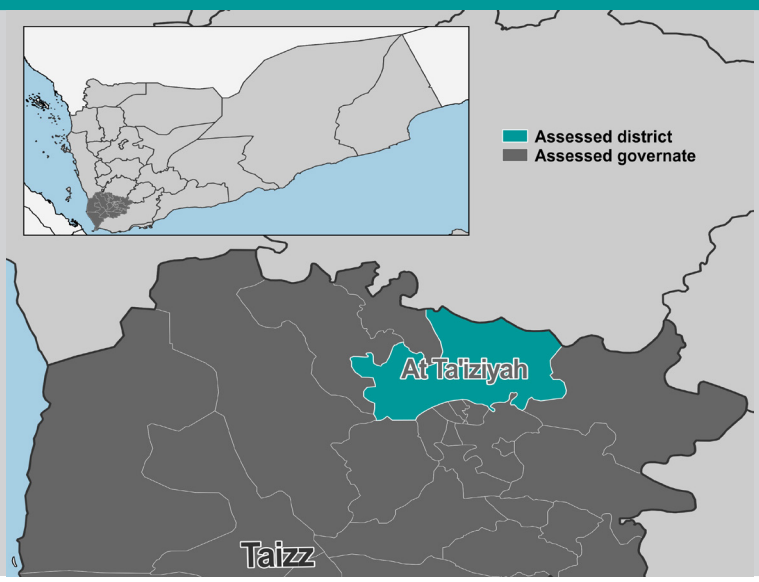
November 2018

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 At Ta'iziyah district, Taizz governorate. Interviews were conducted with 116 host community and 103 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 At Ta'iziyah district.[4]



Demographics

Total population in district[5]	268,402
Total IDP population in district[6]	49,050
Average household (HH) size	6.1
Proportion of households headed by men	80%
Proportion of households hosting IDPs or extended family	8%
Average number of children under 5 per HH	0.8
Average number of persons with disabilities per HH	0.2
Average number of pregnant and/or lactating women per HH	0.5
Average number of adults over 60 years old per HH	0.7

Health

Number of suspected cases of cholera from January to August 2018[7]	15780
Global Acute Malnutrition (GAM) for 2018[8]	18%

Water

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

	Improved	% households	Unimproved
[9]	52%		48%
[10]	75%		25%

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

	No issue	% households	Issue reported
	64%		36%
	71%		29%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	30%		70%
	34%		66%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	102 L	98%
	97 L	97%

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
	42%		58%
	56%		44%

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

	30 min or less	% households	More than 30 min
	13%		87%
	31%		69%

[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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REACH Informing more effective humanitarian action

Yemen WASH Cluster Assessment

At Ta'iziyah District, Taizz Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	92%		8%
	94%		6%

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

	Not sharing	% households	Sharing
	92%		8%
	90%		10%

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

	Improved	% households	Unimproved
	65%		35%
	65%		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 (39%)	Garbage is buried or burned (33%)	Garbage is left in street containers by household and collected through public system (17%)
	Garbage is left in public areas and not collected (52%)	Garbage is buried or burned (33%)	Garbage is left in street by household and collected through public system (8%)

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

	No wastewater	% households	Visible wastewater
	40%		60%
	50%		50%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	62%		38%
	85%		15%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (49%)	We ran out of soap (31%)	We are waiting for the next distribution (13%)
	We cannot afford it (41%)	We prefer a subsitute (example: ash) (24%)	Soap is not necessary / We are waiting for the next distribution / We ran out of soap (12%)

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

	Washing hands	% households	Not washing hands
	84%		16%
	93%		7%

Top WASH items households reported needing, but were unable to afford[18,19]:

	First most reported	Second most reported	Third most reported
	Washing basin (87%)	Jerry can / bucket (78%)	Disposable diapers (74%)
	Washing basin (85%)	Disposable diapers (74%)	Jerry can / bucket (71%)

Overall, 59% of IDP households and 75% 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 (46%)	Chlorine tablets (14%)	Safe drinking water (5%)
	Basic/ consumable hygiene kits (64%)	Chlorine tablets (15%)	Safe drinking water (9%)

[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. [19] In At Ta'iziyah District, 14% of IDP HHs and 32% of HC HHs did not report an answer for sanitary pads.

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Yemen WASH Cluster Assessment

Ataq District, Shabwah Governorate, Yemen

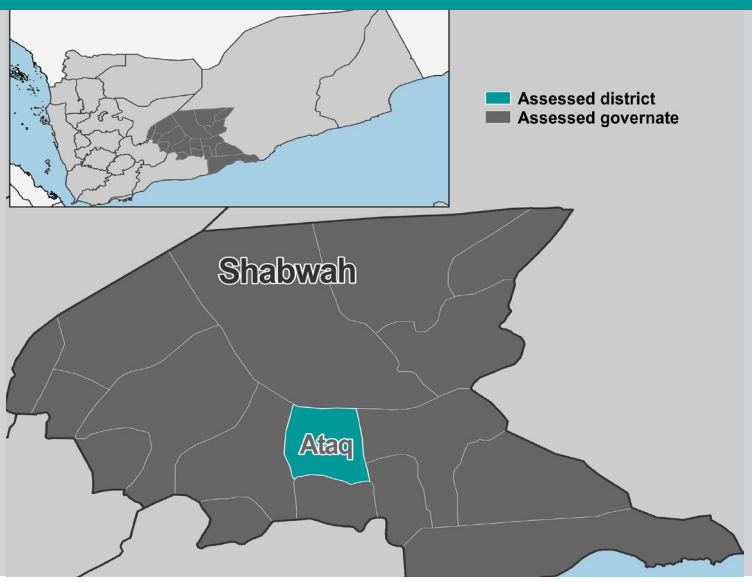
November 2018

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 Ataq district, Shabwah governorate. Interviews were conducted with 105 host community and 89 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 Ataq district.[4]



Demographics

Total population in district[5]	49,218
Total IDP population in district[6]	4,266
Average household (HH) size	8.9
Proportion of households headed by men	93%
Proportion of households hosting IDPs or extended family	31%
Average number of children under 5 per HH	1.6
Average number of persons with disabilities per HH	0.3
Average number of pregnant and/or lactating women per HH	0.4
Average number of adults over 60 years old per HH	0.4

Health

Number of suspected cases of cholera from January to August 2018[7]	323
Global Acute Malnutrition (GAM) for 2018[8]	7%

Water

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

	Improved	% households	Unimproved
[9]	98%		2%
[10]	95%		5%

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

	No issue	% households	Issue reported
	73%		27%
	65%		35%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	0%		100%
	2%		98%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	68 L	98%
	58 L	90%

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
	99%		1%
	95%		5%

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

	30 min or less	% households	More than 30 min
	54%		46%
	64%		36%

[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.

Yemen WASH Cluster Assessment

Ataq District, Shabwah Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	100%		0%
	99%		1%

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

	Not sharing	% households	Sharing
	76%		24%
	76%		24%

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

	Improved	% households	Unimproved
	22%		78%
	25%		75%

Most commonly reported methods of garbage disposal:

	First most reported	Second most reported	Third most reported
	Garbage is buried or burned (40%)	Garbage is left in street containers by household and collected through public system (35%)	Garbage is left in street by household and collected through public system (21%)
	Garbage is buried or burned (79%)	Garbage is left in street by household and collected through public system (10%)	Garbage is left in street containers by household and collected through public system (8%)

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

	No wastewater	% households	Visible wastewater
	9%		91%
	1%		99%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	100%		0%
	100%		0%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	NA	NA	NA
	NA	NA	NA

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

	Washing hands	% households	Not washing hands
	100%		0%
	100%		0%

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

	First most reported	Second most reported	Third most reported
	NA	NA	NA
	NA	NA	NA

Overall, 100% of IDP households and 100% of host community households reported receiving assistance in the six months prior to data collection. Of those, most common types of WASH assistance received

	First most reported	Second most reported	Third most reported
	Basic/ consumable hygiene kits (100%)	Chlorine tablets (61%)	NA
	Basic/ consumable hygiene kits (96%)	Chlorine tablets (44%)	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.

Yemen WASH Cluster Assessment

Az Zahir District, Al Jawf Governorate, Yemen

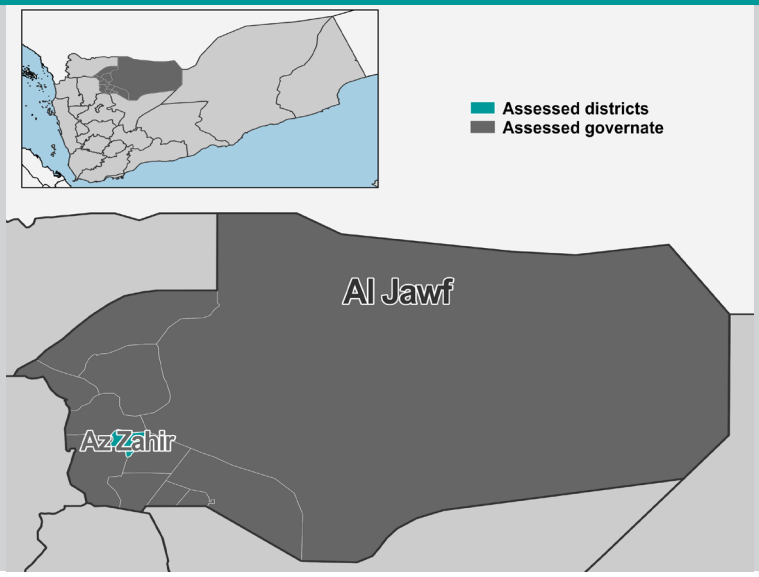
November 2018

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 Az Zahir district, Al Jawf governorate. Interviews were conducted with 97 host community and 85 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 Az Zahir district.[4]



Demographics

Total population in district[5]	32,037
Total IDP population in district[6]	3,000
Average household (HH) size	10.8
Proportion of households headed by men	84%
Proportion of households hosting IDPs or extended family	64%
Average number of children under 5 per HH	2.2
Average number of persons with disabilities per HH	1.1
Average number of pregnant and/or lactating women per HH	0.8
Average number of adults over 60 years old per HH	1.1

Health

Number of suspected cases of cholera from January to August 2018[7]	1324
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]	69%		31%
[10]	89%		11%

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

	No issue	% households	Issue reported
	35%		65%
	26%		74%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	4%		96%
	2%		98%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	16 L	58%
	14 L	45%

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
	16%		84%
	14%		86%

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

	30 min or less	% households	More than 30 min
	1%		99%
	11%		89%

[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.

Yemen WASH Cluster Assessment

Az Zahir District, Al Jawf Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	74%		26%
	66%		34%

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

	Not sharing	% households	Sharing
	56%		44%
	51%		49%

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

	Improved	% households	Unimproved
	24%		76%
	48%		52%

Most commonly reported methods of garbage disposal:

	First most reported	Second most reported	Third most reported
	Garbage is buried or burned (53%)	Garbage is left in public areas and not collected (39%)	Garbage is left in street by household and collected through public system (5%)
	Garbage is buried or burned (52%)	Garbage is left in public areas and not collected (26%)	Garbage is left in street by household and collected through public system (12%)

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

	No wastewater	% households	Visible wastewater
	99%		1%
	99%		1%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	36%		64%
	41%		59%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (44%)	The market is too far (20%)	We ran out of soap (19%)
	We cannot afford it (55%)	The market is too far (23%)	We ran out of soap (14%)

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

	Washing hands	% households	Not washing hands
	94%		6%
	97%		3%

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

	First most reported	Second most reported	Third most reported
	Washing powder (94%)	Shampoo (91%)	Jerry can / bucket (89%)
	Bar of soap, washing powder (96%)	Shampoo (95%)	Jerry can / bucket (94%)

Overall, 56% of IDP households and 39% 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 (44%)	Safe drinking water (1%)	NA
	Basic/ consumable hygiene kits (30%)	Chlorine tablets (1%)	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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Yemen WASH Cluster Assessment

Bani Dhabyan District, Sana'a Governorate, Yemen

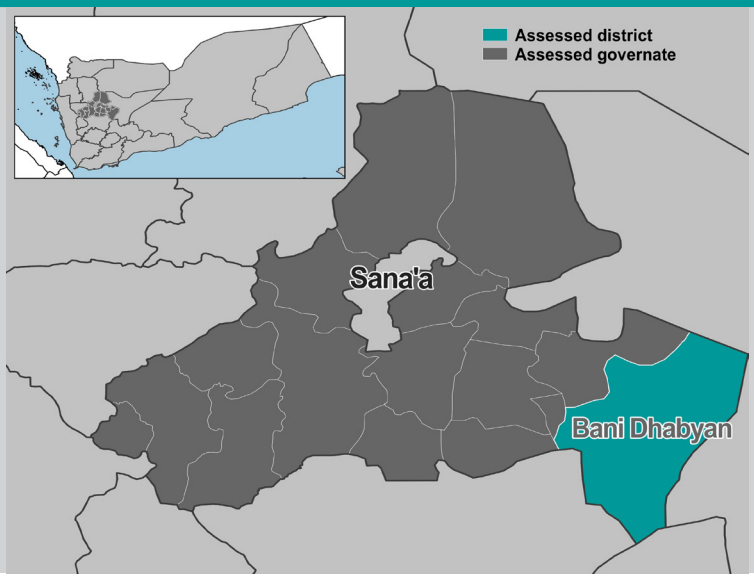
November 2018

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 Bani Dhabyan district, Sana'a governorate. Interviews were conducted with 96 host community and 89 IDP randomly selected households in the district. Findings concerning HC are representative at district level with a 95% confidence level and a 10% margin of error. Findings concerning IDPs are representative at district level with a 90% 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 Bani Dhabyan district.[4]



