

Aden | 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

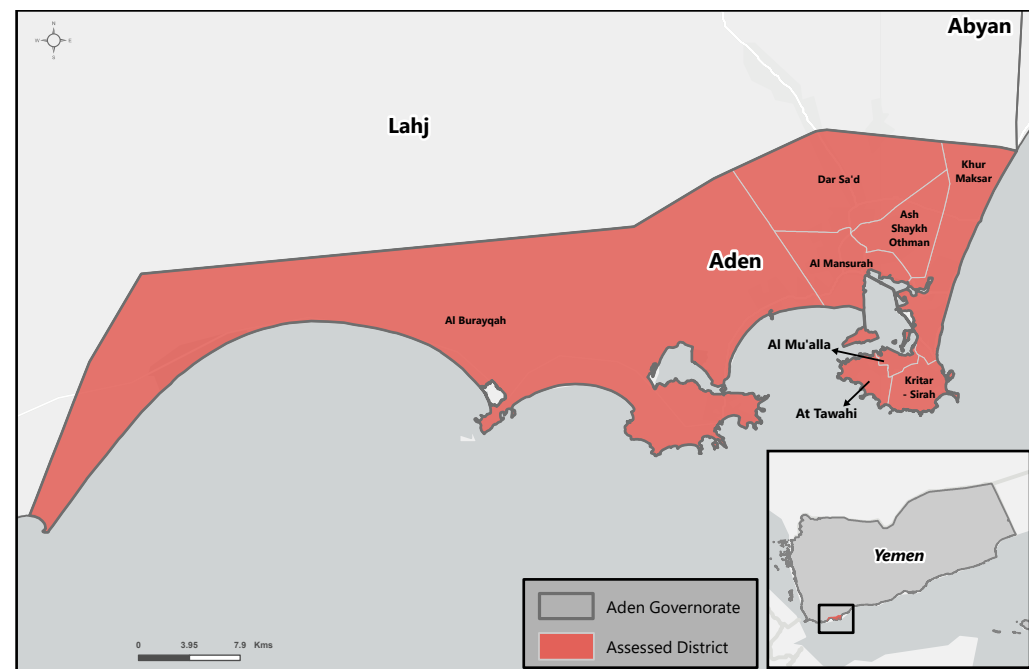


Figure 1: Covered Districts in Aden

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 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 Aden in 2024, highlighting **8 districts** across **Aden** governorate. Data collection occurred between **July and September 2024**, within a recall period of **3 months**, with active involvement from **2 Yemen WASH Cluster partners including (Diversity Organization, and Taybah Foundation for Development)**. Insights were gathered from **36 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 **satisfaction** with **access to WASH services** across Aden governorate, suggesting which might indicate **significant barriers** for some individuals that restrict **proper hygiene and sanitation practices**.
- Although there have been **improvements in WASH infrastructure**, many areas in Aden still **lack basic facilities** such as **reliable access to clean water**, and **sufficient hygiene and bathing facilities**.
- Despite widespread awareness about **cholera**, barriers such as **limited access to healthcare facilities**, **high cost of treatment**, and **inadequate transportation** **prevent communities from seeking timely treatment**, undermining prevention efforts.



Water

The availability and quality of water sources vary significantly across communities. Approximately **67% of the KIs reported that people in their community rely on improved water sources**, while **22% of KIs** indicated a dependence on **non-improved** water sources. About **72% 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 Aden governorate, people received water through diverse methods, some of which seemed to reveal challenges in infrastructure and access. **69% of KIs** reported that people have access to **piped water into the dwelling**, indicating a relatively better level of infrastructure in certain areas, while **33% of KIs** reported that **people brought water in gallons (jerrycans) from a tank/well next to the water source**, suggesting a reliance on local, often unreliable, water sources. Additionally, **31% of KIs** reported that people rely on **water trucking**. This highlights the significant disparity in access to reliable water sources across Aden governorate, where many communities still face difficulties in accessing consistent and safe water, relying on alternative methods that can be costly and unsustainable in the long term.



44% of KIs reported people in the community were **unsatisfied** with water access in the last 3 months prior to data collection, while **11% of KIs** reported people in the community were **very unsatisfied**.



17% of KIs reported that people in the community found **drinking water quality unacceptable** in the last 3 months.

