

YEMEN | 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

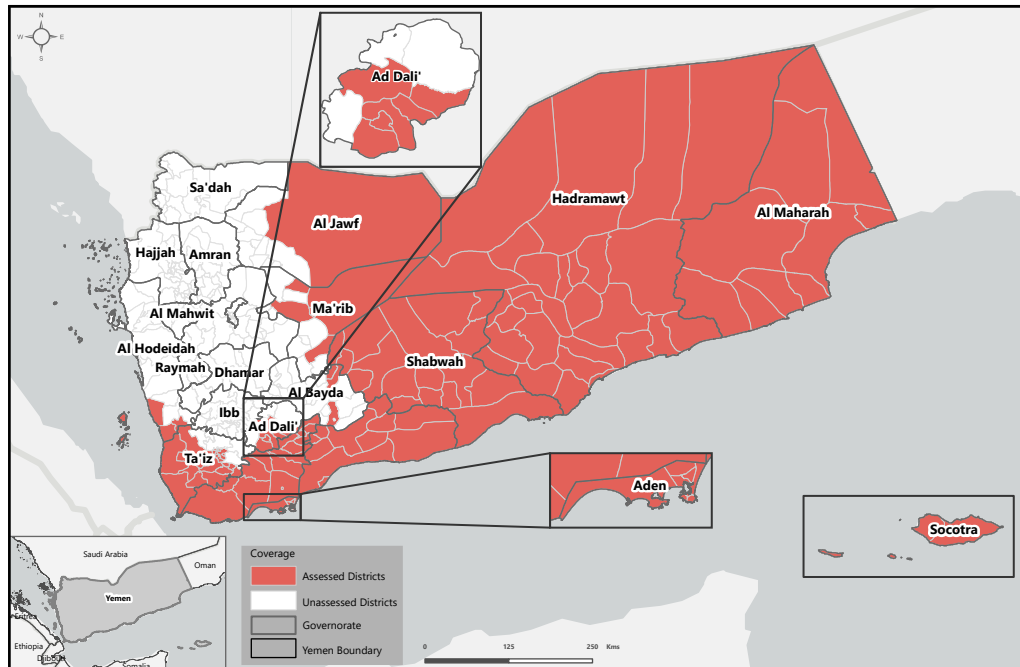


Figure 1: Covered Governorates and Districts in Yemen

Introduction

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

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

Figure 1 presents the coverage map of WANTS for Yemen in 2024, highlighting **126 districts across 13 governorates**, covering districts under **the Government of Yemen (GoY)**. Data collection occurred between **July and September 2024** with a **recall period of 3 months**, with active involvement from **29 Yemen WASH Cluster partners including the Ministry of Water and Environment (MoWE) in the Aden Area of Responsibility (AoR)**. Insights were gathered from **616 KIs**. It is important to note that the findings in this situation overview are only **indicative** and **do not provide a representative view of entire population**.

KEY MESSAGES

The following key messages were reported by KIs:

- **Access to WASH services** remains a challenge, with communities facing **water shortages, unsanitary conditions, and inadequate handwashing facilities**.
- **Person with disabilities, older people, women, and girls** encounter significant challenges compared to other groups in **accessing WASH facilities** in Yemen.
- The **affordability of essential services and items** remains a **significant challenge** across multiple sectors in GoY districts, with **high costs** cited as a **key barrier** to accessing **water, hygiene materials, WASH supplies, and healthcare services**.



Water

The availability and quality of water sources vary significantly across communities. Approximately **63% of the KIs reported that people in their community rely on improved water sources**, while **30% of KIs** indicated a dependence on **non-improved** water sources. Furthermore, about **78% 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 these assessed districts, people received water through diverse methods, *some of which seemed to reveal challenges in infrastructure and access. **45% of KIs** reported that people have access to **pipled water into the dwellings**, likely in more stable areas, while **43% of KIs** mentioned that people relied on **water trucking** which is both costly and often unreliable. Additionally, **30% of KIs** reported that **people manually collect water by filling buckets and transferring it into jerrycans or gallon containers for easier transport and storage**. This highlights the widespread lack of basic water infrastructure in many regions and underscores the significant challenges to achieving reliable water access across GoY areas in Yemen.



36% of KIs reported people in the community were **unsatisfied** with water access in the last 3 months prior to data collection, while **29% of KIs** reported people in the community were **very unsatisfied**.



20% of KIs reported that people in the community found **drinking water quality unacceptable** in the last 3 months.

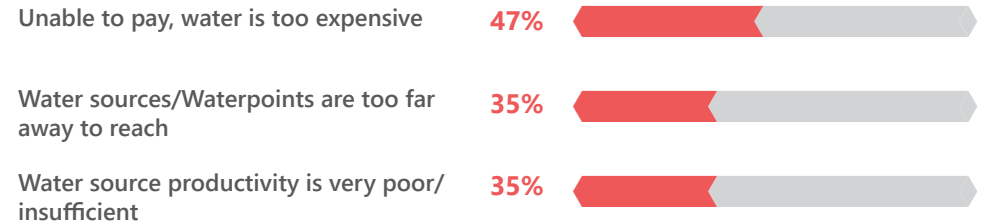
Among the **63% of KIs** who reported **access to improved water sources**, **17% of KIs** noted that people in their community **experienced quality issues with the drinking water**. Although these **improved water sources were available**, they were often affected by concerns such as **foul smell, unpleasant taste, and abnormal color**. This highlights a **gap** between the **availability of improved water sources** and their actual **quality**, suggesting that **even with improved infrastructure, water quality remains a significant challenge, impacting its suitability for consumption**.

