



Provision of Integrated Health, Nutrition, and WASH Responses
to effected Displaced People and Host Community in Raghwan
District Marib governorate

Multisectoral needs assessment Report

Implemented by
National Foundation for Development and Humanitarian Response
(NFDHR)
MEAL Department

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1. Executive summary:

NFDHR has conducted an H&N need assessment from 2022/12/11-8 in Raghwan District, in Marib governorate, with a population of 2000 individuals. The survey aimed to assess the current situation of H&N gaps in Raghwan District, where primary and secondary health care services and facilities that deliver these services are in total collapse. The conflict, and the economic deterioration, resulting in disturbance the of the operating resources, and IDPs loads on the services in Marib contributed to this catastrophe.

Raghwan District was selected as the living conditions in IDP sites are below standard. addition to looking at these urgent and emergency needs of displaced people and host communities. this district is considered to be under-served IDPs settlements living in camps and spontaneous settlements and people living in catastrophic food insecurity and malnutrition situation and hunger are areas with the highest severity of needs are in a context where most of the people face immediate risk of famine or avoidable diseases.

This district has severe humanitarian needs, and it's considered to be one of the poorest districts with economic resources. The district was an under-served, rural district and when the conflict involved the district in the last years, the district faced huge pressure on the services which were already scarce. As a result, they suffered from inadequate health and nutrition services. Now many IDPs camps are not served with health and nutrition services. And the health facilities are closed or partially functioning. The IDPs have very limited access to health and nutrition services that fulfill their needs due to support and operational constraints. Which in turn leads to increased mortality and morbidity of diseases that lead to increased famine and hunger and more consequences.

The data of this need assessment was gathered via questionnaires, key informants' discussions in Raghwan District.

This report of the need assessment presents the methodology of the assessment, key findings, and recommendations. Key findings have indicated a gap in multiple

health and nutrition services, according to the MoPHP goals of intervention activities. Those indicators are as follows:

- The district's health and nutrition status.
- HF's served populations (IDPs and HCs)
- The health facility's operational status. (Fully operational- partially operational -closed).
- # of primary health care services provided in the HFs.
- # of HWs & staff available and the gap needed.
- # of SAM and MAM cases until dec 2022.
- HFs WASH and rehabilitation needs.
- The need for essential medical equipment and furniture to deliver H&N services.
- The availability of free essential medications in the HFs.

In regards to WASH the aim of the assessment is to assess the current situation of WASH needs, especially those who are in displacement and underserved areas with a high severity of needs and are facing an immediate risk of famine and diseases at Raghwan District – Marib governorate.

The plan was initiated by building and preparing the WASH assessment tools, cluster suggested methodology, general information about the target district, and the other requirements. These needs assessment involved systematic gathering and analyzing of information relating to the needs, the assessment team targeted diverse women, men, girls, and boys of all age.

The main source of water for domestic and drinking for Alkaramah IDPs collective site Raghwan District, comes through aid with a percentage of %93.%89 of IDPs at Alkaramah IDPs collective site doesn't collect enough water for their daily usage due to lack of water containers, the water source is very far and water trucking isn't affordable. The results also show that %67 of interviewee defecate outdoor as %40 of them confirmed that lack of water is the main reason,%49 said they don't have latrine and %11 of respondents said children do defecate outdoor.

2. Background and humanitarian situation:

After 8 years of conflicts in Yemen, the delivery of primary and secondary health services continues to deteriorate in the country. More than half of the population is facing acute levels of food insecurity with nearly 50,000 people in famine-like conditions, while another 5 million vulnerable people are just one step away from famine. Cases of acute malnutrition among children under five are the greatest ever recorded. Preventable disease is pervasive, and morbidity and mortality are increasing.

Hostilities in Ma'rib continued to intensify as frontlines remained active, particularly across the eastern of Ma'rib city. Civilians are bearing the brunt of sustained hostilities, which show little sign of easing. The number of people displaced by the conflict so far this year stands at over 3,353 households (23,471 people). This brings the number of people displaced since the start of hostilities in January 2020 to 22,068 households. In total, local authorities estimate that some 1 million people are currently displaced across the governorate. Health concerns amongst IDPs and host communities are so prevalent. The main morbidity observed in Raghwan District is related to respiratory infections, and severe and moderate acute malnutrition cases in IDP sites.

More generally, primary healthcare support needs are also around watery and bloody diarrhea, gastrointestinal diseases, chest infections, malaria, dengue fever, skin diseases, and chronic diseases as diabetes, and hypertension. This inability to move in and out has limited the delivery of life-saving aid and prevented the sick and wounded from receiving medical care. Large-scale displacement has increased the number of women requiring emergency reproductive health services. 45% of IDPs with no access to health services.