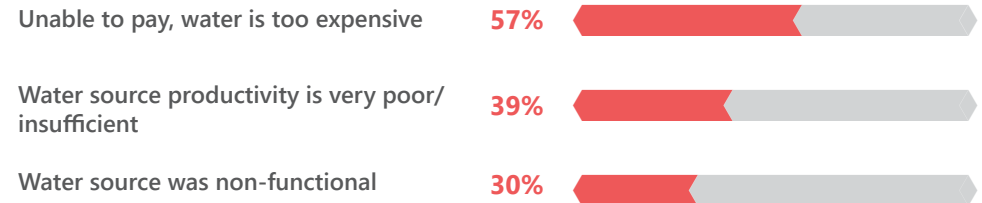
Among the **67% of KIs** who reported **access to improved water sources**, **87% of KIs** highlighted not having any issues with **the quality of the drinking water**. Despite this, **dissatisfaction** with water access persists, underscoring challenges related to **availability, affordability, and reliability of water supplies** in these districts. 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 Aden governorate.

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

**13% of KIs reported that people in their communities do not fetch water, while 35% of KIs answered dont know.

Water Issues, Coping Mechanisms, and Responsibilities

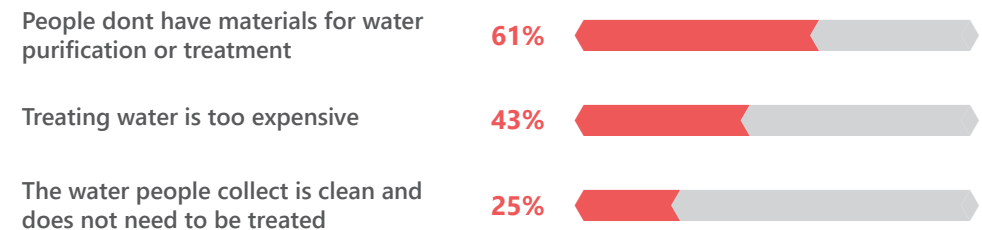
Percentage of KIs outlining the top 3 water access issues in the assessed districts in the last 3 months prior to data collection*



In response to these challenges, communities have implemented various adaptation strategies. Surprisingly, **63% of KIs** reported that people in their community **spend money or credit on water that should otherwise be used for other purposes**, indicating the critical measures taken due to limited alternatives. Furthermore, **53% of KIs** reported that people **fetch water at a source further than the usual one**. 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 **47% of KIs**. This practice highlights the **severe scarcity of safe water, heightening health risks and stressing the urgent need for enhanced water infrastructure** to ensure reliable access.

32 Minutes is the average number of minutes required to fetch water from the water source and return back, according to **52% 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*

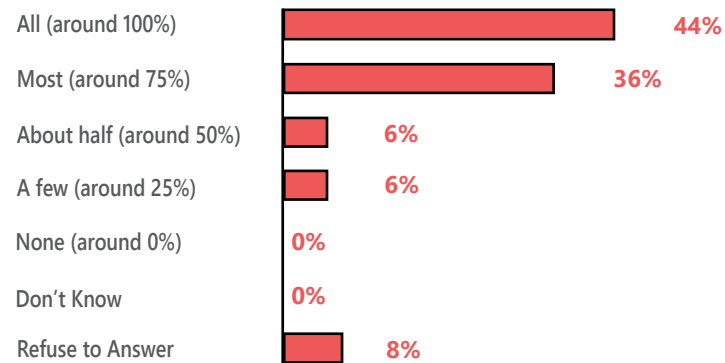


56% of KIs reported that **"Nobody"** treated their water in their assessed areas in the last 3 months prior to data collection.

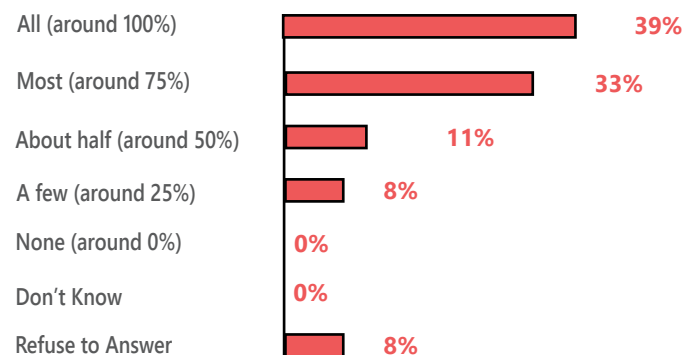
According to KIs, **22% reported that Adult women (19-64 years)** are primarily responsible for fetching water, followed by **adult men (19-64 years)** that are reported by **14%**, and **boys (under 15 years)** at **8%**. Additionally, **17% of KIs** indicated that there is **No need to fetch water**. While adult women are generally the primary group responsible for this task, it is shared with men and boys to a lesser extent. The **17% of KIs** reporting no need to fetch water may indicate some improvement in water access, possibly due to **better infrastructure** or **closer water sources**, reducing the overall burden on the community.

