

Lahj | 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

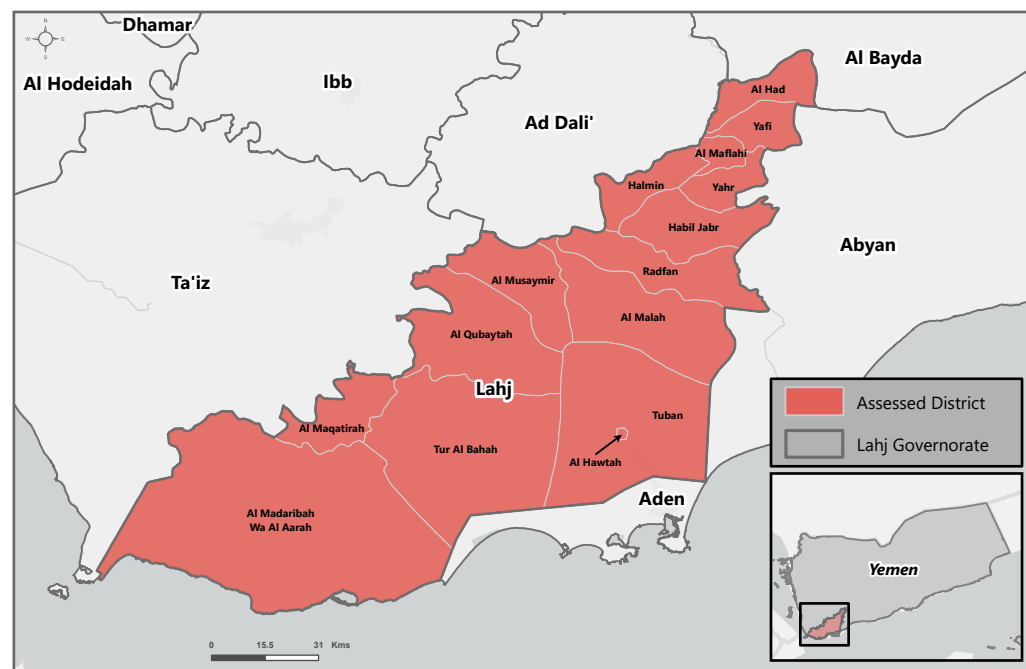


Figure 1: Covered Districts in Lahj

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 Lahj in 2024, highlighting **15 districts** across Lahj governorate. Data collection occurred between **July and September 2024**, within a recall period of **3 months**, with active involvement from **7 Yemen WASH Cluster partners that were: ARD-Y, DRC, TFD, Muslim Hands, Medair, ADRA and MOWE**. Insights were gathered from **82 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 in Lahj governorate, with communities facing **water shortages, unaffordable water costs, lack of sanitation facilities, 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.
- **Economic constraints** and **lack of awareness limit** community **access to essential WASH items**, such as **soap and water treatment items**, resulting in **poor hygiene practices** and **increased vulnerability to waterborne diseases**.



Water

The availability and quality of water sources vary significantly across communities. Approximately **65% 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. About **78% of KIs** reported that their respective areas have **acceptable quality of drinking water**, indicating that water in these districts generally adheres to basic quality requirements.

In Lahj governorate, people received water through diverse methods, *some of which seemed to reveal challenges in infrastructure and access. **44% of KIs** reported that **people manually collect water by filling buckets and transferring it into jerrycans or gallon containers for easier transport and storage**, which can be time consuming and physically demanding, while **39% of KIs** reported that people have access to **pipled water into the dwelling** which is a generally reliable source, though it may still sometimes be affected by seasonal variations or contamination. Additionally, **35% of KIs** reported that **water trucking**. This highlights the widespread lack of basic water infrastructure in many regions and underscores the significant challenges to achieving reliable water access across Lahj governorate.



30% of KIs reported people in the community were **unsatisfied** with water access in the last 3 months prior to data collection, while **44% of KIs** reported people in the community were **very unsatisfied**.



21% of KIs reported that people in the community found **drinking water quality unacceptable** in the last 3 months.

Among the **65% of KIs** who reported **access to improved water sources**, **81% 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 Lahj governorate.