Demographics

Total population in district[5]	20,498
Total IDP population in district[6]	9,510
Average household (HH) size	14.1
Proportion of households headed by men	98%
Proportion of households hosting IDPs or extended family	29%
Average number of children under 5 per HH	2.6
Average number of persons with disabilities per HH	0.2
Average number of pregnant and/or lactating women per HH	0.9
Average number of adults over 60 years old per HH	0.9

Health

Number of suspected cases of cholera from January to August 2018[7]	3,261
Global Acute Malnutrition (GAM) for 2018[8]	10%

Water

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

	Improved	% households	Unimproved
[9]	4%		96%
[10]	16%		84%

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

	No issue	% households	Issue reported
	53%		47%
	44%		56%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	12%		88%
	17%		83%

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	75%
	41 L	91%

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
	43%		57%
	35%		65%

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

	30 min or less	% households	More than 30 min
	17%		83%
	35%		65%

[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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Yemen WASH Cluster Assessment

Bani Dhabyan District, Sana'a Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	17%		83%
	37%		63%

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

	Not sharing	% households	Sharing
	89%		11%
	73%		27%

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

	Improved	% households	Unimproved
	0%		100%
	8%		92%

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 (57%)	Garbage is buried or burned (43%)	NA
	Garbage is left in public areas and not collected (55%)	Garbage is buried or burned (42%)	Garbage is left in street by household and collected through public system (3%)

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

	No wastewater	% households	Visible wastewater
	84%		16%
	86%		14%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	64%		36%
	77%		23%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (94%)	The market is too far / We ran out of soap (3%)	NA
	We cannot afford it (73%)	The market is too far (27%)	NA

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

	Washing hands	% households	Not washing hands
	69%		31%
	79%		21%

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

	First most reported	Second most reported	Third most reported
	Sanitary pads, disposable diapers, washing basin, toothpaste, shampoo (89%)	Washing powder (87%)	Tootbrush, water treatment (86%)
	Disposable diapers, washing powder, washing basin, toothpaste, shampoo, water treatment (93%)	Sanitary pads, toothbrush (92%)	Jerry can / bucket (12%)

Overall, 66% of IDP households and 74% 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 (51%)	Chlorine tablets (46%)	Other (6%)
	Basic/ consumable hygiene kits (58%)	Chlorine tablets (44%)	Other (5%)

[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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Yemen WASH Cluster Assessment

Bani Sa'd District, Al Mahwit Governorate, Yemen

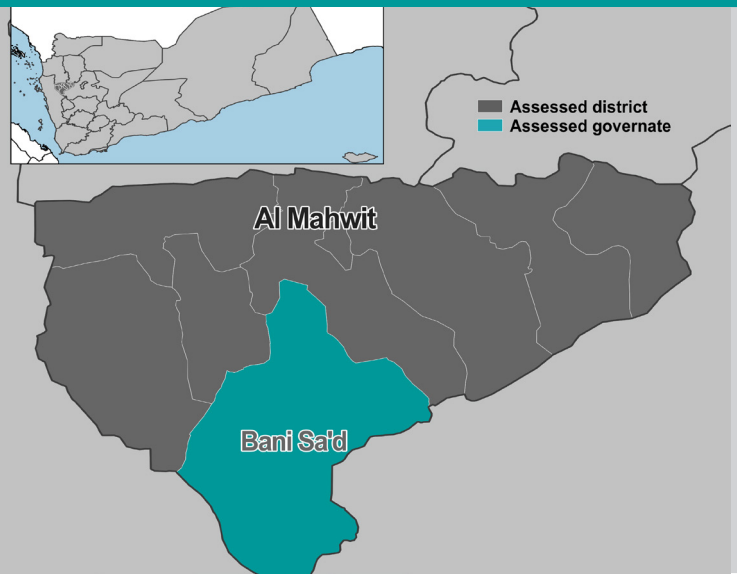
November 2018

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 Bani Sa'd district, Al Mahwit governorate. Interviews were conducted with 105 host community and 98 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 Bani Sa'd district.[4]



Demographics

Total population in district[5]	84,525
Total IDP population in district[6]	7,752
Average household (HH) size	9.6
Proportion of households headed by men	96%
Proportion of households hosting IDPs or extended family	16%
Average number of children under 5 per HH	1.9
Average number of persons with disabilities per HH	0.4
Average number of pregnant and/or lactating women per HH	0.6
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]	9,559
Global Acute Malnutrition (GAM) for 2018[8]	17%

Water

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

	Improved	% households	Unimproved
[9]	10%		90%
[10]	10%		90%

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

	No issue	% households	Issue reported
	15%		85%
	13%		87%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	49%		51%
	67%		33%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	21 L	60%
	26 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
	49%		51%
	54%		46%

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

	30 min or less	% households	More than 30 min
	32%		68%
	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.

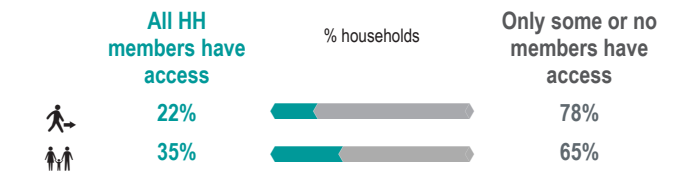
Yemen WASH Cluster Assessment

Bani Sa'd District, Al Mahwit Governorate, Yemen

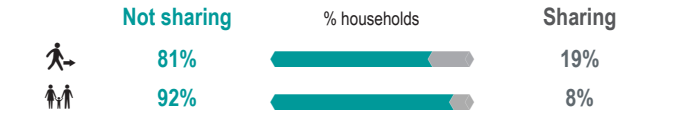
November 2018

Sanitation

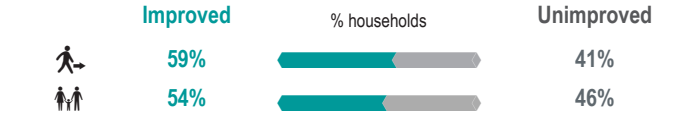
Proportion of households reporting having access to latrines:



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



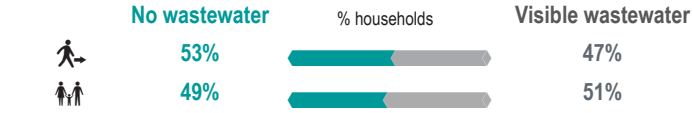
Proportion of households with access to latrines reporting having access to an improved latrine[14]:



Most commonly reported methods of garbage disposal:

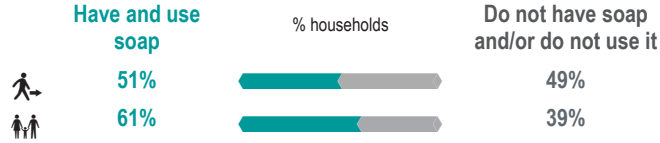
	First most reported	Second most reported	Third most reported
	Garbage is left in public areas and not collected (90%)	Garbage is buried or burned (10%)	NA
	Garbage is left in public areas and not collected (90%)	Garbage is buried or burned (10%)	NA

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



Hygiene

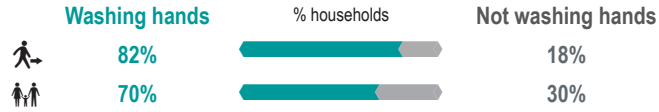
Proportion of households reporting having and using soap:



Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (90%)	We ran out of soap (8%)	We are waiting for the next distribution (2%)
	We cannot afford it (90%)	We ran out of soap (10%)	NA

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



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

	First most reported	Second most reported	Third most reported
	Washing powder (97%)	Disposable diapers (96%)	Washing basin (92%)
	Washing powder (95%)	Disposable diapers (92%)	Washing basin (91%)

Overall, 91% of IDP households and 95% 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
	Chlorine tablets (86%)	Basic/consumable hygiene kits (67%)	Other (17%)
	Chlorine tablets (94%)	Basic/consumable hygiene kits (66%)	Other (15%)

[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.

WASH Cluster
Water Sanitation Hygiene

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Yemen WASH Cluster Assessment

Bani Suraim District, Amran Governorate, Yemen

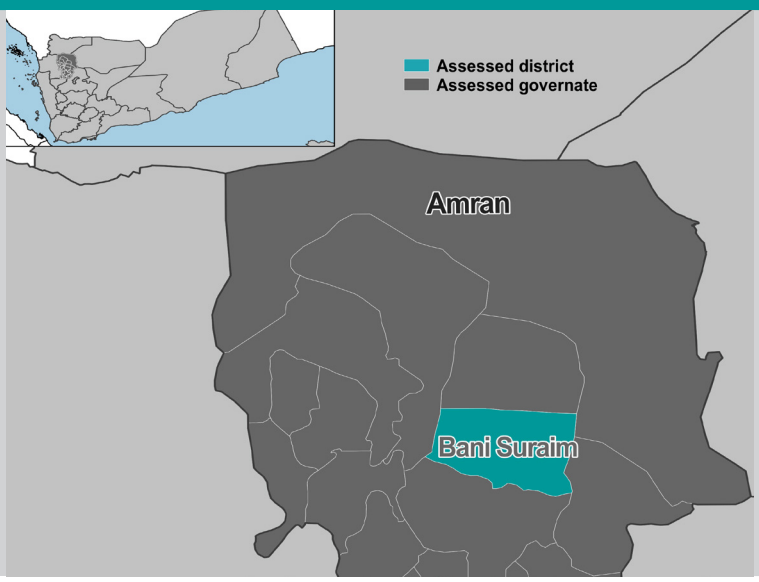
November 2018

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 Bani Suraim district, Amran governorate. Interviews were conducted with 107 host community and 97 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 Bani Suraim district.[4]



Demographics

Total population in district[5]	39,435
Total IDP population in district[6]	3,984
Average household (HH) size	11.5
Proportion of households headed by men	99%
Proportion of households hosting IDPs or extended family	10%
Average number of children under 5 per HH	2.5
Average number of persons with disabilities per HH	0.3
Average number of pregnant and/or lactating women per HH	0.9
Average number of adults over 60 years old per HH	1.1

Health

Number of suspected cases of cholera from January to August 2018[7]	5,092
Global Acute Malnutrition (GAM) for 2018[8]	11%

Water

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

	Improved	% households	Unimproved
[9]	18%		82%
[10]	19%		81%

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

	No issue	% households	Issue reported
	27%		73%
	42%		58%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	61%		39%
	67%		33%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	56 L	94%
	63 L	98%

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
	62%		38%
	69%		31%

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

	30 min or less	% households	More than 30 min
	57%		43%
	58%		42%

[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.

Yemen WASH Cluster Assessment

Bani Suraim District, Amran Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	91%		9%
	98%		2%

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

	Not sharing	% households	Sharing
	98%		2%
	96%		4%

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

	Improved	% households	Unimproved
	37%		63%
	40%		60%

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 (78%)	Garbage is buried or burned (22%)	NA
	Garbage is left in public areas and not collected (66%)	Garbage is buried or burned (34%)	NA

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

	No wastewater	% households	Visible wastewater
	24%		76%
	34%		66%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	71%		29%
	86%		14%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (68%)	We ran out of soap (25%)	Soap is not necessary / Other (4%)
	We cannot afford it (53%)	We ran out of soap (27%)	We are waiting for the next distribution (13%)

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

	Washing hands	% households	Not washing hands
	61%		39%
	72%		28%

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

	First most reported	Second most reported	Third most reported
	Bar of soap (98%)	Disposable diapers, washing powder (92%)	Shampoo (87%)
	Bar of soap, disposable diapers, toothpaste (92%)	Shampoo (91%)	Washing powder (89%)

Overall, 68% of IDP households and 81% 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
	Chlorine tablets (66%)	Basic/consumable hygiene kits (54%)	Water containers (18%)
	Chlorine tablets (79%)	Basic/consumable hygiene kits (70%)	Water containers (7%)

[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.

Yemen WASH Cluster Assessment

Dhi Bin District, Amran Governorate, Yemen

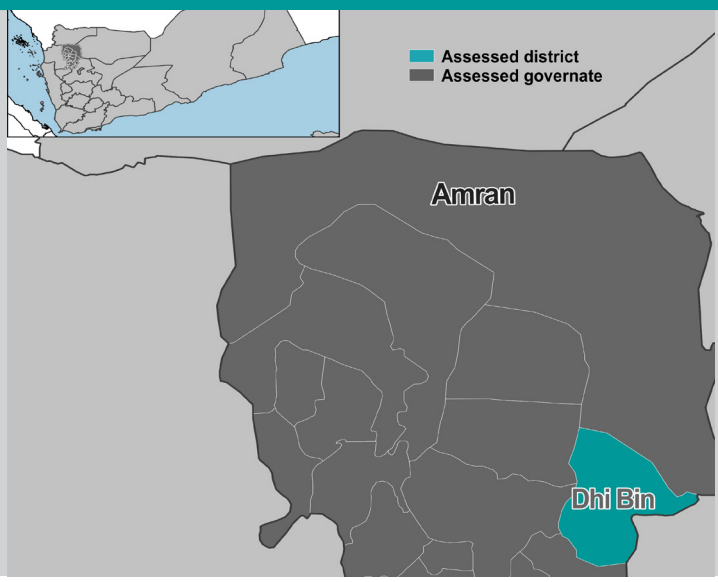
November 2018

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 Dhi Bin district, Amran governorate. Interviews were conducted with 161 host community and 57 IDP randomly selected households in the district. Findings concerning HC are representative at district level with a 95% confidence level and a 10% margin of error, while figures concerning IDPs should be considered as indicative.