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

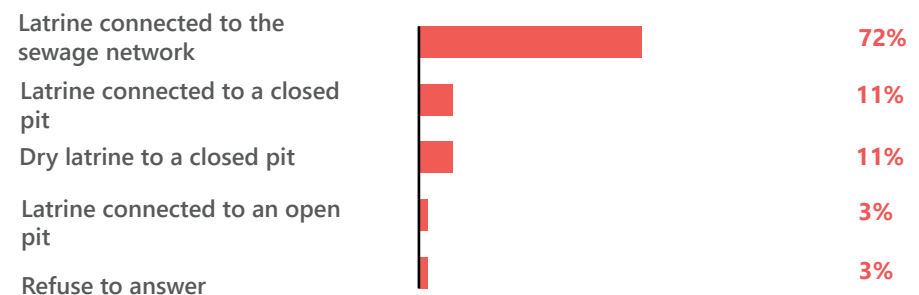


Around **83% of KIs** reported that **more than half of the people in the community had access to a sufficient quantity of water for both drinking and other purposes (such as cooking, bathing, and washing)**. However, **around 6% of the KIs** reported **few or none of people in their communities had access to sufficient water for drinking and other purposes while 8% of KIs refused to answer** these questions. This variation suggests that while most communities have relatively adequate water access, there are still areas where water scarcity remains a critical issue, and some KIs may lack clarity or awareness about the water situation in their communities.

Sanitation

The data collected from interviews with KIs in **8 districts across in Aden** offers invaluable insights into the usage patterns, conditions, access challenges, and coping mechanisms related to sanitation facilities. Among the districts assessed, **94% of KIs reported people in their community had access to improved sanitation facilities**, while **6% 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.



KIs responses regarding shared and communal sanitation facilities in Aden districts revealed that **60% of KIs** reported the **absence of gender-separated latrines**. On a positive note, **all of the KIs** highlighted the **presence of internal locks in the latrines**, enhancing user privacy and security. However, the lack of gender segregation in a significant portion of facilities raises concerns about safety, dignity, and accessibility, particularly for women and girls. This highlights the urgent need for improved facility design that ensures inclusivity and protection for all users.



14% of KIs reported people in the community using shared/communal latrines in their areas.

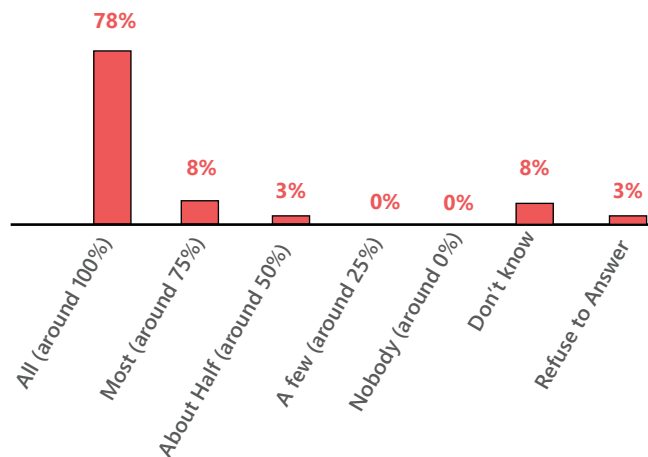


Approximately 60% of KIs reported that communal latrines in their communities were **not gender separated**.

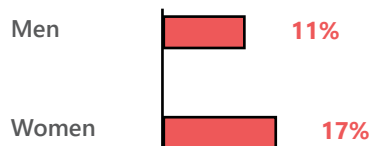


100% of KIs reported communal latrines in their communities had **functional locks on the inside**.

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 assessed districts of Aden, KIs reported **dissatisfaction** with access to sanitation facilities, with **17% of women** and **11% 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.