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

**6% of KIs reported that people in their communities do not fetch water, while 26% of KIs answered "do not know".

Water Issues, Coping Mechanisms, and Responsibilities

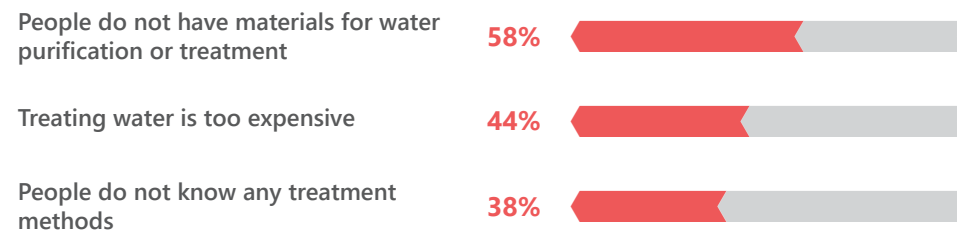
Percentage of KIs outlining the top 3 water access issues in the assessed districts in the last 3 months prior to data collection*



In response to these challenges, communities have implemented various adaptation strategies. **49% of KIs** reported that people in their community **reduce water consumption for other purposes (bathe less, etc.)**, highlighting the critical measures taken due to limited alternatives. Additionally, **46% of KIs** reported that people **spend money (or credit) on water that should otherwise be used for other purposes**. Another coping strategy adopted by people in the community is to **reduce drinking water consumption (drink less)**, a practice reported by **38% of KIs**. These coping strategies illustrate the **severe scarcity of water** on daily life, **increasing vulnerability to health and hygiene challenges**, and **emphasizing the urgent need for improved water infrastructure** to ensure reliable and sustainable access to safe water.

59 Minutes is the average number of minutes required to fetch water from the water source and return back, according to 65% 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*

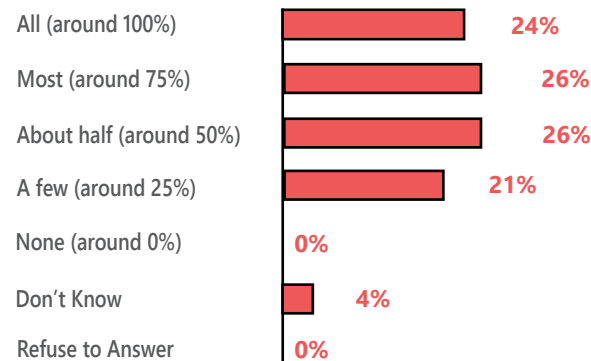


67% of KIs reported that **"Nobody"** treated their water in their assessed areas in the last 3 months prior to data collection.

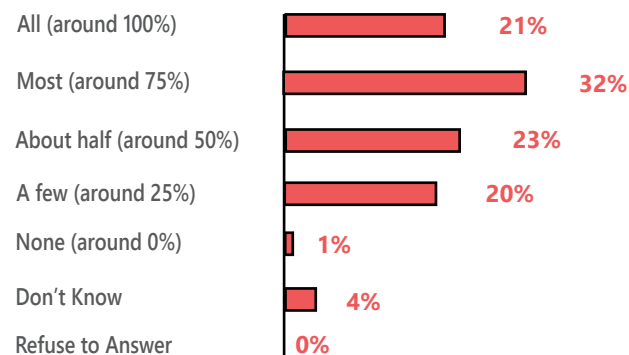
KIs provided insights into **the distribution of water-fetching responsibilities across population groups**. Among the respondents, **32% of KIs** indicated that **adult women (19–64 years)** are primarily responsible for collecting water, making them the most commonly reported group for this task in Lahj governorate. **Girls under the age of 15** were reported by **19% of KIs**, highlighting the substantial involvement of younger females. In contrast, **adult men (ages 19–64)** were reported by **16% of KIs** as being responsible for water collection, while **boys under the age of 15** were mentioned by just **8% of KIs**.