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



Demographics

Total population in district[5]	38,079
Total IDP population in district[6]	4,434
Average household (HH) size	11.6
Proportion of households headed by men	87%
Proportion of households hosting IDPs or extended family	33%
Average number of children under 5 per HH	1.8
Average number of persons with disabilities per HH	0.5
Average number of pregnant and/or lactating women per HH	0.6
Average number of adults over 60 years old per HH	0.9

Health

Number of suspected cases of cholera from January to August 2018[7]	4,218
Global Acute Malnutrition (GAM) for 2018[8]	11%

Water

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

	Improved	% households	Unimproved
[9]	48%		52%
[10]	62%		38%

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

	No issue	% households	Issue reported
	30%		70%
	42%		58%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	19%		81%
	25%		75%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	29 L	65%
	35 L	55%

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
	26%		74%
	46%		54%

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

	30 min or less	% households	More than 30 min
	48%		52%
	34%		66%

[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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Yemen WASH Cluster Assessment

Dhi Bin District, Amran Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	51%		49%
	71%		29%

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

	Not sharing	% households	Sharing
	81%		19%
	64%		36%

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

	Improved	% households	Unimproved
	66%		34%
	61%		39%

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 (65%)	Garbage is buried or burned (33%)	Garbage is left in street containers by household and collected through public system (2%)
	Garbage is left in public areas and not collected (56%)	Garbage is buried or burned (35%)	Garbage is left in street by household and collected through public system (6%)

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

	No wastewater	% households	Visible wastewater
	26%		74%
	57%		43%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	32%		68%
	52%		48%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (79%)	We are waiting for the next distribution (10%)	We ran out of soap (8%)
	We cannot afford it (70%)	We ran out of soap (19%)	We prefer a subsitute (example: ash) (4%)

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

	Washing hands	% households	Not washing hands
	39%		61%
	68%		32%

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

	First most reported	Second most reported	Third most reported
	Washing powder (98%)	Shampoo (84%)	Washing basin (80%)
	Washing powder (85%)	Shampoo (80%)	Disposable diapers (73%)

Overall, 21% of IDP households and 37% 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
	Chlorine tablets (18%)	Basic/consumable hygiene kits (14%)	Water containers (2%)
	Chlorine tablets; basic/consumable hygiene kits (25%)	Water containers (2%)	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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Yemen WASH Cluster Assessment

Dimnat Khadir District, Taizz Governorate, Yemen

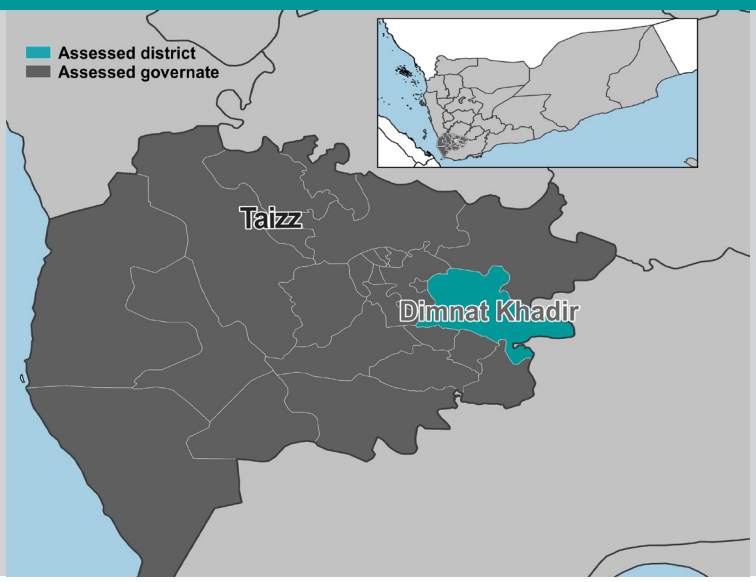
November 2018

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 Dimnat Khadir district, Taizz governorate. Interviews were conducted with 106 host community and 103 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 Dimnat Khadir district.[4]



Demographics

Total population in district[5]	152,073
Total IDP population in district[6]	28,668
Average household (HH) size	8.3
Proportion of households headed by men	80%
Proportion of households hosting IDPs or extended family	26%
Average number of children under 5 per HH	1.4
Average number of persons with disabilities per HH	0.2
Average number of pregnant and/or lactating women per HH	0.5
Average number of adults over 60 years old per HH	0.5

Health

Number of suspected cases of cholera from January to August 2018[7]	1,960
Global Acute Malnutrition (GAM) for 2018[8]	18%

Water

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

	Improved	% households	Unimproved
[9]	38%		62%
[10]	30%		70%

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

	No issue	% households	Issue reported
	45%		55%
	33%		67%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	9%		91%
	25%		75%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	46 L	83%
	44 L	84%

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
	29%		71%
	48%		52%

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

	30 min or less	% households	More than 30 min
	33%		67%
	20%		80%

[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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Yemen WASH Cluster Assessment

Dimnat Khadir District, Taizz Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	87%		13%
	90%		10%

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

	Not sharing	% households	Sharing
	87%		13%
	87%		13%

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

	Improved	% households	Unimproved
	61%		39%
	59%		41%

Most commonly reported methods of garbage disposal:

	First most reported	Second most reported	Third most reported
	Garbage is buried or burned (83%)	Garbage is left in public areas and not collected (17%)	Garbage is left in street containers by household and collected through public system (1%)
	Garbage is buried or burned (89%)	Garbage is left in public areas and not collected (11%)	NA

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

	No wastewater	% households	Visible wastewater
	53%		47%
	47%		53%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	49%		51%
	62%		38%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (100%)	NA	NA
	We cannot afford it (100%)	NA	NA

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

	Washing hands	% households	Not washing hands
	91%		9%
	87%		13%

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

	First most reported	Second most reported	Third most reported
	Bar of soap (90%)	Sanitary pads (86%)	Washing powder (84%)
	Bar of soap (96%)	Sanitary pads, washing powder (81%)	Disposable diapers (76%)

Overall, 22% of IDP households and 27% 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 (6%)	Chlorine tablets (1%)	NA
	Basic/ consumable hygiene kits (17%)	Support for the construction or maintenance of water and/or sanitation facilities (2%)	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.

Yemen WASH Cluster Assessment

Iyal Surayh District, Amran Governorate, Yemen

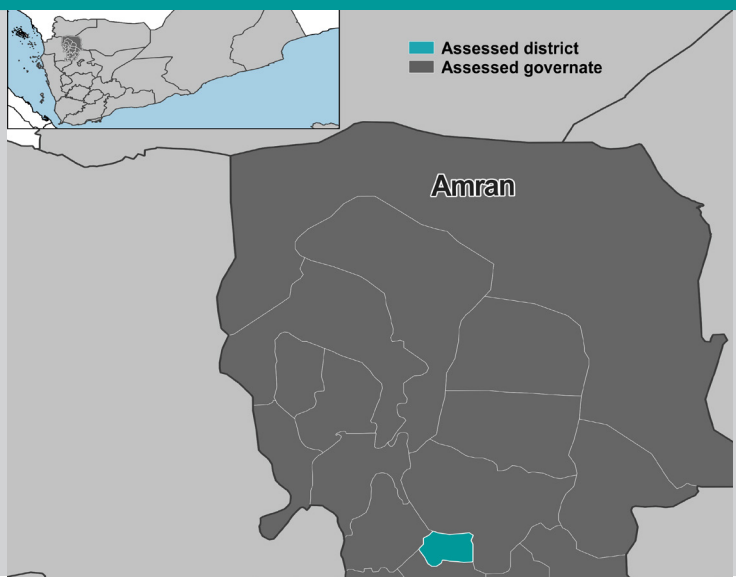
November 2018

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 Iyal Surayh district, Amran governorate. Interviews were conducted with 130 host community and 47 IDP randomly selected households in the district. Findings concerning HC are representative at district level with a 95% confidence level and a 10% margin of error, while figures concerning IDPs should be considered as indicative.

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



Demographics

Total population in district[5]	64,368
Total IDP population in district[6]	5,298
Average household (HH) size	10.8
Proportion of households headed by men	92%
Proportion of households hosting IDPs or extended family	19%
Average number of children under 5 per HH	1.8
Average number of persons with disabilities per HH	0.3
Average number of pregnant and/or lactating women per HH	0.6
Average number of adults over 60 years old per HH	1

Health

Number of suspected cases of cholera from January to August 2018[7]	1,918
Global Acute Malnutrition (GAM) for 2018[8]	11%

Water

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

	Improved	% households	Unimproved
[9]	32%		68%
[10]	55%		45%

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

	No issue	% households	Issue reported
	57%		43%
	45%		55%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	7%		93%
	34%		66%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	72 L	83%
	59 L	62%

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
	23%		77%
	60%		40%

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

	30 min or less	% households	More than 30 min
	80%		20%
	38%		62%

[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.

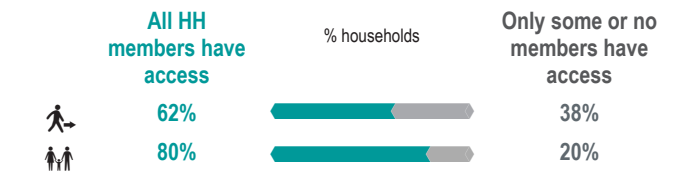
Yemen WASH Cluster Assessment

Iyal Surayh District, Amran Governorate, Yemen

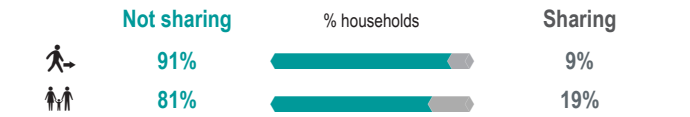
November 2018

Sanitation

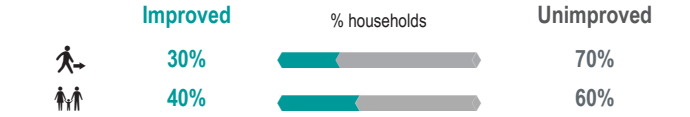
Proportion of households reporting having access to latrines:



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



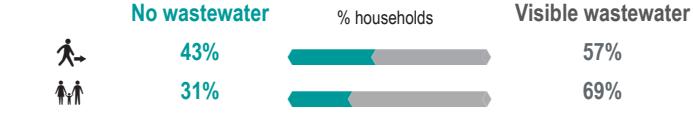
Proportion of households with access to latrines reporting having access to an improved latrine[14]:



Most commonly reported methods of garbage disposal:

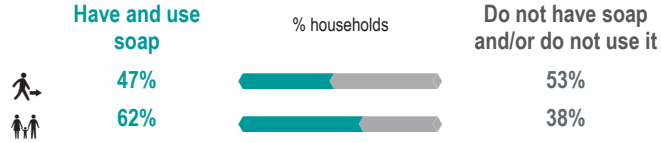
	First most reported	Second most reported	Third most reported
	Garbage is left in public areas and not collected (81%)	Garbage is left in street containers by household and collected through public system (11%)	Garbage is buried or burned / Garbage is left in street by household and collected through public system (4%)
	Garbage is left in public areas and not collected (57%)	Garbage is buried or burned (27%)	Garbage is left in street containers by household and collected through public system (10%)

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



Hygiene

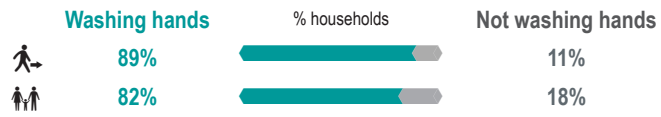
Proportion of households reporting having and using soap:



Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We are waiting for the next distribution (76%)	We ran out of soap (12%)	We cannot afford it (8%)
	We cannot afford it (44%)	We ran out of soap (26%)	We are waiting for the next distribution (22%)

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



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

	First most reported	Second most reported	Third most reported
	Washing basin (79%)	Sanitary pads, disposable diapers (76%)	Washing powder (71%)
	Washing powder (88%)	Shampoo (84%)	Bar of soap (82%)

Overall, 83% of IDP households and 45% 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 (77%)	Chlorine tablets (32%)	Water containers (4%)
	Chlorine tablets (33%)	Basic/consumable hygiene kits (31%)	Other (3%)

[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.

