SITUATION OVERVIEW

Al Maharah | 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

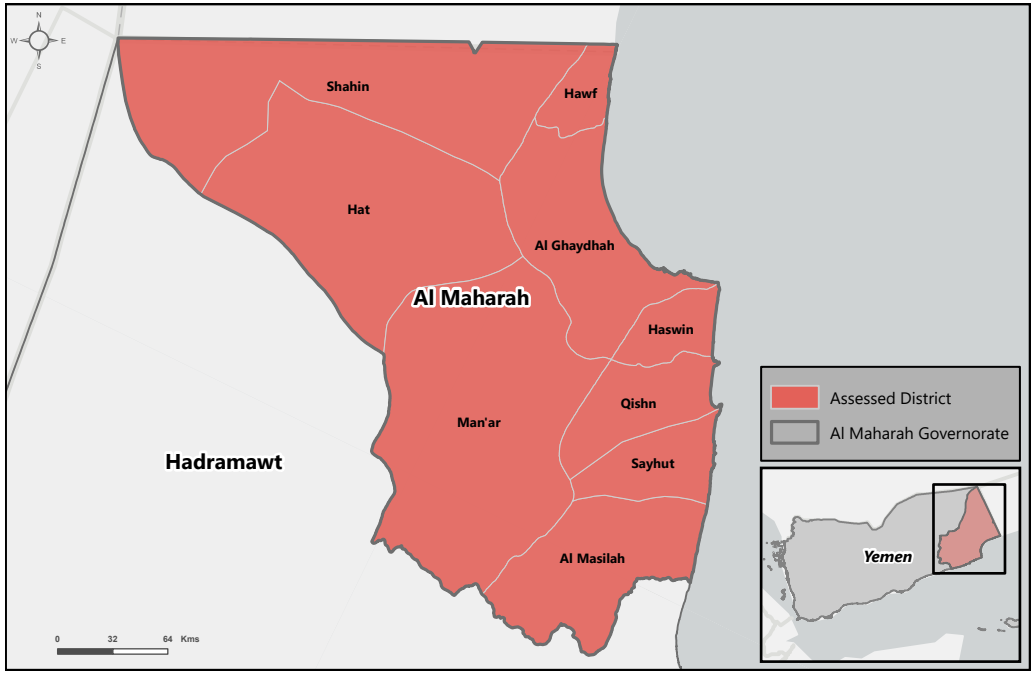


Figure 1: Covered Districts in Al Maharah

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 Al Maharah in 2024, highlighting **9 districts** across **Al Maharah** governorate. Data collection occurred between **July and September 2024**, **within a recall period of 3 months**, with active involvement from **1 YWC partner which was the Ministry of Water and Environment**. Insights were gathered from **31 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:

- Communities' dependence on **water trucking** and **unimproved sources**, coupled with widespread **open defecation**, heightens the risk of **cholera outbreaks**, a threat further exacerbated by the **absence of awareness campaigns** and **inadequate prevention effort.**
- **Person with disabilities, older people, women, and girls** encounter significant challenges compared to other groups in **accessing WASH facilities** in Al Maharah governorate.
- **Economic constraints** and **lack of awareness** limit community **access to essential WASH items**, such as soap, further compromising hygiene practices.

WASH Cluster
Water Sanitation Hygiene

REACH Informing more effective humanitarian action

Water

The availability and quality of water sources vary significantly across communities. Approximately **58% of KIs reported that people in their community rely on improved water sources**, while **29% of KIs** indicated a dependence on **non-improved** water sources. About **71% of KIs** reported that their respective areas have **acceptable quality of drinking water**, indicating that water in these districts generally meets basic quality standards.

In Al Maharah governorate, people received water through diverse methods, *some of which seemed to reveal challenges in infrastructure and access. **52% of KIs** reported that people have access to **water trucking**, a temporary and costly solution, while **35% of 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, **23% of KIs** reported that people rely on **people manually collect water by filling buckets and transferring it into jerrycans or gallon containers for easier transport and storage,** a process that can be time-consuming and physically demanding. These varied methods reflect the uneven infrastructure across the governorate, with some areas facing more reliable water access than others.

