Sa’ada Emergency: Integrated Water, Sanitation and Hygiene Response Baseline Survey
Amran Governorate

CARE INTERNATIONAL

February 2011
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<tbody>
<tr>
<td>CARE</td>
<td>Cooperative for Assistance and Relief Everywhere</td>
</tr>
<tr>
<td>DFID</td>
<td>UK Department for International Development</td>
</tr>
<tr>
<td>EU</td>
<td>Executive Unit</td>
</tr>
<tr>
<td>ECHO</td>
<td>European Community Humanitarian Office</td>
</tr>
<tr>
<td>GTZ</td>
<td>German Technical Cooperation</td>
</tr>
<tr>
<td>GARWSP</td>
<td>General Authority for Rural Water Supply Projects</td>
</tr>
<tr>
<td>HC</td>
<td>Host Community</td>
</tr>
<tr>
<td>HH</td>
<td>House Hold</td>
</tr>
<tr>
<td>ICRC</td>
<td>International Committee of the Red Cross</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced Person</td>
</tr>
<tr>
<td>IERY</td>
<td>Integrated Emergency Response Project for IDPs and Host Communities in Yemen</td>
</tr>
<tr>
<td>IRY</td>
<td>Islamic Relief International</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MoFA</td>
<td>Ministry of Foreign Affairs</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NWRA</td>
<td>National Water Resources Authority</td>
</tr>
<tr>
<td>OCHA</td>
<td>Office for Coordination of Humanitarian Affairs</td>
</tr>
<tr>
<td>OXFAM</td>
<td>Oxford Committee for Famine Relief</td>
</tr>
<tr>
<td>SFD</td>
<td>Social Fund for Development</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for the Social Sciences</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>WaSH</td>
<td>Water and Sanitation Health</td>
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<td>YWU</td>
<td>Yemen Women Union</td>
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Executive Summary

As a result of open conflict between Al Houthi groups and the Yemeni Government in 2010, approximately 320,000 people were said to be displaced in the four governorates (Sa’ada, Amran, Hajjah, and Al-Jawf) of northern Yemen.

In response to critical concerns of water access, lack of hygiene materials, and growing risks associated with poor sanitation and waste disposal among Internal Displaced Person (IDP) and Host Community (HC) populations in Amran, Hajjah, and Sa’ada governorates, CARE International in Yemen (CARE) and Oxfam GB (Oxfam) received 14 months of funding from ECHO and Ministry of Foreign Affairs (MoFA) Luxembourg to address these needs for the project ‘Sa’ada Emergency: Integrated Water and Sanitation Hygiene (WaSH) Response’. Oxfam began implementation in June 2010 while CARE began implementation in November 2010. The project is scheduled to end in July 2011.

Focusing on water supply, sanitation, hygiene promotion, and waste management for IDPs and HCs, CARE operates in four districts (Amran City, Jabal Yazid, Kharif, and Raidah) of Amran Governorate while Oxfam targets Al-Mazrak 1 and 3 camps in Hajjah Governorate and Al-Malaheet Village in Sa’ada Governorate. The activities are independent yet complimentary to funding obtained from UK Department for International Development (DFID) and MoFA Netherlands.

CARE commissioned a Baseline Survey in December 2010 to determine IDP and HC gaps and needs in the WaSH sector in Amran City, Kharif, Raidah, and Jebal Yezid districts of Amran Governorate. The study focused on water access, supply, and quality; child health related to water; as well as hygiene and sanitation practices for IDP and HC living within the Amran Governorate four districts.

1. Introduction

1.1 Background

The crisis unfolded in a context of significant vulnerability with a high prevalence of poverty and lack of investment in basic services. Repeated confrontations impacted coping mechanisms. Sa’ada, Amran, Hajjah, and Al Jawf governorates were particularly affected by the fighting and the Government of Yemen did not have the capacity to meet the humanitarian needs of the affected population on its own. The most urgent needs of IDPs and their HC were protection, food, water and sanitation, shelter, essential domestic items and access to health care. Limited humanitarian access, partially due to continued insecurity, hampered needs assessments and prevented much humanitarian activity.¹

¹
During 2010, the conflict in the northern governorate of Sa’ada calmed down but did not completely stabilize. A ceasefire was agreed in February, and in August a timetable for implementing 22 truce points to end the fighting was signed during peace talks between government representatives and the Houthis. However, the implementation of the ceasefire is very slow, clashes have continued, and the return of IDPs is low. The slow return rate depends on a wide range of obstacles including mines and unexploded devices, destruction of housing and infrastructure, lack of basic necessities, presence of Houthis and non-state actors in many areas, fear of retaliation against IDPs who are perceived by the Houthis as supporting the Government, and an overall lack of Government capacity.  

In addition to direct displacement of people, this conflict has further compounded significant existing humanitarian concerns. The prevalence of acute poverty, lack of investment in basic services and the sustained impact of cyclical displacement has profoundly deepened existing vulnerability and exhausted the coping mechanisms of both IDP and host community households in Amran, Hajjah and Al Malaheet.

Amran Governorate
Located northwest of the capital city, Sana’a, Amran Governorate's estimated population is 877,786 in an area of 18,178 square kilometers.

Since the start of the armed conflict, Amran Governorate has received a considerable influx of IDPs. According to UN-OCHA data from November 2010, the registered IDP number in Amran Governorate is 43,662. Amran Governorate has struggled with a number of challenges including water shortage, 80% of the population without access to piped water, 70% of the population without household toilets, and 63% without electricity.

Yemen Country Data
Yemen is ranked 133rd out of 182 countries on the 2010 UNDP Human Development Index. The adult illiteracy rate is 46%, with illiteracy among female adults at 65% compared to 27% for men. The poverty rate has increased from 35% in 2006 to an estimated 43% today, partly due to drastic food and fuel price increases. According to

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2 Yemen Humanitarian Report Plan 2011
3 Population figure Central Statistic Organization CSO
4 OCHA Registered and Returned IDPs November 2010
5 Social Fund for Development Index
6 United Nations Yemen 2011 Humanitarian Response Plan
the World Bank 2010 Little Green Data Book, 65% of the rural population have access to improved drinking water and 30% of the rural population have access to adequate sanitation facilities.

