Draft: Research Terms of Reference
Support to the WASH Cluster: Yemen WASH Cluster Assessment
Research Cycle ID: 1806
Yemen

July 2018
Version 1

WASH Cluster
Water Sanitation Hygiene

1. Executive Summary

Country of intervention	*Yemen*				
Type of Emergency	□	Natural disaster	X	Conflict	
Type of Crisis	□ Sudden onset		□ Slow onset		X Protracted
Mandating Body/ Agency	*WASH Cluster, REACH*				
Project Code	15iAFA 1O8				
Overall Research Timeframe *(from research design to final outputs / M&E)*	01/02/2018 to 31/12/2018				

Research Timeframe *Add planned deadlines (for first cycle if more than 1)*	1. Start to collect data: 26/08/18	4. Data sent for validation: 27/09/2018
	2. Data collected: 23/09/2018	5. Outputs sent for validation: 20/10/2018
	3. Data analysed: 24/09/2018	6. Outputs published: 31/10/2018

Number of assessments	X	Single assessment (one cycle)
	□	Multi assessment (more than one cycle)

Humanitarian milestones *Specify **what** will the assessment inform and **when** e.g. The shelter cluster will use this data to draft its Revised Flash Appeal;*	**Milestone**		**Deadline**
	X	HNO	1/10/2018
	X	HRP	1/10/2018
	X	Cluster plan/strategy	30/12/2018
	x	NGO platform plan/strategy	30/12/2018

		Other (Specify):	_ _/_ _/_ _ _ _	
Audience Type & Dissemination *Specify who will the assessment inform and how you will disseminate to inform the audience*		**Audience type**	**Dissemination**	
		x Strategic x Programmatic x Operational □ [Other, Specify]	**x** General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors)	
			x Cluster Mailing (WASH) and presentation of findings at next cluster meeting	
			x Presentation of findings (e.g. at HCT meeting; Cluster meeting)	
			x Website Dissemination (Relief Web & REACH Resource Centre)	
			□ [Other, Specify]	
Detailed dissemination plan required	□	Yes	x	No
General Objective		Provide updated information on WASH needs, gaps and priorities specifically of IDPs and host community population groups in pre-identified WASH priority districts with the aim of contributing to a more targeted and evidence-based humanitarian response		
Specific Objective(s)		• To provide an understanding of WASH needs, gaps, and priorities in famine and cholera priority districts with a high concentration of IDPs, and how these needs vary between the assessed districts and population groups. • To analyse differences, if any, between the knowledge, attitude and practices of the IDP population and the host community residents[1] of assessed districts. • To provide the WASH Cluster with integrated support in terms of assessment and information management throughout the Humanitarian Program Cycle (HPC), in order for the Cluster to fulfill its key functions with a stronger evidence-based approach. • To complement the Multi Cluster Location Assessment (MCLA)[2] with robust data at household level specifically targeted towards the needs of the Yemen WASH Cluster (YWC) • To analyse gender-specific trends in water, hygiene and sanitation needs, knowledge, attitude and practices through Key Informant Interviews (KIIs).		
Research Questions		• What are the priority WASH-related needs among IDP and host community households in assessed districts? • What, if any, are the differences in needs between host communities and IDPs in districts that have been prioritized for famine and cholera intervention? • What are the knowledge, attitude and practices of IDPs and host community in districts that have been prioritized for famine and cholera intervention?		

[1] For the purpose of this research, "host community" refers to the non-displaced population within the assessed districts, where IDPs constitute 8% or more of the total district population.

[2] The Multi Cluster Location Assessment is a nationwide multi-cluster needs assessment led by IOM, OCHA, UNHCR and REACH, covering six population groups (IDPs, returnees, refugees, migrants, host community and non-host community).

	• What are the main coping mechanisms to adjust for lack of access to water and sanitation facilities? • What is the level of awareness of IDPs and host communities in regards to WASH related practices? • What kind of assistance, if any, have IDP and host community households received in the six months prior to data collection? • What are the challenges faced by the population in general, and how have these challenges been exacerbated by the breakdown in WASH services? • What is the difference in challenges faced by men/women? • How is menstrual hygiene managed? What are the current practices of women in regards to MHM?
Geographic Coverage	All districts in Yemen with an IDP population of 8% or more of the total population, that have also been identified by the WASH Cluster as: cholera priority (14 districts), famine priority (21 districts), both cholera and famine priority (6 districts). Total: 41 districts.
Secondary data sources	• 2018 Yemen Cholera Contingency Plan – provided by WASH Cluster Coordination, for lists of priority cholera and famine districts, which have been updated this year. • 2018 WASH Cluster Strategic Operational Framework • IOM DTM Data from April/May 2018 • Humanitarian Data Exchange – Yemen CSO 2017 Population Projects by Governorate and District https://data.humdata.org/dataset/yemen-cso-2017-population-projections-by-governorate-district-sex-age-disaggregated

Population(s) *Select all that apply*	□	IDPs in camp	□	IDPs in informal sites
	X	IDPs in host communities	□	IDPs [Other, Specify]
	□	Refugees in camp	□	Refugees in informal sites
	□	Refugees in host communities	□	Refugees [Other, Specify]
	X	Non-displaced (hosting)	□	Non-displaced (not hosting)
	□	Returnees		

Stratification *Select type(s) and enter number of strata*	X	Geographical: 41 districts Population size per strata is known? X Yes □ No	□	Group: Host community Population size per strata is known?	□	Group: IDPs in host community Population size per strata is known?