23% of KIs reported people in the community were **unsatisfied** with water access in the last 3 months prior to data collection, while **32% of KIs** reported people in the community were **very unsatisfied**.

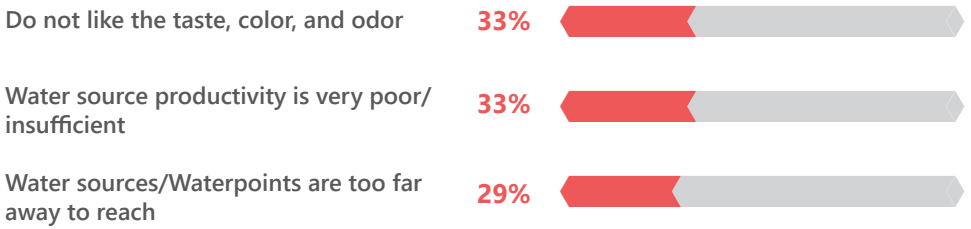
23% of KIs reported that people in the community found **drinking water quality unacceptable** in the last 3 months.

Among the 58% of KIs who reported **access to improved water sources**, **83% of KIs** highlighted not having any issues with **the quality of the drinking water.** Despite the relatively high percentage of KIs reporting satisfactory water quality, **dissatisfaction** with water access in these districts highlights the ongoing challenges related to water availability. 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 Al Maharah governorate.

* KIs were able to select multiple answers for this question.
**5% of KIs reported that people in their communities do not fetch water, while 19% of KIs answered do not know.

Water Issues, Coping Mechanisms, and Responsibilities

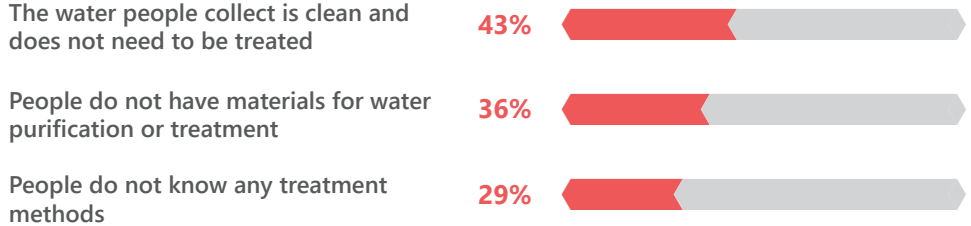
Percentage of KIs outlining the top 3 water access issues in the assessed districts in the last 3 months prior to data collection*



In response to these challenges, communities have implemented various adaptation strategies. Surprisingly, **47% 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, **41% of KIs** reported that people **rely on less preferred unimproved/untreated water sources for drinking water such as unprotected well or unprotected spring**. Another coping strategy adopted by people in the community is to **reduce drinking water consumption (drink less)**, a practice reported by **41% of KIs**. These strategies reflect the ongoing struggle for consistent, safe water access, emphasizing the urgent need for **improved infrastructure** to ensure **sustainable** and **reliable water sources** for all communities.

55 **Minutes** is the average number of minutes required to fetch water from the water source and return back, according to 71% 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*

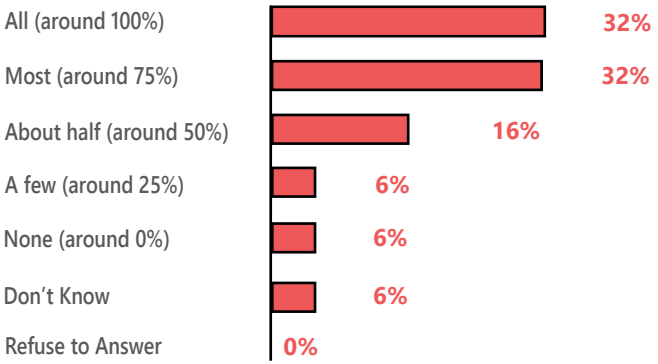


65% of KIs reported that **"Nobody"** treated their water in their assessed areas in the last 3 months prior to data collection.

