Socotra | 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

ASH Cluster



Figure 1: Covered Districts in Socotra governorate

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 Socotra governorate in 2024, highlighting **2 districts** across the governorate. Data collection occurred between **July and September 2024** with a **recall period of 3 months**, with active involvement from **1 Yemen WASH Cluster partners which was the Ministry of Water and Environment**. Insights were gathered from **7 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:

- Socotra faces limited access to clean water and inadequate sanitation, which could be forcing people to rely on non-improved sources and reducing water usage.
- Limited access to functional handwashing facilities, combined with the lack of soap use and financial barriers, leads to poor hygiene and exacerbates public health challenges.
- The lack of adequate WASH infrastructure in healthcare facilities and the long distances to access care highlights significant barriers to proper hygiene and timely medical treatment, further exacerbating health risks.





The availability and quality of water sources vary significantly across communities. Only **one out of 7 KIs reported that people in their community rely on improved water sources**, while **6 KIs** indicated a dependence on **non-improved** water sources. Furthermore, **all the KIs** reported that their respective areas have **acceptable quality of drinking water**, indicating that water in these districts generally meets basic quality standards.

In Socotra governorate, people received water through diverse methods, *some of which seemed to reveal challenges in regards of infrastructure and access. **5 out of 7 KIs** reported that people have access to **piped water into the dwelling**, a generally reliable source, though it may still sometimes be affected by seasonal variations or contamination. Additionally, **one KI** reported that people have access to **piped water in a compound**, **yard**, **plot of land**, **or manhole** which serves as a communal source for water collection. Also, **one KI** reported that **water trucking**, which is both costly and often unreliable. These varied methods reflect the uneven infrastructure across the governorate, with some areas facing more reliable water access than others.



One KI reported people in the community were **unsatisfied** with water access in the last 3 months prior to data collection, and **one KI** reported people in the community were **very unsatisfied**.

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

One KI who reported **access to improved water sources in Socotra governorate** highlighted not having any issues with **the quality of the drinking water**. However, **dissatisfaction** with overall water access remains prevalent, underscoring challenges related to **availability, affordability**, and **reliability of water supplies** in the governorate. These issues are compounded by the **island's remote location** and **harsh conditions**, which further strain existing water infrastructure and services. 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 Socotra governorate.

* KIs were able to select multiple answers for this question.
**One KI answered do not know.

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

Unable to pay, water is too expensive	2/3	
Water source productivity is very poor/ insufficient	2/3	
Water source was non-functional	1/3	

In response to these challenges, communities have implemented various adaptation strategies. **All KIs** reported that people in their community **reduce drinking water consumption (eg. drink less water)**, demonstrating a willingness to sacrifice personal hydration and travel greater distances to secure water when local sources are unreliable or insufficient. Furthermore, **All KIs** reported that people **reduce water consumption for other purposes (bathe less, etc..**). Another coping strategy adopted by people in the community is to **rely on surface water for drinking water**, a practice reported by **one out of 3 KIs**. These practices highlight the sacrifices communities make to adapt to water shortages, including **reduced hygiene practices** and **increased efforts to access water from alternative sources**.

22 Minutes is the average number of minutes required to fetch water from the water source and return back, according to 2 out of 3 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*





4 out of 7 KIs reported that "**Nobody**" treated their water in their assessed areas in the last 3 months prior to data collection.



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

All (around 100%)			4/7	
Most (around 75%)			2/7	
About half (around 50%)		1/7		
A few (around 25%)	0%			
None (around 0%)	0%			
Don't Know	0%			
Refuse to Answer	0%			

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6 of 7 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, only one KI reported few or none of people in their communities had access to sufficient water for drinking and other **purposes**. This variation suggests that water access is uneven within the community, possibly due to factors like location or infrastructure. Insufficient water for basic needs can lead to health risks and highlights the need for targeted solutions to improve access.

Sanitation

The data collected from interviews with KIs in 2 districts across in Socotra offers invaluable insights into the usage patterns, conditions, access challenges, and coping mechanisms related to sanitation facilities. Among the districts assessed, all 7 KIs reported people in their community had access to improved sanitation facilities. This indicates a **positive trend** in infrastructure development and access to better sanitation solutions. The availability of these facilities represents a significant step forward in promoting public health and hygiene within the community.

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

Latrine connected to a closed pit	
Latrine connected by a pipe to the surface of the ground	0%
Latrine connected to an open pit	0%
Latrine connected to the sewage network	0%
No facility (open defecation)	0%

7/7

KI responses highlight critical concerns about the adequacy and safety of shared sanitation facilities in some communities. In many cases, only half of the communal latrines are gender-segregated, and even fewer have functional locks on the inside, with a significant portion lacking this basic security feature. This lack of proper infrastructure leaves users, particularly women and girls, vulnerable to discomfort, insecurity, and heightened risks to their safety and dignity. Ensuring that communal sanitation facilities are safe, private, and secure is crucial to addressing these gaps and protecting the well-being of all community members.