1.2 Baseline Survey Objective
The WaSH Baseline Survey plans to identify IDP and HC challenges with water, sanitation, and hygiene in the four Amran Governorate districts of Amran City, Raidah, Kharif, and Jabel Yezid.

Specific Objectives
- Assessment of the current water and sanitation situation in target districts to assist in directing program activities.
- Design survey methodology such that monitoring (quantitative and qualitative) is enabled.
- Methodology that can be easily replicated for future monitoring and evaluations, so that genuine comparison in change can be made over time and impact measured.
- Baseline data is achieved from which to measure change/impact in relation to project indicators.

1.3 Baseline Survey Methodology
A number of documents were reviewed prior to field data surveys including WaSH assessments of the project area, ranging from rapid assessments by Oxfam and inter-agency assessments led by CARE teams to comprehensive assessments by other agencies formed the basis of the identified needs in the proposal. (Refer to Annex 2 for Literature Reviewed.)

Three tools were used for the Baseline Survey. A HH survey was prepared and pretested for IDP and HC HHs to determine household water and sanitation practices and knowledge. (Refer to Annex 1 for the HH Survey Questionnaire.) The other tools were Focus Group Discussions (FGD) from the four districts (one male and one female FGD per district) and stakeholder interviews with INGOs, NGOs, and government organizations. Interview questions were prepared prior to all interviews. (Refer to Annex 5 for Stakeholder Questionnaire.)

1.3.1 Quantitative data – HH Interviews
A total of 459 HHs were surveyed that included both control (26% HC) and treatment (74% IDPs) in Amran Governorate’s four districts of Amran City, Kharif, Raidah, and Jabel Yezid. (Refer to Table 1 below for Amran Governorate’s district and HH Population Information and Annex 1 for the HH Questionnaire.)

Table 1: Amran Governorate’s district and HH Population Information
<table>
<thead>
<tr>
<th>Amran District</th>
<th>Population (2004 Census)</th>
<th>IDP Individuals / HH</th>
<th>IDPs Survey Sample</th>
<th>HC Control</th>
<th>IDPs Actual</th>
<th>HC Actual</th>
<th>Total Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amran City</td>
<td>96,375</td>
<td>26,323/3,883</td>
<td>270</td>
<td>117</td>
<td>277</td>
<td>97</td>
<td>374</td>
</tr>
<tr>
<td>Kharif</td>
<td>45,977</td>
<td>990/141</td>
<td>10</td>
<td>4</td>
<td>21</td>
<td>8</td>
<td>29</td>
</tr>
<tr>
<td>Raidah</td>
<td>64,631</td>
<td>2,224/337</td>
<td>24</td>
<td>10</td>
<td>30</td>
<td>7</td>
<td>37</td>
</tr>
<tr>
<td>Jebal Yezid</td>
<td>84,393</td>
<td>1,539/222</td>
<td>16</td>
<td>7</td>
<td>10</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td>missing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>291,376</td>
<td>31,076/4,583</td>
<td>321</td>
<td>138</td>
<td>338</td>
<td>120</td>
<td>459</td>
</tr>
</tbody>
</table>

Note: The IDP population numbers above are subject to change due to mobility of IDPs from one district to another in Amran and return of some of the IDPs to Sa’ada Governorate.

The HH survey had four specific parts:
1. IDP/HC Profile
2. Water access, supply, and quality
3. Child Health related to Water
4. Sanitation and Hygiene

a. HH Interview Data Collection
Nine Yemen Women Union (YWU) numerators and 11 volunteers (6 males and 14 females) were trained and deployed from the targeted districts to administer the HH Survey. The numerators were contracted through the local partner, YWU, who used nine of its team that previously participated in a CARE rapid needs assessment as numerators. Numerators were recruited based on their intellect, knowledge of fieldwork, and previous experience. The group was provided with a one day training in which the surveys were pre-tested and modified accordingly. Villages were selected during the day of the training based on IDP population clusters. Local government representatives were informed of the survey and provided their consent to conduct the survey.

The HH survey was conducted by simple random sampling through house to house interviews. Available males or females in the HH provided the response.

b. HH Interview Data Analysis
Data were collected, standardized and encoded in a Statistical Package for Social Sciences (SPSS) computer program. The design of the system and interpretation of the results were conducted by a consultant who cleaned and analyzed the data. The consultant also supervised four contracted data entry individuals who had prior experience with CARE. The SPSS database design enabled desegregation of data by gender, age, vulnerability, location, and a number of other factors.

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7 Amran Governorate Total Population was 877,786 (204 Census).

8 UNHCR data from July 2010.
1.3.2 Qualitative Data – Literature Review, FGDs, and Stakeholder Interviews

a. Literature review
As mentioned, a number of documents were reviewed and consulted for this report including project proposals, previous assessments of the target area prepared by Oxfam, CARE, and other organizations, as well as organizational studies and policies. (Refer to Annex 2 for a Literature Review.)

b. Focus Group Discussion (FGD)
Eight FGDs were conducted with IDPs in the four targeted districts (one male and one female FGD per district). FGDs were arranged through YWU assistance. The number of participants varied depending on the time of day. (Refer to Table 2 below for the number of FGD participants per district).