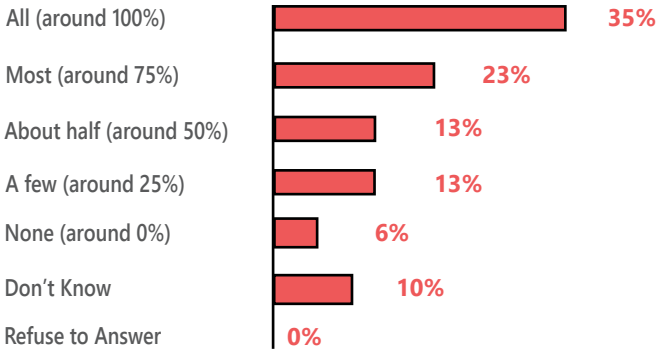
According to KIs, **71% reported that adult men (19-64 years)** are primarily responsible for fetching water, reflecting their crucial role in ensuring household water access. This often involves physically demanding tasks, particularly in areas where water sources are distant or limited. On the other hand, **19% of KIs** reported that there is **no need to fetch water**, possibly due to **better infrastructure** or **closer water sources**, reducing the overall burden on the community. This contrast highlights disparities in water access, with some areas benefiting from reliable infrastructure, while others rely on manual collection, placing a heavy burden on men in many households.

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

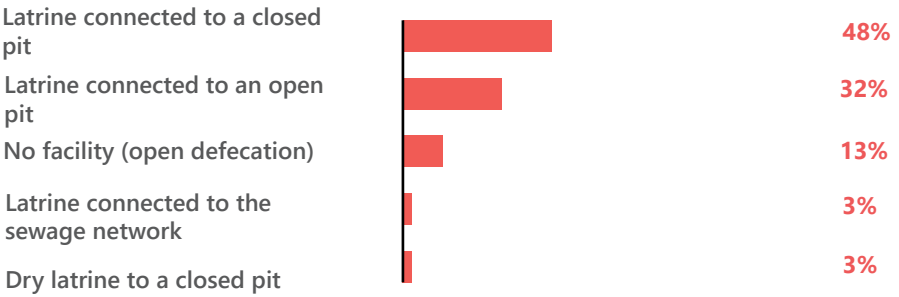


Around **71% of KIs** reported that **more than half of the people in the community had access to a sufficient quantity of water for both drinking and other purposes (such as cooking, bathing, and washing)**. However, **around 13% of KIs** reported **few or none of people in their communities had access to sufficient water for drinking and other purposes**. This indicates that while most communities in Al Maharah have adequate access to sufficient water, some areas still face challenges, requiring targeted solutions to address these gaps.

Sanitation

The data collected from interviews with KIs in **9 districts across in Al Maharah** offers invaluable insights into the usage patterns, conditions, access challenges, and coping mechanisms related to sanitation facilities. Among the districts assessed, **55% of KIs reported people in their community had access to improved sanitation facilities**, while **45% of KIs** reported that people had **access to unimproved sanitation facilities**. This indicates a notable difference in sanitation access, highlighting the need for targeted interventions to improve facilities, especially in areas with limited access to improved sanitation.