3 out of 7 KIs reported people in the community using shared/ communal latrines in their areas.



2 out of 3 KIs reported that half of communal latrines in their communities were gender separated.



3 out of 3 KIs reported that most of the 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.



5 out of 7 KIs reported that **women** were dissatisfied with access to sanitation facilities, and **5 out of 7 KIs also** reported similar dissatisfaction among **men**. The equal levels of dissatisfaction between the two groups suggest shared challenges regarding sanitation access, though the underlying issues may vary based on gender-specific needs and expectations. These concerns could stem from factors such as **privacy, safety, or the adequacy of facilities** in communal settings. Regardless of the specific differences, the widespread dissatisfaction among both men and women underscores the urgent need to enhance sanitation infrastructure to address the needs of all community members effectively.

Accessibility, Challenges, and Adaptation Methods.

According to 2 out of 7 KIs, inconsistent access to sanitation facilities day and night is a concerning issue in the assessed districts in Socotra governorate. This gap exacerbates health risks in a region already struggling with water and sanitation-related diseases. Older people, persons with disabilities, and girls are particularly affected due to multiple reasons such as: distance or difficult accessibility prevent people from reaching the toilet, and limited mobility prevents people from using the toilet.

The insights provided by KIs shed light on pressing sanitation challenges in the communities surveyed. **5 out of 7 KIs highlighted that people experienced issues related to latrines**, and these included: **insufficient water availability for sanitation facilities (latrines/toilets) are unclean or unhygienic**, **sanitation facilities are open and lacks privacy**, and **sanitation facilities (latrines/toilets) lack sufficient amounts of water**. These challenges reflect critical gaps in the existing sanitation infrastructure, limiting the community's ability to maintain clean, safe, and functional facilities. Such issues not only impact the quality of life, but also pose serious health risks by creating environments conducive to the spread of diseases.

To tackle these challenges, the communities have implemented various **coping mechanisms**, as reported by KIs. These methods include: **defecate in the open**, **rely on communal sanitation facilities (latrines/toilets)**, and **rely on less preferred unhygienic/unimproved sanitation facilities (toilets/ latrines)**. While these practices offer temporary solutions, they come with significant drawbacks. Open defecation and reliance on unimproved facilities increase exposure to harmful pathogens, contributing to poor health outcomes. Additionally, the reliance on communal facilities often leads to overcrowding and further compromises hygiene and privacy.

Although only **one KI** reported **observing visible traces of human faeces**, which could be seen as a somewhat positive sign indicating efforts to manage open defecation, this issue still presents serious health risks. The limited presence of faeces does not eliminate the potential for disease transmission or water contamination, as even small amounts can lead to significant public health concerns. Pathogens from human waste can spread through soil, water, and physical contact, posing a threat to community health and safety.





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

Sanitation facilities (latrine/toilets) are unclean or unhygienic	5/5	
Sanitation facilities are open and lacks privacy	4/5	
Sanitation facilities (latrines/toilets) lack sufficient amounts of water	2/5	

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

Defecate in the open	4/5	
Rely on communal sanitation facilities (latrines/toilets)	2/5	
Rely on less preferred unhygienic/ unimproved sanitation facilities (toilets/ latrines)	1/5	

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





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, **5 out of 7 KIs** reported that **few (around 25% of people)** had access to functioning **hand-washing facilities with soap and water.** This highlights a concerning lack of basic hygiene amenities in the communities assessed. This reflects a concerning gap in access to basic hygiene services across the assessed communities. Such limited access to proper hand-washing facilities significantly **compromises personal hygiene practices** and **poses a heightened risk of spreading infectious diseases**.



Moreover, **4 out of 7 KIs** reported that most people in the community **do not use soap**, indicating a critical gap in proper hygiene practices within the assessed areas. The absence of soap in routine hand-washing not only reduces the effectiveness of hygiene measures but also increases the risk of disease transmission, particularly in environments where access to clean water and healthcare is limited.



According to **all KIs**, people in their communities were **dissatisfied (6 out of 7 KIs** reported that people were **unsatisfied** and **one KI** reported people were **very unsatisfied) with access to handwashing facilities**, highlighting significant gaps in infrastructure. This widespread dissatisfaction underscores the urgent need for improvements to support better hygiene practices and public health.