Table 2: FGD participants / district

<table>
<thead>
<tr>
<th>FGD</th>
<th>Amran City</th>
<th>Kharif</th>
<th>Jebal Yazid</th>
<th>Raidah</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>14</td>
<td>15</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Males</td>
<td>13</td>
<td>10</td>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>

Each FGD was led by a moderator and assisted by a note taker. Discussions ranged from 45 to 60 minutes. Female FGDs were held in houses while the males met at local schools.

c. Stakeholder interviews
Stakeholder interviews were conducted by the consultant with each identified relevant stakeholders. (Refer to Annex 3 for the names, titles, and organizations of stakeholders interviewed and Annex 4 for the Stakeholder Questionnaire.)

2. Results and Findings

2.1 HH Surveys

2.1.1 IDP and HC Demographic Profile
Of the 459 HHs surveyed in the four districts, 76% were IDPs and 24% were HC respondents. A total of 76% of the respondents were women. The largest percentage (59%) of HHs had 6 to 10 people in their HH. (Refer to Table 3 below for information related to number of people per HH.)

Table 3: Number of People / HH (HC + IDPs)

<table>
<thead>
<tr>
<th>People / HH</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5</td>
<td>87</td>
<td>19.0</td>
<td>19.0</td>
</tr>
<tr>
<td>6 – 10</td>
<td>269</td>
<td>58.6</td>
<td>58.9</td>
</tr>
</tbody>
</table>
Figure 1 below depicts that most heads of HHs fell within the age of 26 to 50 years. Within the group, 15% were female headed HHs compared to 85% male.

**Figure 1: Head of HH Age (HC + IDPs)**

It was found that approximately 21% of the surveyed HH heads can be considered vulnerable with Table 4 below providing a breakdown of the vulnerability.

**Table 4: Vulnerability of Head of HH by Type (HC + IDPs)**

<table>
<thead>
<tr>
<th>Vulnerability</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled</td>
<td>24</td>
<td>5.2</td>
<td>5.8</td>
</tr>
<tr>
<td>Orphaned</td>
<td>22</td>
<td>4.8</td>
<td>5.3</td>
</tr>
<tr>
<td>Widowed</td>
<td>13</td>
<td>2.8</td>
<td>3.2</td>
</tr>
<tr>
<td>Mental Problem</td>
<td>10</td>
<td>2.2</td>
<td>2.4</td>
</tr>
<tr>
<td>Divorced</td>
<td>8</td>
<td>1.7</td>
<td>2.0</td>
</tr>
<tr>
<td>Physical Health Problem</td>
<td>8</td>
<td>1.7</td>
<td>2.0</td>
</tr>
<tr>
<td>Old Age</td>
<td>2</td>
<td>.4</td>
<td>.5</td>
</tr>
<tr>
<td><strong>Total Vulnerable</strong></td>
<td><strong>87</strong></td>
<td><strong>20.6</strong></td>
<td><strong>21.2</strong></td>
</tr>
<tr>
<td>Not Vulnerable</td>
<td>323</td>
<td>70.4</td>
<td>78.8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>410</strong></td>
<td><strong>89.3</strong></td>
<td><strong>100.0</strong></td>
</tr>
<tr>
<td>Surveys with Missing Information</td>
<td>49</td>
<td>10.7</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>459</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

For 339 IDPs surveyed, it was found that 61% have spent more than one year as an IDP in Amran and an additional 33% within 7 to 12 months. (Refer to Figure 2 below.)
Approximately 99% of respondents indicated that they lived in houses or buildings either rented or with relatives or friends.

2.1.2 Water Access, Supply, and Quality
Out of 349 surveyed IDP respondents, 178 (51%) felt the water situation in their home village was better than their IDP location, 111 (32%) felt it was worse, 55 (16%) felt it was the same, and 5 (1%) did not know.

2.1.2.1 Water Access and Supply
For both IDP and HC respondents when asked whether they have sufficient water, 321 respondents or 71% felt that they did not have sufficient water, 134 respondents or 29% indicated that they have sufficient water (four surveys were missing information). The high cost of water (78.5%) was considered the biggest reason for insufficient water in the HH. (Refer to Table 5 below for the reasons cited for insufficient water.)

<table>
<thead>
<tr>
<th>Insufficient Water Reasoning</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>High cost of water</td>
<td>252</td>
<td>78.5</td>
</tr>
<tr>
<td>Difficulty in transporting water from the source to the house</td>
<td>29</td>
<td>9.0</td>
</tr>
<tr>
<td>Lack of water storage at HH level</td>
<td>25</td>
<td>7.8</td>
</tr>
<tr>
<td>Inconsistency of supply at the source</td>
<td>12</td>
<td>3.7</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>321</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The respondents received their water from a variety of sources with water tankering (81%) as the predominant source (Refer to Figure 3 below.)

Figure 3: Source of HH Drinking Water (HC + IDPs)

A total of 82% of the respondents stated that they always pay for water, 5% said that they sometimes pay, and 13% indicated that they never pay.

For HHs who obtain water from a communal tap, over 37% of respondents stated that they have to walk more than 30 minutes carrying water from the water source to their homes. (Refer to Figure 4 below for a breakdown of the transport time.)
Figure 4: Walking Time to transport water from Water Source to HH

Fetching water in Yemen is generally a woman’s responsibility and is confirmed with the following data from the respondents concerning who fetches water:

- 64% Female (32% Adult; over 18 years, 18% Adolescent; 12-18 years, and 14% Children; under 12 years)
- 36% Male (11% Adult, 11% Adolescent, and 14% Children)

Jerry cans were the preferred container of transport (90%) versus open containers (10%).

A total of 95% of HHs store their water in closed containers versus 5% who use open containers.

2.1.2.2 Water Quality

Water quality was not tested as part of this Baseline Survey. The HHs were asked to rate their water quality and if they felt it was of a bad quality to cite the problem. Of 450 respondents (9 questionnaires lacked the information), 262 respondents or 58% surveyed felt their water was of good quality, 73 respondents or 16% surveyed believe their water is of poor quality, and 115 respondents or 26% surveyed did not have an opinion.