WASH Cluster
Water Sanitation Hygiene

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Informing more effective humanitarian action

Yemen WASH Cluster Assessment

Khamir District, Amran Governorate, Yemen

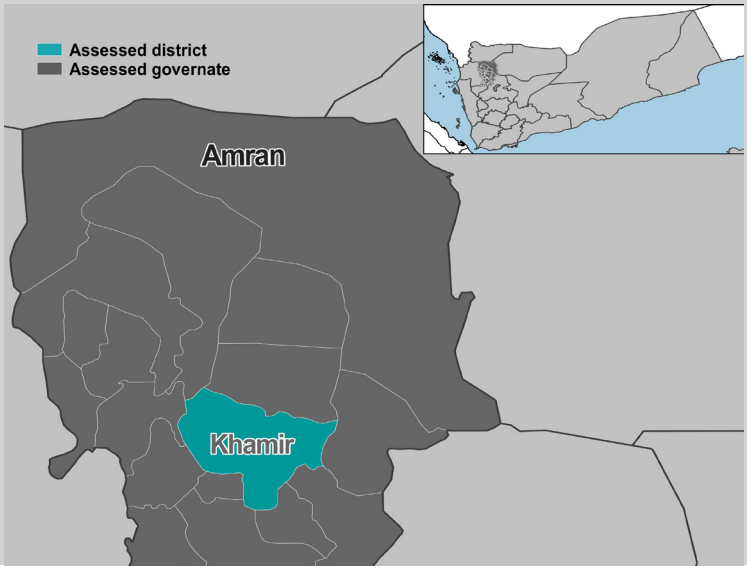
November 2018

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 Khamir district, Amran governorate. Interviews were conducted with 94 host community and 103 IDP randomly selected households in the district. Findings concerning IDPs are representative at district level with a 95% confidence level and a 10% margin of error. Findings concerning HC are representative at district level with a 90% 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 Khamir district.[4]



Demographics

Total population in district[5]	88,200
Total IDP population in district[6]	11,100
Average household (HH) size	10.6
Proportion of households headed by men	93%
Proportion of households hosting IDPs or extended family	13%
Average number of children under 5 per HH	2.4
Average number of persons with disabilities per HH	0.3
Average number of pregnant and/or lactating women per HH	0.7
Average number of adults over 60 years old per HH	1

Health

Number of suspected cases of cholera from January to August 2018[7]	3,440
Global Acute Malnutrition (GAM) for 2018[8]	11%

Water

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

	Improved	% households	Unimproved
[9]	47%		53%
[10]	52%		48%

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

	No issue	% households	Issue reported
	37%		63%
	50%		50%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	38%		62%
	31%		69%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	37 L	81%
	49 L	90%

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
	53%		47%
	61%		39%

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

	30 min or less	% households	More than 30 min
	42%		58%
	26%		74%

[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.

Yemen WASH Cluster Assessment

Khamir District, Amran Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	85%		15%
	84%		16%

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

	Not sharing	% households	Sharing
	84%		16%
	97%		3%

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

	Improved	% households	Unimproved
	16%		84%
	8%		92%

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 (68%)	Garbage is left in street containers by household and collected through public system (17%)	Garbage is buried or burned (13%)
	Garbage is left in public areas and not collected (70%)	Garbage is buried or burned (14%)	Garbage is left in street containers by household and collected through public system (11%)

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

	No wastewater	% households	Visible wastewater
	21%		79%
	19%		81%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	51%		49%
	59%		41%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (84%)	We are waiting for the next distribution / We ran out of soap (6%)	Soap is not necessary (4%)
	We cannot afford it (74%)	We ran out of soap (21%)	Soap is not necessary / We are waiting for the next distribution (3%)

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

	Washing hands	% households	Not washing hands
	53%		47%
	55%		45%

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

	First most reported	Second most reported	Third most reported
	Bar of soap, jerry can / bucket (93%)	Disposable diapers (89%)	Sanitary pads (86%)
	Bar of soap (95%)	Jerry can / bucket (94%)	Sanitary pads (90%)

Overall, 28% of IDP households and 21% 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
	Chlorine tablets (25%)	Basic/consumable hygiene kits (15%)	Water containers (14%)
	Chlorine tablets (20%)	Basic/consumable hygiene kits (13%)	Water containers (6%)

[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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Yemen WASH Cluster Assessment

Khanfir District, Abyan Governorate, Yemen

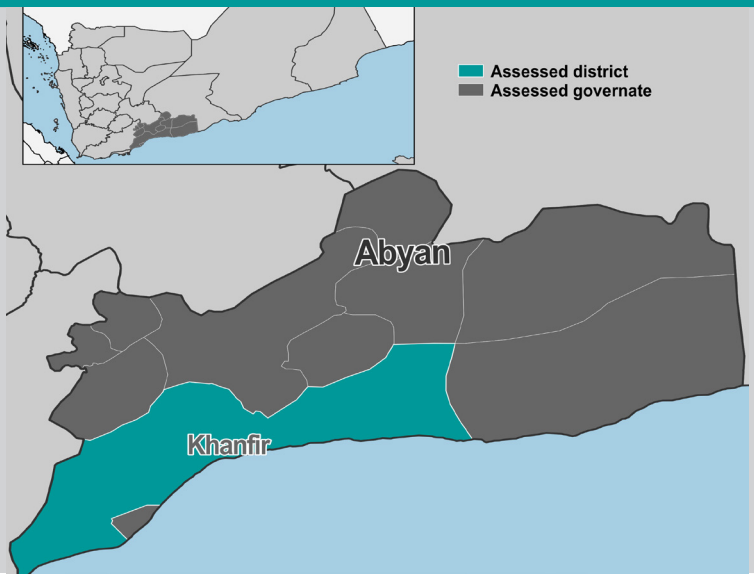
November 2018

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 Khanfir district, Abyan governorate. Interviews were conducted with 107 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 Khanfir district.[4]



Demographics

Total population in district[5]	14,6408
Total IDP population in district[6]	19,272
Average household (HH) size	9.5
Proportion of households headed by men	87%
Proportion of households hosting IDPs or extended family	20%
Average number of children under 5 per HH	2
Average number of persons with disabilities per HH	0.8
Average number of pregnant and/or lactating women per HH	0.9
Average number of adults over 60 years old per HH	1.2

Health

Number of suspected cases of cholera from January to August 2018[7]	12,089
Global Acute Malnutrition (GAM) for 2018[8]	11%

Water

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

	Improved	% households	Unimproved
[9]	92%		8%
[10]	88%		12%

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

	No issue	% households	Issue reported
	79%		21%
	73%		27%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	20%		80%
	24%		76%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	18 L	60%
	21 L	48%

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
	57%		43%
	56%		44%

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

	30 min or less	% households	More than 30 min
	74%		26%
	76%		24%

[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.

Yemen WASH Cluster Assessment

Khanfir District, Abyan Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	43%		57%
	82%		18%

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

	Not sharing	% households	Sharing
	68%		32%
	89%		11%

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

	Improved	% households	Unimproved
	67%		33%
	88%		12%

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 (50%)	Garbage is buried or burned (47%)	Garbage is left in street by household and collected through public system (3%)
	Garbage is left in public areas and not collected (59%)	Garbage is buried or burned (36%)	Garbage is left in street by household and collected through public system (5%)

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

	No wastewater	% households	Visible wastewater
	71%		29%
	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
	39%		61%
	53%		47%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (71%)	We ran out of soap (18%)	Soap is not necessary (8%)
	We cannot afford it (66%)	We ran out of soap (22%)	Other (6%)

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

	Washing hands	% households	Not washing hands
	84%		16%
	92%		8%

Top WASH items households reported needing, but were unable to afford[18,19]:

	First most reported	Second most reported	Third most reported
	Jerry can / bucket (84%)	Bar of soap (83%)	Washing powder (78%)
	Bar of soap, disposable diapers (83%)	Washing powder (77%)	Sanitary pads (64%)

Overall, 67% of IDP households and 14% 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 (65%)	Chlorine tablets (36%)	Water containers (32%)
	Basic/ consumable hygiene kits (12%)	Water containers; chlorine tablets (4%)	Support for the construction or maintenance of water and/or sanitation facilities (3%)

[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. . [19] In Khanfir District, 6% of IDP HHs and 22% of HC HHs did not report an answer for sanitary pads.

Yemen WASH Cluster Assessment

Kharif District, Amran Governorate, Yemen

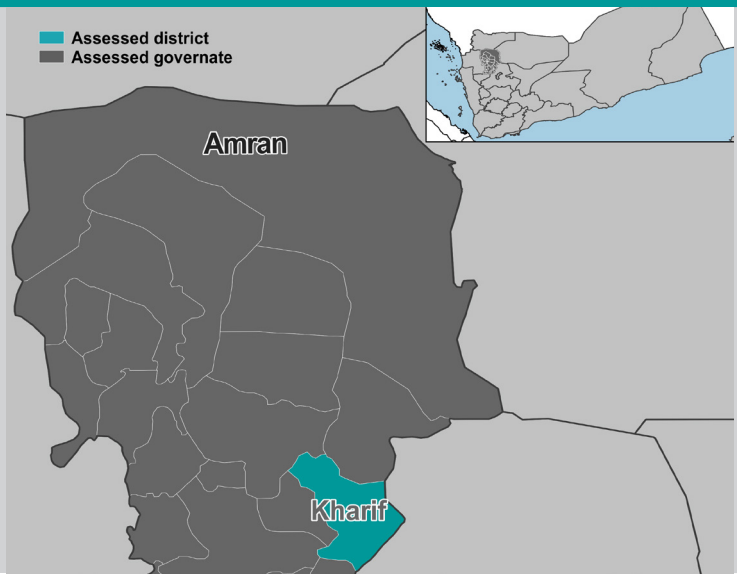
November 2018

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 Kharif district, Amran governorate. Interviews were conducted with 110 host community and 69 IDP randomly selected households in the district. Findings concerning HC are representative at district level with a 95% confidence level and a 10% margin of error. Findings concerning IDPs are representative at district level with a 90% 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 Kharif district.[4]



Demographics

Total population in district[5]	55,479
Total IDP population in district[6]	7,812
Average household (HH) size	10.8
Proportion of households headed by men	93%
Proportion of households hosting IDPs or extended family	20%
Average number of children under 5 per HH	1.6
Average number of persons with disabilities per HH	0.5
Average number of pregnant and/or lactating women per HH	0.6
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]	3,735
Global Acute Malnutrition (GAM) for 2018[8]	11%

Water

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

	Improved	% households	Unimproved
[9]	18%		82%
[10]	27%		73%

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

	No issue	% households	Issue reported
	33%		67%
	51%		49%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	22%		78%
	19%		81%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	59 L	72%
	63 L	77%

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
	45%		55%
	51%		49%

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

	30 min or less	% households	More than 30 min
	55%		45%
	56%		44%

[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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REACH Informing more effective humanitarian action

Yemen WASH Cluster Assessment

Kharif District, Amran Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	83%		17%
	82%		18%

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

	Not sharing	% households	Sharing
	76%		24%
	89%		11%

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

	Improved	% households	Unimproved
	27%		73%
	53%		47%

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 (57%)	Garbage is buried or burned (39%)	Garbage is left in street by household and collected through public system (3%)
	Garbage is left in public areas and not collected (64%)	Garbage is buried or burned (26%)	Garbage is left in street by household and collected through public system / Garbage is left in street containers by household and collected through public system (5%)

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

	No wastewater	% households	Visible wastewater
	42%		58%
	55%		45%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	70%		30%
	63%		37%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (81%)	We ran out of soap (10%)	The market is too far / We are waiting for the next distribution (5%)
	We cannot afford it (78%)	We ran out of soap (12%)	The market is too far (5%)

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

	Washing hands	% households	Not washing hands
	70%		30%
	78%		22%

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

	First most reported	Second most reported	Third most reported
	Washing powder (80%)	Bar of soap (70%)	Disposable diapers (63%)
	Washing powder (79%)	Sanitary pads (72%)	Bar of soap (68%)

Overall, 13% of IDP households and 32% 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
	Other (6%)	Chlorine tablets (4%)	Basic/consumable hygiene kits (3%)
	Basic/ consumable hygiene kits (18%)	Chlorine tablets (15%)	Other (7%)

[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.

Yemen WASH Cluster Assessment

Kitaf wa Al Boqe'e District, Sa'ada Governorate, Yemen

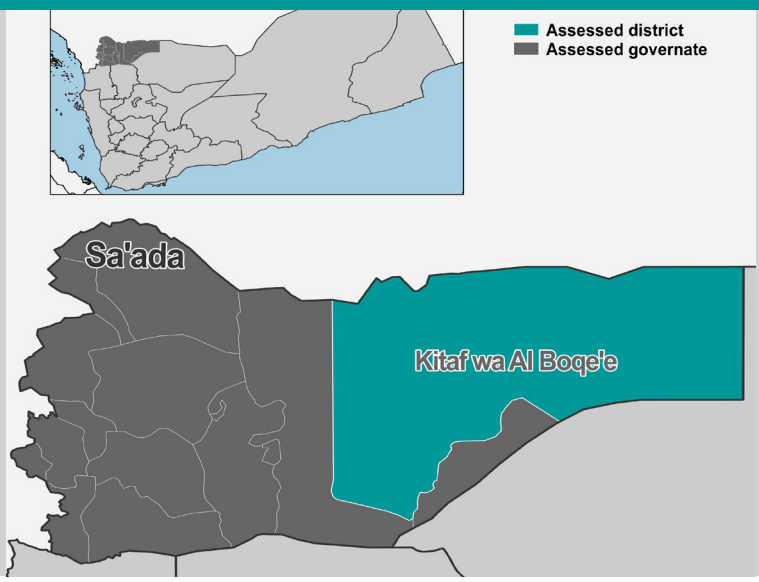
November 2018

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 Kitaf wa Al Boqe'e district, Sa'ada governorate. Interviews were conducted with 103 host community and 97 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 Kitaf wa Al Boqe'e district.[4]



Demographics

Total population in district[5]	68,991
Total IDP population in district[6]	6,048
Average household (HH) size	11.6
Proportion of households headed by men	100%
Proportion of households hosting IDPs or extended family	11%
Average number of children under 5 per HH	3.2
Average number of persons with disabilities per HH	0.6
Average number of pregnant and/or lactating women per HH	1.1
Average number of adults over 60 years old per HH	1.2

Health

Number of suspected cases of cholera from January to August 2018[7]	2,700
Global Acute Malnutrition (GAM) for 2018[8]	16%

Water

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

	Improved	% households	Unimproved
[9]	6%		94%
[10]	11%		89%

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

	No issue	% households	Issue reported
	63%		37%
	56%		44%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	14%		86%
	9%		91%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	22 L	65%
	25 L	80%

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
	6%		94%
	18%		82%

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

	30 min or less	% households	More than 30 min
	29%		71%
	36%		64%

[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.