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

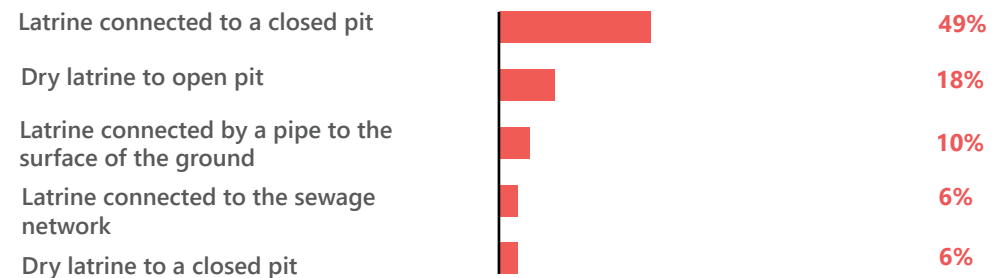


Around **76% of KIs** reported that **more than half of the people in the community had access to a sufficient quantity of water for both drinking and other purposes (such as cooking, bathing, and washing)**. However, **around 21% of the KIs** reported **few or none of people in their communities had access to sufficient water for drinking and other purposes**. This variation suggests that while most communities have relatively adequate water access, there are still areas where water scarcity remains a critical issue. Additionally, some KIs may have limited clarity or awareness regarding the water situation in their communities.

Sanitation

The data collected from interviews with KIs in **15 districts across in Lahj** offers invaluable insights into the usage patterns, conditions, access challenges, and coping mechanisms related to sanitation facilities. Among the KIs interviewed, **61% of KIs reported people in their community had access to improved sanitation facilities**, while **39% 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.



13% of KIs reported people in the community using shared/communal latrines in their areas.

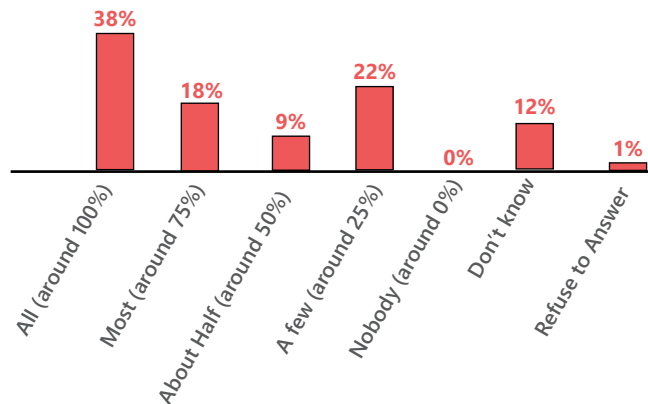


Approximately 55% of KIs reported that communal latrines in their communities were **not gender separated**.



27% 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 Lahj, KIs reported high **dissatisfaction** with access to sanitation facilities, with **49% of women** and **43% of men** expressing frustration over inadequate facilities. While these percentages may suggest that a portion of the population is **somewhat satisfied** with existing facilities or has adjusted **expectations due to long-standing challenges**, they should be interpreted with caution. These figures could also result from **underreporting, social stigma, or limited awareness of what constitutes adequate sanitation standards**.

Accessibility, Challenges, and Adaptation Methods.

According to **52% of KIs**, **everyone** in the community has **access to sanitation facilities both during the day and at night**. This reflects significant progress in establishing infrastructure that ensures safe and reliable sanitation systems. **Such access helps reduce health risks and improves safety, especially for vulnerable groups** such as **(persons with disabilities, the older people, and women)**. However, it remains important **to address any remaining gaps** to achieve equitable access to sanitation facilities for all.

The insights provided by KIs shed light on pressing sanitation challenges in the communities surveyed. **52% of KIs highlighted that people experienced issues related to latrines**, and these included **the absence of sanitation facilities, insufficient water availability for sanitation facilities (latrines/toilets) 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.

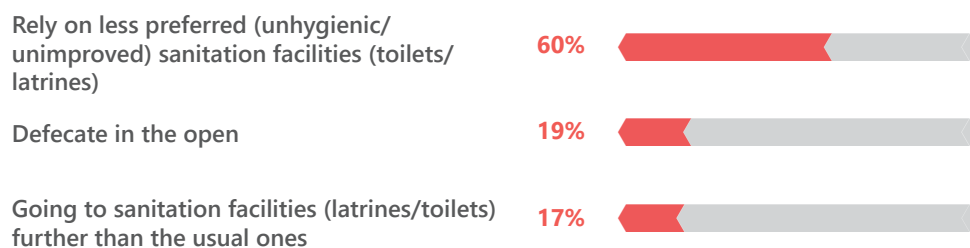
To tackle these challenges, the communities have implemented various **coping mechanisms**, as reported by KIs. These methods include **rely on less preferred (unhygienic/unimproved) sanitation facilities (toilets/latrines), defecate in the open, and going to sanitation facilities (latrines/toilets) further than the usual ones**. 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 **43% 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.