3. The assessment objectives:

The overall objective was to assess the multi-sectoral needs of the beneficiaries on WASH, health and nutrition and not only aim at conducting the gaps filling or

addressing approach but instead tailoring a complement integrated multi-sectoral intervention that can comprehend thorough needs of vulnerable groups in the targeted district and leave tangible results gauged by the improvement of the living conditions of the beneficiaries and reduce the deterioration of their lives.

4. Methodology and approach:

The plan was initiated by building and preparing assessment tools, cluster suggested methodology, general information about the target district, and the other requirements. These needs assessment involved systematic gathering and analyzing of information relating to the needs, the assessment team targeted diverse women, men, girls, and boys of all age at the IDPs collective site. The team ensured the coordination with all relevant parties and local authorities.

Need assessment included:

1. Focus group discussions.
2. Random BNFs data collection.

The data were collected using multi sectoral questionnaire forms and then, it was automated by using KOBO Toolbox by NFDHR team at the office.

5. Key results and findings of the assessment:

5.1. Health and nutrition key findings:

5.1.1 Health situation status in in Raghwan district.

Conflict in Raghwan District leads to a surge of IDPs, especially in the eastern areas of the district It remained active during the last months and it returned to ease during the cease-fire period. Civilians are bearing the effect of continual conflicts. local authorities estimate that more than 1 million people are currently displaced across the governorate. The health situation is catastrophic, Many HFs are under pressure or closed their doors due to little support. Particularly, districts, IDPs, and host communities in these districts are suffering from a lack of health services.

Raghwan District is considered the most rural district of the Marib governorate. The population of the district is approximately 2000 citizens. Raghwan hospital serves 2000 IDPs and HC in Al-Jaw camp, Sahel camp, Asdas camp, Al-Smar camp, Al-Masajid camp, Al-Karama camps. The camp is hosting more than 2000 individuals. The only HF in the district is Raghwan hospital with no support. Many patients are looking for health services in Marib city, according to the health office, malnutrition is the number one disease in the district, especially among the IDPs followed by acute respiratory infections and then diarrhea.

5.1.2 HFs Served Population.

The assessment found that the targeted HF serves a mixed population of Host Community, IDPs, in scattered camps in the targeted district. Most of the IDPs in Raghwan district are found mostly in scattered camps in the district. The need assessment is recommended to reactivate the HFs to the optimum level for primary health care and provide services to a quite substantial number of beneficiaries.

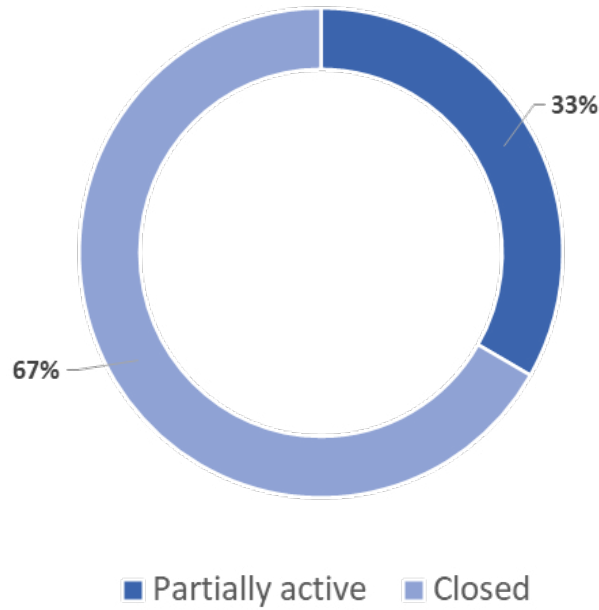
Raghwan district	
	Raghwan hospital
HF's Catchment IDPs	580
HF's Catchment HCs.	1420

5.1.3 Health facilities' operational status.

In the context of the HFs operation, the needs assessment searched for the operational status of the HFs and we found that the district has only about 3 HFs, two are closed and the only operating one is the hospital, which is partially operated. due to several reasons such as inadequate support, and in many cases the lack of medicines in the targeted district.