* 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

Mobile object reported bucket jug or kettle)		7/7
Fixed facility reported sink or tap in dwelling	0%	
No handwashing place in dwelling, yard, or plot	0%	
Fixed facility reported (sink or tap) in yard or plot	0%	
Don't Know	0%	

Access to WASH services and items

This section offers a comprehensive overview of the challenges related to access 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 **persons with disabilities and older people** emerge as the **groups facing the greatest challenges in accessing essential water sources, handwashing facilities, and bathing and sanitation amenities**. **Physical limitations** often make it difficult for them to reach or use these facilities, particularly when infrastructure is not designed to accommodate their needs. **The lack of sufficient assistance** from caregivers or community members further compounds their difficulties, leaving many unable to access even basic hygiene services. Additionally, **the absence of inclusive infrastructure**, coupled with **societal neglect** of their specific requirements, reinforces their marginalization. These barriers not only **restrict their access to critical resources** but also lead to these groups being **overlooked and their needs deprioritized in community planning**. As a result, older people and persons with disabilities continue to face significant hardships, underscoring the urgent need for targeted interventions to ensure equitable access to water, sanitation, and hygiene facilities.

Furthermore, the data underscores **challenges** related to the **accessibility of WASH hygiene items** (for example: **diapers**, **water treatment items**, and **soap for cleaning the floor**). Many community members face difficulties in obtaining these items, which are crucial for maintaining health and preventing disease. This is primarily due to **the financial constraints**, and **lack of sufficient awareness about the importance of these hygiene practices** that make it difficult for households to afford and get 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.







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. **Since January 2024 and until October 2024, Socotra governorate had reported approximately 31 suspected cases of acute watery diarrhea/cholera, and zero deaths.**²

% of KIs reporting at least one person (under or above 5 years) with diarrhea incidents in the last 3 months prior to data collection



Healthcare Disparities in Socotra: Gaps in Information Dissemination and Access

All KIs (7 out of 7 KIs) noted that individuals in their communities had received information about cholera in the past 3 months. Additionally, 7 out of 7 KIs indicated that the information provided was available to everyone in the community. Based on the KI responses, there are no gaps in the distribution of cholera-related information, suggesting that efforts to raise awareness have successfully reached all members of the community. This comprehensive dissemination is crucial in ensuring that the population is well-informed about preventive measures and symptoms. Despite these positive results and widespread access to cholera-related information, Socotra governorate reported around 31 suspected cholera cases until October 2024, highlighting that information alone may not be sufficient to prevent the disease. Furthermore, **5 out of 5 KIs** reported being **unsure whether people in their communities were familiar with preparing Oral Rehydration Solution (ORS)**, a crucial remedy for combating Acute Watery Diarrhea (AWD) or Cholera. This uncertainty raises serious concerns, as Socotra faces the risks of diarrheal diseases due to its limited access to clean water and sanitation. Additionally, **2 out of 5 KIs** noted the **presence of nearby Oral Rehydration Centers (ORCs) or Diarrhea Treatment Centers (DTCs)**, revealing a gap in access to professional care for dehydration and diarrhea-related conditions. The limited availability of these facilities underscores the urgent need for improved healthcare resources to protect public health.

According to 5 out of 5 KIs, the majority of the population faces significant barriers in accessing general healthcare facilities. These obstacles include: **the long distance to health facilities**, and **the health facility lacks adequate WASH services**. These challenges make seeking medical care particularly difficult for Socotra's population, further hindering access to essential health services.

To address these barriers, interventions should prioritize ensuring a **consistent supply** of medicines and improving the quality of healthcare services through staff training and better management. Additionally, expanding transportation support, establishing closer healthcare facilities, and upgrading WASH infrastructure in existing centers are critical steps. Strengthening community health education will further empower individuals to seek care and utilize available services effectively. Collectively, these measures are essential for enhancing healthcare access and outcomes in the assessed districts of Socotra governorate.

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.





Community Engagement and Participation in WASH Assistance

In Socotra governorate, **only 1 out of 7 KIs** reported the **presence of WASH assistance**, while **5 KIs confirmed its absence**. Also, **one KI** expressed **uncertainty about the availability of such services**. This highlights a critical gap in WASH support, which could contribute to the spread of waterborne diseases, especially given the island's limited access to sanitation and water infrastructure. The KI who reported WASH assistance noted that the **community engagement is something important when implementing any project to ensure that the project is meeting and fulfilling the gaps and needs**. While this is a concerning observation, it was reported

None of the KIs indicated that the population was aware of complaints and feedback mechanisms, suggesting a low level of awareness. One KI mentioned the lack of awareness, implying that a significant portion of the population might not know how to access or use these channels.

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).

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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 Socotra 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 twoweek 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.

ENDNOTES

1. <u>Yemen HNRP 2025</u>

2. Epidemiological Situation of diseases in free areas in Yemen in 2024

Participating Agencies



* 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.



Assessed Districts in Socotra governorate *

Hadibu	Qalansiyah wa Abd Al Kuri