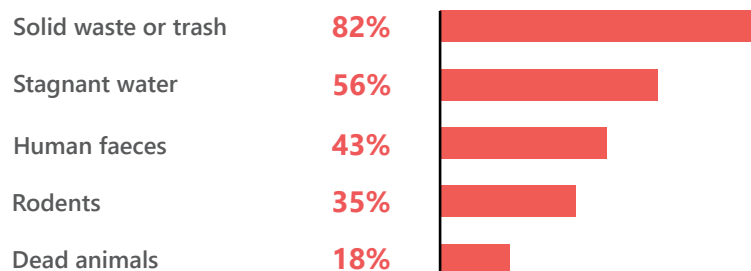
Top 3 issues related to the latrines/toilets in the last 3 months prior to data collection, as reported by the KIs*



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, **34% of KIs** reported that **nobody (0%)** had access to functioning **hand-washing facilities with soap and water**. This highlights a concerning lack of basic hygiene amenities in the communities assessed. The absence of proper hand-washing facilities presents a significant public health risk, as it **undermines personal hygiene practices** and **increases the community's vulnerability to infectious disease**.



Moreover, **41% of KIs** reported that communities primarily use **detergent (powder, liquid, or paste)**, indicating a reliance on alternative methods for maintaining hygiene. This preference for detergents may stem from the unavailability of traditional soap options or from economic constraints faced by communities.



According to **55% of KIs**, people in their communities were **dissatisfied (24% of KIs reported that people were unsatisfied and 30% of KIs reported people were very unsatisfied) with access to handwashing facilities**, this dissatisfaction points to a considerable gap in the current infrastructure, which does not sufficiently meet the hygiene needs or expectations of the community. Such inadequacy underscores the urgent need for improvements to ensure that communities have access to basic hygiene facilities that align with their standards and public health requirements.

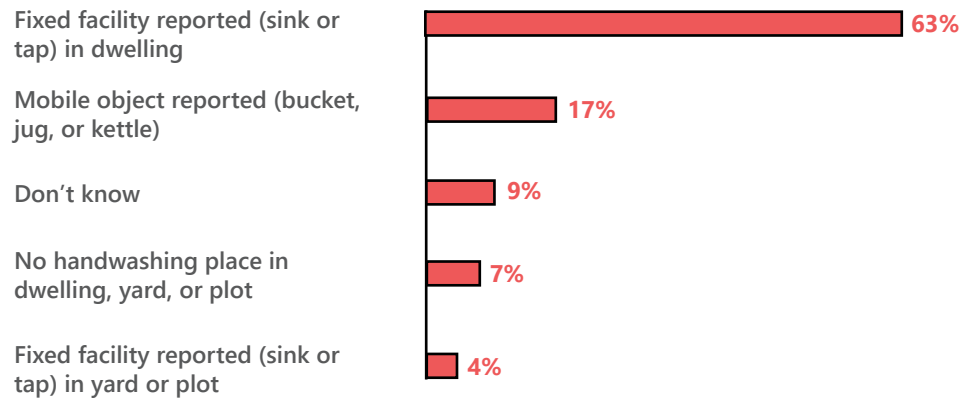


Additionally, the data shows that **24% of KIs** reported that **everyone (around 100%)** of the people in the community had access to functioning bathing or shower facilities, which shows that a significant portion of the population in Lahj governorate lack adequate access to these facilities. Furthermore, **76% 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

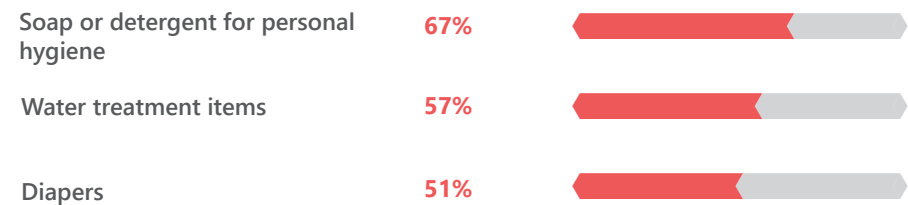
This section offers a comprehensive overview of the challenges and dynamics surrounding access to WASH facilities and hygiene items within the assessed communities, as reported by KIs. The data sheds light on the general deficiencies in WASH infrastructure and the barriers faced by community members,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