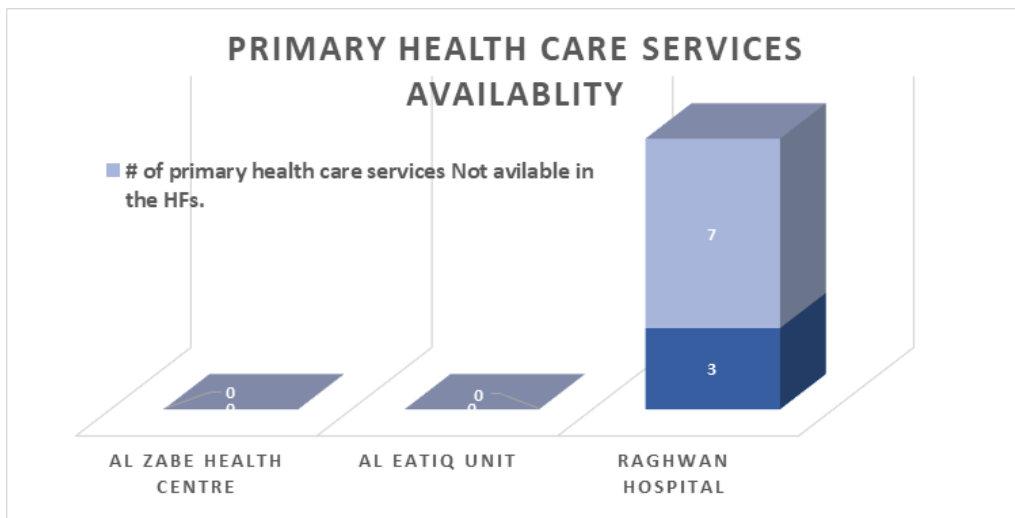
Marib Governorate			
	al zabe health centre	al eatiq Unit	Raghwan hospital
The health facility's operational status.	Closed	Closed	Partially active

operational status



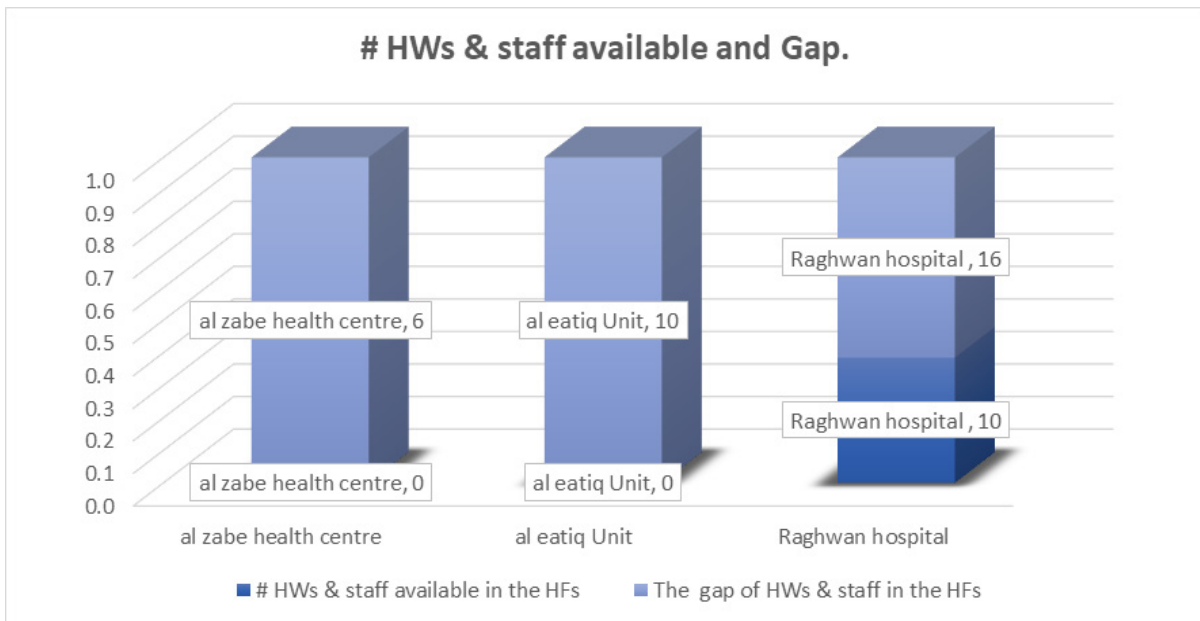
5.1.4 Of Primary Health Care Services Available in the HFs.

The figure below shows the number of primary healthcare services that are available in the targeted HF. For most of the targeted HFs, the hospital provides a maximum of 3 components available while the rest of the components are neglected. It reflects the disastrous situation for HFs and primary health care. Two of the targeted HFs are closed due to a conflict near the HF.



5.1.5 #Of HWs & staff available and the Gap.

The need assessment shows that most of the HFs are closed due to conflict. And the hospital is suffering from a low number of HWs and staff for several reasons. One of the main reasons is salaries, which is the main source of income for those workers and they cannot continue working in the hospital without it. And in many cases lack of medications and support to the hospital to operate which in turn leads to leaks of the HWs to the privet sector also, the security situation plays a huge part.



5.1.6: Number of SAM and MAM cases from July until the 2nd week of November 2021.

The need assessment showed that the hospital provided SAM management to children under 5 years of age. The number shown in the table below was taken from the records of the HFs in the targeted district. the numbers are not presenting the whole picture because there is a large number of children in levels 2 and 3 who are not being screened for malnutrition or reached by the outreach teams. So, this need assessment is recommended to include conducting outreach activities for those children in levels 2 and 3.