For HHs who felt their water was of poor quality, the following problems were cited:

- 42% - Bad taste
- 35% - Sediment in water
- 20% - Sick after drinking water
- 3% - Other

A total of 81% of surveyed HHs indicated that they do not clean their drinking water while 19% treat their drinking water. For the 81% of the respondents who stated that they do not treat their drinking water, refer to Figure 5 below:

Figure 5: Reason for not treating Drinking Water (HC + IDPs)

Of those who do clean their drinking water:

- 60% boil their water,
- 37% filter the water,
- and 3% use chorine.

2.1.3 Child Health related to Water

Of the 27% of the respondents who provide a bottle to their infants, 88% claimed they sterilized the bottle while 12% did not. And of the 22% of respondents who use baby formula and/or milk powder, 87% of the respondents claimed they either boiled or filtered the water while 13% did not.

When questioned about frequency of diarrhea,

- 37% of HHs indicated their children had diarrhea more than once a month,
- 40% of HHs stated their children rarely had diarrhea,
- and 22% of the respondents claimed their children never had diarrhea.

The general perception among 58% of the respondents is that unclean water is a source of diarrhea, 13% of the respondents did not believe that unclean water could cause diarrhea, and 29% did not know.

A total of 82% of the respondents spent money to treat diarrhea for a family member within the last month and of those, the majority (64%) consulted a health provider for assistance or bought medicine from a pharmacy (25%). The other 5% resorted to traditional methods and 6% waited for it to pass. (Figure 6 below provides an estimate of costs to treat diarrhea.)

Figure 6: Amount in YR spent to treat a Diarrhea Case (HC + IDPs)

2.1.4 Sanitation and Hygiene

2.1.4.1 Access and use of Toilets
As stated in Section 2.1, 99% of the HHs live in rented houses or with HC friends and families that have access and tend to use HH toilets. For the 1% of HHs living in tents, there are limited HH toilets.

2.1.4.2 Hand Washing
Ninety nine percent (99%) of the respondents reported that washing hands before eating is important of which 53% cited for health reasons, 9% for religious reasons, and 37% for both religious and health reasons. The majority of those washing their hands before eating use soap of which:
- 38% frequently use soap,
- 51% sometimes use soap,
- and 11% do not use soap.

Regarding hand washing after going to the toilet, 86% reported they do wash their hands, 10% stated that they sometimes wash their hands, and 4% indicated that they do not wash their hands after using the toilet. Similar to the use of soap before eating, the majority of respondents mention that they use soap after going to the toilet:
- 39% frequently use soap,
- 51% sometimes use soap,
- and 10% do not use soap

2.1.4.3 Hygiene Awareness
A total 47% of respondents said that they received hygiene awareness messages but did not indicate which organization provided the information verses 53% who did not receive any hygiene awareness messages. Only 25% of the respondents indicated that they received information concerning hand washing verses 75% who indicated that they did not receive hand washing messages.

For those HHs with children attending school (86%), the respondents stated that 78% of their children received hand washing awareness messages in school.
2.2. Focus Groups Discussion
Discussion with FGD focused on the following three topics:

1. Water Access, Supply, and Quality
2. Sanitation and hygiene
3. IDP relationship with the HC

2.2.1 Water Access, Supply, and Quality
The majority of male and female IDPs from the four districts stated that many areas where they are living do not have piped water or a water source (well, pond, or water catchment reservoir). As a result, women and young girls have to walk long distances to fetch water. Some of the IDPs do have donkeys to assist with the transport but it was related that this was rare. Most relied on jerry cans to transport the water. When asked whether men, young men, or boys assist with transporting water, the general response was that fetching water is women’s work.

The majority of individuals felt that there was a problem with water storage as the capacity of their containers and/or tanks were not sufficient. Some IDPs mentioned that HH water tanks (1 m³ capacity) can be filled by water tanks at a cost. IDPs living within Amran City pay less for water than those in other districts due to transport costs.

There was a mix in response related to the water quality with approximately half of the FGD participants expressing that water in their new Amran Governorate home was of inferior quality than where they were previously living with taste being the greatest determinant. The other half of the respondents expressed no real difference in quality especially when the source of water was water delivered from water tanks. Most participants believed that water from wells was of good quality but some believed that wells were being spoiled with sewage leakage – this could not be confirmed. There was a general agreement that water obtained from ponds was of poor quality as it was reported that the water was often dirty, had a smell, or was exposed to animals.

All of the FGD participants stated that they did not boil or filter their drinking water for the following reasons:

- Costly water filters,
- Propane cost too high,
- Not familiar with using water filters.

There was no confirmation that water was treated when mixed with baby formula and/or milk as stated by the majority of respondents in the HH survey.

2.2.2 Sanitation and Hygiene
The majority of IDPs either live in rented houses or share houses with HC that have toilets with individual septic tanks. The toilets are usually within the house but some are located outside the house and constructed separately.
IDPs living in tents in Raidah mentioned that they have latrines inside their tents but women prefer to wait until the evening to use the surrounding area for privacy. Most children and men living in tents use the surrounding areas throughout the day as an alternative to the toilet in the tent.

Diarrhea was reported as a frequent problem. Most reported using local remedies to treat the diarrhea as it was too expensive to visit the local health services.

The majority interviewed emphasized the importance of washing hands before and after eating as well as after using the toilet. When asked if they emphasize hand washing with their children, the majority said that they don’t believe their children wash their hands due to the limited amount of water.

Many FGD respondents received health and hygiene awareness messages from a variety of organizations within the last year and some respondents received a hygiene kit from the organizations. The female sanitary pads, diapers, and soap were appreciated. However, the hygiene kits were distributed only once and were consumed in a short period of time.

2.2.3 IDP Relationship with HC
The majority of male and female IDPs in the four districts did not report any significant tension with their HC. Many are living with or near relatives or friends.

2.3 Stakeholder Interviews
A total of 11 interviews were conducted with eight INGOs working in Amran in various relief operations and three government offices.