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



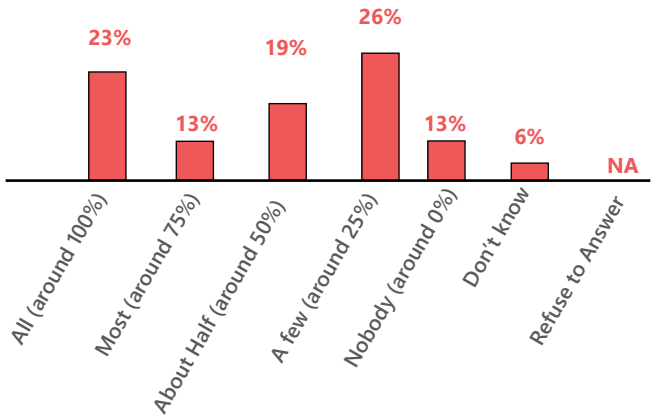
KIs responses regarding shared and communal sanitation facilities in Al Maharah districts revealed that **50% of KIs** reported the **absence of gender-separated latrines**. Additionally, **50% of KIs** highlighted that **a few (around 25%) of shared latrines had functional lock on the inside**. These findings emphasize the need for improvements in the **design and maintenance of sanitation facilities** to ensure greater privacy, safety, and hygiene for all users. Addressing these issues is essential to enhance both the physical and psychological well-being of individuals relying on these facilities.

6% of KIs reported people in the community using shared/communal latrines in their areas.

Approximately 50% of KIs reported that communal latrines in their communities were **not gender separated**.

50% of KIs reported **a few (around 25%)** of communal latrines in their communities had **no 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 Al Maharah governorate, KIs reported high **dissatisfaction** with access to sanitation facilities, with **55% of women** and **71% of men** expressing frustration over inadequate facilities. The higher dissatisfaction among men may reflect a broader concern about the **state of sanitation infrastructure**,. For women, the dissatisfaction could be compounded by **cultural stigma and limited mobility**, making it harder for them to access better facilities. These percentages, while indicating a significant problem, may also reflect **long-standing issues** with **outdated infrastructure** and **low expectations**, as well as **potential underreporting or a lack of awareness** about what constitutes adequate sanitation.

Accessibility, Challenges, and Adaptation Methods.

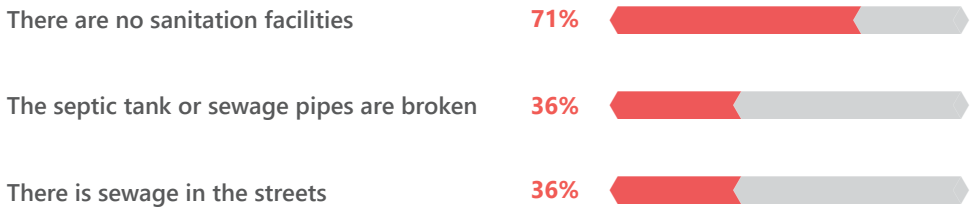
According to **45% of KIs**, **inconsistent access to sanitation facilities day and night** is a concerning issue in Al Maharah governorate**.** This gap exacerbates health risks in a region already struggling with water and sanitation-related diseases. **Girls, women, and older people** are particularly affected due to multiple reasons such as: **absence of sanitation facilities (latrines/toilets)**, and **limited mobility prevents people from using the toilet**.

The insights provided by KIs shed light on pressing sanitation challenges in the communities surveyed. **45% of KIs highlighted that people experienced issues related to latrines,** and these included **the absence of sanitation facilities, the septic tank or sewage pipes are broken and the presence of sewage in the streets.** These issues point to critical gaps in the sanitation infrastructure, which directly impact the community's ability to maintain clean and safe facilities.

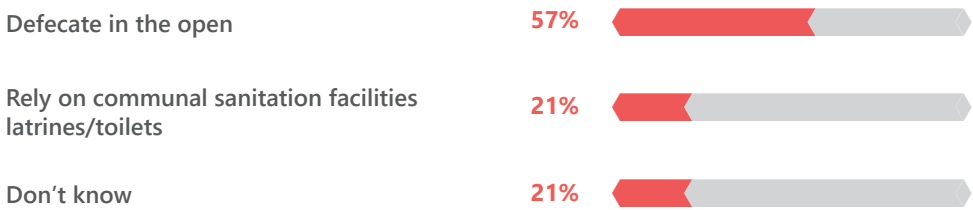
To tackle these challenges, the communities have implemented various **coping mechanisms**, as reported by KIs. These methods include: **defecate in the open, and rely on communal sanitation facilities latrines/toilets.** While these strategies provide short-term relief, they are insufficient in addressing the underlying issues and expose communities to significant health risks.