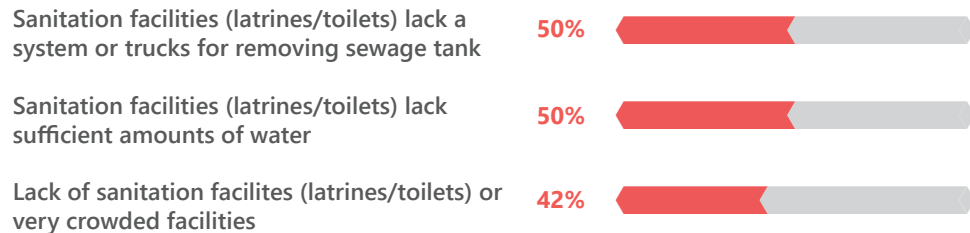
According to **86% of KIs**, **everyone** in the community has **access to sanitation facilities both during the day and at night**. This reflects significant progress in establishing infrastructure that ensures safe and reliable sanitation systems. **Such access helps reduce health risks and improves safety, especially for vulnerable groups** such as (persons with disabilities, the elderly, 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 surveyed. **33% of KIs highlighted that people experienced issues related to latrines**, and these included **insufficient water availability for sanitation facilities (latrines/toilets)**, **lack a system or trucks for removing sewage tank**, and **Lack of sanitation facilities (latrines/toilets) or very crowded facilities**. These issues point to critical gaps in the sanitation infrastructure, which directly impact the community's ability to maintain clean and safe facilities.

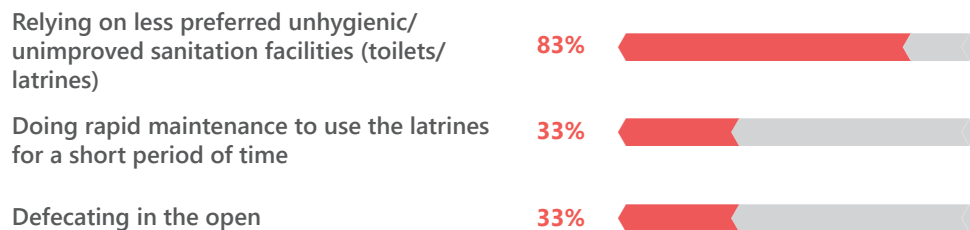
To tackle these challenges, the communities have implemented various **coping mechanisms**, as reported by KIs. These methods include **relying on less preferred unhygienic/unimproved sanitation facilities (toilets/latrines)**, **doing rapid maintenance to use the latrines for a short period of time**, and **defecating in the open**. 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 **14% 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.

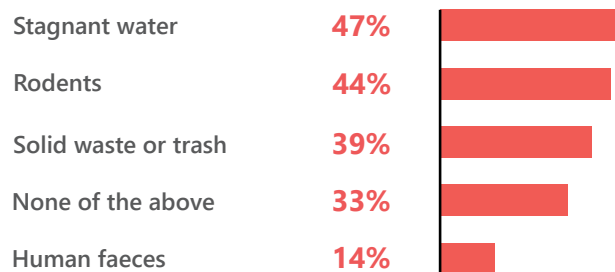
Top 3 issues related to the latrines/toilets in the last 3 months prior to data collection, as reported by the KIs*



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, **25% 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, **56% 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.



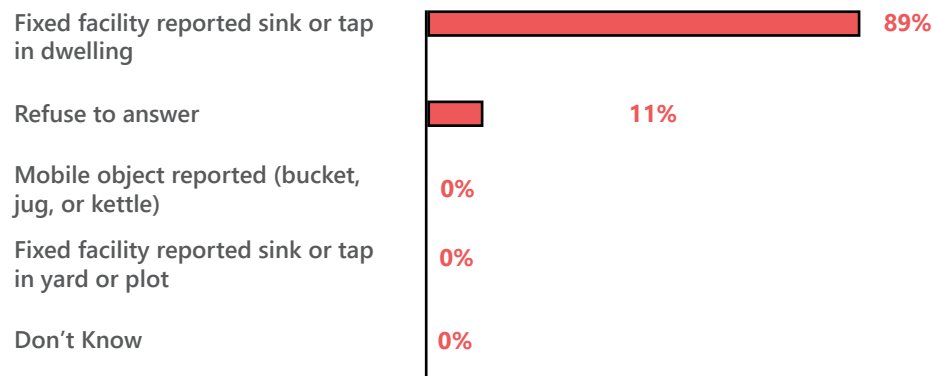
According to **28% of KIs**, people in their communities were **dissatisfied (25% of KIs reported that people were unsatisfied and 3% of KIs reported people were very unsatisfied) with access to handwashing facilities**, indicating inadequacy in the current infrastructure to effectively meet community needs or standards. This dissatisfaction signals a concerning 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 Aden 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 the **older people, people with disabilities, girls, and women**.