A list of 14 open ended questions were asked to each participant focusing on working area, activity assistance to IDPs and HC, WaSH needs and challenges, coordination with other INGOs and Government, relationship between IDPs and HC, future assistance to IDPs, and recommendations.

Key highlights from the interviews are noted in the following Discussion section.

3. Discussion

3.1 IDP and HC Profile
Within the four districts of Amran City, Kharif, Raidah, and Jebal Yazid, 94% of the IDPs have been living in their adopted home for over seven months with over 99% of the IDPs either renting a house or living with HC friends and family.

The HH survey indicated that 15% of the respondents were female headed HHs compared to 85% male. The average IDP and HC HH supports 6 to 10 people and approximately 21% heads of HHs can be considered vulnerable. Approximately half of the vulnerable heads of HHs are reported to be disabled and orphaned.

3.2 Water Access, Supply, and Quality
The survey reveals that access and supply to water are the priority need for IDPs and HC as 71% report they do not have sufficient water in their current location. Approximately 81% of the respondents claim that they obtain their water from water delivery by truck or water tankering with a similar percentage (82%) claiming that they
pay for their water. The Government of Yemen Rural Water Authority in Amran and the majority of INGO representatives confirmed that water is a challenge for the area with the cost of water significantly rising the further away from the Amran basin.

There have been efforts by a number of organizations to either provide free water to IDPs as well as increase the number of water sources for IDPs and host communities in Amran Governorate but there is a lack of coordination with no one organization or government department with a database of information.

Interviews with government representatives revealed that there is a lack of coordination among Amran government departments concerning a concerted water conservation and distribution plan or strategy.

As indicated in the HH survey and FGD response, IDPs and HC tend to rely on women and young girls to transport water from water sources to their homes. The HH survey reveals that 64% of those who fetch water are females and Raidah FGD respondents indicated that transporting water is a "woman's job". Over 37% of respondents who transport water stated they have to walk more than 30 minutes from the water source to their home.

The HH survey reveals that a high percentage (95%) of respondents store their drinking water in covered containers while 5% use open containers. FGD participants explained that while they do use jerry cans and open containers to store water, the lack of larger containers and/or tanks to store water was one of the reasons for their inability to retain a sufficient supply of water. One organization, Relief International, has conducted a survey to distribute water tanks in selected targeted IDP areas in Amran Governorate.

While 58% of the surveyed HHs consider the water of good quality, many in the FGD said that they equated water quality on appearance and taste. Some of the stakeholder interviewees did state that they knew of water quality tests for the area that indicated harmful levels of bacteria but these test results were not available. The HH survey indicated that 81% of the surveyed communities do not treat their drinking water. The main reason for not treating their drinking water was reported due to an additional financial burden (70% of the respondents reported this reason) – either the high cost of water filters or additional propane required to boil water. FGD participants in Raidah mentioned that they had investigated purchasing water filters but the high cost (5000 YR was cited as the cost of Silver Filter) was prohibitive. GTZ reported distributing silver filters to HC as well as health clinics, mosques and hospitals (not to the IDPs).

### 3.3 Child Health related to Water

The HH Survey indicated that 88% of the respondents who use bottles for their infants sterilize the bottles and of those who use baby formula or milk powder, approximately 87% use treated water indicating awareness among the population concerning the benefits of clean water. However, as mentioned in the above paragraph, 81% of the respondents did not treat water for individuals older than infants.

The HH survey also indicated that 37% of the respondent’s children had diarrhea more than once a month indicating poor hygiene practices. FGD Participants explained that often their children get diarrhea from eating bad food, drinking dirty water, not washing their hands before or after eating, and/or not washing their hands after using toilets. As
a result, 82% of respondents have spent money in the last month to treat diarrhea for a family member. Methods to treat diarrhea varied with the highest percent 64% taking the patient to the doctor, and 25% buying medicine from the pharmacy. A considerable amount is spent to treat diarrhea with over 26% stating they spent over 5,000 YR to treat a case of diarrhea.

3.4 Sanitation and Hygiene
The HH Survey shows that access to toilets is not a problem for IDPs and HC as 99% of the surveyed HH had access to toilets in their HH. The high percentage reflects the majority of the IDPs who lives in rented or HC house and have access to toilets. FGDs indicated that access to toilets among those living in tents is an issue. Organizations such as UNICEF have installed latrines among the tented sites but it remains to be an issue for that population.

While the HH Survey indicates that the majority (99%) of IDPs and HC believe that washing hands before eating is important, only 38% frequently use soap and 51% sometimes use soap to wash their hands before eating and 51% sometimes use soap. Contrary to the HH survey response, many of the FGDs indicated that children seldom wash their hands before eating as they don't have time to monitor this behavior among their children.

During FGDs, many IDPs has expressed their appreciation of items distributed as part of a hygiene kit distributed by Oxfam. Those who did receive the hygiene kits said it was a one time distribution and they used the items in short period of time. They were interested to receive additional kits with soap, female sanitary pads, and diapers some of the items that were valued.

The survey also reveals that of the 47%, who received health awareness message, 91% practices what they learned from the hygiene awareness sessions and 6% do not. The high rate of those practicing indicates the level of impact the awareness messages has on the target group when provided.

Many of the FGD participants mentioned that insufficient water was one of the causes for poor hygiene.

3.5 Other Significant Issues

3.5.1 Livelihood
While it was not part of the baseline survey WASH themes, female IDPs in FGDs requested interest for education and/or input regarding income generation activities in order to support their family's needs for water, food, health and education. INGO representatives also indicated the need to focus on creating livelihood opportunities for IDPs and HC.

3.5.2 Under-served Districts
During interviews with stakeholders, it was noted that the following Amran Governorate districts have IDPs with significant needs that could benefit from WaSH activities:

- Khamir,
- Houth,
- HarfSufyan,
- And Khywan Camp.
It was mentioned that security could be an issue in some of these locations.