KIs highlighted that **older people, persons with disabilities, girls, and women** emerge as the **groups facing the greatest challenges in accessing water sources, toilets, and bathing facilities.** While women and girls remain vulnerable, the data shows that older people and persons with disabilities face the most severe barriers, particularly in accessing water, where all of KIs reported they lacked access in the last three months. Similarly, over half of girls and women were unable to **access toilets at all times**, and almost half of persons with disabilities faced significant **challenges accessing bathing facilities.** These issues are compounded by **physical limitations, inadequate infrastructure, and a lack of tailored support**, leaving these groups disproportionately affected. Such barriers not only deprioritize their needs but also exacerbate their vulnerability, underscoring the urgent need for inclusive solutions to address these disparities.

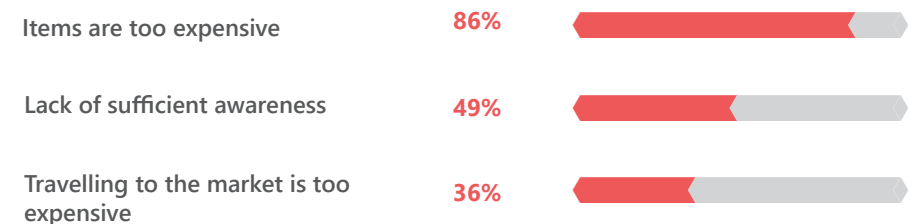
Furthermore, the data underscores **challenges** related to the **accessibility of WASH hygiene items** (e.g., **soap or detergent for personal hygiene, water treatment items, and diapers**). While these items are vital for maintaining proper hygiene and preventing the spread of disease, many vulnerable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

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

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



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



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

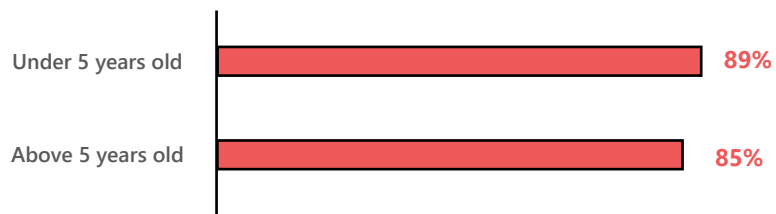


Acute Watery Diarrhea

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

Acute watery diarrhea (AWD) is a sudden onset of frequent, loose bowel movements, commonly attributed to waterborne diseases such as cholera. In Yemen, the spread of this disease is exacerbated by limited hygiene awareness and inadequate sewage management, particularly evident in IDP and refugee camps. Yemenis, especially vulnerable groups, face increased risks of dehydration and malnutrition due to AWD, worsened by inconsistent water access and inadequate WASH services caused by infrastructure gaps, governance issues, and ongoing conflict. **By October 2024, Lahj governorate had reported approximately 5811 suspected cases of acute watery diarrhea/cholera, resulting in 48 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 Lahj: Gaps in Information Dissemination and Access

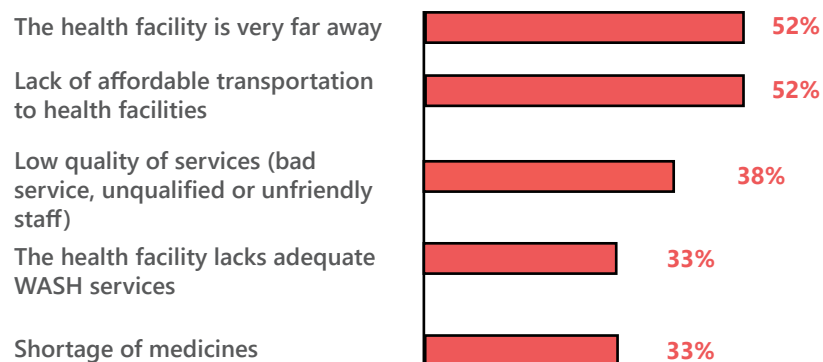
72% of KIs noted that **individuals in their communities had received information about cholera in the past 3 months**. Additionally, **43% of the KIs** indicated that the **information provided was available to everyone in the community**. While these findings suggest significant efforts to raise awareness, gaps in the equitable distribution of cholera-related information remain. Ensuring comprehensive and inclusive dissemination is essential to inform the entire population about preventive measures and symptoms. Despite these awareness campaigns, Lahj governorate reported approximately **5811 suspected cholera cases as of October 2024**, highlighting that **raising awareness alone may not be enough to effectively curb the disease's spread**.