				X Yes □ No		X Yes □ No
Data collection tool(s)	X	Structured (Quantitative)			X	Semi-structured (Qualitative)
		Sampling method		**Data collection method**		
Structured data collection tool # 1 *Select sampling and data collection method and specify target # interviews* ***If more than 2 structured tools please duplicate this row and complete for each tool.***	□ Purposive **x Probability / Simple random** □ Probability / Stratified simple random □ Probability / Cluster sampling □ Probability / Stratified cluster sampling □ [Other, Specify]			□ Key informant interview (Target #):_ _ _ _ _ □ Group discussion (Target #):_ _ _ _ _ **x Household interview (Target #): 8283 HH** □ Individual interview (Target #):_ _ _ _ _ □ Direct observations (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _		
Semi-structured data collection tool (s) # 1 *Select sampling and data collection method and specify target # interviews*	**X Purposive** □ Snowballing □ [Other, Specify]			**X Key informant interview (Target #): 82 KIIs (2 per each of the 41 assessed districts)** □ Individual interview (Target #):_ _ _ _ _ □ Focus group discussion (Target #): □ [Other, Specify] (Target #):_ _ _ _ _		
Data management platform(s)	x	IMPACT		X	UNICEF	
Expected output type(s)	□ Situation overview #: _ _	X	Report #: 1	□	Profile #: _ _	
	X Presentation (Preliminary findings) #: 1	X	Presentation (Final) #: 1	□	Factsheet #: _ _	
	□ Interactive dashboard #:_	□	Webmap #: _ _	□	Map #: _ _	
	□ [Other, Specify] #: _ _					
Access	X	Public (available on REACH resource center and other humanitarian platforms)				
	□	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)				
Visibility *Specify which logos should be on outputs*	*REACH, WASH Cluster*					

2. Rationale

2.1 Rationale

Yemen is facing one of the world's worst water crises, as deteriorating Water, Hygiene and Sanitation systems (WASH) contributed to the cholera outbreak in 2017. Cyclone Mekunu – which made landfall in coastal areas of Yemen in late-May 2018 – has further stretched these systems. According to the Humanitarian Needs Overview (HNO) 2018, "currently 222 districts, or **11.6 million people are considered in acute need of WASH assistance** as compared to 160 districts or 7.3

million people in the last consolidated analysis of needs". While the humanitarian response has been launched by WASH Cluster members, piecing together quality information to properly inform programmatic needs remains challenging.

The Yemen WASH Cluster Strategic Operational Framework (SOF, 2018) outlines that programmatic interventions "must be based on assessments which identify the most vulnerable population and needs". For this reason, the WASH Cluster identified three priority district lists, in addition to the WASH Severity Score, to complement response approaches: WASH response for IDPs and returnees, WASH cholera preparedness and prevention, and WASH response as part of integrated famine risk reduction (IFRR). Poor water and sanitation systems are one of the leading underlying causes of cholera and malnutrition in Yemen; in fact, according to the HNO 2018, half of all malnutrition cases in the country were associated with WASH related infections.

In this context, the Yemen Assessment Working Group and the WASH Cluster identified serious information gaps in WASH data to inform programming and strategic planning. To address this, the WASH Cluster requested the assistance from REACH to coordinate a WASH Assessment. A tool (questionnaire) was developed by REACH, and approved by SAG (Strategic Advisory Group) members in May 2017. In June 2018, REACH, alongside WASH Cluster Coordination, agreed that priority district lists, taken from the WASH Cluster's Strategic Operational Framework, would serve as the basis for the assessment, as these would help report significant differences, if any, between districts that have been prioritized for famine intervention and those that have been prioritized for cholera intervention. Furthermore, only those cholera and famine priority districts will be assessed where IDPs constitute 8% or more of the total population.[3]

3. Methodology

3.1. Methodology Overview

The assessment will have both a quantitative and a qualitative component. Data will be collected through randomly selected household interviews in all districts with a high proportion of IDPs (8% or more of the total population), which are also included in the famine and cholera priority districts lists of the WASH Cluster. Both IDPs and host community members will be interviewed for this assessment. Data will be collected by WASH Cluster partners.

3.2. Secondary Data Collection

For famine and cholera priority district lists, the Yemen Cholera Contingency Plan April/May 2018, provided by the WASH Cluster, will be used. These lists will be used because they include the names of districts that have been prioritized for famine and / or cholera intervention, as defined by the cluster.

To compute sample sizes, IOM data will be used for population figures.

3.3. Population of Interest

The 16th Report on Displacement of the Task Force on Population Movement (TFPM) highlighted that WASH is amongst the top priority needs of IDPs, returnees and host communities. For the purposes of this assessment, and due to limited operational capacity, the focus will be on IDPs and the host community population, as per consultation with WASH Cluster Coordination.

3.4. **Unit of Analysis**

The assessment will be a carried out at household level in 41 districts. Households were selected as the unit of analysis to provide a better insight into the needs of families across districts and population groups. Households are also commonly used as the unit of analysis in beneficiary selection criteria for WASH response.