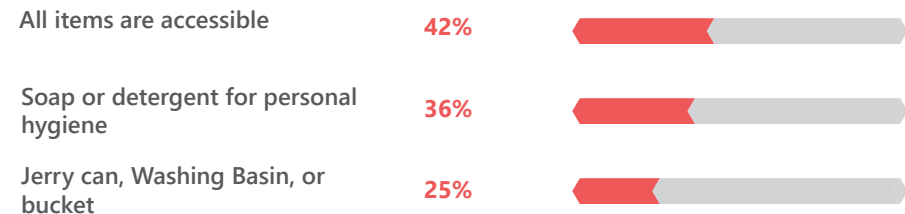
KIs highlighted that **IDPs** emerge as the **groups facing the greatest challenges in accessing water sources, handwashing facilities, and bathing and sanitation amenities**. Despite the availability of humanitarian support, these challenges remain significant, as access to basic services remains limited. IDPs often experience **difficulties in maintaining proper hygiene is hindered by inadequate or insufficient facilities**. This situation is compounded by a range of factors that prevent the effective delivery of services, leading to persistent gaps in access to essential sanitation and hygiene provisions. As a result, IDPs **remain vulnerable to health risks, including waterborne diseases and poor sanitation conditions**, which can have a lasting impact on their overall well-being. The ongoing challenges highlight the need for targeted interventions to ensure that IDPs have reliable access to clean water, proper sanitation, and hygiene facilities.

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

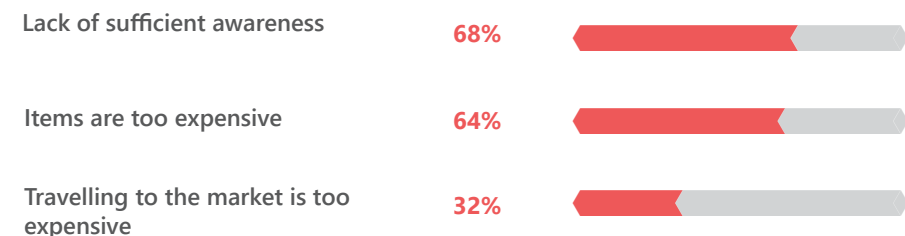
Furthermore, the data underscores **challenges** related to the **accessibility of WASH hygiene items** (e.g., **Soap or detergent for personal hygiene**, and **Jerry can, Washing Basin, or bucket**). While these items are vital for maintaining proper hygiene and preventing the spread of disease, many 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*



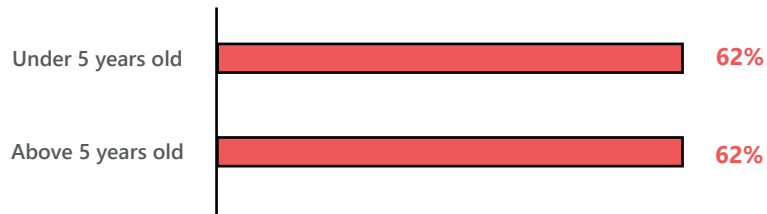


Acute Watery Diarrhea

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

Acute watery diarrhea 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. Compounded by inconsistent water sources and insufficient WASH services due to combination of infrastructural challenges, governance issues, and ongoing conflict, Yemenis suffering from AWD, especially vulnerable groups, are at risk of dehydration and malnutrition. **By October 2024, Aden governorate had reported approximately 7256 suspected cases of acute watery diarrhea/cholera, resulting in 29 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 Aden: Gaps in Information Dissemination and Access

