SITUATION OVERVIEW

# Abyan | WASH Needs Tracking System (WANTS)

**JULY - SEPTEMBER 2024**

## CONTEXT & RATIONALE

After more than ten years of conflict, Yemen is grappling with a public health emergency, evidenced by disruptions in accessing essential services, with an estimated **19.54 million** individuals projected to require humanitarian assistance in 2025.[1]

The conflict, exacerbated by economic decline and recurrent natural hazards, has severely impaired public services and infrastructure, particularly affecting the nationwide Water, Sanitation, and Hygiene (WASH) systems and services. Damage and underdevelopment of WASH systems have resulted in a demand for assistance from at least **15.2 million** people to address their critical needs for **clean water and basic sanitation** in 2025.[1]

## Assessed Districts

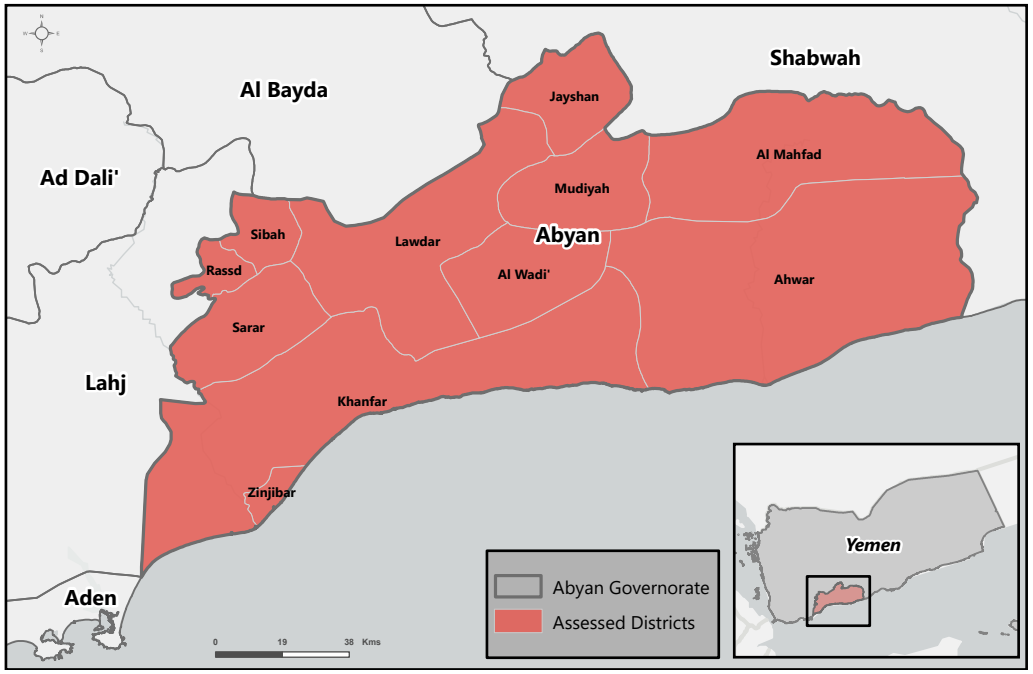


Figure 1: Covered Districts in Abyan

## Introduction

The Yemen WASH Cluster (YWC) and REACH have initiated the WASH Needs Tracking System (WANTS) since 2021. This system aims to deliver high quality WASH data, enhancing program efficiency and planning accuracy. WANTS constitutes of a set of harmonized monitoring tools, which facilitate the collection of up-to-date information on WASH accessibility and requirements across Yemen through partner-based data collection efforts.

The **WANTS Key Informant (KI)** tool monitors the WASH needs within communities, **providing up-to-date and reliable WASH data**. This data supports geographical and thematic prioritization at the national level and contributes to evidence-based programs for a **more targeted and effective WASH response**.

Figure 1 presents the coverage map of WANTS for Yemen in 2024, highlighting **11 districts across Abyan governorate**. Data collection occurred between **July and September 2024** with a **recall period of 3 months**, with active involvement from **4 YWC partners including (ACF, AYF, ADRA, and Muslim Hands).** Insights were gathered from **616 KIs**. It is important to note that the findings in this situation overview are only **indicative** and **do not provide a representative view of entire population**.

## KEY MESSAGES

**The following key messages were reported by KIs:**

- KIs highlighted varying levels of **dissatisfaction** with access to **WASH services** across Abyan governorate, noting **significant barriers** for some individuals that **restrict proper hygiene and sanitation practices**.
- Although there have been **improvements in WASH infrastructure**, some areas in Abyan still **lack basic facilities**, such as **reliable access to clean water**, and **sufficient hygiene and bathing facilities**.
- Despite widespread awareness of **cholera**, barriers such as **shortage of medicines**, **high cost of treatment,** and **lack of affordable transportation prevent communities from seeking timely treatment**, undermining prevention efforts.

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# Water

The availability and quality of water sources vary significantly across communities. Approximately **87% of the KIs reported that people in their community rely on improved water sources**, while **13% of KIs** indicated a dependence on **non-improved** water sources. **Everyone (100%) of KIs** reported that their respective areas have **acceptable quality of drinking water**, indicating that water in these districts generally adheres to basic quality requirements.