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

**7% of KIs reported that people in their communities do not fetch water, while 17% of KIs answered don't know.

Water Issues, Coping Mechanisms, and Responsibilities

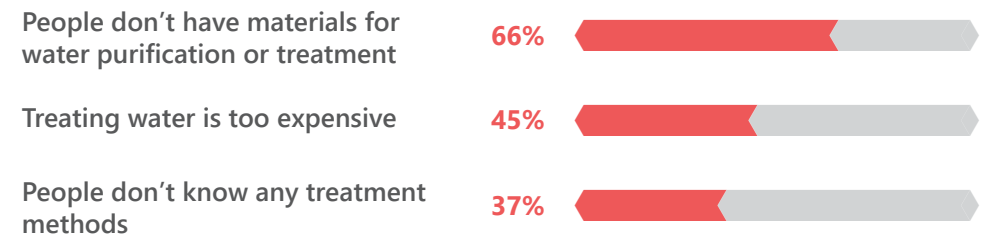
Percentage of KIs outlining the top 3 water access issues in the assessed districts in the last 3 months prior to data collection*



In response to these challenges, communities have implemented various adaptation strategies. **50% of KIs** reported that people in their community **reduced water consumption for other purposes (bathe less, etc.)**, indicating the critical measures taken due to limited alternatives. Furthermore, **47% 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 **40% 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.

47 Minutes is the average number of minutes required to fetch water from the water source and return back, according to 75% 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*

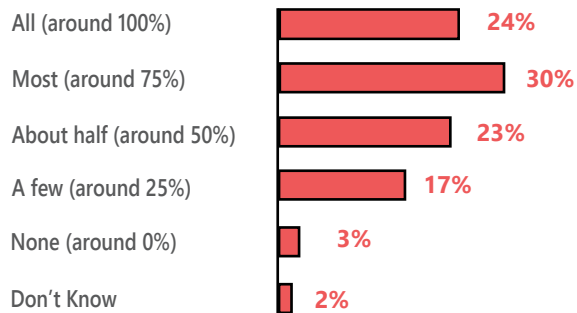


62% of KIs reported that **"Nobody"** treated their water in their assessed areas in the last 3 months prior to data collection.

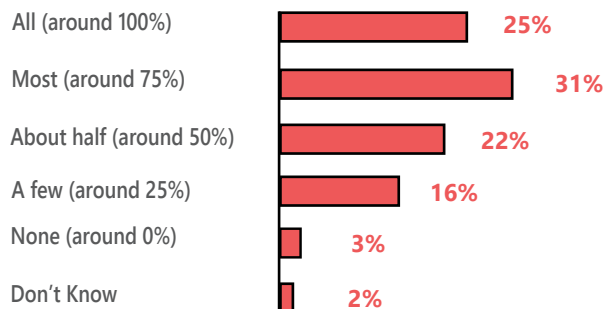
The **responsibility of water collection** falls mainly on adults in the community, with a slight gender difference in the distribution of the task. As reported by **26% of KIs, adult men (19-64) years** are primarily tasked with fetching water, while **22% of KIs** reported that **adult women (19-64) years** share this burden as well. Compared to **8% of KIs** who reported the involvement of **boys under 15 years**, **17% of KIs** highlighted the involvement of **girls under 15 years**, reflecting how gender roles and expectations extend to younger members of the community. The involvement of young girls in fetching water may limit their access to education and expose them to significant risks, including violence, harassment, and the danger of land mines, compromising their safety and protection.²

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 **79% 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 20% of KIs** reported **few or none of people in their communities had access to sufficient water for drinking and other purposes**. This disparity highlights significant inequalities in water access within and between communities, suggesting that while some areas may be relatively well-served, others remain severely underserved.

Water and CASH

The Yemen **Joint Market Monitoring Initiative (JMMI)**, led by REACH, in partnership with the WASH Cluster and Cash and Markets Working Group (CMWG), supports humanitarian actors with the harmonization of market monitoring. It monitors the prices of **ten food and non-food essential items**, including fuel, water, and hygiene products.³ The data from JMMI shows the changes in **median water prices since January 2024 until September 2024** as follows:



Bottled water prices in the GoY has increased by 33% between January and September 2024, with a median price of 300 YER.⁴



Water trucking prices in the GoY showed no change in the price between January and September 2024, with a median price of 5000 YER.⁴

Water and Displacement

The analysis is based on quantitative data collected at site-level, utilising **Site Monitoring Tool (SMT)**, covering the period of May-June 2024. The SMT is a self-reporting tool designed to profile IDPs in managed sites in GoY-controlled areas, where site managers report on sectoral information, including WASH and other key sectors.⁵