Marib Governorate			
	al zabe health centre	al eatiq Unit	Raghwan hospital
The number of SAM cases until dec 2022.	0	0	185
The number of MAM cases until dec 2022.	0	0	254

5.1.7 HFs WASH and Rehabilitation Needs.

Most of the hospital in the targeted district suffer from WASH and rehabilitation needs due to the old constructions. Also, some HFs affected by recurrent bombardments on the districts created cracks and falling of the windows, glasses, and doors.

HFs	HFs WASH and rehabilitation needs.
Raghwan hospital	Sewage and water supply network Maintenance + minor maintenance of handwashing sinks + doors and windows fixing +paintings of walls.

5.1.8: HFs need essential medical equipment and furniture to deliver H&N services.

The hospital is desperately in need due to the outdated and overused equipment and some rooms have no adequate equipment at all, the hospital did not receive any interventions before to support delivering the H&N services.

HFs	HFs need essential medical equipment and furniture to deliver H&N Services.
Raghwan hospital	The HU needs some basic equipment to the CeMONC department

5.1.9: The availability of free essential medications in the HFs to the patients.

The Raghwan hospital by the need assessment has a very low quantity of medication. Most of the patients in the district go back homes without medications and those who go the HFs go back home empty-handed or they get their treatment from commercial pharmacies in Marib city 30-20 km away, which adds more burden on the patient regarding the expenses and the distance, especially the district is rural areas and the nearest city is 30-20 km away.



Figure 1 IDPs interview during the need assessments



Figure 2 overview of the only functioning HF in the district



Figure 3 the bathrooms of the hospital conditions



Figure 4 water supply tanks that not functioning or supplying the community



Figure 5 the hospital interior condition



Figure 6 the hospital roofs conditions

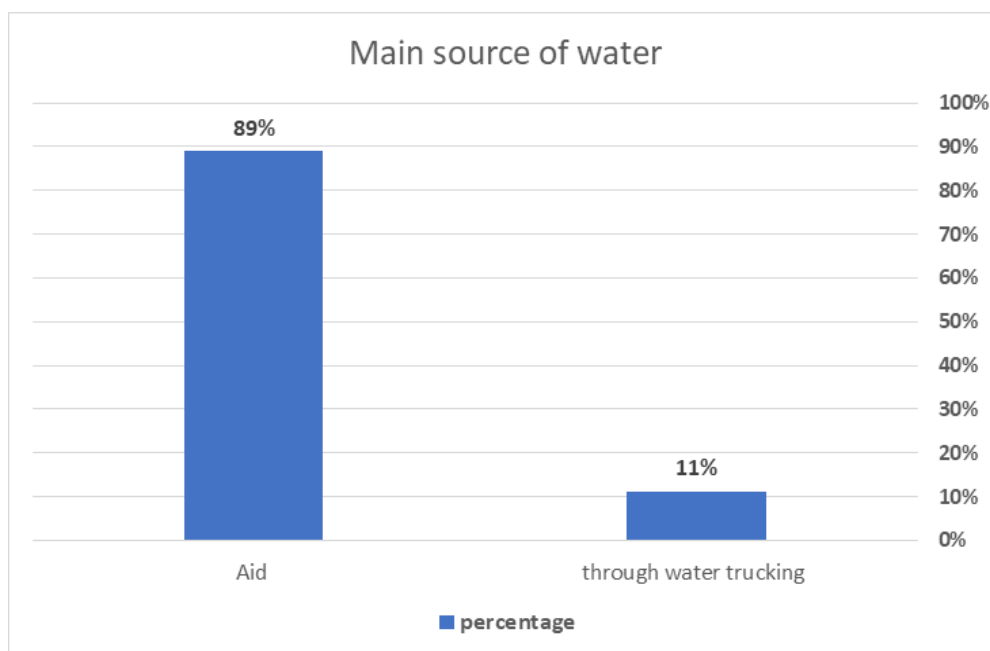
5.2. Water Sanitation and Hygiene key findings