In Abyan governorate, people received water through diverse methods, *some of which seemed to reveal challenges in infrastructure and access. **60% of KIs** reported that people have access to **piped water into the dwelling**, most likely in more stable areas, while **38% of KIs** reported that people used **water trucking** to get water, suggesting a reliance on costly and often unreliable water source. Additionally, **33% of KIs** reported that **people bring water in gallons (jerrycans) from a tank/well next to the water source**. This highlights the widespread lack of basic water infrastructure in many regions and underscores the significant challenges to achieving reliable water access across Abyan governorate.

**27% of KIs** reported people in the community were **unsatisfied** with water access in the last 3 months prior to data collection, while **16% of KIs** reported people in the community were **very unsatisfied**.

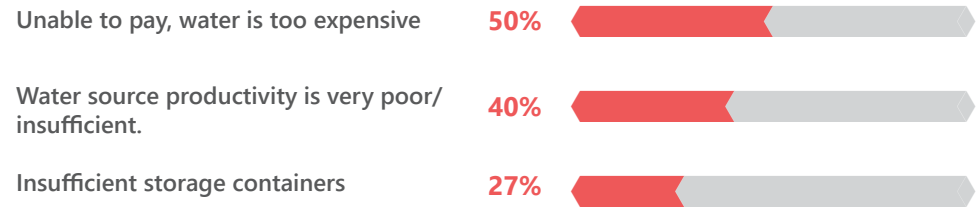
**100% of KIs** reported that people in the community found **drinking water quality acceptable** in the last 3 months.

**Among the 87% of KIs** who reported **access to improved water sources**, **all indicated no issues with the quality of drinking water.** This indicates that the water sources are being monitored and the quality received by people in the community is acceptable. However, **dissatisfaction** with overall water access remains prevalent, underscoring challenges related to **availability, affordability, and reliability of water supplies** in the governorate. This emphasizes the need for focused efforts to enhance water infrastructure, improve service delivery, and ensure equitable access for all. Continuous monitoring and investment are crucial to addressing these gaps and achieving sustainable management of water resources in Abyan governorate.

* KIs were able to select multiple answers for this question.
**3% of KIs answered "do not know".

## Water Issues, Coping Mechanisms, and Responsibilities

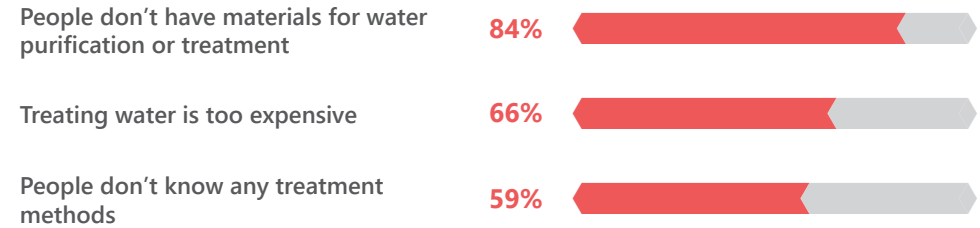
**Percentage of KIs outlining the top 3 water access issues in the assessed districts in the last 3 months prior to data collection***




In response to these challenges, communities have implemented various adaptation strategies. **80% of KIs** reported that people in their community **reduce water consumption for other purposes (bathe less, etc.)**, indicating the critical measures taken due to limited alternatives. Furthermore, **72% of KIs** reported that people **reduce drinking water consumption (drink less)**. Another coping strategy adopted by people in the community is to **rely on less preferred (unimproved/untreated) water sources for drinking water such as unprotected well or unprotected spring**, a practice reported by **44% of KIs**.* These adaptation strategies underscore the severe scarcity of safe drinking water, **increasing health risks and emphasizing the urgent need for enhanced water infrastructure** to ensure reliable and sustainable access.

**28** **Minutes** is the average number of minutes required to fetch water from the water source and return back, according to 97% of KIs. **

**Percentage of KIs outlining the top 3 reasons for not treating water in the assessed districts in the last 3 months prior to data collection***




**91%** of KIs reported that **"Nobody"** treated their water in their assessed areas in the last 3 months prior to data collection.

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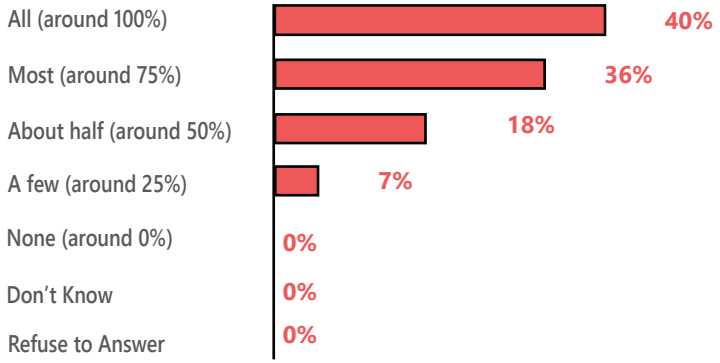
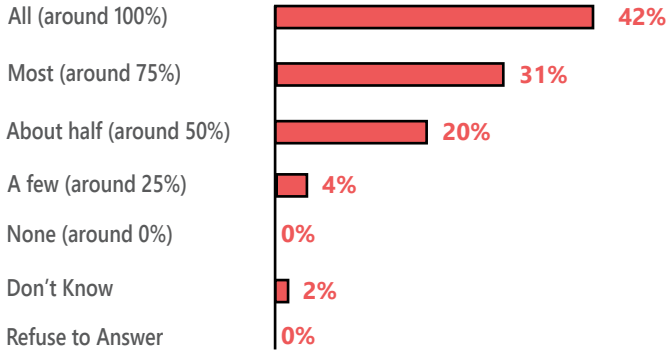
**According to KIs**, **44%** reported that **adult men (19–64 years)** are primarily responsible for fetching water, followed by **girls under 15 years,** reported by 29%. Notably, **13% of KIs stated that there is no need to fetch water**, which may suggest an improvement in water access. This could be attributed to enhanced infrastructure or the availability of closer water sources, thereby alleviating some of the community's burden.