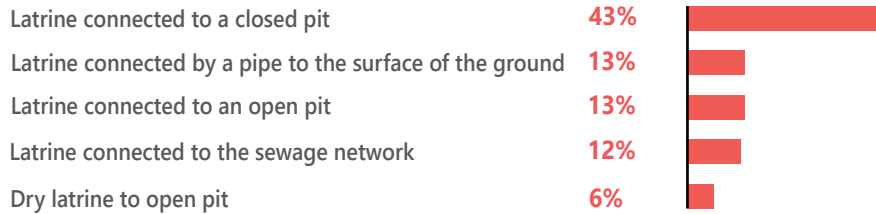
Although the IDP sites assessed in the SMT and WANTS datasets differ, both highlight that a significant portion of KIs reported access to improved water sources. However, the variation in access trends reveals differing conditions across the assessed areas.

According to SMT data, approximately **83% of assessed sites reported that people in the camps rely on improved water sources, primarily from “public taps.”** Conversely, around **17% of assessed sites noted the use of unimproved water sources, with “water trucking” being the most commonly cited water source.**⁵ Furthermore, WANTS data from 2024 in **IDP managed sites** showed that about **57% of KIs reported people in their communities using improved water sources, such as “borehole or tubewell”, while 30% of KIs mentioned people in their communities using unimproved water sources like “unprotected hand-dug well”.**

Sanitation

The data collected from interviews with KIs in 126 districts offers invaluable insights into the usage patterns, conditions, access challenges, and coping mechanisms related to sanitation facilities. Among the districts assessed, **60% of KIs reported people in their community had access to improved sanitation facilities**, while **40% of KIs reported that people had access to unimproved sanitation facilities**. Furthermore, the graph below categorizes the top responses received from KIs, visually illustrating disparities in usage of sanitation facilities. Despite nearly two-thirds of KIs reporting **community access to improved facilities**, **some KIs noted that certain communities still lack such access**. This highlights disparities in access to sanitation facilities.

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



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



21% of KIs reported people in the community **using shared/communal latrines in their areas**.

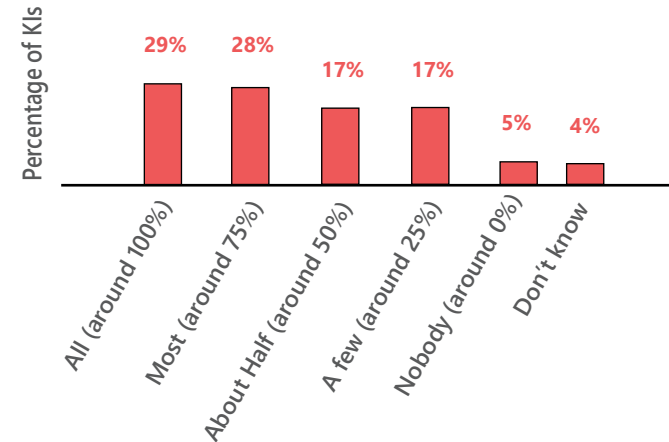


32% of KIs reported that communal latrines in their communities were **not gender separated**.



10% of KIs reported 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.



Dissatisfaction with access to sanitation facilities remains a concern in the assessed districts, as reported by KIs. **According to KIs, 48% of men and 52% of women are perceived to be dissatisfied with sanitation access**. These figures highlight ongoing challenges in sanitation services, with women continuing to show higher levels of dissatisfaction compared to men. Although there may have been some improvements in infrastructure or service delivery, the fact that a considerable portion of both men and women remain dissatisfied, as reported by KIs, indicates that these efforts may not yet be fully addressing the needs of the population or reaching the most vulnerable groups. Further investments and a more inclusive approach are necessary to address these disparities.

Accessibility, Challenges, and Adaptation Methods.

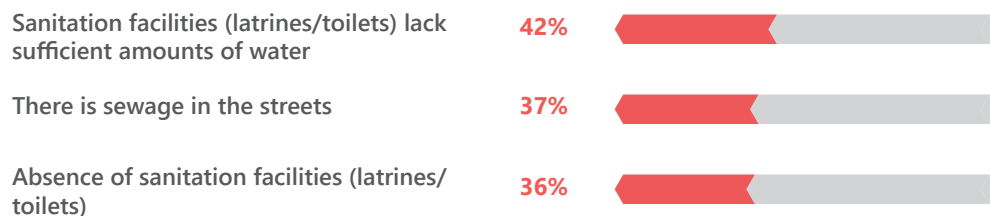
Highlighted by **41% of KIs**, **inconsistent access to sanitation facilities day and night** is a significant issue in Yemen. This gap exacerbates health risks in a region already struggling with water and sanitation-related diseases. **Persons with disabilities, older people, and women** are particularly affected due to multiple reasons such as: **limited mobility preventing people from using the toilet**, and **absence of sanitation facilities (latrines/toilets)**.