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[3] The 8% threshold is the minimum of the range for a severity score of 3 on the HNO on the indicator regarding IDP prevalence, which is understood as high enough to be significant for prioritization and low enough to avoid being restrictive.

3.5. Data Collection - District Selection

In close consultation with the WASH Cluster, the districts to be assessed were selected based on the criterion that they hosted a significant proportion of IDPs and were considered a priority for famine and cholera responses by the 2018 Yemen Cholera Contingency Plan. These three requirements mirror the Yemen WASH Cluster's Strategic Operation Framework prioritization criterion.

The first selection criteria was a proportionately large IDP population. Districts where IDPs comprise more than 8% of the population were considered as hosting proportionately large IDP populations. The proportion of IDPs per-district was calculated using IoM DTM data from April/May 2018. The 8% threshold was determined by IoM and REACH, and is based on the fact that an 8% IDP population proportion is the minimum value for a severity score of 3 regarding IDP prevalence, as construed as an indicator for the WASH HNO. In short, this threshold is high enough for prioritization and low enough to avoid being restrictive. Twenty six percent (26%) of districts were found to have IDP population proportions of 8% of more, out of all 333 districts in Yemen.

Among districts with proportionately large IDP populations, two further criteria were applied and used for categorization. First, a district must be listed as a priority district for famine and/or cholera response on the 2018 Yemen Cholera Contingency Plan, a document provided by WASH Cluster Coordination. This resulted in a total of 41 districts, which were then categorized according to their status as a priority district in regards to cholera, famine, or both.

High Priority Group	Total # of Districts	% of Districts
Districts with 8%+ IDP population proportions and classified as a priority district for cholera response	14	34%
Districts with 8%+ IDP population proportions and classified as a priority district for famine response	21	51%
Districts with 8%+ IDP population proportions and classified as a priority district for both cholera *and* famine responses	6	15%
Total	41	100%

3.5.1.   Primary Data Collection

Primary quantitative and qualitative data collection will take place over an estimated 20 working days using teams from WASH Cluster member organizations.

3.5.2.   Sampling

Primary data collection will take place via household surveys at district level. Sample sizes will be determined based on the most current, reliable information available at the start of the assessment in each district. Host and IDP population statistics were obtained form OCHA's Humanitarian Data Exchange 2018 Population Projections and IoM's DTM IDP statistics produced in April and May 2018. Household-level statistics were calculated by dividing the population statistics by 6.7, the most recent (2017) UN average Yemeni household size estimate[4].

Household sampling will be conducted to produce a random, representative sample of two target groups – IDPs and host community. A random sample of 8,238 households will allow the generation of results that are generalizable for each population group (HC/IDPs) within the district with a 95% level of confidence and a 10% margin of error.[5]

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[4]http://www.un.org/en/development/desa/population/publications/pdf/ageing/household_size_and_composition_around_the_world_2017_data_booklet.pdf
[5] See Annex 1

Surveyed households will be identified by a household selection methodology successfully applied by REACH in several other contexts, which is defined in the following five steps: 1.) Data collection team meets at center of the location, 2.) Each enumerator spins a pen and starts walking outwards from the center (i.e. towards the outer boundaries of the location) in the direction indicated by the pen, 3.) While walking on that path, each enumerator counts either the number of HHs or the number of minutes it takes him/ her to reach the outer perimeter the location (i.e. where there are no more HHs), 4.) Once at the end, the enumerator determines the threshold of which HH to survey by dividing the # of HHs or time taken by his/ her target # of surveys to complete, and 5.) The enumerator then walks back towards the centre, and on the same path as before, interviews every nth HH (as determined by the formula in step 4 above) till his/ her target is met.

3.5.3.   Qualitative data collection

Key Informant Interviews (KIIs) will serve to contextualize household-level data by analysing differences in WASH needs, if any, from a gender perspective. Two KIIs will be carried out per district, one male and one female for each of the assessed districts, for a total of 82 KIIs. KIIs will be selected based on their knowledge on WASH related practices of community members at the district-level (community leaders, NGO workers, etc). Given the time and operational constraints some KIIs could be interviewed directly over the phone. REACH will ensure that the questionnaire can easily be converted into Kobo form, so as to facilitate work done by partners, and data analysis.

3.5.4.   Data Cleaning and Quality

At the end of each data collection day or as soon as internet availability allows it, (or after each interview for the qualitative component), the forms will be uploaded to the Kobo server, after which the datasets will be merged, cleaned and uploaded to the REACH/IMPACT server on a daily basis. REACH Assessment Officer will be in close contact with Field Coordinators from partner organizations to provide feedback on the quality of the data, and whether any adjustments have to be made. The surveys will be downloaded in .xls format as one dataset. REACH will be in charge of cleaning the data, identifying outliers and logical inconsistencies, logging deleted entries and value changes. If a record (survey) has more than three mistakes, the entire record will be deleted from the dataset. After all dataset are cleaned, the raw and cleaned dataset, along with the data cleaning log, will be saved and stored in a clearly labelled folder (see data management plan)

3.4. Data Processing & Analysis

In collaboration with the WASH Cluster Technical Assessment Working Group (TAWG), REACH will lead in the provision of quantitative data analysis, using tools such as SPSS, STATA and / or Excel, while also following up with data collection agencies to clarify details where necessary.