### Proportion of People With Access to Enough Quantity of Water

**KIs reporting on the proportion of people in their community having enough drinking water in the last 3 months prior to data collection**




**KIs reporting on the proportion of people in their community having enough water for other purposes (cooking,bathing, washing) in the last 3 months prior to data collection**

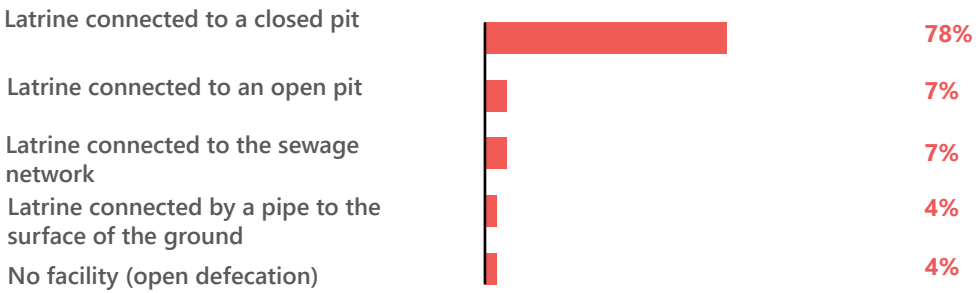



Around **93% of KIs** reported that **more than half of the people in the community had access to a sufficient quantity of water for both drinking and other purposes (such as cooking, bathing, and washing)**. However, **around 7% of the KIs** reported **few or none of people in their communities had access to sufficient water for drinking and other purposes**. This variation suggests that while most communities have relatively adequate water access, there are still areas where water scarcity remains a critical issue. Additionally, some KIs may have limited clarity or awareness regarding the water situation in their communities.

## Sanitation

The data collected from interviews with KIs in **11 districts across Abyan** offers invaluable insights into the usage patterns, conditions, access challenges, and coping mechanisms related to sanitation facilities. Among the KIs interviewed, **84% of KIs reported people in their community had access to improved sanitation facilities**, while **16% of KIs** reported that people had **access to unimproved sanitation facilities**. This indicates a **strong overall sanitation infrastructure**, but also **signaling the presence of gaps** that may require further attention.

**Top reported sanitation facilities used by people in the last 3 months prior to data collection, as reported by the KIs.**



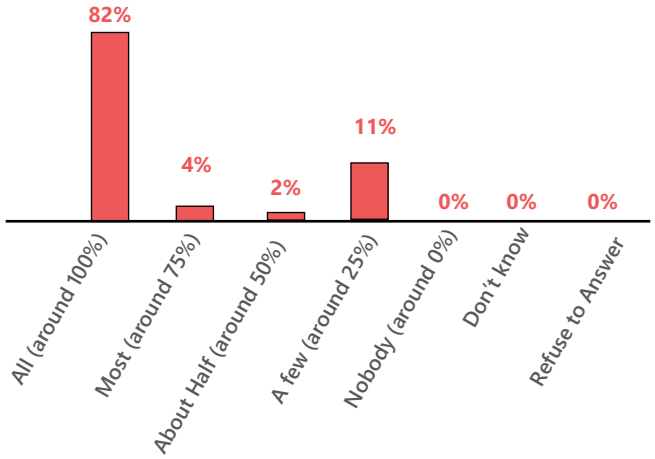

KI responses highlight that shared sanitation facilities **are not always gender-segregated**, and some KIs also pointed out the **absence of locks on the inside**, which are crucial for ensuring privacy and security in communal settings where facilities are shared by multiple households. Although reported by only a small percentage, this issue remains a significant concern, as the lack of privacy in latrines can lead to discomfort and heightened vulnerability. The **absence of secure and private sanitation facilities increases the risk of gender-based violence**, particularly for women and girls, threatening their safety, well-being, and dignity.

**11% of KIs** reported people in the community using shared/communal latrines in their areas.

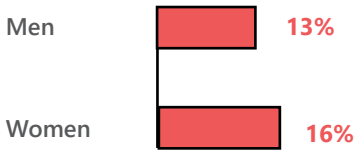
**Approximately 20%** of KIs reported that communal latrines in their communities were **not gender separated**.