Notably, **38% of KIs** reported **people in their communities were familiar with preparing Oral Rehydration Solution (ORS)**, which indicates that while some community awareness exists, there is a need to enhance knowledge and readiness to manage dehydration-related illnesses effectively. Moreover, **60% of KIs** highlighted the **absence of nearby Oral Rehydration Centers (ORCs) or Diarrhea Treatment Centers (DTCs)**. This significant percentage underscores a major challenge in accessing timely treatment for dehydration and diarrhea-related illnesses, highlighting an urgent need for improvements in healthcare services.

According to **45% of KIs**, the majority of the population faces significant barriers in accessing general healthcare facilities. These obstacles include a **The health facility is very far away** and the **There is no transportation available to go to health facilities or transportation is expensive**. Such challenges exacerbate the already difficult process of seeking medical care, further limiting individuals' ability to access the healthcare services they require.

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

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



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

Cholera Investigation Form (CIF): Insights from Tuban District

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

In May 2024, data collected from Lahj governorate included information on **158 cholera patients** in **Tuban** district. Despite efforts by multiple partners working in the area, the high number of cases suggests persistent challenges that need to be addressed. These findings indicate essential insights for managing and controlling the cholera outbreak effectively.³

99% of patients reported using **improved water sources** as their primary drinking water source, while **1% of patients** reported using **unimproved water sources**. Additionally, **28% of patients** relied on secondary water sources such as **bottled water, piped connections to compounds, piped water to dwellings, piped to neighbor, or public taps/standpipes**. However, only **23% of patients** reported **treating their water** by any method to make it safer for drinking. These findings highlight good access to improved water sources but reveal a gap in water treatment practices, which poses a risk to drinking water safety.

Handwashing practices among patients were somewhat encouraging, as nearly all patients (**99%**) reported **washing their hands before eating**, typically using a **fixed tap within their dwelling**. However, **23% of patients** reported that they either **lacked soap** or only had it occasionally for the following reasons: patients found **soap too expensive**, they **run out of soap**, and patients mentioned that **soap was unavailable in the market**. Additionally, **1% of patients** reported **rarely washing their hands** and **lacked a dedicated handwashing device**. These findings indicate that while handwashing awareness is high, barriers such as soap availability and affordability need to be addressed.³

Among 94% of patients, **around 74%** reported **washing fruits and vegetables before consumption**, although they often used **untreated water** for this purpose, which increases the risk of contamination and cholera transmission. Of the remaining 6% of patients, they either **did not wash their produce or were unsure if it was washed before consumption**.

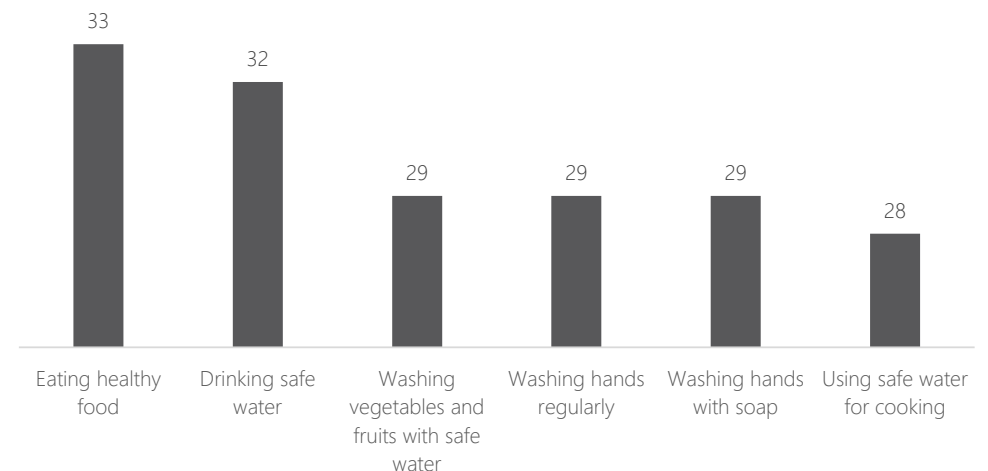
Sanitation conditions in the area were concerning, as **31% of patients** reported **occasional overflowing sewage** in the vicinity of the accommodations in the past 30 days. The most frequently reported **source of the overflowing sewage** was **sewer pits**. These findings underline the urgent need to improve sanitation systems in the community to reduce environmental health risks and prevent further outbreaks.³