4. **Recommendation**
The following recommendations enforce many of the activities planned in the project proposal and are based on findings from the HH survey, FGDs, and stakeholder interviews.

4.1 **Water Access, Supply and Quality**
- Coordinate with government and other organizations operating in the four districts to increase access and supply of water as well as organize coordination meetings at least on a monthly basis related to water and sanitation assistance.
- Identify population centers where transport of water is of significant distance and assist with the distribution of communal water tanks and/or rehabilitation of dysfunctional water reservoirs or systems. Aim for Sphere standards: (Water – 7.5 to 15 liters/person/day and 250 people per tap). Consult with Relief International and/or other organizations regarding distribution of water tanks and rehabilitation of water systems.
- Based on the fact that some communities have to transport water for more than 30 minutes by foot, provide wheelbarrows or other water transport means along with additional water containers to those communities.
- Distribute water filters (Silver Filters) to IDPs and vulnerable HC HHs combined with education on proper usage. Educate the HHs concerning the use of silver filters through a number of campaigns reinforcing the message.
- Involve the communities in project activities and ensure adequate monitoring with regular feedback from the communities.
- Educate IDP and HC on gender disparities related to water access and supply.
- Coordinate with appropriate government water department concerning water quality testing of key water sites used by IDP and HC.
- Investigate the possibility of funding water tankering during the dry season.

4.2 **Child Health related to Water + Sanitation and Hygiene**
- As it was indicated that 53% of the HH survey respondents did not receive hygiene message, promote hygiene awareness through informal sessions with mothers at surveyed HH homes with focus on methods of water treatment, hand-washing, and child & mother hygiene, and causes of diarrhea.
- Determine appropriate contents for hygiene kits and distribute hygiene kits combined with hygiene campaigns. Provide more than one distribution if funding is available. (Sphere standard: 250 grams of soap per individual)
- As it was found that many children have received hygiene awareness messages at school, provide additional hygiene information to the schools (possibly to teachers) including additional messages that emphasize improved hygiene and sanitation behavior. Coordinate with other organizations such as Save the Children who are involved in offering assistance to children in Amran Governorate.
- Investigate assistance provided to communities living in tented sites and support with additional latrines if needed. (Sphere standard: 1 latrine per 20 people)

4.3 **Other Issues**
Integrate Gender issues in the planning and designing of response programs
Future funding activities to include livelihood activities: training on income generation activities and/or input for small business activities

5. Conclusion

The Baseline Survey results confirm the need for most of the activities noted in the proposal for CARE. This Baseline Survey focused on Result 2: Public Health Promotion and NFI and Hygiene Distribution with verifiable indicators for CARE being the following:

- 80% of water stored in clean covered containers
- 2,500 IDP HHs in Amran receive hygiene kits
- 80% of the targeted IDPs living in HC in Amran use silver filters for drinking water

Activities mentioned in the proposal were the following:
1. Distribution of 2,000 silver filters for families living with HC in Amran
2. Distribute 2,000 hand washing sets for IDP families in Amran
3. Distribute 5,000 hygiene kits for IDP families in Amran
4. Formation of 8 Wash Committees in 4 districts of Amran
5. Basic WaSH training will be conducted for 40 motivators/WaSH members in the 4 districts of Amran
6. Communities participate in 8 health and hygiene awareness campaigns in the 4 districts of Amran

Regarding the six activities stated above, most of the activities refer to IDPs only yet vulnerable HC HHs should be included given the strain on available resources. All activities are recommended except for the distribution of hand washing sets as most IDPs have been living in the area for more than seven months either in a rented house or among HC families or friends. An alternative could be additional jerry cans or closed containers for transport and storage of water. Another activity that should be revised is the formation of 8 WaSH Committees. There are existing WaSH Committees and given the limited time period of the project, CARE should consider strengthening rather than forming WaSH Committees depending on community dynamics. Lastly it is mentioned to distribute 5,000 hygiene kits. It is recommended to distribute hygiene kits more than once to targeted HHs as noted in discussions with IDPs.

Related to Results 3: Rehabilitation, development and operation of water supply and treatment system. CARE contracted an assessment in January/February 2011 to determine water supply system status in the four identified districts of Amran Governorate. The Water Supply assessment should address the indicators and activities of Result 3.
Annex 1: HH Questionnaire

CARE International Yemen
Amran Emergency Baseline Assessment Survey

Instructions to Enumerator:
Notes to the enumerator are marked in *italics* in the survey. Before administering the survey cover the following:

- Introduce yourself and where you are from.
- Share with the interviewee that the purpose of the survey is to contribute to the baseline assessment for CARE’s initiatives to respond to IDP needs in Amran with funding from the European Union and the Netherlands, UK and Luxemburg governments. Survey results will assist in shaping some project activities, as well as provide a baseline for measuring project impact at its conclusion.
- Emphasize that the information shared will be kept confidential.
- Share with the interviewee that the interview will take approximately 45 minutes.
- At the end of the introduction ask if the respondent is willing to participate in the survey, and be sure to thank them for their time.

Please take your time and clearly mark responses on the survey and write clearly when required.

Name of enumerator:
____________________________________________________________

Location of interview: District:___________________ Village:____________________

Date:_________________________________________________________________________

I. Respondent Profile

Gender *(mark without asking respondent)*

☐ Male
☐ Female

Housing Type:
☐ Building
Tent

How old are you?

- Between 15-20 years old
- Between 21-25 years old
- Between 26-30 years old
- Between 31-35 years old
- Between 36-40 years old
- Between 41-45 years old
- Between 46-50 years old
- Between 51-55 years old
- Between 56-60 years old
- Older than 61 years

Who is the head of your HH?

- Grandfather
- Father
- Uncle
- Brother
- Other (please specify): ________________
- Grandmother
- Mother
- Aunt
- Sister
- Other (please specify): ________________

What is the approximate age of your head of HH?