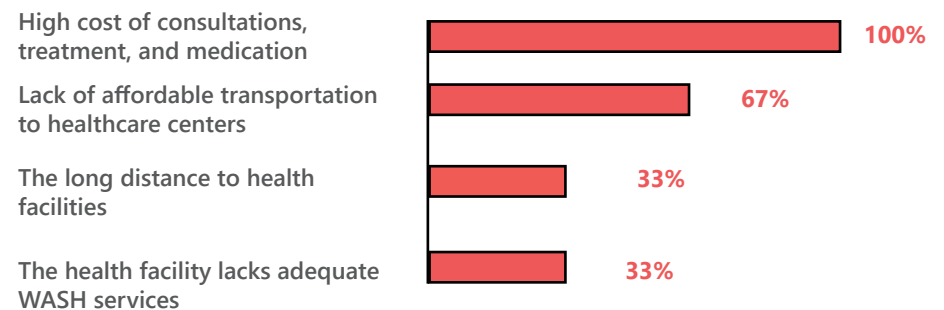
All KIs (100%) noted that **individuals in their communities had received information about cholera in the past 3 months**. Additionally, **100% of the KIs indicated that the information provided was available to everyone in the community**. Based on the KI responses, there are no gaps in the distribution 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, Aden governorate reported around **7,200 suspected cholera cases** until October 2024, highlighting that **information alone may not be sufficient to prevent the disease**.

Notably, **100% of KIs reported people in their communities were familiar with preparing Oral Rehydration Solution (ORS)**, an encouraging sign of community awareness and readiness to manage dehydration-related illnesses. Moreover, **12% of KIs highlighted the absence of nearby Oral Rehydration Centers (ORCs) or Diarrhea Treatment Centers (DTCs)**. While this represents a small percentage, it points to a potential challenge in accessing timely treatment for dehydration and diarrhea-related illnesses, suggesting an area for further improvement in healthcare services.

According to **43% of KIs**, the majority of the population faces significant barriers in accessing general healthcare facilities. These obstacles include: **high cost of consultations, treatment, and medication**, 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 Aden.

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

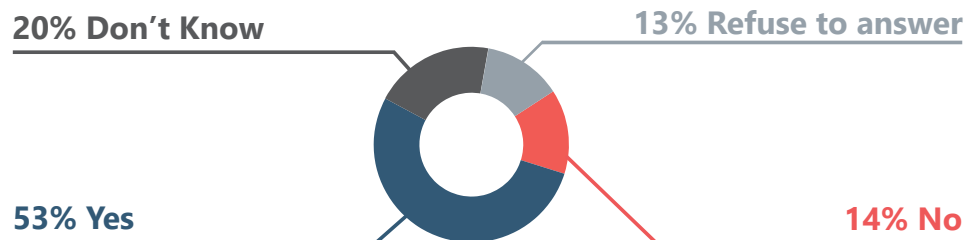
Within the assessed districts only **42% of KIs** reported the presence of WASH assistance. Meanwhile, **50% of KIs reported that there was no WASH assistance, 6% of KIs were unsure, and 3% of KIs preferred not to answer.** The extent of community involvement and participation in the planning and delivery of this assistance varied significantly. Among the KIs that reported the presence of WASH assistance, about **20% stated that the community was not consulted before the WASH assistance was provided.** However, a positive **80% of KIs** indicated that the community was consulted before providing WASH assistance, which is a **promising indicator of community involvement.**

Furthermore, the data reveals varying levels of community involvement in the **planning and delivery of humanitarian assistance. 13% of KIs reported that community members were not involved in these processes,** indicating a potential gap in community participation. Conversely, **60% of KIs reported community involvement** in the planning and delivery of humanitarian assistance, which is a positive indicator of engagement, while **13% of the KIs did not know** and **13% of KIs refused to answer.** This mixed response suggests that while community participation is happening in many cases, there is still room for improvement in ensuring consistent involvement across all areas.

People awareness of complaint and feedback mechanisms

According to KIs, awareness of complaints and feedback mechanisms among the population shows a varied understanding. **Over half (53%) of KIs reported that people are aware of these mechanisms,** indicating a moderate level of awareness within the community. However, **14% 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, **20% of KIs stated they were unsure about the population's awareness level,** and **13% of KIs refused to respond.** This mix of responses highlights a need for targeted outreach to improve understanding and access to feedback mechanisms.

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 Aden 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](#)

Participating Agencies



Diversity Organization
منظمة ديفرستاي

Assessed Districts in Aden governorate *

Dar Sa'd
Ash Shaykh Othman
Al Mansurah
Al Burayqah
At Tawahi
Al Mu'alla
Kritar - Sirah
Khur Maksar

* 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](#).