Additionally, **61% of KIs** reported observing **visible traces of human feces in the environment**, highlighting the severity of the sanitation issues in the Al Maharah governorate. This widespread contamination not only threatens public health by increasing the risk of waterborne diseases but also reflects the urgent need for proper sanitation infrastructure and hygiene awareness to mitigate these risks.

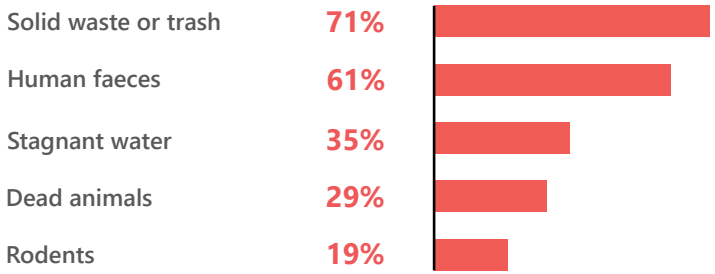
Top 3 issues related to the latrines/toilets in the last 3 months prior to data collection, as reported by the KIs*



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, **23% of KIs** reported that **nobody (0%)** had access to functioning **hand-washing facilities with soap and water.** This highlights a significant lack of basic hygiene amenities in the communities assessed. The infrastructure gap poses a significant risk to public health because inadequate hand-washing facilities compromise not only individual hygiene practices but also contribute to the **heightened vulnerability of communities** to various infectious **diseases**.

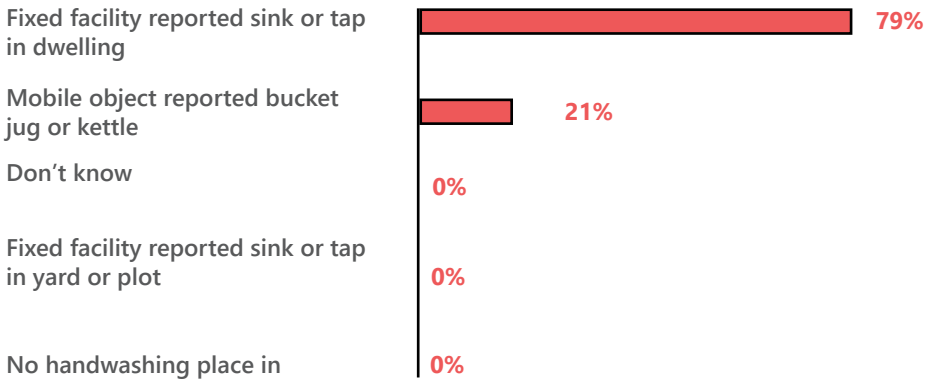
Moreover, **88% of KIs** reported that communities primarily use **bar or liquid soap**, reflecting strong hygiene practices and the availability of soap through markets, aid, or local production. This highlights good awareness of hygiene's importance, though some gaps remain.

According to **61% of KIs**, people in their communities were **dissatisfied** *(***35% of KIs** reported that people were **unsatisfied** and **26% of KIs** reported people were **very unsatisfied***)* **with access to handwashing facilities**, indicating a significant inadequacy in the current infrastructure to effectively meet community needs or standards. This dissatisfaction signals a critical gap between the existing provisions and the expectations or requirements of the community members. Addressing this dissatisfaction is imperative as it plays a crucial role in improving hygiene practices and promoting public health.