**20% of KIs** reported communal latrines in their communities had **functional locks on the inside**.

**KIs reporting on the proportion of people with access to functioning latrine in the last 3 months prior to data collection.**




**KIs reporting on access dissatisfaction (Unsatisfied & Very Unsatisfied) to sanitation facilities by gender in the last 3 months prior to data collection.**




In Abyan governorate, KIs reported high **dissatisfaction** with access to sanitation facilities, with **16% of women** and **13% of men** expressing frustration over inadequate facilities. The relatively low percentages might indicate either that the majority of the population is **somewhat satisfied** with the existing sanitation facilities or that **expectations are low due to long-standing issues**. However, these figures should be interpreted cautiously, as they could also reflect **underreporting**, **social stigma**, or **limited awareness of what constitutes adequate sanitation.**

## Accessibility, Challenges, and Adaptation Methods.

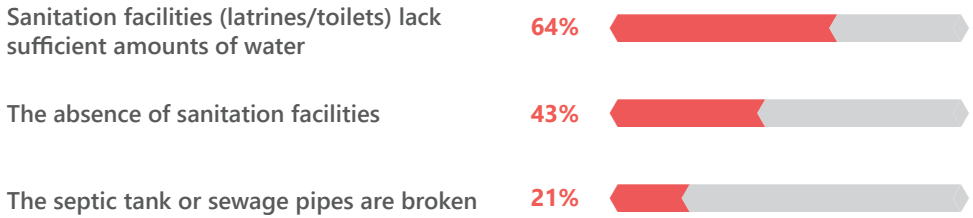
According to **76% of KIs**, **everyone** in the community has **access to sanitation facilities both during the day and at night**. This reflects significant progress in establishing infrastructure that ensures safe and reliable sanitation systems. **Such access helps reduce health risks and improves safety, especially for vulnerable groups** such as (**persons with disabilities, the older people, and women**). However, it remains important **to address any remaining gaps** to achieve equitable access to sanitation facilities for all.

The insights provided by KIs shed light on pressing sanitation challenges in the communities assessed. Key issues were reported by **31% of KIs highlighted that people experienced issues related to latrines,** and these included **insufficient water availability for sanitation facilities (latrines/toilets)**, **the absence of sanitation facilities and the septic tank or sewage pipes are broken.** These issues point to critical gaps in the sanitation infrastructure, which directly impact the community's ability to maintain clean and safe facilities.

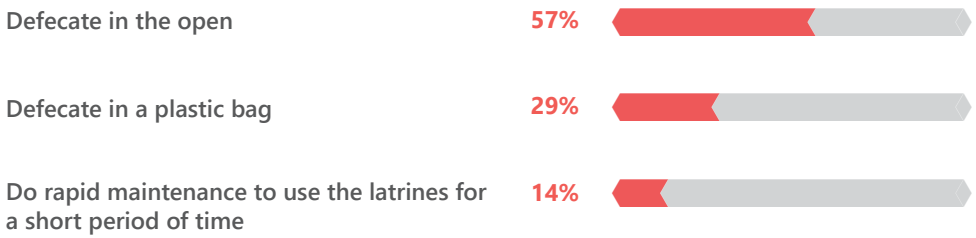
To tackle these challenges, the communities have implemented various **coping mechanisms**, as reported by KIs. These methods include **defecate in the open, defecate in a plastic bag, and do rapid maintenance to use the latrines for a short period of time.** While these strategies provide temporary relief, they expose communities to health risks, highlighting the need for sustainable sanitation solutions and better maintenance practices.

Although only **16% of KIs** reported observing **visible traces of human feces**, this still presents serious health risks, as it can **lead to the spread of diseases and water contamination**. Addressing this issue is essential to improving sanitation infrastructure and safeguarding the health of the community.

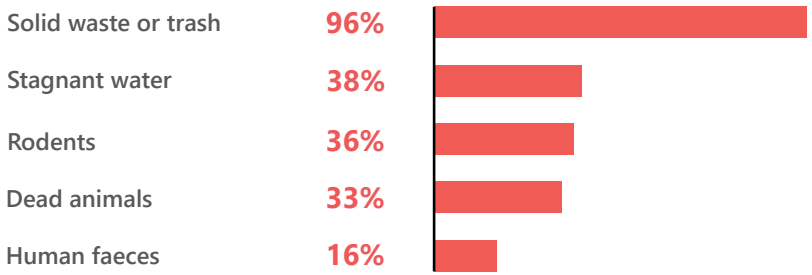
**Top 3 issues related to the latrines/toilets in the last 3 months prior to data collection, as reported by the KIs***




**Top 3 adaptations methods to latrine issues in the last 3 months prior to data collection, as reported by the KIs***




**Visible traces most seen in the community in the last 3 months prior to data collection, as reported by the KIs***




## Hygiene

The shortage of hygiene services in Yemen has severe health implications. Inadequate access to basic hygiene facilities, such as handwashing stations and clean water, increases the risk of communicable diseases like Acute Watery Diarrhea (AWD), further compromising public health.

According to WANTS data, **7% of KIs** reported that **nobody (0%)** had access to functioning **hand-washing facilities with soap and water.** This highlights a concerning lack of basic hygiene amenities in the communities assessed. The absence of proper hand-washing facilities presents a significant public health risk, as it **undermines personal hygiene practices** and **increases the community's vulnerability to infectious disease**.