Exposure to potential sources of infection was reported among several patients. **10** patients reported **visiting a sick person** in a health facility during the week before experiencing symptoms. Additionally, **9** patients reported **attending a funeral ceremony** during the same period, and **3** of these patients mentioned that the deceased individuals had died from **cholera**. These findings underscore the potential role of close contact and community events in the spread of cholera and highlight the importance of preventive measures in these settings.³

Additionally, **33% of patients observed stagnant water frequently** and **23% of patients observed it near their homes sometimes**. **Human feces were visible frequently in 13% of cases and sometimes in 22% of cases**. These findings underscore the urgent need to improve sanitation systems and environmental health conditions to reduce risks and prevent further outbreaks.

Despite these challenges, many patients demonstrated awareness of cholera prevention measures, **91% of patients** recognized that **drinking safe water** and **eating healthy food** could help prevent cholera. Similarly, **84% of patients** acknowledged the importance of **washing fruits and vegetables with safe water** and **regularly washing their hands**. Additionally, **72% of patients** reported **receiving cholera education** within the past 12 months. The most commonly reported **sources of information** included **volunteers, television, friends, radio, and social media**.³

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



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

Community Engagement and Participation in WASH Assistance

Within the assessed districts, only **23% of KIs** reported the presence of **WASH assistance**. While, **73% of KIs reported that there was no WASH assistance**, **4% of KIs were unsure**. Among the KIs who reported the presence of **WASH assistance**, **33% stated that the community was not consulted before the assistance was provided**. This lack of consultation highlights the need for stronger community engagement to ensure future interventions are aligned with local needs and priorities, thereby **improving the effectiveness and sustainability of WASH programs**.

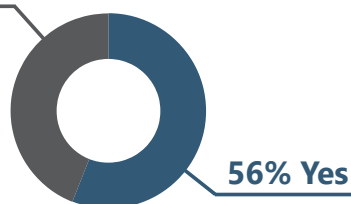
Furthermore, the data reveals varying levels of community involvement in the **planning and delivery of humanitarian assistance**. **6% of KIs** reported that **community members were not involved in these processes**, indicating a potential gap in community participation. Conversely, **61% of KIs** reported **community involvement** in the planning and delivery of humanitarian assistance, which is a positive indicator of engagement. However, **33% of KIs** were **uncertain** about the level of community involvement, highlighting a lack of communication regarding the decision-making processes. This variation emphasizes the need for more consistent and inclusive approaches to ensure that communities have a voice in humanitarian interventions.

People awareness of complaint and feedback mechanisms

According to KIs, awareness of complaints and feedback mechanisms among the population shows a varied understanding. **56% of KIs** reported that people **are aware of these mechanisms**, indicating a moderate level of awareness within the community. Additionally, **44% of KIs** stated they were **unsure about the population's awareness level**. 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

44% Don't Know



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 Lahj 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

- [Yemen HNRP 2025](#)
- [Epidemiological Situation of diseases in free areas in Yemen in 2024](#)
- [Cholera Case Investigation - Lahj, July 2024](#)

Participating Agencies



Muslim Hands

Assessed Districts *

Lahj
Al Maqatirah
Al Musaymir
Al Malah
Tuban
Radfan
Al Hawtah
Al Madaribah Wa Al Aarah
Habil Jabr
Al Maflahi
Yahr
Halmin
Al Had
Yafi'
Tur Al Bahah
Al Qubaytah