



الوصول الإنساني  
HUMAN ACCESS

# Report of Community & Health Needs Assessment

Khab Wa Ash Sha'af District of Al Jawf  
November 2023

Conducted by

PHC Program - HUMAN ACCESS

<https://humanaccess.org>

## 1. Background

Yemeni people are approaching the tenth year of conflict and the already fragile health system is still in need. Over 21.6 million people are in need. More than 20M people need health assistance, including 13M with acute needs (United Nations OCHA, HNO, Dec. 2022). Nowadays, Yemen is facing dramatic deterioration in public health and increasing attacks of disease outbreaks such as measles. From 01 January to 31 August 2023, the Executive Unit for IDPs monitored 5,690 households (31,424 individuals) who were displaced from 20 different governorates and they were distributed among 10 governorates.

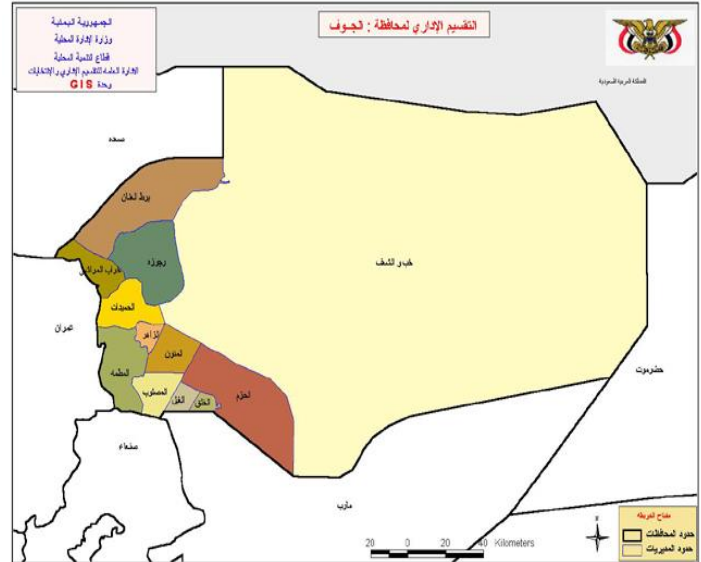


Figure 1: Khab Wa Ash Sha'af district of Al Jawf governorate.

**The health situation** in Khab Wa Ash Sha'af district of Al Jawf governorate is acutely in need. People in this district are markedly vulnerable due to the high GAM rate: 13.3%, large numbers of people in need (PiN): 28.67K (Nutrition Cluster), and huge numbers of IDPs: 26,45K (Yemen PiN 2023).

**The purpose** of this need assessment is to explore the situation of internal displaced persons (IDPs) in Al-Raiyan sub-district of highly affected district; Khab Wa Ash Sha'af of Al Jawf governorate (Table 1).



Figure 2: Al Jawfa' school in Al Raiyan sub-district, Khab Wa Ash Sha'af, Al Jawf. Source: HUMAN ACCESS, Nov.2023.

Table 1: Population of the targeted areas by this assessment. The distribution of population is scattered.

| Governorate  | District           | Area (IDPs Sector)    | Villages/<br>Neighborhoods | HHs         | Individuals  |
|--------------|--------------------|-----------------------|----------------------------|-------------|--------------|
| Al Jawf      | Khab Wa Ash Sha'af | Al Jawfa              | 5                          | 773         | 4638         |
|              |                    | Moshainiga            | 5                          | 450         | 2700         |
|              |                    | Gharran Wa Almohafter | 13                         | 1008        | 6048         |
|              |                    | Al Sodaihat           | 5                          | 539         | 3234         |
| <b>Total</b> |                    | <b>4</b>              | <b>28</b>                  | <b>2770</b> | <b>16620</b> |

## 2. Methods

The data collected by HUMAN ACCESS health coordinators at the governorate level through interviews with the key informant from the targeted governorate and district health officers (GHO/DHO), the Executive Unit for IDPs Camps Management

The main strengths of the process were the active participation of the key informants and the accessibility to the targeted communities. However, the poor archival data sources were a limitation that should be aware of as read and interpret the key

(Ex.U.IDPs), and sub-national health clusters (SNHCs). The tool used in data collection was the Health Cluster's tools of Community and Health Needs Assessment.

findings. This process was led by Dr. Abdullah Khaled, PHC Program Manager at HUMAN ACCESS. The data was collected over two days by Dr. Ahmed Modhish, Al Jawf Health Coordinator at HUMAN ACCESS, and Dr. Ahmed Juzailan, Al Jawf GHO.

## 3. Key Findings

- The study finds a high poverty level for the majority of the population in all targeted areas of the district, particularly among IDPs. Almost all people in the areas targeted by the study depend on livestock raising. It is the main sources of income for these rural communities.
- As the district topographic characteristic is desert, the weather is very cold in winter, the IDPs in camps need heavy clothes and blankets. Almost all IDP sites need to renew their shelter annually as they are living in tents or temporary shelters.
- Water sources in the areas covered by the assessment are mainly water pumps, wells, and tanker-truck. However, the public electricity and sanitation are not available.
- The study finds (1) a non-functional school only in Al Jawfa area with one voluntary teacher. The partial damage, lack of infrastructure, absence of teachers, and insecurity are the major leading causes of the non-functionality of the school.
- There is no data to identify the most common diseases in the district.
- The distribution of population is scattered among the most hard-to-reach areas of Al Raiyan sub-districts, where people take 1 to 2 hours to reach the nearest health service point (tent) and 2 hours to the other services facilities in Marib Wadi district of Marib or in Al Abr district of Hadramout by the 4-wheel cars through difficult unpaved roads.
- Moreover, these areas have no any health facilities and there is no nutrition intervention by partners.
- The study finds (1) a non-functional health unit only in Moshainiga area and (1) a temporary health unit with one voluntary HCW in Al Jawfa area. The partial damage, lack of infrastructure, health care worker (HCW) shortage, quite far from the IDP sites, and insecurity are the major leading causes of the non-functionality.
- The most important constraints noted in this district are the absence of HCWs, hard-to-reach areas, and lack of fund.

## 4. Recommendations

- Operate mobile medical teams to out-reach the IDP sites and the hard-to-reach to increase the primary health care (PHC) utilization and enhancing health education.
- Install, furnish, equip, and operate caravans as a fixed health unit to strengthen the fragile health system in recently stabilized areas of Al Raiyan sub-districts. The most central and closest place to the community gatherings is in Hammam site of Al Jawfa area.
- Provide operational support for the HU and allowances for HCWs in order to enhance the health system to provide quality health services covering the huge demand in the district receiving large numbers of IDPs.
- Enhance the resilience among the local community and IDPs through conducting capacity and skill development for women and men to lead a social behavior change and promote health and hygiene between their people and communities.
- Incorporate protection principles and promote meaningful access, safety, and dignity in humanitarian aid through Protection Mainstreaming.

## 5. Appendices

- Data Collection tools: Community Assessment tool & Health Needs Assessment tool of Health Cluster.
- Coordination letter of GHO.

## 6. Data Availability

- Nutrition Cluster HNO, HRP Dashboard: [Microsoft Power BI](#)
- Data available on request from HUMAN ACCESS

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