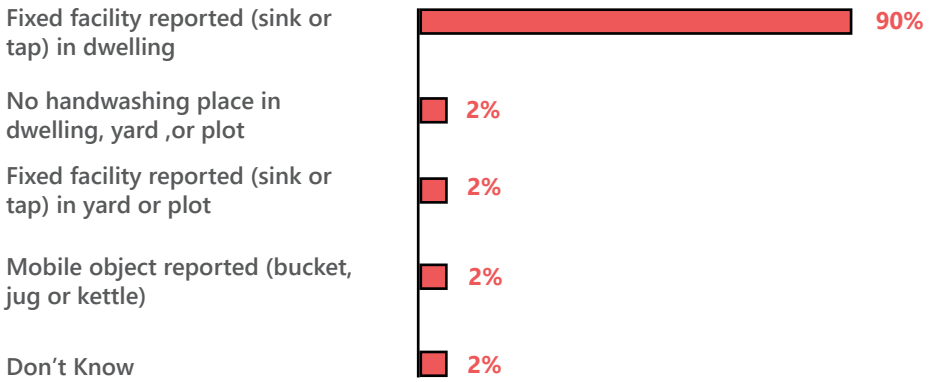
Moreover, **76% of KIs** reported that communities primarily use **detergent (powder, liquid, or paste)**, indicating a reliance on alternative methods for maintaining hygiene. This preference for detergents may stem from the unavailability of traditional soap options or from economic constraints faced by communities.

According to **53% of KIs**, people in their communities were **dissatisfied** ***(*****51% of KIs** reported that people were **unsatisfied** and **2% of KIs** reported people were **very unsatisfied*****)*** **with access to handwashing facilities**, this dissatisfaction points to a considerable gap in the current infrastructure, which does not sufficiently meet the hygiene needs or expectations of the community. Such inadequacy underscores the urgent need for improvements to ensure that communities have access to basic hygiene facilities that align with their standards and public health requirements.

Additionally, the data shows that **78% of KIs** reported that **everyone (around 100%)** of the people in the community had access to functioning bathing or shower facilities, which is a positive indicator for Abyan governorate. However, **22% of KIs** reported varying levels of access among people in their communities. This disparity highlights the need for improvement to ensure equitable access, which is essential for promoting better hygiene practices and reducing the risk of communicable diseases in the affected areas.

* KIs were able to select multiple answers for this question.

**Handwashing facility locations used by people in the community in the last 3 months prior to data collection, as reported by the KIs**




## Access to WASH services and items

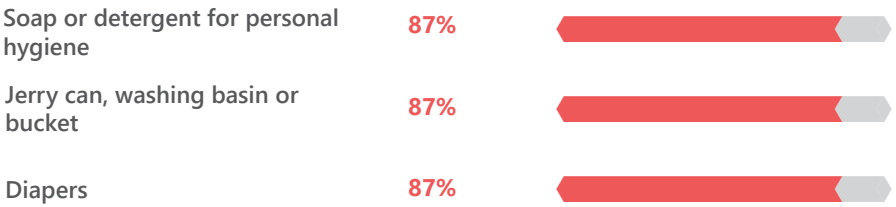
This section offers a comprehensive overview of the challenges and dynamics surrounding access to WASH facilities and hygiene items within the assessed communities, as reported by KIs. The data sheds light on the general deficiencies in WASH infrastructure and the barriers faced by community members, particularly vulnerable groups such as **older people, persons with disabilities, girls, and women.**

KIs highlighted that **girls, women, older people, and persons with disabilities** emerge as the groups facing **the greatest challenges in accessing water sources, handwashing facilities, and bathing and sanitation amenities**. This reflects the systemic inequalities in access to essential WASH services, likely driven by **physical, social, or cultural barriers**. Girls and women may face challenges due to **gender roles, safety concerns, or cultural norms**, while older people and persons with disabilities may encounter **physical difficulties or infrastructural limitations that hinder their access**. These disparities highlight the urgent need for inclusive and targeted interventions to address the specific needs of these vulnerable groups. Ensuring equitable access to WASH facilities can help reduce hygiene-related health risks, promote dignity, and foster social inclusion within the community.

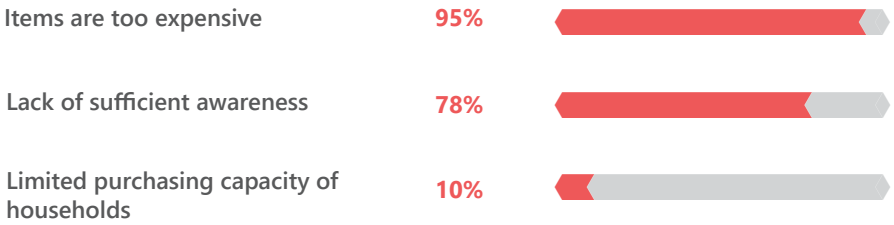
Furthermore, the data underscores **challenges** related to the **accessibility of WASH hygiene items** (e.g., **soap or detergent for personal hygiene, jerry can, washing basin, or bucket**, and **diapers**). While these items are vital for maintaining proper hygiene and preventing the spread of disease, many vulnerable communities face **barriers** in accessing them. This is primarily due to a **lack of sufficient awareness about the importance of these hygiene practices** and **the financial constraints** that make it difficult for households to afford the necessary items.

Without access to these basic tools, residents are unable to perform critical hygiene activities, increasing the **likelihood of waterborne** diseases and other preventable health issues. Addressing these gaps is not only essential for **improving sanitation and hygiene standards** but also for **protecting public health**, especially in regions already grappling with acute food insecurity, limited healthcare resources, and severe economic challenges.