The insights provided by KIs shed light on pressing sanitation challenges in the communities surveyed. **Key issues** were reported by **56% of KIs** and include **insufficient water availability for sanitation facilities (latrines/toilets)**, **presence of sewage in the streets and absence of sanitation facilities (latrines/toilets)**. These challenges reflect broader systemic issues within Yemen’s infrastructure and public health systems, emphasizing the need for targeted interventions to ensure having reliable water sources for facilities and improve sanitation systems and services for everyone.

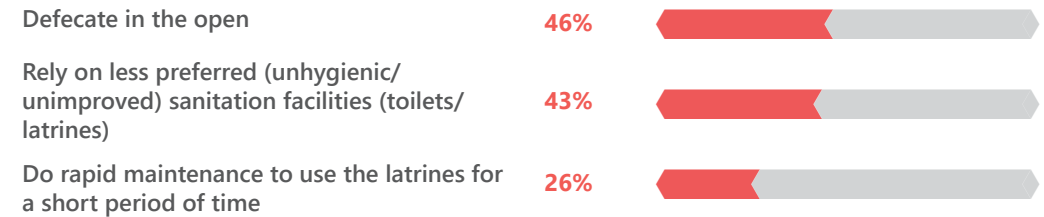
To tackle these challenges, the communities have implemented various **coping mechanisms**, as reported by KIs. These methods include: **defecate in the open**, **rely on less preferred (unhygienic/unimproved) sanitation facilities (toilets/latrines)**, and **do rapid maintenance to use the latrines for a short period of time**. While these strategies provide temporary relief, they expose communities to health risks, highlighting the need for sustainable sanitation solutions and better maintenance practices.

Furthermore, the observation of **visible traces of human faeces in the environment**, as reported by **43% of KIs**, indicates a serious health risk and the potential for disease transmission, particularly Acute Watery Diarrhea (AWD). Addressing this requires improving infrastructure, promoting hygiene, and raising awareness on proper sanitation to protect health and the environment.

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*



Sanitation and Displacement

Based on SMT data from managed IDPs sites for 2024, around **82% of these sites** reported that people in the IDP camps used **improved sanitation systems**, with **“flush latrine to a tank, sewer system, or pit”** being the most commonly used type.⁵ In addition, WANTS data showed that **70% of KIs** reported the use of **improved sanitation facilities** by people within managed IDP sites, with the most commonly reported facility being **“latrines connected to a closed pit.”** These findings highlight the significant progress made in improving sanitation and latrine access within IDP camps. The variation in percentages can be attributed to a range of factors, such as the assessed sites, data collection tools and methods, geographical location, available resources, and the nature of interventions by government and humanitarian organizations, all of which influence the availability and type of sanitation facilities in different areas.

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

Hygiene

The shortage of hygiene services in Yemen carries severe consequences. Inadequate access to clean water and sanitation facilities heightens the risk of communicable diseases, including AWD.



According to WANTS data, **27% 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, the responses indicated that **detergent (powder, liquid or paste) is the most commonly used type of soap**, as reported by **45% of KIs**. This suggests a reliance on alternative methods for maintaining hygiene. This preference for detergents may stem from the unavailability of traditional soap options or economic constraints faced by communities.

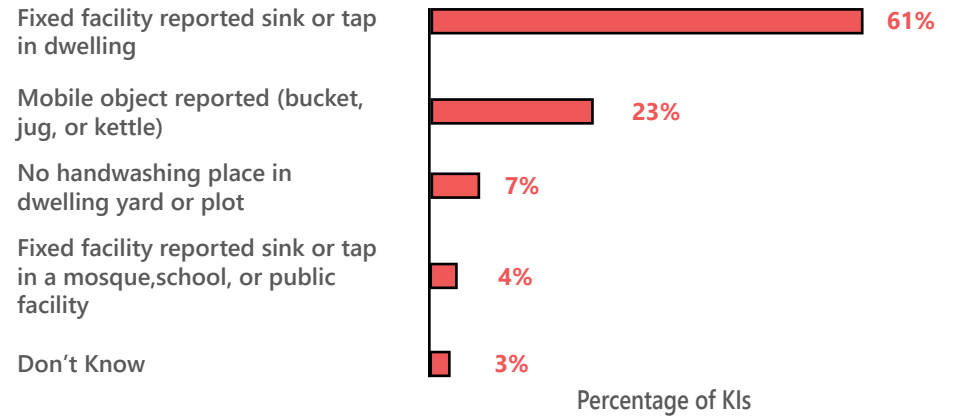


According to **63% of KIs**, people in their communities were **dissatisfied (40% of KIs reported that people were unsatisfied and 23% of KIs reported people were very unsatisfied) with access to handwashing facilities**, indicating a significant inadequacy in the current infrastructure to effectively 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 indicates deficiencies extending beyond handwashing facilities. **Approximately 11% of KIs** reported that **nobody (0%)** in their communities had **access to functioning bathing/shower facilities**. This lack of access to bathing facilities contributes to **poor hygiene practices** and **increases the risk of communicable diseases**, emphasizing the need for urgent interventions to improve overall public health and hygiene standards in affected areas.

