Food security and WASH Assessment Al Dhale'e, Yemen | January 2017



Executive Summary

In light of the on-going liquidity crisis in Yemen, high vulnerability scores in project-level monitoring and the onset of a cholera outbreak as declared in October 2016, ACTED conducted a Governorate-wide Food Security and WASH assessment at household level in Al Dhale'e Governorate in December 2016, carrying out 816 surveys in 547 villages across all 9 districts. ACTED evaluated key national and international Food Security and WASH indicators over the course of the assessment.

Results demonstrated stark evidence of prevailing and concerning Food Security and WASH contexts in Al Dhale'e. Food Security scores are below national levels (42.38% of households scoring in the 'acceptable' bracket in November 2016¹), and not only are the majority of households unable to fully meet their current food needs, but it is clear that most will also be unable to support future shocks.

WASH contexts in Al Dhale'e are equally problematic, with households using reportedly poor quality water without means to treat it. The practice of Open Defecation remains prevalent, as households report high levels of recent diarrhoea incidence, and some cases of suspected or (reported) confirmed cholera outbreaks².

Overall, the situation is dire and necessitates immediate and appropriate action from all stakeholders in Al Dhale'e Governorate.





¹ WFP mVAM for Yemen, November 2016

² 26 households reported that a medical doctor confirmed a case of cholera in their household. While this cannot be independently verified, it is nonetheless consistent with the high case load of confirmed AWD and Cholera in the Governorate.



% households declaring being unable to meet their monthly food needs

86%

% households which did not have enough water weekly to meet their needs completely

\$ 80%

% households stated that they had incurred debt, at an average of 40 000 YER (approximately 160 USD)

Key Recommendations

Al Husha, Ad Dhale'e and Al Azariq Governorates consistently show poor WASH and FSAC indicators, and should be the primary target of future interventions.

Cash Transfer Programming (in light of high household debt load combined with functioning markets) appears to be the most relevant emergency activity

Emergency livelihoods interventions that also facilitate regular access to cash-based income are an important activity to consider in light of current evidence e.g. Cash for Work.

Providing household access to vegetables and fruits would increase both the household level Dietary Diversity Score and Food Consumption Score.

Nutrition trainings in combination with distributions or cash programming would sensitize populations to the need to maintain a varied diet for health. In particular, targeting vulnerable groups such as PLW, children under 5 and the elderly is of the utmost importance

Take steps to address the high levels of reported Open Defecation, whether it be through hygiene promotion sessions, structural interventions or Community-Led Total Sanitation (CLTS) projects in areas with stable population numbers and secure contexts.

Provide means for households to access clean and safe water, contingent on community context (e.g. potentially water trucking; water purification tablets, water filters, rehabilitation of water supply systems and networks)

Cluster-level indicator summary

Food Security and Agriculture	WASH	WASH Proxy ³
Food Consumption Score	Primary water source	% of literate households
Average 34%; 45% of households	Largest proportion of households	95% households declared
in 'poor' bracket	(32%) use unprotected open wells	they had literate members
Household debt patterns	Distance to primary water source	% of households linked to
80% of households incurred debt	61% of households used water	water network
in previous month; predominantly	sources more than 500m from	8% linked to a water
to pay for food	home.	network (piped water in the
		home)
Local market functionality	Waiting time at primary water source	% of households with sewer installations
83% of households reported local	12% of households waited more	35% of households
markets are functioning	than 60 minutes and 14% waited	connected to a sewer
	30 to 60 minutes	network
Monthly Income Levels	Household access to soap	% of households reporting
Average income of 30,300 YER	61% of households had access to	suspected cholera outbreak
	soap	3% reported suspected
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	Household modalities of water treatment 93% of households do not use any form of water treatment prior to use/consumption	

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³ These are WASH indicators specifically linked to the cholera outbreak and WASH Cluster indicator needs.