**Top 3 WASH items that people couldn't access in the last 3 months prior to data collection, as reported by the KIs***




**Top 3 problems related to WASH items accessibility in the last 3 months prior to data collection, as reported by the KIs***



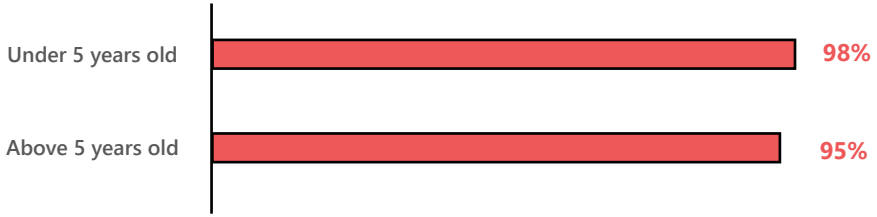

* KIs were able to select multiple answers for this question.

# Acute Watery Diarrhea

## What is Acute Watery Diarrhea? And how it affects the Yemeni People?

Acute watery diarrhea (AWD) is a sudden onset of frequent, loose bowel movements, commonly attributed to waterborne diseases such as cholera. In Yemen, the spread of this disease is exacerbated by limited hygiene awareness and inadequate sewage management, particularly evident in IDP and refugee camps. Yemenis, especially vulnerable groups, face increased risks of dehydration and malnutrition due to AWD, worsened by inconsistent water access and inadequate WASH services caused by infrastructure gaps, governance issues, and ongoing conflict. **By October 2024, Abyan governorate had reported approximately 5525 suspected cases of acute watery diarrhea/cholera, resulting in 41 deaths.** [2]

**KIs reporting on all age groups in the community that had diarrhea in the last 3 months prior to data collection**




## Healthcare Disparities in Abyan: Gaps in Information Dissemination and Access

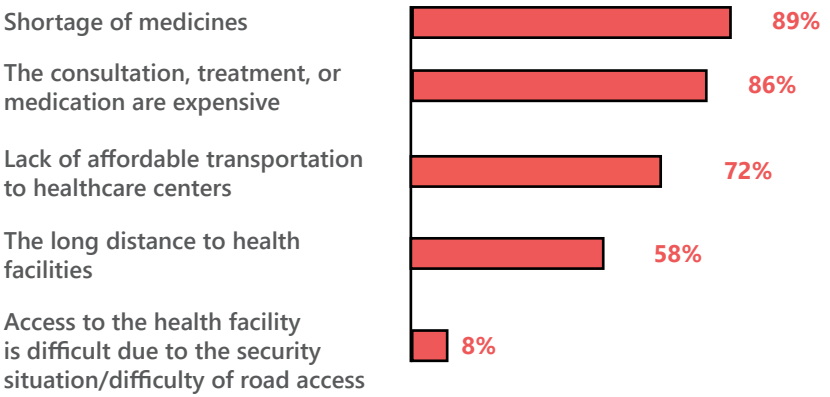
**61% of KIs** noted that **individuals in their communities had received information about cholera in the past 3 months**. Additionally, **81% of the KIs** indicated that the **information provided was available to everyone in the community.** These responses indicate that there are gaps in the distribution of cholera-related information, suggesting that **efforts to raise awareness have successfully reached the majority members of the community**. While these findings suggest significant efforts to raise awareness, gaps in the equitable distribution of cholera-related information remain. Ensuring comprehensive and inclusive dissemination is essential to inform the entire population about preventive measures and symptoms. Despite these awareness campaigns, Abyan governorate reported approximately **5525 suspected cholera cases as of October 2024**, highlighting that **raising awareness alone may not be enough to effectively curb the disease's spread**.

Notably, **36% of KIs** reported **people in their communities were familiar with preparing Oral Rehydration Solution (ORS)**, which indicates that while some community awareness exists, there is a need to enhance knowledge and readiness to manage dehydration-related illnesses effectively. Moreover, **84% of KIs** highlighted the **absence of nearby Oral Rehydration Centers (ORCs) or Diarrhea Treatment Centers (DTCs)**. This significant percentage underscores a major challenge in accessing timely treatment for dehydration and diarrhea-related illnesses, highlighting an urgent need for improvements in healthcare services

According to **88% of KIs**, the majority of the population faces significant barriers in accessing general healthcare facilities. These obstacles include a **shortage of medicines** and the **price of the consultation, treatment, or medication is expensive (affordability issue)**. Such challenges exacerbate the already difficult process of seeking medical care, further limiting individuals' ability to access the healthcare services they require.

To address healthcare access barriers, interventions should focus on **reducing the cost of consultations, treatment, and transportation**. Improving **healthcare infrastructure and expanding access to services in remote areas would ease the burden**. Strengthening community-based health education is also essential to raise awareness and empower individuals to seek care. These measures are crucial for ensuring equitable healthcare access and improving health outcomes in Abyan.

**Top barriers that most people faced when accessing health facilities in the last 3 months prior to data collection, as reported by the KIs***




* KIs were able to select multiple answers for this question.