- Below 5 years old
- Between 15-20 years old
- Between 21-25 years old
- Between 26-30 years old
- Between 31-35 years old
- Between 36-40 years old
- Between 41-45 years old
- Between 46-50 years old
- Between 51-55 years old
- Between 56-60 years old
- Older than 61 years

Does your head of HH have any factors of vulnerability (e.g. disabled, widowed, divorced of youth)?

- Yes
- No

If yes, what is the vulnerability? ______________________________________________

How many family members live with you in your HH?

<table>
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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Other</th>
<th>Total</th>
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</table>


<table>
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<tr>
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<tr>
<td>Youth (11-18 yrs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elderly</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you an IDP or HC member?

- [ ] IDP
- [ ] HC

If you are an IDP, are you displaced from (i.e. your home district)?

### Sa’adah

<table>
<thead>
<tr>
<th>District</th>
<th>Location</th>
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<tr>
<td>Al-Dahaher</td>
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<td>Al-Halhwa</td>
<td>KitafwaAal</td>
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<td>As-Safra</td>
<td>Majz</td>
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<td>Baqim</td>
<td>Maran</td>
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<tr>
<td>Ghamr</td>
<td>Razih</td>
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<tr>
<td>Hamdan</td>
<td>Sahar</td>
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</table>

### Amran

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>HarfSufian</td>
</tr>
</tbody>
</table>
Approximately when did you arrive in Amran?

☐ More than 1 year ago
☐ 7 to 12 months ago
☐ 4 to 6 months ago
☐ 1 to 3 months ago
☐ In the last month
☐ Other (please specify): ______________________

Did all of your family arrive safely with you to Amran?

☐ Yes
☐ No

If no, who did not arrive from your family?

____________________________________________________________________________________

II. Access to Water

For IDPs: How was the drinking and HH water situation in your home village compared to now?

☐ Better
☐ Same
☐ Other (please specify): ______________________
☐ Worse
Don’t know

Do you feel that your current access to water is sufficient? (for both IDPs and host communities)

☐ Yes
☐ No
If no, what is the problem?
☐ Consistency of supply at the source
☐ Cost
☐ Lack of water storage at the HH level
☐ Difficulty in transporting water from source to HH
☐ Other (please specify): ____________

Do you feel that the quality of water is good?

☐ Yes
☐ No
☐ Don’t know
If no, what is the problem?
☐ Taste
☐ Dirt or other sediment in the water
☐ Causing sickness
☐ Other (please specify): ____________
☐ Don’t know

Where do you get your drinking and HH water?

☐ Through pipes to the house
☐ At a communal tap or at water source
☐ From a neighbor
☐ Water tanker
☐ Other (please specify): ________________

Do you pay for it?

☐ Always
☐ Sometimes
☐ Never
☐ Other (please specify): ________________

If always or sometimes, how much do you pay?

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Price</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jerry can (dubba – 20 liters)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water tanker (wayt - ???)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:_________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have a water storage tank at the HH level?

☐ Yes
☐ No

If you get your water from a communal tap/collection point who usually brings it home?

☐ Male child (approximately under the age of 12)
☐ Female child (approximately under the age of 12)
☐ Young man (approximately from 12 to 18 years of age)
☐ Young woman (approximately from 12 to 18 years of age)
☐ Adult Male (approximately over the age of 18)
☐ Adult Female (approximately over the age of 18)
☐ Other (please specify): _____________________

If it is a communal tap/collection point do IDPs and HC members both use it?

☐ Yes
☐ No
☐ Don’t know

If yes, how long do you usually have to wait to fill your container?

☐ More than half an hour
☐ Between half an hour and 15 minutes
☐ Less than 15 minutes
☐ No waiting is necessary
☐ Other (please specify): _____________

What do you carry the water to your home in?

☐ Jerry can
☐ Open bucket
☐ Other (please specify): ______________

Approximately how long does it take to get to the communal tap/water collection point?
☐ More than an hour
☐ Between half an hour and an hour
☐ Between 15 minutes and half an hour
☐ Less than 15 minutes
☐ No waiting is necessary
☐ Other (please specify): ______________
☐ Don’t know

Approximately how much water does your HH use daily?
Water tanker:
Frequency of water tankers: __________
Size of tanker (wgt): __________
Number of 20 liter Jerry cans (plastic) each day (x seven): __________

In your home, how do you store drinking water?
☐ Open container
☐ A container that is covered
☐ Other (please specify): __________
☐ Don’t know

Do you ‘clean’ your drinking water?
☐ Yes
☐ No

If yes: How?
☐ Filter
☐ Boil
☐ Clorox
☐ None
If No, why? _________________________________________
III. Water and Child Health

Do women in your family breastfeed their infants?

☐ Yes
☐ No
☐ Don’t know

Are infants are given a bottle in your family?

☐ Yes
☐ No
☐ Don’t know

If yes, is the bottle been sterilized?

☐ Yes
☐ No

Are infants in your family taking a baby formula?

☐ Yes
☐ No

If yes, do you filter/boil the water used to mix the formula?

☐ Yes
☐ No
☐ Don’t know

How often do your children have diarrhoea?

☐ Never
☐ Very rarely
☐ More than once a month
☐ More than twice a month
☐ All the time
☐ Other (please specify): ________________

How often do adults in the family have diarrhoea?