Yemen WASH Cluster Assessment

Kitaf wa Al Boqe'e District, Sa'ada Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	33%		67%
	45%		55%

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

	Not sharing	% households	Sharing
	96%		4%
	97%		3%

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

	Improved	% households	Unimproved
	23%		77%
	26%		74%

Most commonly reported methods of garbage disposal:

	First most reported	Second most reported	Third most reported
	Garbage is buried or burned (55%)	Garbage is left in public areas and not collected (45%)	NA
	Garbage is buried or burned / Garbage is left in public areas and not collected (50%)	NA	NA

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

	No wastewater	% households	Visible wastewater
	48%		52%
	41%		59%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	38%		62%
	41%		59%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (85%)	The market is too far (13%)	We ran out of soap (2%)
	We cannot afford it (85%)	The market is too far (13%)	We ran out of soap (2%)

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

	Washing hands	% households	Not washing hands
	52%		48%
	36%		64%

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

	First most reported	Second most reported	Third most reported
	Sanitary pads, disposable diapers, washing powder, washing basin, toothpaste, toothbrush, shampoo, water treatment (100%)	NA	NA
	Sanitary pads, disposable diapers, washing powder, washing basin, toothpaste, toothbrush, shampoo, water treatment (100%)	NA	NA

Overall, 0% of IDP households and 2% 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
	NA	NA	NA
	Basic/ consumable hygiene kits (2%)	Chlorine tablets (1%)	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.

Yemen WASH Cluster Assessment

Kushar District, Hajjah Governorate, Yemen

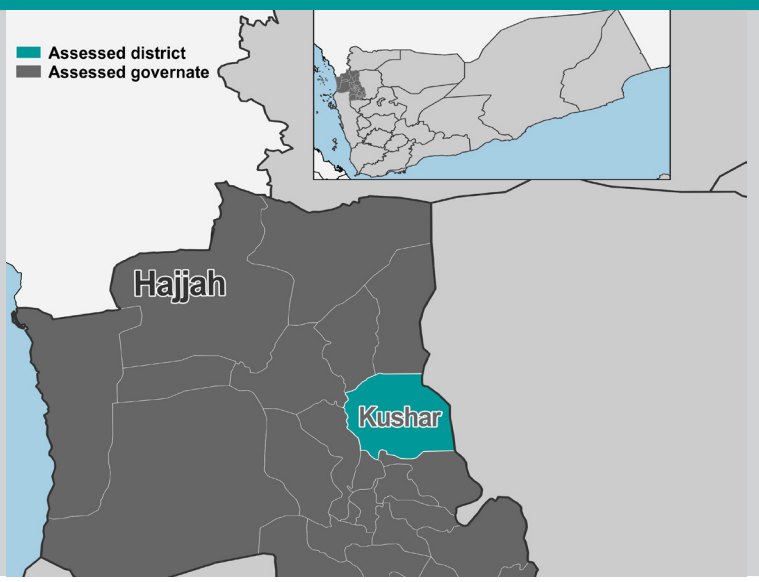
November 2018

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 Kushar district, Hajjah governorate. Interviews were conducted with 95 host community and 111 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 Kushar district.[4]



Demographics

Total population in district[5]	108,991
Total IDP population in district[6]	15,816
Average household (HH) size	12.8
Proportion of households headed by men	78%
Proportion of households hosting IDPs or extended family	37%
Average number of children under 5 per HH	2.4
Average number of persons with disabilities per HH	0.5
Average number of pregnant and/or lactating women per HH	0.7
Average number of adults over 60 years old per HH	1.4

Health

Number of suspected cases of cholera from January to August 2018[7]	5,504
Global Acute Malnutrition (GAM) for 2018[8]	17%

Water

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

	Improved	% households	Unimproved
[9]	18%		82%
[10]	12%		88%

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

	No issue	% households	Issue reported
	58%		42%
	61%		39%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	5%		95%
	2%		98%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	26 L	69%
	36 L	71%

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
	17%		83%
	8%		92%

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

	30 min or less	% households	More than 30 min
	20%		80%
	23%		77%

[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.

Yemen WASH Cluster Assessment

Kushar District, Hajjah Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	46%		54%
	55%		45%

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

	Not sharing	% households	Sharing
	87%		13%
	80%		20%

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

	Improved	% households	Unimproved
	22%		78%
	15%		85%

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 (95%)	Garbage is buried or burned (5%)	NA
	Garbage is left in public areas and not collected (89%)	Garbage is buried or burned (9%)	Garbage is left in street containers by household and collected through public system (1%)

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

	No wastewater	% households	Visible wastewater
	60%		40%
	63%		37%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	16%		84%
	21%		79%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (83%)	We ran out of soap (16%)	We are waiting for the next distribution (1%)
	We cannot afford it (87%)	We ran out of soap (13%)	NA

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

	Washing hands	% households	Not washing hands
	52%		48%
	55%		45%

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

	First most reported	Second most reported	Third most reported
	Bar of soap, jerry can / bucket, washing powder, washing basin (98%)	Toothpaste, toothbrush, shampoo (97%)	Water treatment (95%)
	Bar of soap, jerry can / bucket, washing powder, washing basin, shampoo, water treatment (100%)	Toothpaste, toothbrush (98%)	Sanitary pads, disposable diapers (89%)

Overall, 25% of IDP households and 18% 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
	Chlorine tablets (18%)	Water containers (5%)	Basic/consumable hygiene kits (3%)
	Chlorine tablets (15%)	Basic/consumable hygiene kits (2%)	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.

WASH Cluster
Water Sanitation Hygiene

For more information on this profile please contact:
REACH, reach.yemen@reach-initiative.org

REACH
Informing more effective humanitarian action

Yemen WASH Cluster Assessment

Majz District, Sa'ada Governorate, Yemen

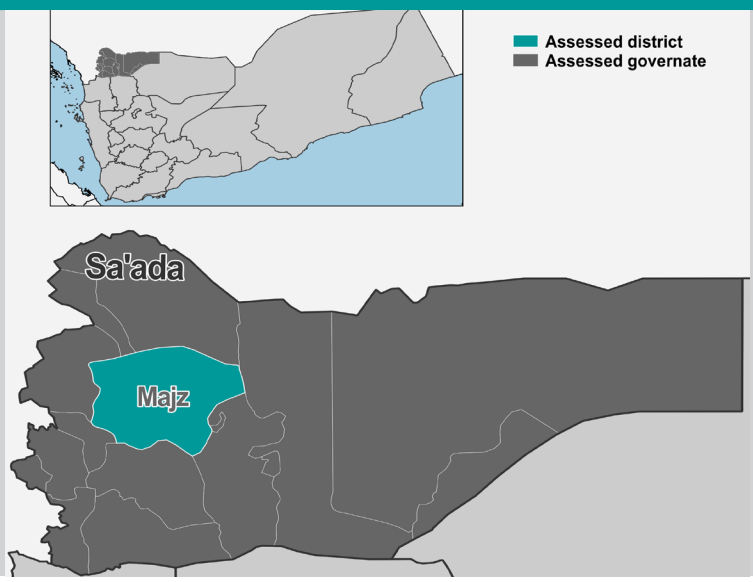
November 2018

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 Majz district, Sa'ada governorate. Interviews were conducted with 95 host community and 98 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 Majz district.[4]



Demographics

Total population in district[5]	109,330
Total IDP population in district[6]	9,462
Average household (HH) size	14.3
Proportion of households headed by men	98%
Proportion of households hosting IDPs or extended family	79%
Average number of children under 5 per HH	3.1
Average number of persons with disabilities per HH	0.7
Average number of pregnant and/or lactating women per HH	0.9
Average number of adults over 60 years old per HH	1.1

Health

Number of suspected cases of cholera from January to August 2018[7]	217
Global Acute Malnutrition (GAM) for 2018[8]	20%

Water

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

	Improved	% households	Unimproved
9	45%		55%
10	53%		47%

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

	No issue	% households	Issue reported
	7%		93%
	9%		91%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	14%		86%
	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]
	18 L	52%
	16 L	37%

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
	21%		79%
	25%		75%

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

	30 min or less	% households	More than 30 min
	33%		67%
	33%		67%

[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.

Yemen WASH Cluster Assessment

Majz District, Sa'ada Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	48%		52%
	45%		55%

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

	Not sharing	% households	Sharing
	36%		64%
	7%		93%

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

	Improved	% households	Unimproved
	25%		75%
	22%		78%

Most commonly reported methods of garbage disposal:

	First most reported	Second most reported	Third most reported
	Garbage is buried or burned (57%)	Garbage is left in public areas and not collected (36%)	Garbage is left in street by household and collected through public system (6%)
	Garbage is buried or burned (55%)	Garbage is left in public areas and not collected (38%)	Garbage is left in street by household and collected through public system (6%)

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

	No wastewater	% households	Visible wastewater
	16%		84%
	7%		93%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	35%		65%
	52%		48%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (98%)	It is unavailable at the local market (2%)	NA
	We cannot afford it (93%)	We ran out of soap (4%)	The market is too far (2%)

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

	Washing hands	% households	Not washing hands
	41%		59%
	51%		49%

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, shampoo, water treatment (100%)	Sanitary pads (99%)	Bar of soap, jerry can / buckets (14%)
	Sanitary pads, disposable diapers, washing powder, washing basin, toothpaste, toothbrush, water treament (100%)	Shampoo (99%)	Bar of soap, jerry can / bucket (22%)

Overall, 0% of IDP households and 0% 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
	NA	NA	NA
	NA	NA	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.

Yemen WASH Cluster Assessment

Manakhah District, Sana'a Governorate, Yemen

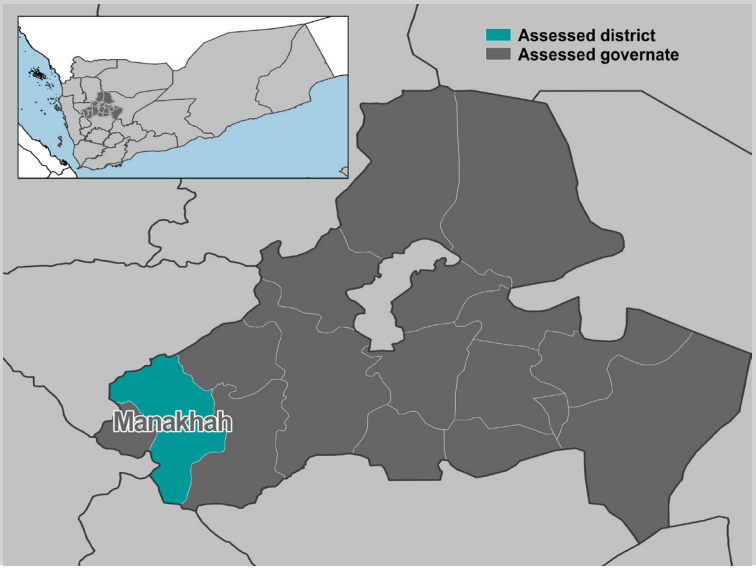
November 2018

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 Manakhah district, Sana'a governorate. Interviews were conducted with 111 host community and 91 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 Manakhah district.[4]



Demographics

Total population in district[5]	99,273
Total IDP population in district[6]	12,672
Average household (HH) size	9.1
Proportion of households headed by men	100%
Proportion of households hosting IDPs or extended family	14%
Average number of children under 5 per HH	1.7
Average number of persons with disabilities per HH	0.2
Average number of pregnant and/or lactating women per HH	0.3
Average number of adults over 60 years old per HH	0.7

Health

Number of suspected cases of cholera from January to August 2018[7]	3,619
Global Acute Malnutrition (GAM) for 2018[8]	10%

Water

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

	Improved	% households	Unimproved
[9]	18%		82%
[10]	19%		81%

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

	No issue	% households	Issue reported
	30%		70%
	37%		63%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	34%		66%
	35%		65%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	24 L	73%
	17 L	50%

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
	25%		75%
	37%		63%

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

	30 min or less	% households	More than 30 min
	17%		83%
	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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Yemen WASH Cluster Assessment

Manakhah District, Sana'a Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	45%		55%
	68%		32%

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

	Not sharing	% households	Sharing
	88%		12%
	89%		11%

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

	Improved	% households	Unimproved
	43%		57%
	35%		65%

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 (64%)	Garbage is buried or burned (33%)	Garbage is left in street containers by household and collected through public system (3%)
	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%)

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

	No wastewater	% households	Visible wastewater
	74%		26%
	53%		47%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	42%		58%
	69%		31%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (92%)	We are waiting for the next distribution (4%)	We prefer a subsitute / We ran out of soap (2%)
	We cannot afford it (74%)	We are waiting for the next distribution (15%)	The market is too far (9%)

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

	Washing hands	% households	Not washing hands
	44%		56%
	58%		42%

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

	First most reported	Second most reported	Third most reported
	Washing powder (81%)	Bar of soap, jerry can / bucket (76%)	Shampoo (41%)
	Jerry can / bucket (92%)	Bar of soap (89%)	Washing powder (47%)

Overall, 24% of IDP households and 18% 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 (21%)	Chlorine tablets (19%)	Water containers (18%)
	Chlorine tablets (14%)	Basic/consumable hygiene kits (7%)	Water containers (5%)

[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.