## Cholera Investigation Form (CIF): Insights from Khanfar District

As part of the response to the cholera outbreak, **REACH**, in collaboration with the **YWC**, updated the **(CIF)** tool with a specific focus on cholera. This tool is designed to collect data that helps understand **potential sources, risk factors, and vulnerabilities associated with a cholera outbreak**. [3]

In late May 2024, data collected from Abyan governorate included information from **35 cholera patients** in **Khanfar district**. The following key findings were derived from 35 patient-level interviews conducted using the CIF tool in late May 2024 in Khanfar district, collected by ADRA. Out of the 35 patients, **19 tested positive for cholera**, while the remaining 16 either had not yet received their cholera test results or exhibited cholera symptoms but were not tested due to insufficient testing kits.[3]

All patients **(100% of patients)** reported using **improved water sources** as their primary drinking water source, while **31% of patients** reporting the use of **secondary water sources** such as **piped water connections to compounds**, **tanker trucks**, **bottled water**, **boreholes or tubewells**, **protected wells**, and **public taps/ standpipes**. However, only **31% of patients** reported **treating their water** using any method to make it safer to drink. These findings indicate good access to improved water sources, and the lack of water treatment may reflect the belief that treatment is unnecessary due to the quality of these sources.

Regarding handwashing practices, **94% of patients** reported **washing their hands before eating**, using **fixed facility tap within their dwelling or yard**. Among the **94%** who reported washing their hands, **61%** indicated that they either **lacked soap** or only had it occasionally for the following reasons: **43% of patients** reported **running out of soap**, **34% of patients** noted that **soap was too expensive**, and **6% of patients** believed **soap was unnecessary**. These findings suggest that although handwashing awareness is high, barriers such as the availability and affordability of soap must be addressed. [3]

Food hygiene practices varied among patients. While **86% of patients reported washing fruits and vegetables before consumption**, 43% of them reported using untreated water, which increases the risk of contamination and cholera transmission. **The remaining 14% of patients either did not wash their produce or rarely ate fruits and vegetables**. [3]

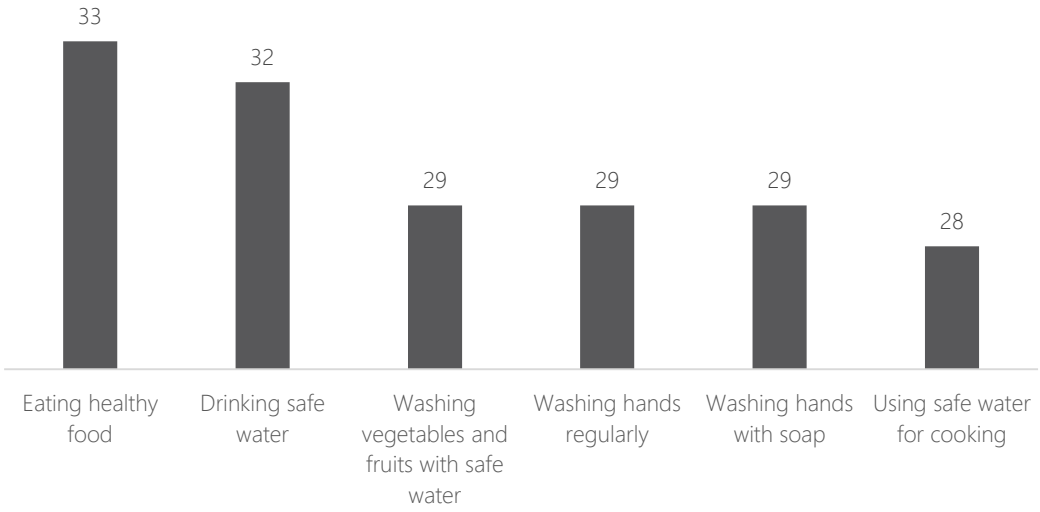
Sanitation conditions in the area were concerning, Among the patients, **33** reported using **improved sanitation facilities** for their households, while **1** patient mentioned practicing **open defecation**. The most common types of **sewage systems** connected to households were **closed pits 70%**, followed by **open latrines 18%**.

Additionally, **60% of patients** reported **occasional or frequent overflowing sewage** in the vicinity of their accommodations in the past 30 days, with **sewer pits** being the most commonly reported **source of the overflowing sewage**.

Additionally, **17% of patients observed stagnant water frequently**, and **54% of patients observed it near their homes sometimes**. **Human feces were visible frequently to 23% of patients** and **sometimes to 51% of patients**. These findings underscore the urgent need to improve sanitation systems and environmental health conditions to reduce risks and prevent further outbreaks.

Despite these challenges, **74% of patients** reported **receiving cholera education** in the past 12 months, with the most common sources of information included **volunteers**, **friends**, **NGOs**, and **healthcare facilities**. However, **57% of patients** were **unaware of the source of their illness**, emphasizing the need for improved public health education and awareness.

### Patient perceived methods of cholera prevention (n=35) [3]



## Community Engagement and Participation in WASH Assistance

Within the assessed districts, only **9% of KIs** reported **the presence of WASH assistance**. While, **89% of KIs reported that there was no WASH assistance, 2% of KIs were unsure**. Among the KIs who reported the presence of **WASH assistance**, **100%** stated that the **community engagement is something important when implementing any project to ensure that the project is meeting and fulfilling the gaps and needs**. This lack of consultation highlights the need for stronger **community engagement to ensure future interventions are aligned with local needs and priorities**, thereby **improving the effectiveness and sustainability of WASH programs**.