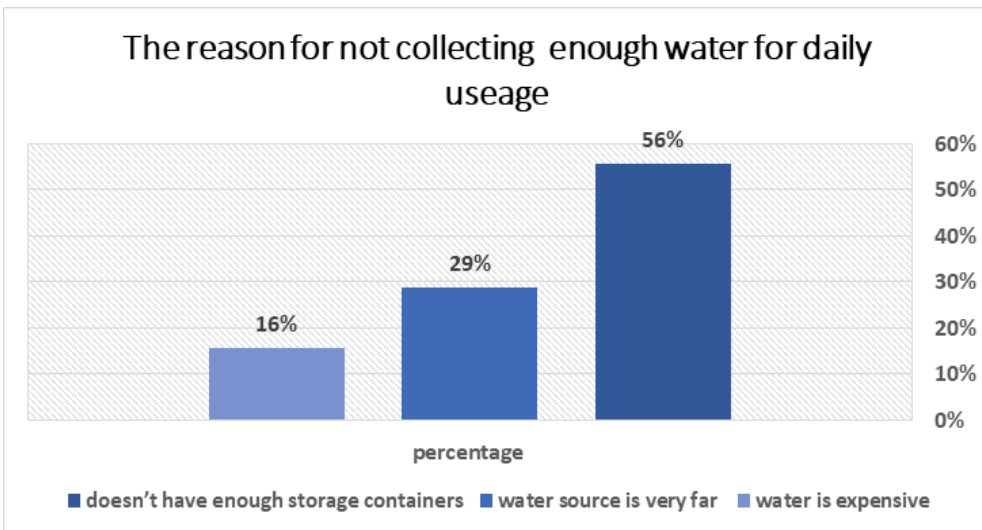
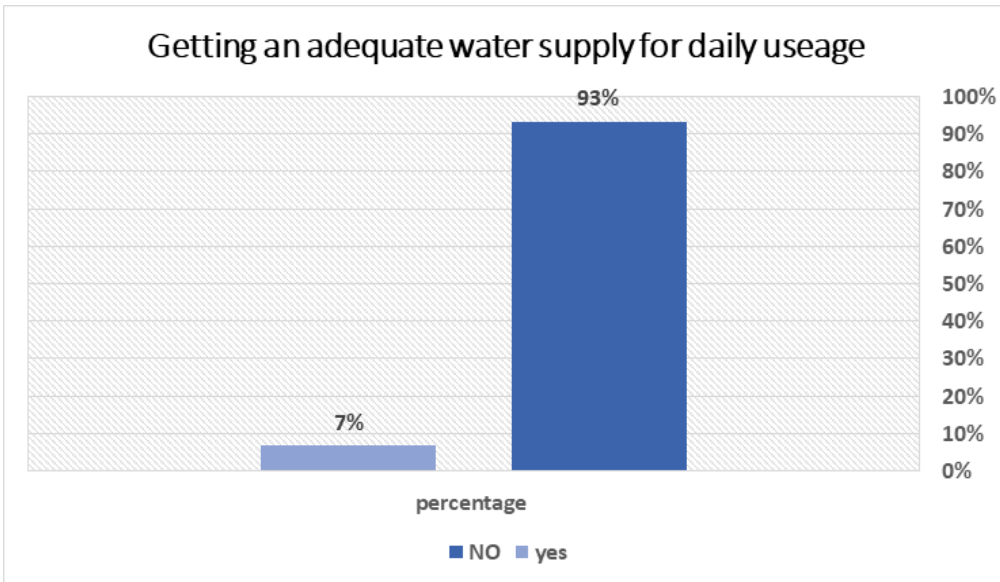
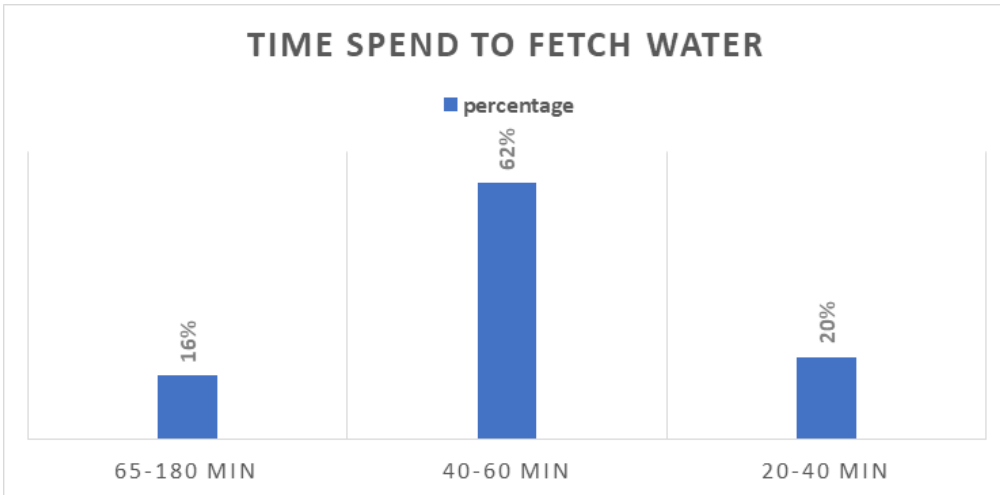
5.2.1 Water Supply