Yemen WASH Cluster Assessment

Marib District, Marib Governorate, Yemen

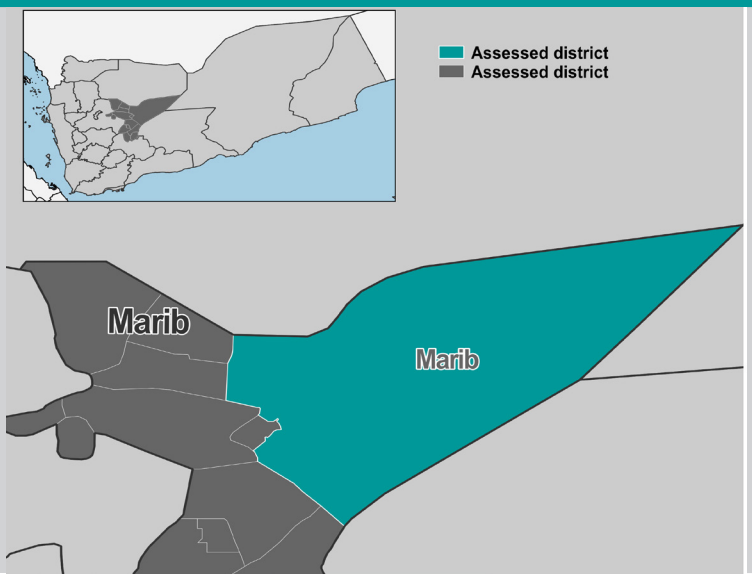
November 2018

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 Marib district, Marib governorate. Interviews were conducted with 111 host community and 95 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 Marib district.[4]



Demographics

Total population in district[5]	55,829
Total IDP population in district[6]	6,546
Average household (HH) size	7
Proportion of households headed by men	98%
Proportion of households hosting IDPs or extended family	6%
Average number of children under 5 per HH	1.4
Average number of persons with disabilities per HH	0.1
Average number of pregnant and/or lactating women per HH	0.8
Average number of adults over 60 years old per HH	1.3

Health

Number of suspected cases of cholera from January to August 2018[7]	2,222
Global Acute Malnutrition (GAM) for 2018[8]	10%

Water

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

	Improved	% households	Unimproved
[9]	78%		22%
[10]	96%		4%

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

	No issue	% households	Issue reported
	14%		86%
	33%		67%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	1%		99%
	2%		98%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	31 L	95%
	38 L	91%

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
	12%		88%
	29%		71%

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

	30 min or less	% households	More than 30 min
	18%		82%
	23%		77%

[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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Yemen WASH Cluster Assessment

Marib District, Marib Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	6%		94%
	13%		87%

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

	Not sharing	% households	Sharing
	93%		7%
	86%		14%

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

	Improved	% households	Unimproved
	69%		31%
	99%		1%

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 (95%)	Garbage is buried or burned (4%)	Garbage is left in street by household and collected through public system (1%)
	Garbage is left in public areas and not collected (95%)	Garbage is buried or burned (5%)	Garbage is left in street by household and collected through public system (1%)

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

	No wastewater	% households	Visible wastewater
	75%		25%
	92%		8%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	5%		95%
	20%		80%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (91%)	The market is too far (8%)	We are waiting for the next distribution (1%)
	We cannot afford it (97%)	The market is too far (3%)	

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

	Washing hands	% households	Not washing hands
	91%		9%
	98%		2%

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

	First most reported	Second most reported	Third most reported
	Toothpaste, toothbrush, shampoo (94%)	Washing basin (91%)	Water treatment (89%)
	Disposable diapers, washing basin, shampoo (97%)	Toothpaste, toothbrush, water treament (96%)	Jerry can / bucket (95%)

Overall, 2% of IDP households and 5% 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 (2%)	NA	NA
	Basic/ consumable hygiene kits (4%)	Chlorine tablets (2%)	Water containers (1%)

[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.

Yemen WASH Cluster Assessment

Marib City District, Marib Governorate, Yemen

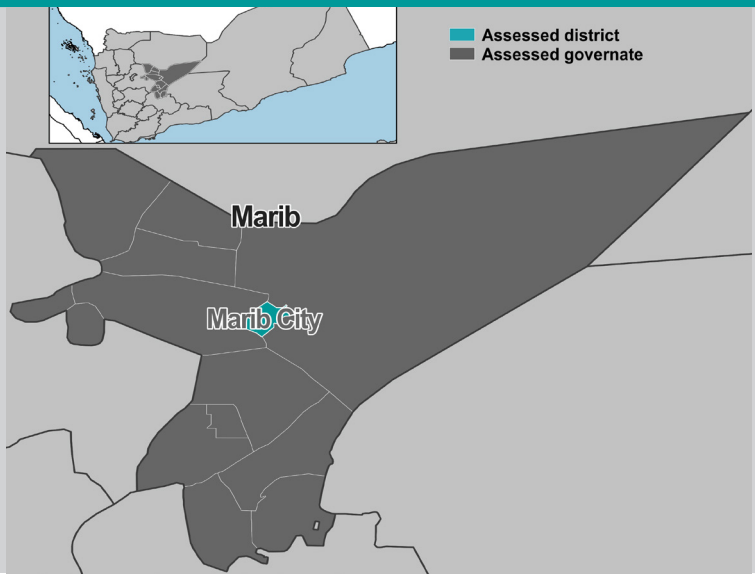
November 2018

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 Marib City district, Marib governorate. Interviews were conducted with 102 host community and 93 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 Marib City district.[4]



Demographics

Total population in district[5]	49,582
Total IDP population in district[6]	5,034
Average household (HH) size	7
Proportion of households headed by men	89%
Proportion of households hosting IDPs or extended family	17%
Average number of children under 5 per HH	1.2
Average number of persons with disabilities per HH	0.2
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]	2,175
Global Acute Malnutrition (GAM) for 2018[8]	10%

Water

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

	Improved	% households	Unimproved
[9]	89%		11%
[10]	65%		35%

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

	No issue	% households	Issue reported
	11%		89%
	23%		77%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	9%		91%
	28%		72%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	40 L	91%
	43 L	99%

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
	37%		63%
	47%		53%

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

	30 min or less	% households	More than 30 min
	68%		32%
	71%		29%

[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.

Yemen WASH Cluster Assessment

Marib City District, Marib Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	27%		73%
	26%		74%

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

	Not sharing	% households	Sharing
	77%		23%
	59%		41%

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

	Improved	% households	Unimproved
	79%		21%
	85%		15%

Most commonly reported methods of garbage disposal:

	First most reported	Second most reported	Third most reported
	Garbage is left in street by household and collected through public system (55%)	Garbage is left in public areas and not collected (37%)	Garbage is left in street containers by household and collected through public system (5%)
	Garbage is left in street by household and collected through public system (58%)	Garbage is left in public areas and not collected (23%)	Garbage is buried or burned (15%)

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

	No wastewater	% households	Visible wastewater
	41%		59%
	58%		42%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	10%		90%
	12%		88%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (100%)	NA	NA
	We cannot afford it (100%)	NA	NA

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

	Washing hands	% households	Not washing hands
	99%		1%
	99%		1%

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

	First most reported	Second most reported	Third most reported
	Sanitary pads (99%)	Washing powder, toothpaste, toothbrush, water treatment (98%)	Bar of soap, jerry can / bucket, shampoo (95%)
	Toothpaste, toothbrush, shampoo (100%)	Sanitary pads, water treatment (99%)	Disposable diapers (98%)

Overall, 10% of IDP households and 46% 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
	Chlorine tablets; basic/consumable hygiene kits (10%)	NA	NA
	Chlorine tablets (39%)	Basic/consumable hygiene kits (36%)	Water containers (22%)

[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.

Yemen WASH Cluster Assessment

Mudhaykhirah District, Ibb Governorate, Yemen

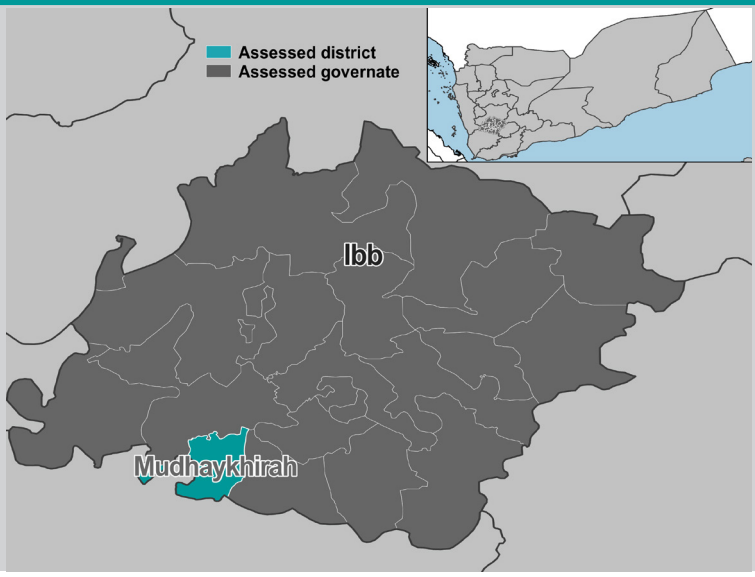
November 2018

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 Mudhaykhirah district, Ibb governorate. Interviews were conducted with 118 host community and 91 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 Mudhaykhirah district.[4]



Demographics

Total population in district[5]	103,904
Total IDP population in district[6]	10,218
Average household (HH) size	9.3
Proportion of households headed by men	86%
Proportion of households hosting IDPs or extended family	24%
Average number of children under 5 per HH	1.4
Average number of persons with disabilities per HH	0.3
Average number of pregnant and/or lactating women per HH	0.6
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]	654
Global Acute Malnutrition (GAM) for 2018[8]	11%

Water

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

	Improved	% households	Unimproved
[9]	69%		31%
[10]	69%		31%

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

	No issue	% households	Issue reported
	58%		42%
	64%		36%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	16%		84%
	13%		87%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	47 L	76%
	38 L	84%

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
	46%		54%
	45%		55%

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

	30 min or less	% households	More than 30 min
	35%		65%
	38%		63%

[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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Yemen WASH Cluster Assessment

Mudhaykhirah District, Ibb Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	93%		7%
	94%		6%

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

	Not sharing	% households	Sharing
	89%		11%
	83%		17%

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

	Improved	% households	Unimproved
	55%		45%
	51%		49%

Most commonly reported methods of garbage disposal:

	First most reported	Second most reported	Third most reported
	Garbage is buried or burned (51%)	Garbage is left in public areas and not collected (47%)	Garbage is left in street by household and collected through public system (2%)
	Garbage is buried or burned (55%)	Garbage is left in public areas and not collected (44%)	Garbage is left in street by household and collected through public system / Garbage is left in street containers by household and collected through public system (1%)

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

	No wastewater	% households	Visible wastewater
	46%		54%
	35%		65%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	76%		24%
	71%		29%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (73%)	We ran out of soap (14%)	We are waiting for the next distribution (9%)
	We cannot afford it (68%)	We ran out of soap (24%)	Soap is not necessary / The market is too far / We prefer a subsitute (3%)

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

	Washing hands	% households	Not washing hands
	81%		19%
	91%		9%

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

	First most reported	Second most reported	Third most reported
	Washing powder (84%)	Bar of soap (78%)	Jerry can / bucket, sanitary pads (76%)
	Washing powder (86%)	Shampoo (82%)	Bar of soap (79%)

Overall, 13% of IDP households and 15% 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 (8%)	Chlorine tablets (5%)	Support for the construction or maintenance of water and/or sanitation facilities (2%)

[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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Yemen WASH Cluster Assessment

Mustaba District, Hajjah Governorate, Yemen

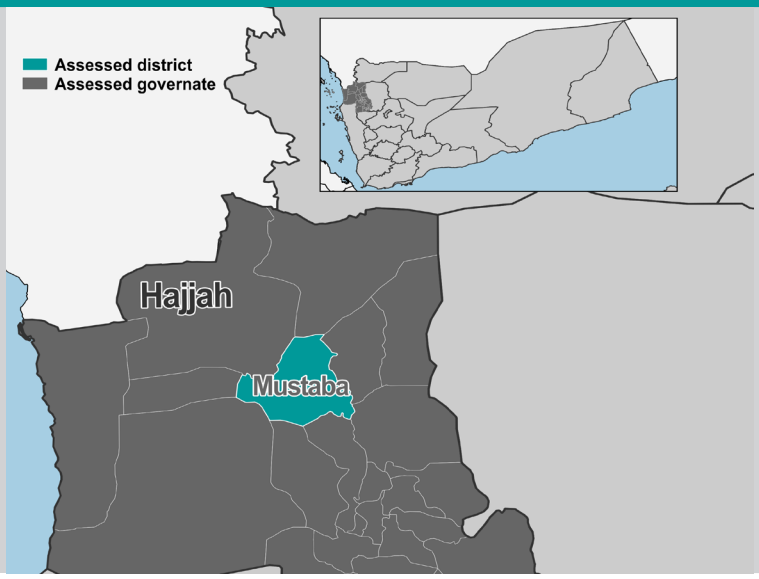
November 2018

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 Mustaba district, Hajjah governorate. Interviews were conducted with 99 host community and 102 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 Mustaba district.[4]