Additionally, the data shows that **72% 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 Al Maharah governorate. However, **28% 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

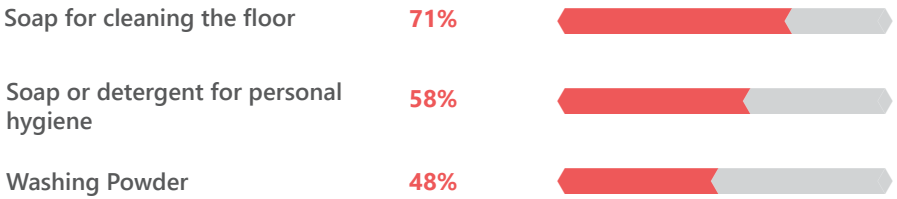
This section offers a comprehensive overview of the challenges and dynamics surrounding access to WASH facilities and hygiene items within the assessed communities, as reported by KIs. The data sheds light on the general deficiencies in WASH infrastructure and the barriers faced by community members, 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.

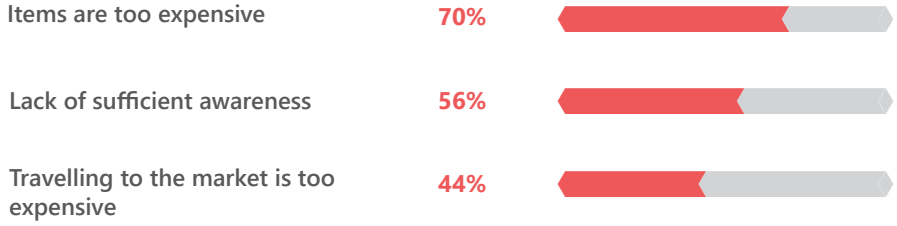
Furthermore, the data underscores **challenges** related to the **accessibility of WASH hygiene items** (e.g. **soap for cleaning the floor** ,**soap or detergent for personal hygiene**, and **washing Powder**). This is due to the **lack of sufficient awareness about the importance of hygiene practices and items** and **financial constraints** faced by the Households (HHs) in Al Maharah, which prevent many individuals from obtaining necessary items. As a result, proper hygiene practices are compromised, increasing the risk of disease transmission and poor sanitation in the area.

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*



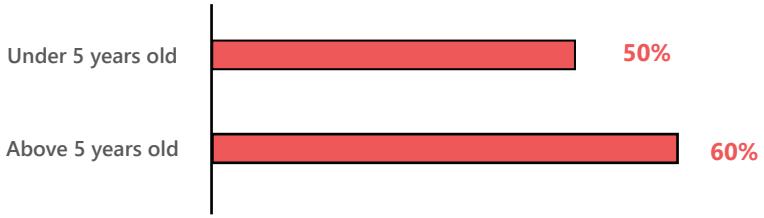
* KIs were able to select multiple answers for this question.

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, Al Maharah governorate had reported approximately 23 suspected cases of acute watery diarrhea/cholera, and no 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 Al Maharah: Gaps in Information Dissemination and Access

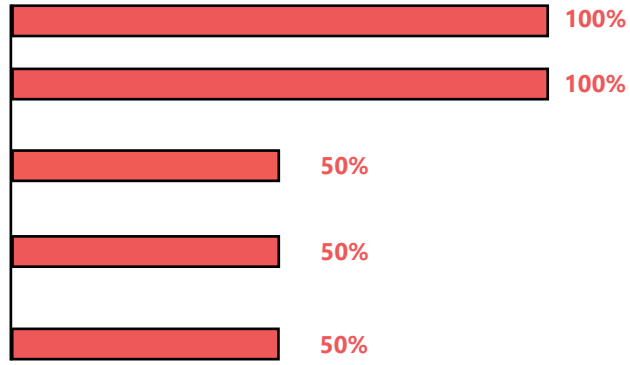
Only 15% of KIs noted that **individuals in their communities had received information about cholera in the past 3 months**. Additionally, **67% of KIs** indicated that the **information provided was not available to everyone in the community.** This reveals a significant gap in cholera awareness and the distribution of vital health information. As a result, many may remain unaware of preventive measures, symptoms, and the importance of early treatment, which could contribute to the rapid spread of the disease. Additionally, despite only **23 reported cholera cases** in Al Maharah governorate [2], KIs noted that they were aware of individuals, both below and above 5 years old, **experiencing diarrhea** in the past 3 months in their communities. This suggests a possible **underreporting** or **lack of awareness regarding cholera or other waterborne diseases**, as diarrhea is a primary symptom.