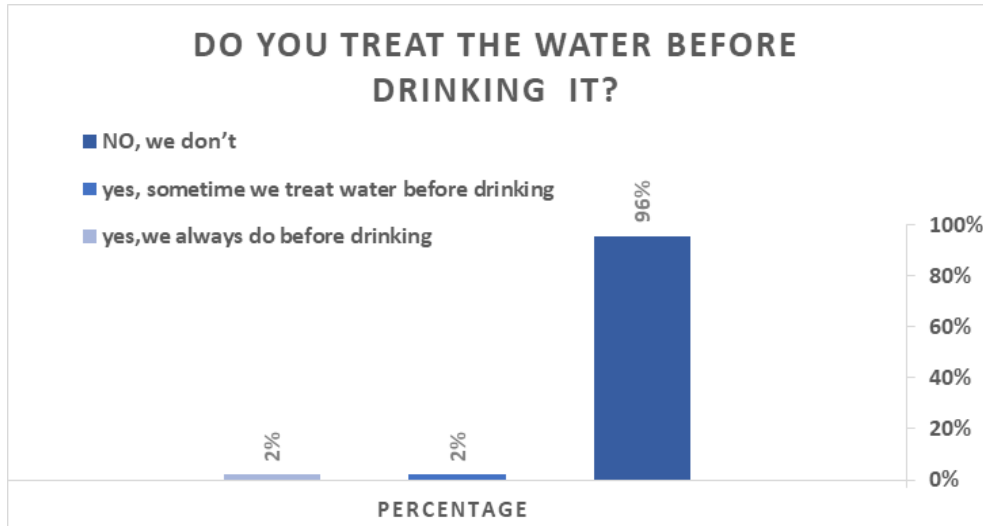
In term of water supply the need assessment team focused in areas such as main source of water supply, time needed to fetch water, do they obtain an adequate water supply, the reasons for not, and are they pay to get clean water and do they treat water before drinking.

The key results are demonstrated as the following

The main source of water for domestic and drinking for Alkaramah IDPs collective site comes through aid with a percentage of 11. % 89 % of water supply is through water trucking where 1 cubic meter cost around 3k yemeni riyal. When respondents were asked if they collect enough water %93 said no and %7 said yes, the reason for not collecting enough water varied as 56 % said that they don't have enough water containers ,%29 stated that the water source is very far and %16 mentioned that water is expensive and they can't afford it. Results also shows that %96 of respondents don't treat water before drinking.