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



Hygiene and CASH

The data from JMMI demonstrate the price changes in hygiene items during 2024. Within the category of hygiene items, JMMI data specifically covers essential products such as bleach, soap, and laundry powder. ³ The table below presents **the median prices of hygiene** items in September 2024, along with the percentage change compared to their prices in January 2024 for the GoY areas, as monitored by the JMMI tool. ⁴

Table 1: Hygiene Item Prices between **January 2024 until September 2024** and percentage changes GoY region.⁴

Item	Price in January 2024 (YER)	Price in September 2024 (YER)	GoY % Change (compared to Jan-2024)
Soap	450	500	+11.1%
Bleach	1500	1800	+20%
Laundry Powder	350	400	+14.3%

Hygiene and Displacement

The SMT data highlights that **59% of assessed sites** identified **hygiene items** as either **unaffordable or unavailable**, with **97% of them** emphasizing **affordability as the primary concern**. This data holds particular significance within the context of IDP sites, where economic constraints and disruptions in the supply chain disproportionately impact vulnerable populations living in these camps. Consequently, the lack of access to essential hygiene products heightens health risks and exacerbates existing disparities among displaced communities. Addressing these interconnected challenges necessitates targeted policy interventions aimed at enhancing affordability, ensuring availability, and promoting proper hygiene practices within IDP populations.⁵

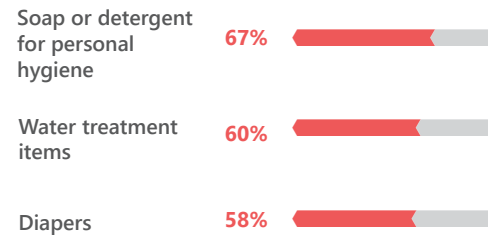
Access to WASH services and items

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**.

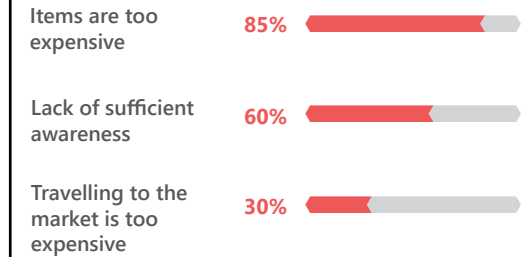
KIs highlighted that **persons with disability and older people** emerge as the **groups facing the greatest challenges in accessing water sources, handwashing facilities, and bathing and sanitation amenities**. **Physical limitations, lack of sufficient assistance, inadequate infrastructure, and societal neglect** of their specific needs contribute to their difficulties in accessing these essential resources. These barriers often result in older people and people with disabilities being **overlooked**, with their **needs not prioritized**, exacerbating the challenges they face.

Furthermore, the data underscores **challenges** related to the **accessibility of WASH hygiene items** (such as **soap or detergent for personal hygiene, water treatment items, diapers**). A **lack of sufficient awareness** and **affordability** of these items in vulnerable communities hinders basic hygiene practices, heightening the risk of waterborne diseases. Addressing these gaps is crucial for protecting public health, particularly in areas already facing acute food insecurity and severe resource constraints.

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*



Access to WASH items and CASH

According to JMMI, the WASH component of Minimum Expenditure Basket (MEB) is measured in the GoY areas, including essential WASH items for a HH's monthly use, such as: **1.05 Kg of soap, water trucking (3.15 m³), 2 Kg of laundry powder, 50 pieces of sanitary napkins**, and a pack of 50 tablets for **water treatment**.³ Figure (2) below displays the varying prices of the WASH MEB in the GoY areas from **January till September 2024**.⁴