Furthermore, the data reveals mixed findings of community involvement in the **planning and delivery of humanitarian assistance**. **50% KIs** reported that **community members were not involved in these processes**, indicating a potential gap in community participation. While the other **50% of the KIs did not know**. This

## People awareness of complaint and feedback mechanisms

According to KIs, awareness of complaints and feedback mechanisms among the population shows a varied understanding. **Only 25% of KIs** reported that people **are aware of these mechanisms**, indicating a moderate level of awareness within the community. However, **50% of KIs noted a lack of awareness**, suggesting that a significant portion of the population may not know how to access or utilize these channels. Additionally, **25% of KIs** stated they were **unsure about the population's awareness level**. This variation in responses underscores the need for targeted outreach efforts to enhance community understanding and access to feedback mechanisms, ensuring their effective use.

**KI Awareness of any complaints or feedback mechanisms**


## METHODOLOGY OVERVIEW

The WANTS KI tool is used to **collect data in districts under the GoY**. In addition, YWC partners have the flexibility to employ both KI and HH level WANTS tools on an ad-hoc basis, in accordance with organizational priorities. The situation overview findings were derived from data collection districts under the GoY, which took place **between July and September 2024 with a recall period of 3 months prior to data collection. Data was collected through KIs, which reported on the WASH situation on the behalf of the communities they belonged to**, facilitating the compilation of indicative insights at the district level through a reduced number of interviews per district.

**Between 3 and 10 KI interviews** were conducted per district to ensure a representative sample across **126 districts in GoY.** While the initial aim was to cover **all 333 districts in Yemen,** only **126 districts** were reached due to various challenges. **For more details, please refer to the limitations section**. The sampling framework used an **equation** that assigned each district a **minimum of three KIs**, with additional KIs allocated proportionally based on **the district's population relative to Yemen's total estimated population in 2024**. To capture diverse perspectives, **random sampling was applied at the subdistrict level**, extending coverage beyond densely populated areas and **incorporating insights from various geographic locations within each district, not just the main population centers**. The analysis was conducted at the governorate level, with **percentages reflecting an average of all KI responses across the districts under the Abyan governorate**. However, as the number of KIs varies according to district population size, **the results may not provide a fully detailed representation of conditions in individual districts.**

It is important to acknowledge that **the findings presented in this report provide indicative insights rather than a representative depiction of the experiences of entire population in the assessed districts.** Data collected was aggregated based on geographical areas, encompassing **districts and governorates in the GoY.** This aggregation at various levels **safeguards the privacy of KIs and HHs,** while also enabling comparisons of results across different locations and demographic groups. Categorical variables are reported as response frequencies, while continuous variables are presented as averages keeping in mind that a KIs were surveyed in representation of their communities and the figure here reported represent a proportion of KIs, rather than proportions of the population represented. In certain cases, when **multiple questions** are selected, there might be situations where the total percentages of the answers **surpass 100%** due to respondents selecting multiple options. Furthermore, occasionally, exclusions of responses like "Refuse to answer/Other/Don't know" from the calculations can lead to a combined percentage that **falls below 100%**.

## Limitations

During the assessment process, several limitations were encountered, particularly given the nationwide scope of the assessment, which involved contributions from over 29 partners in data collection activities. Below are some of the limitations identified:

- The **data collection timeline** was impacted by **delays**, as the original two-week schedule was **extended multiple times** at the request of partners. These extensions, **coupled with variations in recall periods**, may have influenced the accuracy of the data. Since all data was aggregated at the governorate level, it **potentially reflects conditions over several months**—for instance, data collected in July captured the situation in April, while data from August reflected conditions during May.
- **Lack of resources from YWC partners hindered the ability to conduct a HH level assessment,** limiting the representativeness of WASH data collected.
- **Reporting based on percentages of KIs limits the ability to compare indicative results between areas.** However, for the 2024 rounds of WANTS, it was decided to report at the KI level rather than aggregating data at the district level to better capture the diverse perspectives of KIs. For detailed district-level comparisons, please refer to the interactive dashboard: **WANTS Dashboard.**

## ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery, and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

For more information about REACH Yemen, you can contact us and sign up to our REACH Yemen mailing list under impact.yemen@impact-initiatives.org
For more information about IMPACT, please visit our website, and sign up to our IMPACT quarterly newsletter or contact us directly at: geneva@reach-initiative.org and follow us on Twitter:@REACH_info

## ENDNOTES

1. Yemen HNRP 2025
2. Epidemiological Situation of diseases in free areas in Yemen in 2024
3. Cholera Case Investigation - Abyan, July 2024

## Participating Agencies

AYF Abyan Youth Foundation مؤسسة شباب أبين

ADRA

ACTION AGAINST HUNGER

Muslim Hands

## Assessed Districts *

| |
|---|
| Khanfar |
| Mudiyah |
| Al Wadi' |
| Lawdar |
| Ahwar |
| Al Mahfad |
| Sibah |
| Rassd |
| Sarar |
| Jayshan |
| Zinjibar |

* Governorate names are shown in red, while district names are displayed in grey. For details on the data collection period and number of KIs during data collection, please refer to the dashboard.