Data that will feed into HNO Yemen 2019 indicators will be given the priority in the analysis process, and shared by September 30th with the WASH Cluster.

During the analysis, stastical tests will be run and any differences between groups (cholera, famine, both) will be reported. All findings will be representative at district level.

4. Roles and responsibilities

The table below provides a breakdown of the roles of each organisation within the research cycle. In several stages of the research cycle, tasks will be split between multiple agencies.

Table 2: Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed

Data Collection Tool design	REACH AO	REACH AO, CFP	REACH HQ, TAWG, GWC YWC
Data Collection Plan (sampling)	REACH AO	REACH AO, CFP, Participating Partners	REACH HQ, TAWG, GWC YWC
Supervising data collection	REACH, Participating Partners	REACH AO, Participating Partners	Participating Partners, REACH AO YWC
Data processing (checking, cleaning)	REACH, Participating Partners	REACH AO, Participating Partners	TAWG, REACH HQ, GWC YWC
Data analysis	REACH AO	REACH AO, CFP	GWC, YWC, REACH HQ
Output Production	REACH AO	REACH AO, CFP	YWC, REACH HQ, GWC
Dissemination of Public Study	REACH, YWC	REACH, YWC	Participating Partners, REACH HQ
Monitoring & Evaluation of Public Study	REACH CFP	REACH CFP	REACH HQ YWC
Lessons learned	REACH AO	REACH AO	REACH HQ YWC

5. Data Management Plan

Administrative Data			
Research Cycle name	*1806*		
Project Code	*XX*		
Donor	*OFDA*		
Project partners	*REACH, Yemen WASH Cluster*		
Research Contacts	*Nara Gonzalez (nara.gonzalez@reach-initiative.org)*		
Data Management Plan Version	*Date:30/06/2018*		*Version:1*
Related Policies	*NA*		
Documentation and Metadata			
What documentation and metadata will accompany the data? *Select all that apply*	X	Data analysis plan	X	Data Cleaning Log, including: □ Deletion Log □ Value Change Log
	X	Code book	□	Data Dictionary
	□	Metadata based on HDX Standards	□	[Other, Specify]
Ethics and Legal Compliance			
Which ethical and legal measures will be taken?	X	Consent of participants to participate	□	Consent of participants to share personal information with other agencies
	X	No collection of personally identifiable data will take place	□	Gender, child protection and other protection issues are taken into account

	X	All participants reached age of maturity		[Other, Specify]
Who will own the copyright and Intellectual Property Rights for the data that is collected?		*REACH, Yemen WASH Cluster*		

Storage and Backup				
Where will data be stored and backed up during the research?	□	IMPACT/REACH Kobo Server	□	Other Kobo Server: *[specify]*
	□	IMPACT Global Physical / Cloud Server	X	Country/Internal Server
	X	On devices held by REACH staff	□	Physical location *[specify]*
	X	[Other, Specify] With Participating Partners		
Which data access and security measures have been taken?	□	Password protection on devices/servers	X	Data access is limited to *REACH staff*
	□	Form and data encryption on data collection server		
	□	[Other, Specify]		

Preservation				
Where will data be stored for long-term preservation?	□	IMPACT / REACH Global Cloud / Physical Server	□	OCHA HDX
	X	REACH Country Server	X	Other, with Participating Partner's information management team

Data Sharing				
Will the data be shared publically?	X	Yes	□	No, only with mandating agency / body
Will all data be shared?	X	Yes	□	No, only consolidated data will be shared
	□	No, [Other, Specify]		
Where will you share the data?	X	REACH Resource Centre	□	OCHA HDX
	□	Humanitarian Response	□	[Other, Specify]

Responsibilities	
Data collection	*Participating Partners*
Data cleaning	*REACH, with support from Participating Partners*
Data analysis	*REACH, with support from Selected Participating Partner(s)*
Data sharing/uploading	*REACH and YWC*

6. Monitoring & Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products	# downloads of report from Resource Center	Country request to HQ	User_log	X Yes
		# downloads of report from Relief Web	Country request to HQ		X Yes
	Number of individuals accessing IMPACT services/products	# page clicks on report from REACH global newsletter	Country request to HQ		X Yes
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	Document to be tracked: Yemen HNO 2019 YWC Strategies YWC Member Outputs
		# references in single agency documents			
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback *and* Usage_Survey template	Usage survey to be distributed to members of the YWC in November 2018, targeting feedback from 20 partners
		Perceived usefulness and influence of IMPACT outputs			
		Recommendations to strengthen IMPACT programs			
	Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Perceived capacity of IMPACT staff			
		Perceived quality of outputs/programs			
		Recommendations to strengthen IMPACT programs			
Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs *(providing resources, participating to presentations, etc.)*	Organisations providing resources (i.e. staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement_log	X Yes
		# of organisations/clusters inputting in research design and joint analysis			X Yes
		# of organisations/clusters attending briefings on findings;			X Yes