Demographics

Total population in district[5]	62,436
Total IDP population in district[6]	28,386
Average household (HH) size	9.1
Proportion of households headed by men	79%
Proportion of households hosting IDPs or extended family	16%
Average number of children under 5 per HH	1.8
Average number of persons with disabilities per HH	1.5
Average number of pregnant and/or lactating women per HH	0.6
Average number of adults over 60 years old per HH	1.4

Health

Number of suspected cases of cholera from January to August 2018[7]	3,310
Global Acute Malnutrition (GAM) for 2018[8]	17%

Water

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

	Improved	% households	Unimproved
[9]	64%		36%
[10]	83%		17%

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

	No issue	% households	Issue reported
	45%		55%
	57%		43%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	22%		78%
	9%		91%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	79 L	97%
	85 L	95%

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
	15%		85%
	34%		66%

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

	30 min or less	% households	More than 30 min
	59%		41%
	43%		57%

[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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REACH Informing more effective humanitarian action

Yemen WASH Cluster Assessment

Mustaba District, Hajjah Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	31%		69%
	44%		56%

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

	Not sharing	% households	Sharing
	59%		41%
	70%		30%

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

	Improved	% households	Unimproved
	67%		33%
	68%		32%

Most commonly reported methods of garbage disposal:

	First most reported	Second most reported	Third most reported
	Garbage is left in street containers by household and collected through public system (32%)	Garbage is left in street by household and collected through public system (31%)	Garbage is buried or burned (19%)
	Garbage is buried or burned / Garbage is left in street by household and collected through public system (28%)	Garbage is left in street containers by household and collected through public system (22%)	Garbage is left in public areas and not collected (21%)

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

	No wastewater	% households	Visible wastewater
	59%		41%
	65%		35%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	68%		32%
	84%		16%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (56%)	We are waiting for the next distribution (16%)	The market is too far (9%)
	We cannot afford it (38%)	It is unavailable at the local market (25%)	The market is too far (19%)

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

	Washing hands	% households	Not washing hands
	76%		24%
	87%		13%

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

	First most reported	Second most reported	Third most reported
	Sanitary pads (70%)	Disposable diapers (50%)	Washing powder (48%)
	Sanitary pads (69%)	Disposable diapers (62%)	Water treatment (53%)

Overall, 59% of IDP households and 47% 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
	Water containers (40%)	Safe drinking water (24%)	Basic/consumable hygiene kits (19%)
	Water containers (23%)	Basic/consumable hygiene kits (17%)	Safe drinking water (14%)

[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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Yemen WASH Cluster Assessment

Qarah District, Hajjah Governorate, Yemen

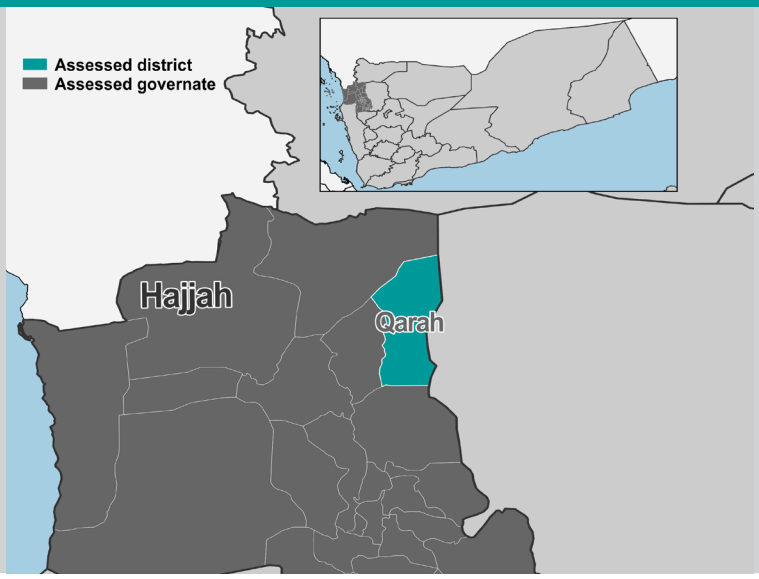
November 2018

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 Qarah district, Hajjah governorate. Interviews were conducted with 103 host community and 104 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 Qarah district.[4]



Demographics

Total population in district[5]	45,369
Total IDP population in district[6]	6,438
Average household (HH) size	15.7
Proportion of households headed by men	97%
Proportion of households hosting IDPs or extended family	43%
Average number of children under 5 per HH	3.4
Average number of persons with disabilities per HH	0.6
Average number of pregnant and/or lactating women per HH	1.1
Average number of adults over 60 years old per HH	1.1

Health

Number of suspected cases of cholera from January to August 2018[7]	1,650
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]	30%		70%
[10]	18%		82%

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

	No issue	% households	Issue reported
	41%		59%
	38%		62%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	47%		53%
	31%		69%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	23 L	53%
	19 L	50%

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%
	15%		85%

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

	30 min or less	% households	More than 30 min
	7%		93%
	2%		98%

[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.

Yemen WASH Cluster Assessment

Qarah District, Hajjah Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	0%		100%
	1%		99%

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

	Not sharing	% households	Sharing
	100%		0%
	100%		0%

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

	Improved	% households	Unimproved
	50%		50%
	50%		50%

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 (16%)	NA
	Garbage is left in public areas and not collected (87%)	Garbage is buried or burned (13%)	NA

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

	No wastewater	% households	Visible wastewater
	90%		10%
	99%		1%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	36%		64%
	41%		59%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We are waiting for the next distribution (54%)	We cannot afford it (45%)	We ran out of soap (1%)
	We are waiting for the next distribution (52%)	We cannot afford it (48%)	NA

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

	Washing hands	% households	Not washing hands
	62%		38%
	57%		43%

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

	First most reported	Second most reported	Third most reported
	Shampoo (88%)	Bar of soap (85%)	Washing powder (37%)
	Shampoo (82%)	Bar of soap (65%)	Disposable diapers (44%)

Overall, 88% of IDP households and 93% 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 (85%)	Chlorine tablets (77%)	Water containers (14%)
	Basic/ consumable hygiene kits (93%)	Chlorine tablets (91%)	Water containers (7%)

[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.

Yemen WASH Cluster Assessment

Shara'b As Salam District, Taizz Governorate, Yemen

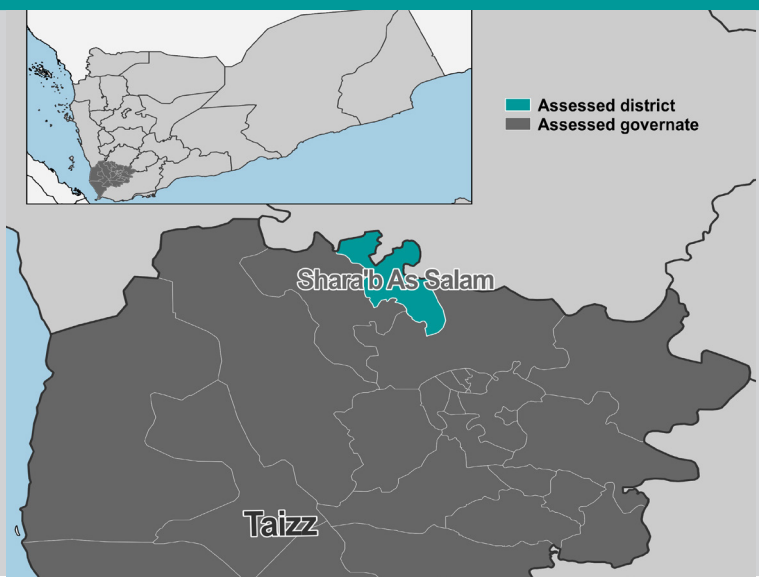
November 2018

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 Shara'b As Salam district, Taizz governorate. Interviews were conducted with 97 host community and 95 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 Shara'b As Salam district.[4]



Demographics

Total population in district[5]	147,167
Total IDP population in district[6]	14,256
Average household (HH) size	9.6
Proportion of households headed by men	76%
Proportion of households hosting IDPs or extended family	68%
Average number of children under 5 per HH	1
Average number of persons with disabilities per HH	0.2
Average number of pregnant and/or lactating women per HH	0.5
Average number of adults over 60 years old per HH	0.7

Health

Number of suspected cases of cholera from January to August 2018[7]	1,888
Global Acute Malnutrition (GAM) for 2018[8]	18%

Water

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

	Improved	% households	Unimproved
[9]	18%		82%
[10]	13%		87%

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

	No issue	% households	Issue reported
	87%		13%
	84%		16%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	21%		79%
	21%		79%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	150 L	100%
	141 L	99%

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
	80%		20%
	69%		31%

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

	30 min or less	% households	More than 30 min
	20%		80%
	9%		91%

[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.

Yemen WASH Cluster Assessment

Shara'b As Salam District, Taizz Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	88%		12%
	83%		17%

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

	Not sharing	% households	Sharing
	92%		8%
	94%		6%

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

	Improved	% households	Unimproved
	80%		20%
	90%		10%

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 (76%)	Garbage is buried or burned (23%)	Garbage is left in street by household and collected through public system (1%)
	Garbage is left in public areas and not collected (70%)	Garbage is buried or burned (30%)	NA

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

	No wastewater	% households	Visible wastewater
	70%		30%
	66%		34%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	68%		32%
	69%		31%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (60%)	We ran out of soap (27%)	It is unavailable at the local market / The market is too far / We are waiting for the next distribution / We prefer a subsitute (3%)
	We cannot afford it (50%)	We ran out of soap (47%)	The market is too far (3%)

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

	Washing hands	% households	Not washing hands
	99%		1%
	99%		1%

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

	First most reported	Second most reported	Third most reported
	Bar of soap (94%)	Shampoo (89%)	Washing powder (80%)
	Bar of soap (93%)	Shampoo (80%)	Washing powder (78%)

Overall, NA of IDP households and NA 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
	NA	NA	NA
	NA	NA	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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Yemen WASH Cluster Assessment

Tuban District, Lahj Governorate, Yemen

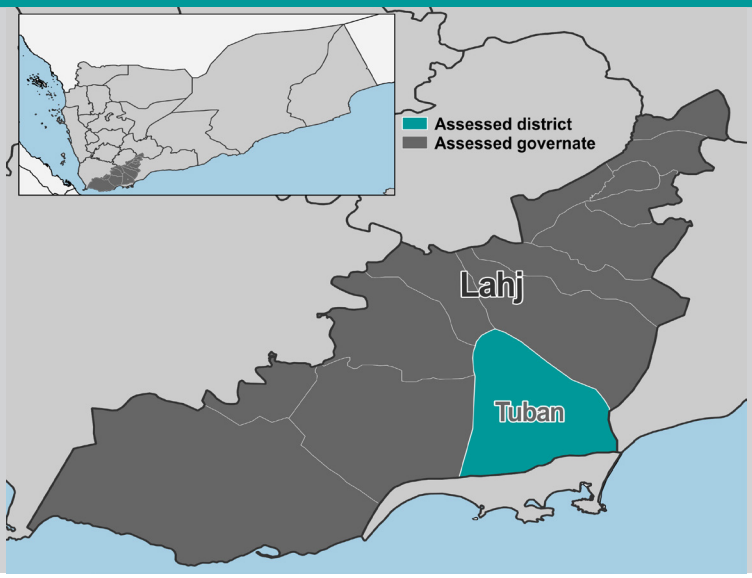
November 2018

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 Tuban district, Lahj governorate. Interviews were conducted with 105 host community and 99 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 Tuban district.[4]



Demographics

Total population in district[5]	147,167
Total IDP population in district[6]	19,392
Average household (HH) size	8.1
Proportion of households headed by men	97%
Proportion of households hosting IDPs or extended family	23%
Average number of children under 5 per HH	1.3
Average number of persons with disabilities per HH	0.4
Average number of pregnant and/or lactating women per HH	0.4
Average number of adults over 60 years old per HH	0.5

Health

Number of suspected cases of cholera from January to August 2018[7]	3,250
Global Acute Malnutrition (GAM) for 2018[8]	28%

Water

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

	Improved	% households	Unimproved
[9]	66%		34%
[10]	45%		55%

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

	No issue	% households	Issue reported
	55%		45%
	54%		46%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	4%		96%
	12%		88%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	34 L	77%
	46 L	85%

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
	29%		71%
	32%		68%

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

	30 min or less	% households	More than 30 min
	24%		76%
	45%		55%

[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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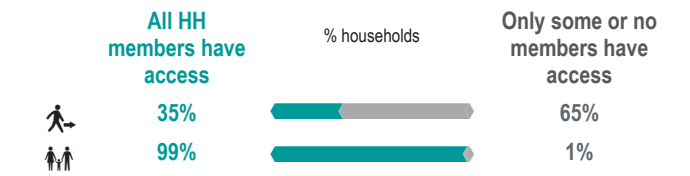
Yemen WASH Cluster Assessment

Tuban District, Lahj Governorate, Yemen

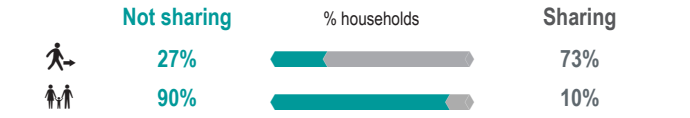
November 2018

Sanitation

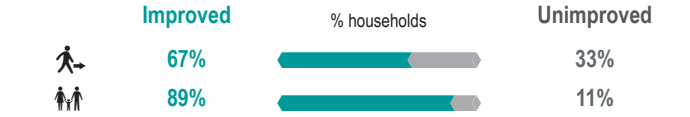
Proportion of households reporting having access to latrines:



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



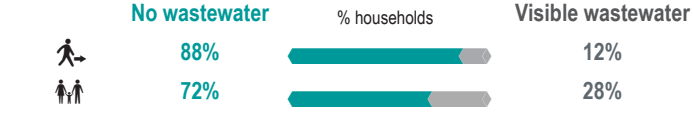
Proportion of households with access to latrines reporting having access to an improved latrine[14]:



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 (47%)	Garbage is buried or burned (45%)	Garbage is left in street by household and collected through public system (5%)
	Garbage is left in public areas and not collected (59%)	Garbage is buried or burned (30%)	Garbage is left in street by household and collected through public system (10%)

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



Hygiene

Proportion of households reporting having and using soap:

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (77%)	We are waiting for the next distribution (11%)	We ran out of soap (8%)
	We cannot afford it (94%)	We ran out of soap (6%)	NA

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

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

	First most reported	Second most reported	Third most reported
	Bar of soap (84%)	Jerry can / bucket (82%)	Washing powder (80%)
	Bar of soap (83%)	Washing powder (76%)	Disposable diapers (67%)

Overall, 66% of IDP households and 20% 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
	Water containers (59%)	Basic/consumable hygiene kits (58%)	Chlorine tablets (31%)
	Basic/ consumable hygiene kits (12%)	Water containers (6%)	Support for solid waste collection and disposal; chlorine tablets (5%)

[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.