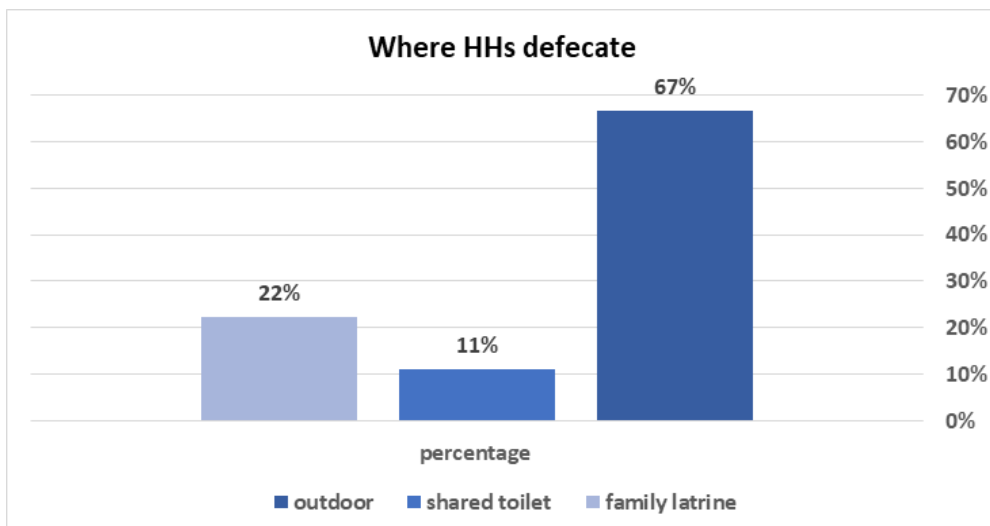


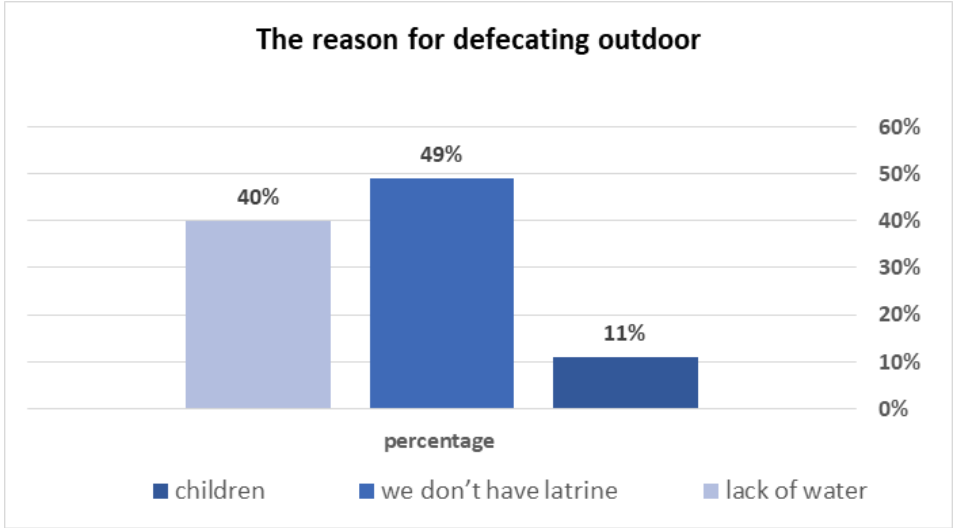
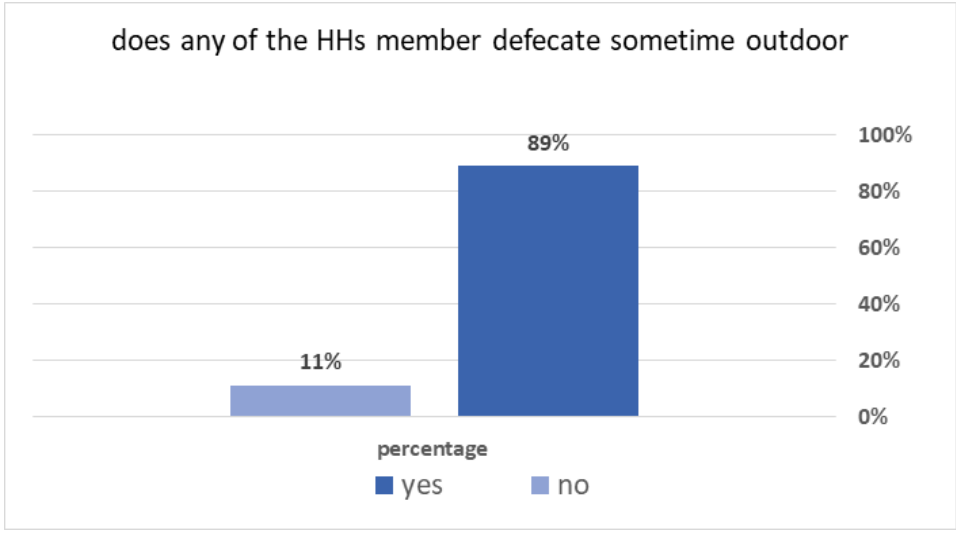
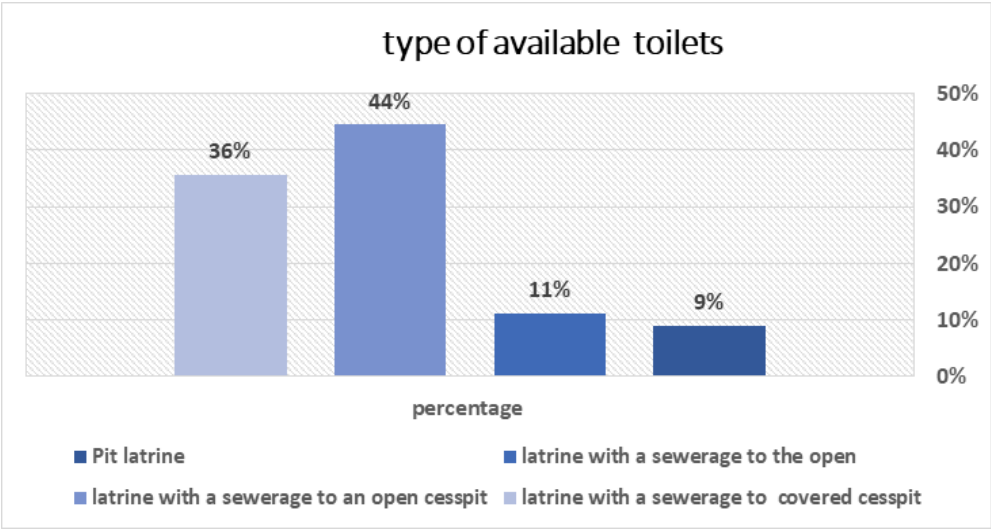




5.2.2 Sanitation

When respondents at Alkaramah IDPs collective site were asked where they do defecate 22 % answered that they defecate in a private latrine ,%11 answered they defecate in shared toilets with more than one family and 67 % defecate outdoor. Throughout observation and asked questioned it was observed that %11 of latrines is with a sewerage pipe to the open, 36 % answered they use latrine connected to a covered cesspit, and 44 % are latrines connected to uncovered cesspit and %11 are a Pit type latrine. %89 of respondents answered that sometime family members defecate in the open as %40 of those confirmed that lack of water is the main reason,%49 said that they don't have latrine and %11 of respondents said children do defecate outdoor.