7. Data Analysis Plan

Research Question	Survey IN #	Indicator / Variable	Questionnaire Question	Questionnaire Responses	Data collection method
What are the priority WASH-related needs among IDP and host community households in assessed districts? What, if any, are the differences in needs between host communities and IDPs in districts that have been prioritized for famine and cholera intervention?	W.1	Proportion of households having access to an Improved Water Source in the 30 days prior to the assessment	What water source did your household have access to in the last 30 days? (select all that apply)	Piped water into compound, piped water connected to public tap, borehole, protected well, protected rainwater tank, protected spring, bottled water, water trucking, illegal connection to piped network, unprotected rainwater tank, unprotected spring, surface water, other, unprotected well, I don't know	Household Survey
What are the knowledge, attitude and practices of IDPs and host community in districts that have been prioritized for famine and cholera intervention?;	W.1.1.	Proportion of households using an Improved Water Source for drinking as a main water source in the 30 days prior to the assessment	What water source did your household use the most for drinking in the last 30 days? (select one)	Piped water into compound, piped water connected to public tap, borehole, protected well, protected rainwater tank, protected spring, bottled water, water trucking, illegal connection to piped network, unprotected rainwater tank, unprotected spring, surface water, other, unprotected well, I don't know	Household Survey
What are the knowledge, attitude and practices of IDPs and host community in districts that have been prioritized for famine and cholera intervention?;	W2	Proportion of households using an Improved Water Source for drinking in the 30 days prior to the assessment	Did your household use other sources of water for drinking in the last 30 days?	Yes, No, I don't know	Household Survey
What are the knowledge, attitude and practices of IDPs and host community in districts that have been prioritized for famine and cholera intervention?;	W.2.1.	Proportion of households using an Improved Water Source for drinking in the 30 days prior to the assessment	What other water sources for drinking did you use in the last 30 days? (select all that apply)	Piped water into compound, piped water connected to public tap, borehole, protected well, protected rainwater tank, protected spring, bottled water, water trucking, illegal connection to piped network, unprotected rainwater tank, unprotected spring, surface water, other, unprotected well, I don't know	Household Survey

What are the knowledge, attitude and practices of IDPs and host community in districts that have been prioritized for famine and cholera intervention?	W3	Proportion of households using an Improved Water Source for purposes other than drinking in the 30 days prior to the assessment	What water source did your household use the most in the last 30 days for other purposes such as washing and cooking? (select one)	Piped water into compound, piped water connected to public tap, borehole, protected well, protected rainwater tank, protected spring, bottled water, water trucking, illegal connection to piped network, unprotected rainwater tank, unprotected spring, surface water, other, unprotected well, I don't know	Household Survey
What are the priority WASH-related needs among IDP and host community households in assessed districts? What, if any, are the differences in needs between host communities and IDPs in districts that have been prioritized for famine and cholera intervention?	W4	Proportion of households reporting issues relating to taste, appearance or smell in main water source	Did you have any issue relating to taste, appearance or smell of your main water source for drinking in the last 30 days?	Yes, No, I don't know	Household Survey
What are the priority WASH-related needs among IDP and host community households in assessed districts? What, if any, are the differences in needs between host communities and IDPs in districts that have been prioritized for famine and cholera intervention?	W.4.1	Issues relating to taste, appearance or smell of HH's most commonly used water source for drinking	What were the issues relating to taste, appearance or smell of your main water source for drinking in the last 30 days?	Bad taste, bad appearance, bad smell, other	Household Survey
What are the knowledge, attitude and practices of IDPs and host community in districts that have been prioritized for famine and cholera intervention?;	W5	Proportion of households treating their drinking water	Do you use any methods to treat your drinking water for better quality?	Yes, No, I don't know	Household Survey
What are the knowledge, attitude and practices of IDPs and host community in districts that have been prioritized for famine and cholera intervention?;	W.5.1	Main ways to treat drinking water, as reported by households treating their drinking water	How do you treat your drinking water?	Boil the water; use chlorine tablets, powder or liquid; use filter; other; I don't know	Household Survey
What are the knowledge, attitude and practices of IDPs and host community in districts that have been prioritized for famine and cholera intervention?;	W.5.2	Reasons why households are not treating their drinking water	Why don't you treat your drinking water?	There is no need as I feel the water I collect is clean and does not need to be treated; We don't have materials for water purification/treatment; I don't know any treatment methods; I don't have the time; I don't know; Other	Household Survey
What are the priority WASH-related needs among IDP and host community households in assessed districts? What, if any, are the	W6 / W7 / W8	Proportion of households accessing an adequate/sufficient quantity of water (15l/p/d as per Sphere standard)	How many different containers did you use to collect and/or store water in the last week? Record containers one by one in a table that	Number	Household Survey