Yemen WASH Cluster Assessment

Wald Rabi' District, Al Bayda Governorate, Yemen

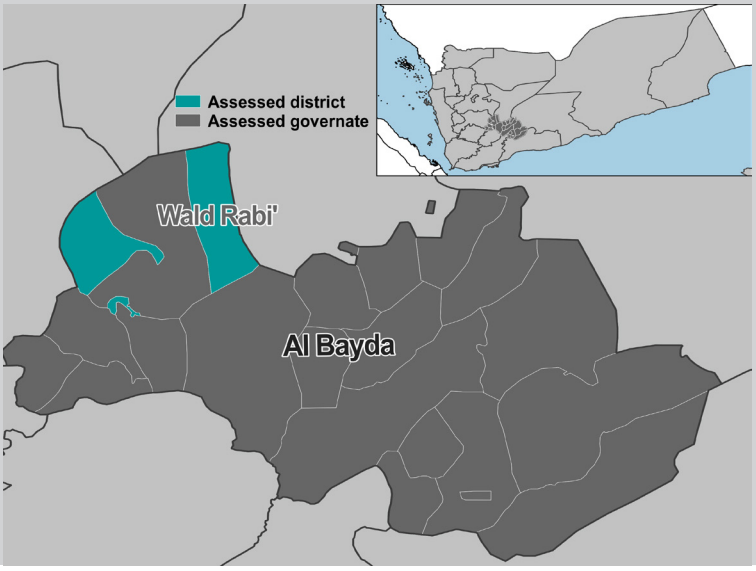
November 2018

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 Wald Rabi' district, Al Bayda governorate. Interviews were conducted with 94 host community and 91 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 Wald Rabi' district.[4]



Demographics

Total population in district[5]	26,205
Total IDP population in district[6]	4,122
Average household (HH) size	10.1
Proportion of households headed by men	95%
Proportion of households hosting IDPs or extended family	5%
Average number of children under 5 per HH	2.7
Average number of persons with disabilities per HH	0.3
Average number of pregnant and/or lactating women per HH	0.8
Average number of adults over 60 years old per HH	0.9

Health

Number of suspected cases of cholera from January to August 2018[7]	391
Global Acute Malnutrition (GAM) for 2018[8]	9%

Water

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

	Improved	% households	Unimproved
[9]	75%		25%
[10]	49%		51%

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

	No issue	% households	Issue reported
	71%		29%
	76%		24%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	14%		86%
	24%		76%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	28 L	65%
	57 L	84%

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
	3%		97%
	26%		74%

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

	30 min or less	% households	More than 30 min
	29%		71%
	48%		52%

[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.

Yemen WASH Cluster Assessment

Wald Rabi' District, Al Bayda Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	46%		54%
	94%		6%

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

	Not sharing	% households	Sharing
	95%		5%
	99%		1%

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

	Improved	% households	Unimproved
	40%		60%
	57%		43%

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 (95%)	Garbage is buried or burned (5%)	NA
	Garbage is left in public areas and not collected (89%)	Garbage is buried or burned (10%)	Garbage is left in street containers by household and collected through public system (1%)

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

	No wastewater	% households	Visible wastewater
	51%		49%
	47%		53%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	71%		29%
	87%		13%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (81%)	We ran out of soap (15%)	Soap is not necessary (4%)
	We cannot afford it (83%)	Soap is not necessary (17%)	NA

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

	Washing hands	% households	Not washing hands
	54%		46%
	70%		30%

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

	First most reported	Second most reported	Third most reported
	Disposable diapers (89%)	Washing basin (84%)	Jerry can / bucket, washing powder (72%)
	Disposable diapers (89%)	Washing basin (79%)	Washing powder (72%)

Overall, 33% of IDP households and 71% 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
	Chlorine tablets (32%)	Basic/consumable hygiene kits (25%)	NA
	Chlorine tablets (66%)	Basic/consumable hygiene kits (46%)	Water containers (2%)

[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.

Yemen WASH Cluster Assessment

Washhah District, Hajjah Governorate, Yemen

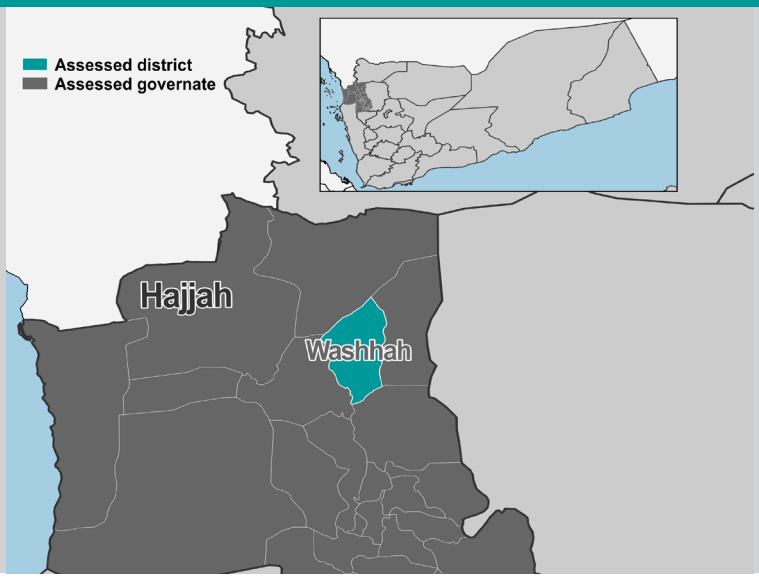
November 2018

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 Washhah district, Hajjah governorate. Interviews were conducted with 97 host community and 112 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 Washhah district.[4]



Demographics

Total population in district[5]	91,183
Total IDP population in district[6]	26,562
Average household (HH) size	18
Proportion of households headed by men	96%
Proportion of households hosting IDPs or extended family	48%
Average number of children under 5 per HH	3.4
Average number of persons with disabilities per HH	1
Average number of pregnant and/or lactating women per HH	1
Average number of adults over 60 years old per HH	1.4

Health

Number of suspected cases of cholera from January to August 2018[7]	6,302
Global Acute Malnutrition (GAM) for 2018[8]	17%

Water

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

	Improved	% households	Unimproved
[9]	3%		97%
[10]	2%		98%

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

	No issue	% households	Issue reported
	18%		82%
	10%		90%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	32%		68%
	41%		59%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	38 L	82%
	38 L	73%

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
	10%		90%
	14%		86%

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

	30 min or less	% households	More than 30 min
	7%		93%
	7%		93%

[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.

Yemen WASH Cluster Assessment

Washhah District, Hajjah Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	36%		64%
	37%		63%

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

	Not sharing	% households	Sharing
	70%		30%
	18%		82%

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

	Improved	% households	Unimproved
	20%		80%
	32%		68%

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 (94%)	Garbage is buried or burned (6%)	NA
	Garbage is left in public areas and not collected (85%)	Garbage is buried or burned (15%)	NA

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

	No wastewater	% households	Visible wastewater
	82%		18%
	78%		22%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	23%		77%
	27%		73%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (78%)	We ran out of soap (12%)	The market is too far (9%)
	We cannot afford it (75%)	The market is too far (14%)	We ran out of soap (11%)

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

	Washing hands	% households	Not washing hands
	85%		15%
	84%		16%

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

	First most reported	Second most reported	Third most reported
	Jerry can / bucket, disposable diapers (99%)	Sanitary pads, washing powder (98%)	Bar of soap, shampoo (97%)
	Bar of soap, jerry can / bucket, sanitary pads, washing powder (99%)	Disposable diapers, shampoo (98%)	Toothpaste, toothbrush (96%)

Overall, 29% of IDP households and 36% 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 (22%)	Chlorine tablets (8%)	NA
	Basic/ consumable hygiene kits (29%)	Chlorine tablets (8%)	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.

Yemen WASH Cluster Assessment

Zingibar District, Abyan Governorate, Yemen

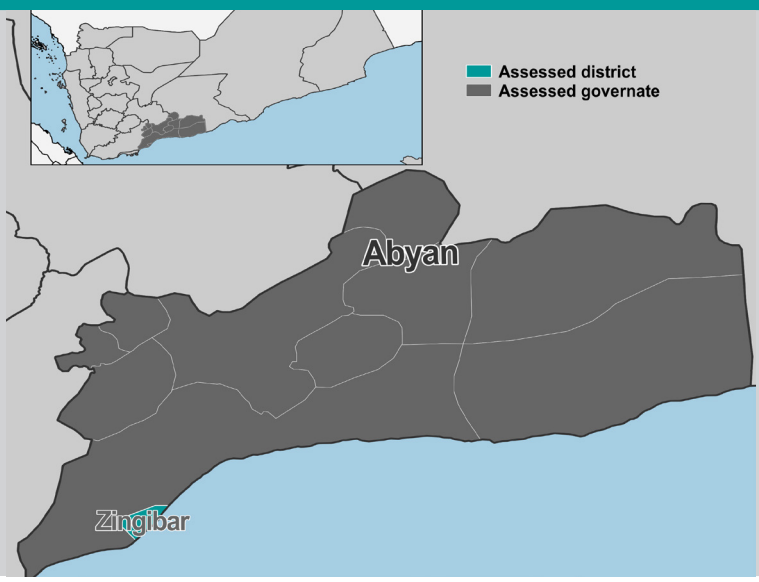
November 2018

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 Zingibar district, Abyan governorate. Interviews were conducted with 106 host community and 90 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 Zingibar district.[4]



Demographics

Total population in district[5]	34,570
Total IDP population in district[6]	6,858
Average household (HH) size	8.9
Proportion of households headed by men	83%
Proportion of households hosting IDPs or extended family	27%
Average number of children under 5 per HH	1.2
Average number of persons with disabilities per HH	0.2
Average number of pregnant and/or lactating women per HH	0.5
Average number of adults over 60 years old per HH	0.7

Health

Number of suspected cases of cholera from January to August 2018[7]	2,090
Global Acute Malnutrition (GAM) for 2018[8]	11%

Water

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

	Improved	% households	Unimproved
[9]	100%		0%
[10]	98%		2%

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

	No issue	% households	Issue reported
	52%		48%
	44%		56%

Proportion of households reporting treating their drinking water:

	Treat water	% households	Do not treat water
	6%		94%
	16%		84%

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

	Litres / person / day (average)[11]	% of households meeting Sphere standard[12]
	20 L	46%
	26 L	58%

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
	71%		29%
	88%		12%

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

	30 min or less	% households	More than 30 min
	55%		45%
	29%		71%

[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.

Yemen WASH Cluster Assessment

Zingibar District, Abyan Governorate, Yemen

November 2018

Sanitation

Proportion of households reporting having access to latrines:

	All HH members have access	% households	Only some or no members have access
	83%		17%
	96%		4%

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

	Not sharing	% households	Sharing
	38%		62%
	78%		22%

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

	Improved	% households	Unimproved
	39%		61%
	24%		76%

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 (92%)	Garbage is buried or burned (8%)	NA
	Garbage is left in public areas and not collected (88%)	Garbage is buried or burned (12%)	NA

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

	No wastewater	% households	Visible wastewater
	72%		28%
	58%		42%

Hygiene

Proportion of households reporting having and using soap:

	Have and use soap	% households	Do not have soap and/or do not use it
	24%		76%
	75%		25%

Main reported reasons for not having soap[16]:

	First most reported	Second most reported	Third most reported
	We cannot afford it (85%)	We ran out of soap (12%)	The market is too far (3%)
	We cannot afford it (73%)	We ran out of soap (27%)	NA

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

	Washing hands	% households	Not washing hands
	61%		39%
	91%		9%

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

	First most reported	Second most reported	Third most reported
	Bar of soap (91%)	Jerry can / bucket (74%)	Washing powder (42%)
	Bar of soap (80%)	Jerry can / bucket (62%)	Washing powder (40%)

Overall, 20% of IDP households and 43% 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 (10%)	Chlorine tablets; other (3%)	Support for the construction or maintenance of water and/ or sanitation facilities; support for solid waste collection and disposal; water containers (1%)
	Chlorine tablets (30%)	Basic/consumable hygiene kits (24%)	Support for the construction or maintenance of water and/or sanitation facilities (3%)

[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.