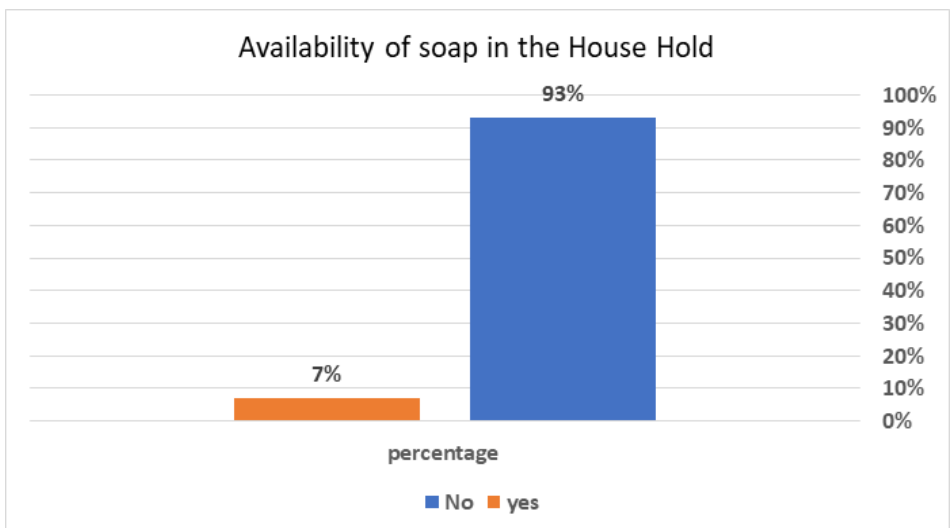
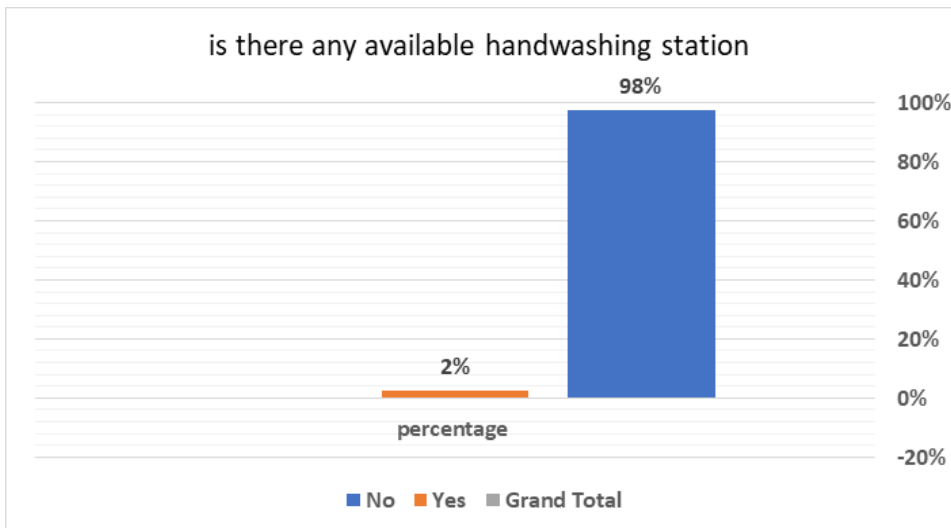


5.2.3 Hygiene

As for the hygienic practices and behaviors, the needs assessment searched for the availability of soap in the HHs and the availability of a hand washing station. The key results are demonstrated as follows:

5.2.3. Availability of soap and hand washing station

The availability of soap in the HHs is very crucial to maintain healthy hygienic practices. When respondents were asked in regard to if they have a hand washing station %98 said that they don't have any available washing station. The respondents were asked whether they have a soap in their HHs or not, and 93 % of them said no and only %7 said that they do have soap.



6. Recommendations:

Health and nutrition sector

- supporting the Raghwan hospital to provide CeMONC services.
- supporting the Raghwan hospital to provide comprehensive primary health care.
- Provide basic medical equipment to Raghwan hospital.
- Provide essential medicines and supplies to Raghwan hospital.
- Conduct rehabilitation to Raghwan hospital \ to enable it to give its intended services, especially the district is in severe need of primary and secondary health care.
- Conduct rehabilitation to the WASH services in the Raghwan hospital.
- Provide incentives to the HWs and recruit the necessary HWs to Raghwan hospital to cover the gap to provide the H&N services.
- Operating medical mobile team in Raghwan IDP Camps and its neighboring Camps.
- Targeting the under 5 children with screening and malnutrition detection and management.
- Providing SAM and MAM management of children under 5 of age.
- Referral of the SAM cases with complications to the TFC and provide them with transportation expenses.
- establishing IYCF corners in the targeted HFs to enhance child-feed

WASH sector

1. its recommended to implement water points and provide water trucking in a daily basis for the camp.
2. its recommended to supply and install 40 emergency latrine to cover the gap at the IDPs collective site.
3. its recommended to provide IDPs with water containers with narrow neck.



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