differences in needs between host communities and IDPs in districts that have been prioritized for famine and cholera intervention?			includes volume of container and number of times it was filled.		
What are the priority WASH-related needs among IDP and host community households in assessed districts? What, if any, are the differences in needs between host communities and IDPs in districts that have been prioritized for famine and cholera intervention?	W9	Proportion of households reporting to have enough water to meet household needs	Did you have enough water in the last 30 days to meet your household needs for drinking, cooking and washing?	Yes, No	Household Survey
What are the coping mechanisms to adjust for the lack of access to water and sanitation facilities?	W9.1	Main coping mechanisms reported to be used by households to cope for the lack of water	How did you adjust for the lack of water?	Reduce drinking water consumption; Reduce water consumption for hygiene practices (bathe less, etc); Reduce water consumption for HH purposes such as cleaning and washing dishes; Spend money usually spent on other things to buy water; Go fetch water to a farther water point than the usual one; Receive water on credit / Borrow water; Drink water usually used for cleaning or other purposes than drinking; Other (explain)	Household Survey
What are the knowledge, attitude and practices of IDPs and host community in districts that have been prioritized for famine and cholera intervention?;	W10	Time spent collecting water at main water point (travel time to fetch water at peak time)	How long does it take to go to your main water point, fetch water, and return (at peak time)?	Water source is located at property; 30 minutes or less; Between 30 minutes and one hour; Between 1 and 2 hours; More than 2 hours; Do not know	Household Survey
What are the priority WASH-related needs among IDP and host community households in assessed districts? What, if any, are the differences in needs between host communities and IDPs in districts that have been prioritized for famine and cholera intervention?	W11	Proportion of households for whom fetching water constitutes a problem	Do you feel the activity of fetching water (distance and queueing time) constitutes a problem for your household?	No problem; Distance is a problem; Queuing Time is a problem; Both distance and queuing time are a problem; Do not know	Household Survey
What are the priority WASH-related needs among IDP and host community households in assessed districts? What, if any, are the differences in needs between host communities and IDPs in districts that have been prioritized for famine and cholera intervention?	W.11.1	Most commonly reported problems associated with fetching water	What are the problems associated with fetching water?	Reduces time usually spent on other tasks; Prevents children from attending classes; Reduces amount of water accessible to household; Forces household to use closer, less desirable water sources; Other	Household Survey

What are the priority WASH-related needs among IDP and host community households in assessed districts? What, if any, are the differences in needs between host communities and IDPs in districts that have been prioritized for famine and cholera intervention?	S1	Proportion of households reporting to need one/multiple hygiene items in the last 30 days but could not find or afford	Was there one/multiple hygiene item you needed to procure in the last 30 days but could not find or afford?	Yes; No	Household Survey
What are the priority WASH-related needs among IDP and host community households in assessed districts? What, if any, are the differences in needs between host communities and IDPs in districts that have been prioritized for famine and cholera intervention?	S1.1	Most commonly needed hygiene items households are unable to afford	What item could you not access or afford? (select all that apply)	Bar of soap; Jerry can / bucket; Sanitary pads; Disposable diapers; Washing Powder; Washing Basin; Toothpaste; Toothbrush; Shampoo; Water treatment (for instance, water purification tablets); Other	Household Survey
What are the knowledge, attitude and practices of IDPs and host community in districts that have been prioritized for famine and cholera intervention?	S2	Proportion of households accessing/using a functioning latrine – and type of latrine	Do your household members have access to and use a functioning latrine? (select one)	All members have access to a functioning latrine; Only some members have access to a functioning latrine; No members have access to a functioning latrine; Don't know	Household Survey
What are the knowledge, attitude and practices of IDPs and host community in districts that have been prioritized for famine and cholera intervention?	S2.1	Proportion of households reporting to share their latrine with people other than household members	Is your latrine shared with people other than your household members?	Yes; No	Household Survey
What are the knowledge, attitude and practices of IDPs and host community in districts that have been prioritized for famine and cholera intervention?	S2.2	Proportion of households accessing/using a functioning latrine – and type of latrine	What type of latrine do your household members have access to?	Flush latrine to the open (unimproved); Flush latrine to a tank/sewer system/pit (improved); Pit latrine-covered/with slab (improved); Pit latrine-open/without slab (unimproved); Other (specify)	Household Survey
What are the priority WASH-related needs among IDP and host community households in assessed districts? What, if any, are the differences in needs between host communities and IDPs in districts that have been prioritized for famine and cholera intervention?	S2.3	Household members not having access to latrines	Please specify which members do not have access to the latrines	Women and girls; Children (aged under 17y/o); Men and boys; People with disability; Other	Household Survey
What are the priority WASH-related needs among IDP and host community households in assessed districts? What, if any, are the differences in needs between host	S23.1-5	Most common problems associated with latrines for households in which not all members have access	What is/are the problems that they face? (select all that apply)	There is not enough facilities / too crowded; absence / insufficiency of water; latrines are unclean / unhygienic; lack of privacy / no separation between men and	Household Survey