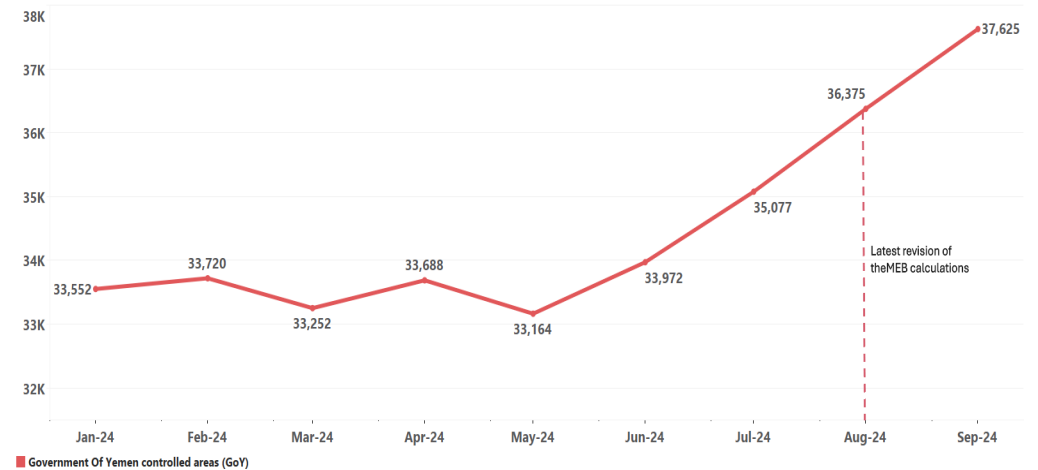


Figure 2: WASH MEB prices in GoY of Yemen in 2024.⁴

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



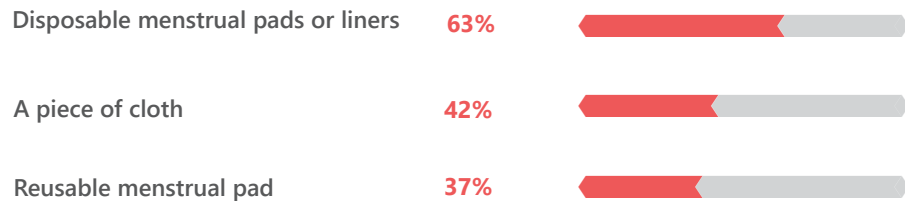
Acute Watery Diarrhea

Menstrual Hygiene Management: Insights from Female KIs *

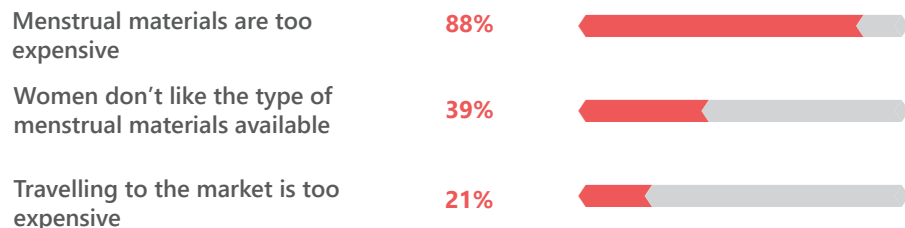
Out of 616 KI interviews conducted in districts under GoY control, **only 43 were conducted by female enumerators with female KI**. According to **19% of female KIs, between 0 and 25 percent of women** in their respective communities had **sufficient access to menstrual materials**. This highlights a critical gap in WASH services and underscores the need for targeted interventions to ensure that women have access to essential menstrual hygiene products. Furthermore, approximately **77% of female KIs** reported that **women and girls faced obstacles when attempting to access menstrual materials**, exacerbating the challenges posed by inadequate availability.

Additionally, according to **53% of female KIs, women expressed dissatisfaction with their limited access to menstrual hygiene products**. This dissatisfaction reflects the broader challenges women face in managing their menstrual health, contributing to feelings of shame, discomfort, and social exclusion, particularly in communities with limited resources.

Top 3 menstrual materials commonly used by women in the last 3 months prior to data collection, as reported by female KIs **



Top 3 problems related to menstrual materials accessibility in the last 3 months prior to data collection, as reported by female KIs **



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. **Between January and October 2024, Yemen had reported approximately 220,000 suspected cases of acute watery diarrhea/cholera, resulting in 769 deaths.**⁶ Of these, around **176,100 suspected cases and 583 deaths occurred in Ansar Allah (AA) areas, while GoY areas reported about 43,700 suspected cases and 186 deaths.**^{7,8}

% 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 Yemen: Gaps in Information Dissemination and Access

In the assessed districts of GoY, KIs reports concerning gaps in health information dissemination and access to essential healthcare services. Merely **34% of KIs** noted that **individuals in their communities did not receive information about cholera in the past 3 months**. This lack of information dissemination is particularly concerning given the ongoing public health challenges, as **timely access to accurate health information** is crucial for **preventing and managing outbreaks** like cholera. Without adequate awareness, communities remain **vulnerable** to the spread of waterborne diseases, further exacerbating the strain on already limited healthcare resources.

* In this section, the percentages reflect the responses of the 43 female KIs, rather than the total 616 KIs.

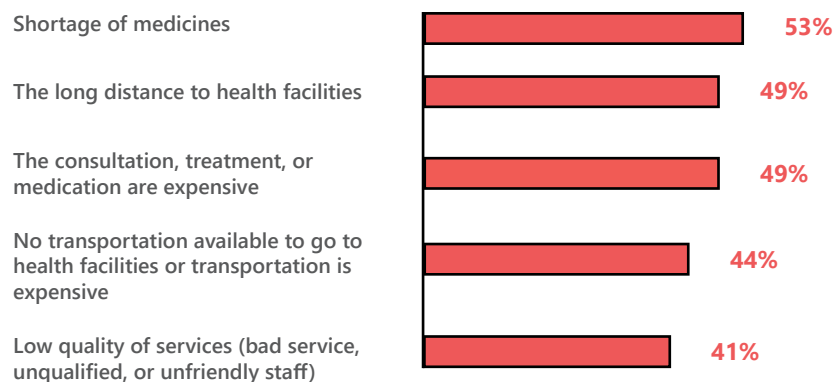
** KIs were able to select multiple answers for this question

Notably, only **34% 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, **66% of KIs** highlighted the **absence of nearby Oral Rehydration Centers (ORCs) or Diarrhea Treatment Centers (DTCs)**, indicating severely constraining access to specialized healthcare facilities in a context where it is greatly needed.

Adding to these challenges are the **widespread barriers** encountered by the majority of the population **in accessing general healthcare facilities**, as reported by **66% of KIs**. Obstacles such as **shortage of medicines** and **the long distance to health facilities**, hinder access to medical care, adding further strain to an already challenging and often overwhelming process for those in need.