☐ Never
☐ Very rarely
☐ More than once a month
☐ More than twice a month
☐ All the time
☐ Other (please specify): _____________

In the past month have you spent any money treating diarrhoea for a family member?
☐ Yes
☐ No

What did you do?
☐ Just wait to see if it goes away
☐ Used traditional methods
☐ Bought medicine from pharmacy
☐ Took the patient to a doctor or hospital
☐ Other (please specify): _____________
☐ Don’t know

How much did it cost (approximately)?
☐ Free
☐ 500-1,000 YR
☐ 1,000-2,000 YR
☐ 2,000-5,000 YR
☐ Over 5,000 YR
☐ Other (please specify): _____________
☐ Don’t know

Do you believe that unclean water causes diarrhoea?
☐ Yes
☐ No
☐ Don’t know

IV. Sanitation & Hygiene
Do you have toilet in your home?
☐ Yes
☐ No

If yes, do people use it?
☐ Yes
☐ No

If no, where do family members go to the toilet?
☐ At a neighbor's house
☐ At school
☐ Public toilets
☐ Outside in the open
☐ Other (please specify): _____________
☐ Don't know

Is bathing a problem for your family?
☐ Yes
☐ No

If yes, why?____________________________________________________________

How often do family members bathe (using soap and water)?
☐ Daily
☐ Weekly
☐ Monthly
☐ Other (please specify): _____________

Where do they bathe?
☐ At home
☐ At a neighbour’s house
☐ At school
☐ Public hammam
☐ Other (please specify): _____________
☐ Don't know
Do you believe that washing your hands before you eat is important?

☐ Yes
☐ No

If yes, why?

☐ Health reasons
☐ Religious reasons
☐ Others __________________________________________

Do you wash your hands before you eat?

☐ Yes
☐ No

If yes, do you use soap?

☐ Yes
☐ No

Do you wash your hands after going to the toilet?

☐ Yes
☐ No

If yes, do you use soap?

☐ Yes
☐ No

Do you insist that your children wash their hands before they eat?

☐ Yes
☐ No

If yes, is it with soap?

☐ Yes
☐ No

Have you received any awareness on the following?

☐ Hygiene
☐ Hand washing
Water use

Do children in your family attend school?
☐ Yes
☐ No

Has your child ever received education to wash their hands at school?
☐ Yes
☐ No
☐ Don’t know

Be sure to thank the respondent for their time.

Annex 2: Literature Consulted

- Profiling for IDPs and Returnees, North Yemen." Doris Knoechel, July-September 2010.
- Emergency Response Strategy 2010" Emergency Response to the IDP Crisis in North Yemen, CARE December 2009
- "Integrated Emergency Response Project for Yemen 2010." CARE, ADRA, Islamic Relief, Oxfam and Save the Children
- SPHERE Guidelines
- United Nations Yemen 2011 Humanitarian Response Plan
- CARE International Code of Conduct
- Sa’ad Emergency: Integrated Water and Sanitation Hygiene (WaSH) Response and INGOF Security Response proposal
- Integrated Emergency Response Project for Yemen 2010 – Support to the Yemen Humanitarian Response Plan by providing Time-critical Assistance to IDPs, Host-Communities and Returnees in an Integrated and Consolidated Consortium Approach
### Annex 3: Stakeholder Interviews

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Individual</th>
<th>Organization</th>
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<tbody>
<tr>
<td>December 7, 2010</td>
<td>Amran</td>
<td>Walaa Ghabrieh</td>
<td>UNHCR Associate Field Officer – Amran Governorate</td>
</tr>
<tr>
<td>December 7, 2010</td>
<td>Amran</td>
<td>Eng. Alialsharjabi</td>
<td>Government of Yemen Rural Water Authority Manager</td>
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<tr>
<td>December 8, 2010</td>
<td>Amran</td>
<td>Hussain Alshmori Dr. Mabrook Daood</td>
<td>GTZ Project Engineer Enhancing Community Water Management and Usage</td>
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<tr>
<td>December 8, 2010</td>
<td>Amran</td>
<td>Yahya Tawaf</td>
<td>Government of Yemen Executive Unit Representative</td>
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<td>December 8, 2010</td>
<td>Amran</td>
<td>Dr. Shehab Ibraheem</td>
<td>Save the Children Health and Nutrition Officer</td>
</tr>
<tr>
<td>December 9, 2010</td>
<td>Amran</td>
<td>Fawaz</td>
<td>Islamic Relief Project Assistant officer</td>
</tr>
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<td>December 9, 2010</td>
<td>Amran</td>
<td>Mujeeb Humaid</td>
<td>Relief International Field Coordinator Water Project</td>
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<td>December 9, 2010</td>
<td>Amran</td>
<td>Boris Maver</td>
<td>ICRC Head of the Sub-delegation – Amran Governorate</td>
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<tr>
<td>December 18, 2010</td>
<td>Sana’a</td>
<td>Mohammed Assad</td>
<td>CARE Yemen Program Support Director</td>
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<tr>
<td>December 18, 2010</td>
<td>Sana’a</td>
<td>Shams Radie</td>
<td>Yemen Women Union Head - Amran Branch</td>
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</tbody>
</table>

### Annex 4: Stakeholder Interview Questionnaire

CARE/WASH Baseline Survey: stakeholders Interview Questions  
Organization interviewed  
Date
1. What is the current IDP population in Amran?

2. What are the challenges in relation to water, sanitation and hygiene in Amran?

3. What are the immediate needs of IDPs and host community in terms of access, quantity and quality of water in Amran?

4. Is your organization assisting IDPs and hosts in Amran or elsewhere? If yes, what sort of assistance are you providing? What criteria are you using in choosing the beneficiaries?

5. In your work with IDPs, what do you find that their most pressing needs now?

6. If NGO, UN, or INGO: How are you coordinating with the government related to your work with IDPs?

7. For government: how is your coordination with NGOs, INGOs and UN related to assistance to IDPs?

8. Is there an increase/decrease of IDP numbers in Amran?

9. If yes in which districts have the significant increase/decrease been observed and what are the reasons?

10. Are there other districts (not included in the project) that we need to focus on? If so what are the needs/issues?

11. Have you observed tension between IDPs and host community?

12. If yes, what are the issues of tension? (Limited resources, overcrowdings, others) and potential or tested solutions?