communities and IDPs in districts that have been prioritized for famine and cholera intervention?				women; It is not safe (no door, no lock, etc); Cesspit is full; Pipes are blocked; Connection to sewage blocked; Structure is damaged; Other	
What are the priority WASH-related needs among IDP and host community households in assessed districts? What, if any, are the differences in needs between host communities and IDPs in districts that have been prioritized for famine and cholera intervention?	S3	Proportion of households reporting visible wastewater in the vicinity (30 meters or less) in the 30 days prior to the assessment	Was there visible wastewater in the vicinity (30 meters or less) of your house in the last 30 days?	No; There is sometimes visible wastewater in the vicinity of my household (1-2 times / month); There is often visible wastewater in the vicinity of my household (1-2 times / week); There is always visible wastewater in the vicinity of my household; Don't know	Household Survey
What are the knowledge, attitude and practices of IDPs and host community in districts that have been prioritized for famine and cholera intervention?	S4	Most common way for garbage disposal reported by households in the 30 days prior to the assessment	What is the most common way your household disposed of garbage in the last 30 days?	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; Garbage is left in public areas and not collected; Garbage is buried or burned; Other (Specify)	Household Survey
What are the priority WASH-related needs among IDP and host community households in assessed districts? What, if any, are the differences in needs between host communities and IDPs in districts that have been prioritized for famine and cholera intervention?	S4.1	Frequency of garbage collection reported by households in the 30 days prior to data collection	How frequently was garbage collected in the last 30 days?	More than once a week; Once a week; Once every two weeks; Once every month	Household Survey
What are the priority WASH-related needs among IDP and host community households in assessed districts? What, if any, are the differences in needs between host communities and IDPs in districts that have been prioritized for famine and cholera intervention?	S5	Proportion of households having handwashing facilities on site	Do you have handwashing facilities in your household?	Yes (saw the facilities); Yes (but did not see the facilities); No; I don't know	Household Survey
What are the knowledge, attitude and practices of IDPs and host community in districts that have been prioritized for famine and cholera intervention?	S6	Proportion of household having and using soap	Do you have soap in your household and use it?	Yes (saw soap); Yes (but did not see soap); No; I don't know	Household Survey
What are the priority WASH-related needs among IDP and host community households in assessed districts? What, if any, are the differences in needs between host	S6.1.	Reasons for households reporting not to have soap (Select one)	If no, why don't you have soap?	It is unavailable at the local market; We prefer a substitute (ex: ash); We are waiting for the next distribution; We ran out of soap; The market is	Household Survey

communities and IDPs in districts that have been prioritized for famine and cholera intervention?				too far; We cannot afford it; Soap is not necessary; Other	
What is the level of awareness of IDPs and host communities in regards to WASH related practices?	S7	Proportion of HH having received hygiene promotion in the last 30 days and/or washing their hands at minimum 3 of the 5 critical times (Select all that apply)	When was the last time you or a member of your household receive hygiene promotion messaging or training?	Less than three months ago, but more than a month ago; Less than six months ago, but more than three months ago; Less than one day ago; Less than one month ago, but more than a week ago; Less than one week ago, but more than a day ago; More than six months ago; I don't know	Household Survey
	S8		Please name specific activities before or after which you wash your hands with soap or soap substitute	I never wash my hands; When my hands are dirty; Before preparing food; After defecating; Before prayer; Before eating; Before feeding the baby; After eating; After disposing of baby's faeces; Other	
What is the level of awareness of IDPs and host communities in regards to WASH related practices?	S8.1.	Frequency for having received hygiene promotion messaging or training	How often in the last year have you or a member of your household received hygiene promotion messaging or training?	Every six months; Every three months; Every two weeks; Monthly; One visit in the last year; Weekly; I don't know	Household Survey
What kind of assistance, if any, have IDP and host community households received in the six months prior to data collection?	S9	Proportion of HH that receive assistance and type of assistance received	Did you or a member of your household receive any of the following types of WASH assistance in the last six months?	Received support for the construction or maintenance of water and/or sanitation facilities; Received support for solid waste collection and disposal; Received safe drinking water through free access to water trucking; Received water containers for safe water transport/storage at household level; Received chlorine tablets or other water disinfecting agents for water treatment; Received basic/consumable hygiene kits; Other; Don't know	Household Survey
What are the challenges faced by men/women in your district in accessing WASH services in their districts?		Main challenges experienced by men/women in accessing water services	Overall, what do you feel are the main challenges experienced by men/women in your district in accessing water?		Key Informant Interview (KII)

What are the challenges faced by men/women in your district in accessing WASH services in their districts? How have these challenges been exacerbated by the breakdown in basic WASH services at the district level?		Impact of breakdown in basic WASH services on men/women's WASH related practices	What has been the impact of the breakdown in basic WASH services in the area on the men and women in the community? This may refer to tasks allocated to men/women, time spent to have access to WASH services, distance for accessing WASH services		Key Informant Interview (KII)
What are the challenges faced by men/women in your district in accessing WASH services in their districts?		Protection issues faced by men/women while accessing WASH services	Do men/women in your community face protection issues while accessing WASH services? If yes, what kind of protection issues, and what could be done to mitigate these risks?		Key Informant Interview (KII)
What are the challenges faced by men/women in your district in accessing WASH services in their districts?		Main challenges experienced by men/women in assessed district related to sanitation	Overall, what do you feel are the main challenges experienced by men/women in your district related to sanitation? This may refer to the reasons for not having access to a functioning latrine showers/bathtub. Challenges may include: no separation between latrines for men and for women, lack of safety (no lock, or no door), lack of cleanliness, long waiting times, not enough latrines.		Key Informant Interview (KII)
What are the challenges faced by women in your district in accessing WASH services in their districts? How have these challenges been exacerbated by the breakdown in basic WASH services at the district level?		WASH related challenges experienced by pregnant women	Do pregnant women experience any specific challenges during or after their pregnancy due to the breakdown in basic WASH services in the area? If yes, in which way?		Key Informant Interview (KII)
What are the coping mechanisms used to adjust for lack of access to water and sanitation facilities?		Coping mechanisms used by men/women in the district to adjust for lack of access to water	How do men/women in your district adjust to the lack of access to water?		Key Informant Interview (KII)