Addressing these multifaceted challenges requires **comprehensive interventions, including the improvement of healthcare infrastructure, increasing the availability of essential medicines, and strengthening community-based health education initiatives**. These measures are crucial for ensuring equitable access to healthcare, empowering communities with accurate health information, and ultimately reducing the impact of preventable diseases on Yemen's population.

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.

IPC - Acute Food Insecurity

The latest Integrated Food Security Phase Classification (IPC) for districts under the Government of Yemen (GoY) shows a troubling picture, with **4.7 million people** in GoY-controlled areas facing **severe levels of acute food insecurity**, classified as IPC Phase 3 (Crisis) or above, from July to September 2024. Among them, **1.2 million people** are in IPC Phase 4 (Emergency), experiencing critical food gaps and high malnutrition rates. The crisis is driven by **rising food prices, currency depreciation, and irregular humanitarian assistance**. These challenges were further compounded by **severe flooding** in August 2024, which displaced 400,000 people and disrupted agriculture. **Projections for October 2024 to February 2025** indicate only marginal improvements, with **4.6 million people** expected to remain in **Crisis or Emergency**, necessitating continued intervention to stabilize food access.⁹

WASH conditions in GoY areas further complicate the crisis, directly impacting health and nutrition outcomes. **Limited access to clean water and sanitation** has heightened **vulnerability to waterborne diseases**, including **cholera**, particularly in areas with high acute food insecurity. For instance, despite 54% of water sources in Al Hodeidah being considered "**improved**," **90% remain contaminated, exacerbating malnutrition and increasing public health risks**. Addressing these intersecting challenges requires a holistic approach that integrates food security and WASH interventions, essential to prevent further deterioration in the upcoming months.⁹

Community Engagement and Participation in WASH Assistance

Within the assessed districts only **23% of KIs** reported **the presence of WASH assistance**. Meanwhile, **67% of KIs reported no WASH assistance, and 10% of KIs were unsure**. 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 **50% stated that the community was not consulted before the WASH assistance was provided**, highlighting a lack of participatory decision-making processes. In contrast, **50% of KIs indicated that the community was consulted prior to the assistance being delivered**, suggesting some level of community engagement in the planning phase.

Furthermore, the data reveals that **community members were not** consistently involved in the **planning and delivery of humanitarian assistance**. Specifically, **33% of KIs** reported that **community members were not involved in these processes**, indicating a potential gap in community participation. Conversely, **49% of KIs** reported **community involvement** in the planning and delivery of humanitarian assistance, while **17% of KIs were unaware if the community members were involved or not**.

Accountability to Affected Population

Integrating Accountability to Affected Populations (AAP) in humanitarian responses can enhance their relevance and effectiveness by ensuring that interventions are aligned with the self-identified needs and priorities of affected communities. A notable example is the use of the **Humanitarian Emergency Settings Perceived Needs Scale (HESPER)** to **capture and analyze both perceived needs and reported serious problems among affected populations**. The recent **Public Health Settlement-Based Assessment (SBA) for Al Makha district in Taiz governorate** highlights key differences in the experiences of host communities and internally displaced persons (IDPs). While **drinking water, income or livelihood, and housing emerged as the top three shared priorities**, the HESPER scale's strength lies in its ability to **reveal deeper, often overlooked concerns that go beyond physical needs**.¹⁰

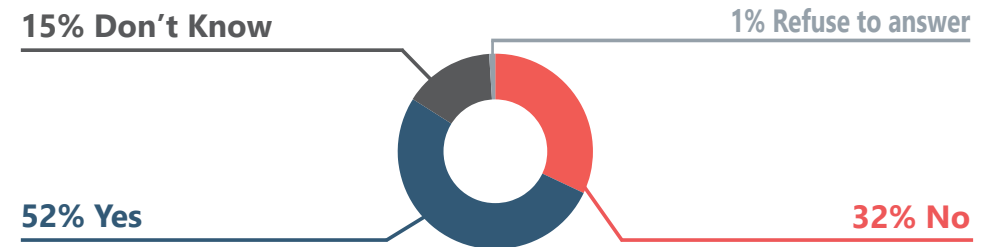
For instance, when comparing reported serious problems, significant disparities emerge between host communities and IDPs. **Host communities** identified primarily basic needs as serious issues, such as **access to water, food, income, and maintaining hygiene for women**. Conversely, **IDPs** reported a broader range of challenges tied to well-being and social cohesion, such as **having too much free time, lack of access to information, absence of law and justice within the community, respect, safety or protection from violence for women, and insufficient social support**. The median number of reported serious problems also varied markedly between groups, with **hosts reporting a median of five issues** compared to **IDPs' median of 16**. **The differences between population groups underscores the unique vulnerabilities and unmet needs of IDPs, particularly in access to services, social support, and overall well-being**.¹⁰

By leveraging tools like the HESPER scale and adopting a participatory approach, humanitarian responses can **address both immediate and underlying needs in a more holistic and impactful manner**. For example, incorporating concerns such as **access to law, mental health, and social cohesion into WASH or protection interventions ensures that humanitarian efforts are both comprehensive and contextually relevant**. Integrating AAP principles not only enhance accountability but also contributes to **longer-term resilience** by addressing the diverse and lived experiences of affected populations, fostering a sense of inclusion and fairness across all groups.¹⁰

People awareness of complaint and feedback mechanisms

According to KIs, the population's awareness of complaints and feedback mechanisms varies. **Over half (52%) of KIs** reported that people **are aware of these mechanisms**, indicating a moderate level of awareness within the community. However, **32% 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, **15% of KIs** stated they were **unsure about the population's awareness level**, and **1% of KIs refused to respond**. Despite the significant % of KIs reporting awareness of these mechanisms, the findings indicate that there is still significant work to be done to ensure broader understanding and access to feedback channels.