Only **25% of KIs** reported **people in their communities were familiar with preparing Oral Rehydration Solution (ORS)**, a vital remedy for combating AWD or Cholera. This information poses a critical concern in a region frequently affected by diarrheal diseases. Moreover, **90% of KIs** highlighted the **absence of nearby Oral Rehydration Centers (ORCs) or Diarrhea Treatment Centers (DTCs),** indicating a critical gap in access to essential healthcare services for treating waterborne diseases. This reflects limited healthcare infrastructure, which could delay treatment for diarrhea and worsen the spread of cholera and other waterborne diseases. The absence of these facilities underscores the urgent need for improved healthcare resources to protect public health.

According to **80% of KIs**, the majority of the population faces significant barriers in accessing general healthcare facilities. These obstacles were: **the long distance to health facilities**, and the **lack of affordable transportation to healthcare centers**. These factors exacerbate the already challenging process of seeking medical care, making it even more difficult for individuals to access the healthcare they need.

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 Al Maharah.

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

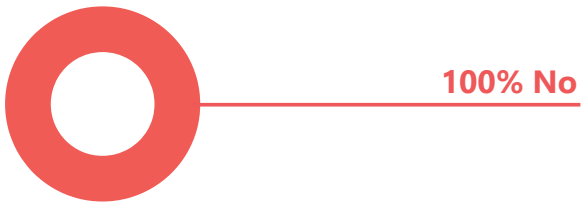
Within the assessed districts only **3% of KIs** reported **the presence of WASH assistance**. Meanwhile, **68% of KIs reported that there was no WASH assistance,** and **29% of KIs were unsure**. This highlights a critical lack of WASH support, which may contribute to the spread of waterborne diseases and underscores the urgent need for improved sanitation and water access. All the KIs who reported the presence of WASH assistance stated that **the community was not consulted before the assistance was provided**. This indicates a lack of community involvement in decision-making processes, which could lead to **interventions that are not aligned with the community's specific needs or priorities**.

Furthermore, the data reveals concerning levels of community involvement in the **planning and delivery of humanitarian assistance**. **100% of KIs** reported that **community members were not involved in these processes**, highlighting a complete **lack of local engagement in critical decision-making**. This lack of participation is closely connected to the initial absence of WASH assistance in the governorate. Without community input, interventions are less likely to align with local needs, contributing to the overall gap in WASH support. This further underscores the importance of involving communities in the planning and implementation of humanitarian programs to ensure their effectiveness and sustainability.

People awareness of complaint and feedback mechanisms

According to KIs, **100%** reported that the population **were unaware of complaints and feedback mechanisms.** This lack of awareness prevents community members from voicing concerns or providing input on the assistance they receive. It highlights a **significant gap in communication**, which can **undermine accountability and limit opportunities for improving services based on community feedback**. This issue may erode trust between aid providers and the affected population. Increasing awareness of these mechanisms is essential to fostering community engagement and enhancing the effectiveness of humanitarian interventions.

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 Al Maharah 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

* 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.

ENDNOTES

1. Yemen HNRP 2025
2. Epidemiological Situation of diseases in free areas in Yemen in 2024

Participating Agencies

Assessed Districts in Al Maharah *

Shahin
Hat
Man'ar
Al Masilah
Sayhut
Qishn
Haswin
Al Ghaydhah
Hawf