What are the coping mechanisms to adjust for lack of access to water and sanitation facilities?		Coping mechanisms used by men / women to adjust for lack of access to functioning latrines, shower/bathtubs	How do men/women in your district adjust to the lack of access to a functioning latrine, shower/bathtubs?		Key Informant Interview (KII)
How is menstrual hygiene managed? What are the current practices of women in regards to MHM?		Type of feminine hygiene products used by women	What do women in your community usually use to manage their menstruation? (i.e. disposable cloth, reusable cloth, disposable sanitary pad, reusable sanitary pad, tampon)		Key Informant Interview (KII)
How is menstrual hygiene managed? What are the current practices of women in regards to MHM?		Preferred way of managing menstruation	To your knowledge, what would women in your community prefer to use, if they were given the choice, as feminine hygiene product? (This can be the same answer as the previous question, or it can be different)		Key Informant Interview (KII)
How is menstrual hygiene managed? What are the current practices of women in regards to MHM?		Hygiene practices on reusable cloths and / or reusable sanitary pads	To your knowledge, when using reusable cloths or reusable sanitary pads: How are such cloths washed (soap and water)? How are they dried (on a washing line, do they dry properly)? How are they eventually disposed of (garbage can, incinerated)?		Key Informant Interview (KII)
How is menstrual hygiene managed? What are the current practices of women in regards to MHM?		Social norms and expectations regarding MHM	What are the social norms and expectations regarding the above?		Key Informant Interview (KII)
How is menstrual hygiene managed? What are the current practices of women in regards to MHM?		Access to MHM products	How do women in your community usually have access to menstruation management products? Do they face any issues in having access to these products? If yes, what kind of issues?		Key Informant Interview (KII)
How is menstrual hygiene managed? What are the current		Impact of menstrual cycle on adolescent girls	Do you know if adolescent girls in your community feel comfortable using the school's toilets during their menstrual cycle? If no, why? If no, how does		Key Informant

practices of women in regards to MHM?			it impact the adolescent girl's behaviour in the community?		Interview (KII)

Annex 1

Household counts and expected sample size by location for a confidence level of 95% with a 10% margin of error :

District	Governorate	Priority Group	Host HHs	IDP HHs	Host Samples	IDP Samples	Total Samples
Al Jafariyah	Raymah	Cholera	14067	1340	105	99	204
Al Maslub	Al Jawf	Cholera	2086	393	101	85	186
Al Maton	Al Jawf	Cholera	5427	932	103	96	199
Al Miftah	Hajjah	Cholera	7354	665	105	92	197
Arhab	Sana'a	Cholera	16980	1747	105	100	205
Az Zahir	Al Jawf	Cholera	4782	448	103	87	190
Iyal Surayh	Amran	Cholera	9607	791	105	95	200
Kharif	Amran	Cholera	8280	1166	105	98	203
Kushar	Hajjah	Cholera	16267	2361	105	101	206
Marib	Marib	Cholera	8333	977	105	96	201
Marib City	Marib	Cholera	7400	751	105	94	199
Qarah	Hajjah	Cholera	6771	961	105	96	201
Wald Rabi'	Al Bayda	Cholera	3911	615	103	91	194
Washhah	Hajjah	Cholera	13609	3964	105	103	208
Abs	Hajjah	Famine	29541	9898	106	105	211
Al Abr	Hadramaut	Famine	722	599	94	91	185
Al Hashwah	Sa'ada	Famine	3445	673	102	92	194
Al Ma'afer	Taizz	Famine	22556	2560	106	102	208
Al Maqatirah	Lahj	Famine	10974	1221	105	98	203
Al Qabbaytah	Lahj	Famine	19500	2021	106	101	207
Ash Shamayatayn	Taizz	Famine	30337	4189	106	103	209
At Ta'iziyah	Taizz	Famine	40060	7321	106	105	211
Ataq	Shabwah	Famine	7346	637	105	91	196
Bani Dhabyan	Sana'a	Famine	3059	1419	102	99	201
Bani Sa'd	Al Mahwit	Famine	12616	1157	105	98	203
Bani Suraim	Amran	Famine	5886	595	103	91	194
Dhi Bin	Amran	Famine	5683	662	103	92	195
Dimnat Khadir	Taizz	Famine	22697	4279	106	103	209
Khanfir	Abyan	Famine	21852	2876	106	102	208
Majz	Sa'ada	Famine	16318	1412	105	99	204
Mudhaykhirah	Ibb	Famine	15508	1525	105	99	204
Saqayn	Sa'ada	Famine	12569	3337	105	102	207
Shara'b As Salam	Taizz	Famine	21965	2128	106	101	207
Tuban	Lahj	Famine	18225	2894	106	102	208
Zingibar	Abyan	Famine	5160	1024	103	97	200

Aslem	Hajjah	Both	11720	2204	105	101	206
Hayran	Hajjah	Both	3429	1337	102	99	201
Khamir	Amran	Both	13164	1657	105	100	205
Kitaf wa Al Boqe'e	Sa'ada	Both	10297	903	105	96	201
Manakhah	Sana'a	Both	14817	1891	105	100	205
Mustaba	Hajjah	Both	9319	4237	105	103	208
Total Sample (including buffer)							**8283 HH**