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 national 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 national level, with percentages reflecting an average of all KI responses across the **governorates under the GoY**. 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.

The findings presented in this report provide indicative insights rather than a representative depiction of the experiences of entire population. Data collected at KI level 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**. However, **as the data reflects the perspectives of surveyed KIs rather than the entire population, area-level comparisons may be limited in scope and should be interpreted with caution.** Categorical variables are reported as response frequencies, while continuous variables are presented as averages. Furthermore, 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:

- District coverage was restricted by **accessibility challenges**, such as: **communication barriers, security issues, and flooding**, particularly in areas along the **west coast** and regions under **Ansar Allah (AA) authorities**. These obstacles limited the reach of partners and affected the overall district coverage.
- The **widespread coverage across remote areas** required partners to **spend additional time** to follow-up on **data verification, a critical component of the data cleaning process**. This verification often takes weeks, leading to significant **delays that could have affected the accuracy of the data**.
- 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 national 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. [Yemen HNRP 2025](#)
2. [Yemen - Selected Driver of the current conflict and their impact on women, men, girls, and boys in 2024](#)
3. [Yemen Joint Market Monitoring Initiative \(JMIMI\) Situation Overview - September 2024](#)
4. [Joint Market Monitoring Initiative \(JMIMI\) Dashboard - September 2024](#)
5. [CCCM Site monitoring tool \(SMT\) - Round 3 - 2024](#)
6. [AWD/Cholera Response Dashboard - October 2024](#)
7. [AWD Updates by MoHE - Sana'a - 25 October 2024 - Not published](#)
8. [Epidemiological Situation of diseases in free areas in Yemen in 2024](#)
9. [IPC - Acute Food Insecurity Situation in Yemen - July to September 2024](#)
10. [Public Health Settlement-Based Assessment for Al Makha District - 2024](#)

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

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 *

Abyan	At Tawahi	Hadramawt	Tarim	Harib	Taiz
Ahwar	Al Mu'alla	Ad Dis	Thamud	Ma'rib City	Al Ma'afer
Al Mahfad	Kritar - Sirah	Ad Dulay'ah	Wadi Al Ayn	Ma'rib	Al Makha
Al Wadi'	Khur Maksar	Al Abr	Yab'uth	Shabwah	Al Mawasit
Jayshan	Al-Bayda	Al Mukalla	Zamakh wa Manwokh	Ar Rawdah	Al Misrakh
Khanfar	Al Bayda	Al Mukalla City	Lahj	Arma'a	Al Mudhaffar
Lawdar	Nati'	Al Qaff	Al Had	As Sa'id	Al Qahirah
Mudiyah	Nu'man	Al Qatn	Al Hawtah	At Talh	Al Wazi'yah
Rassd	Al Hodeidah	Amd	Al Madaribah Wa Al Aarah	Ataq	As Silw
Sarar	Al Khukhah	Ar Raydah wa Qussay'ar	Al Maflahi	Ayn	Ash Shamaya-tayn
Sibah	Hays	As Sawm	Al Malah	Bayhan	Dhubab
Zinjibar	At Tuhayta	Ash Shihr	Al Maqatirah	Dahr	Hayfan
Ad Dali'	Al Jawf	Brum Mayf'ah	Al Musaymir	Habban	Jabal Habashi
Qa'tabah	Khab wa Ash Sha'f	Daw'an	Al Qubaytah	Hatib	Maqbanah
Ash Shu'ayb	Al Maharah	Ghayl Bawazir	Habil Jabr	Jardan	Mash'ah Wa Hadnan
Al Hasayn	Al Ghaydhah	Ghayl bin Yamin	Halmin	Markhah Al Olya	Mawza'
Ad Dali'	Al Masilah	Hajar	Radfan	Markhah As Sufla	Sabir Al Mawadim
Jahaf	Haswin	Hajar As Say'ar	Tuban	Mayfa'ah	Salah
Al Azariq	Hat	Haridah	Tur Al Bahah	Nisab	Sami'
Aden	Hawf	Rakhyah	Yafi'	Osaylan	
Dar Sa'd	Man'ar	Rumah	Yahr	Radum	
Ash Shaykh Othman	Qishn	Sah	Ma'rib	Socotra	
Al Mansurah	Sayhut	Sayun	Raghwah	Hadibu	
Al Burayqah	Shahin	Shibam	Sirwah	Qalansiyah wa Abd Al Kuri	