SITUATION OVERVIEW

Hadramawt | 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

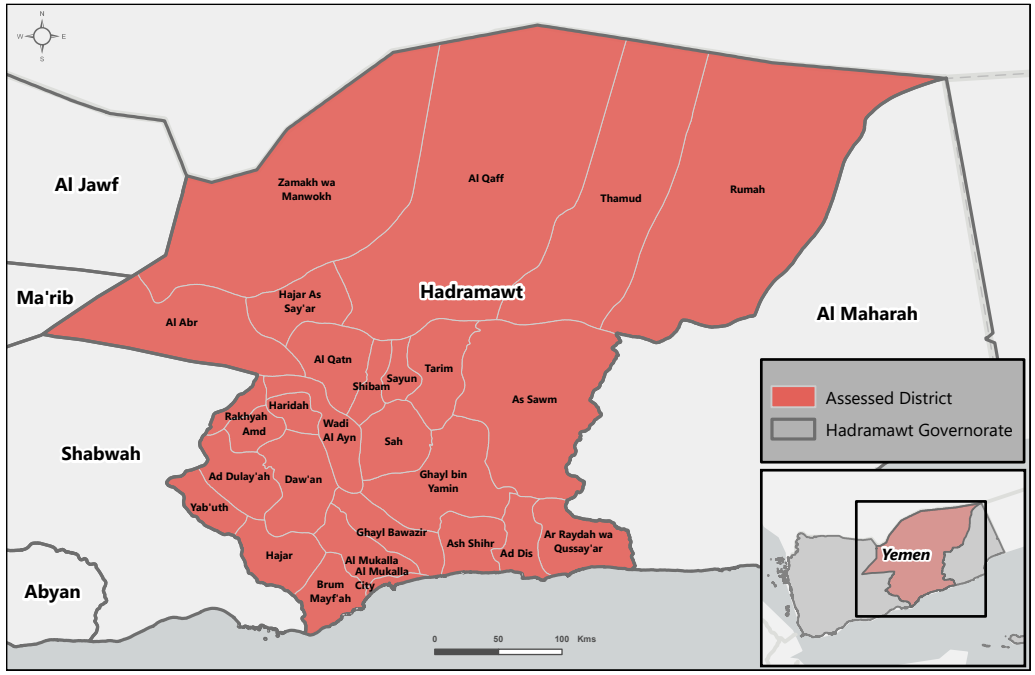

Figure 1: Covered Districts in Hadramawt governorate

Introduction

The Yemen WASH Cluster (YWC) and REACH have initiated the WASH Needs Tracking System (WANTS) since 2021. This system aims to deliver high quality WASH data, enhancing program efficiency and planning accuracy. WANTS constitutes of a set of harmonized monitoring tools, which facilitate the collection of up-to-date information on WASH accessibility and requirements across Yemen through partner-based data collection efforts. The **WANTS Key Informant (KI)** tool monitors the WASH needs within communities, **providing up-to-date and reliable WASH data**. This data supports geographical and thematic prioritization at the national level and contributes to evidence-based programs for a **more targeted and effective WASH response**.

Figure 1 presents the coverage map of WANTS for Hadramawt governorate in 2024, highlighting **28 districts** across the governorate. Data collection occurred between **July and September 2024**, **with a recall period of 3 months**, and with active involvement from **3 Yemen WASH Cluster partners which were: Yemen Alkhair for Relief and Development Foundation, Selah Foundation for Development, and Ministry of Water and Environment**. Insights were gathered from **101 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** and **items** remains a persistent challenge, with communities struggling to meet basic needs. **Insufficient water**, **absence of sanitation facilities,** and **limited handwashing facilities** highlight the ongoing gaps in infrastructure and service delivery.
- **Girls, women, older people, and persons with disabilities** encounter significant challenges compared to other groups in **accessing WASH facilities** in Hadramawt governorate.
- KIs reported that communities cope with **inadequate WASH infrastructure** by **reducing water usage** and **practicing open defecation**, which affects **personal hygiene** and **heightens health risks**, including **cholera**.

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Water

The availability and quality of water sources vary significantly across communities. Approximately **77% of KIs reported that people in their community rely on improved water sources**, while **22% of KIs** indicated a dependence on **non-improved** water sources. Furthermore, about **67% 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 Hadramawt governorate, people received water through diverse methods, *some of which seemed to reveal challenges in regards of infrastructure and access. **77% of KIs** reported that people have access to **piped water into the dwelling**, a generally reliable source, though it may still sometimes be affected by seasonal variations or contamination. Additionally, **45% of KIs** reported that people rely on **water trucking** which is both costly and often unreliable. Also, **21% of KIs** reported that **people manually collect water by filling buckets and transferring it into jerrycans or gallon containers for easier transport and storage**, a process that can be time-consuming and physically demanding. These varied methods reflect the uneven infrastructure across the governorate, with some areas facing more reliable water access than others.

30% of KIs reported people in the community were **unsatisfied** with water access in the last 3 months prior to data collection, while **26% of KIs** reported people in the community were **very unsatisfied**.

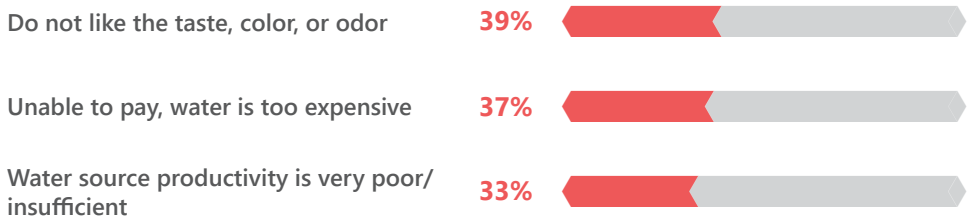
30% of KIs reported that people in the community found **drinking water quality unacceptable** in the last 3 months.

Among the 77% of KIs who reported **access to improved water sources in Hadramawt governorate**, **68% of KIs** highlighted not having any issues with **the quality of the drinking water.** Additionally, **dissatisfaction** with water access persists, underscoring challenges related to **water quality**, **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 Hadramawt governorate.

* KIs were able to select multiple answers for this question.
**10% of KIs reported that people in their communities do not fetch water, while 32% of KIs answered do not know.

Water Issues, Coping Mechanisms, and Responsibilities

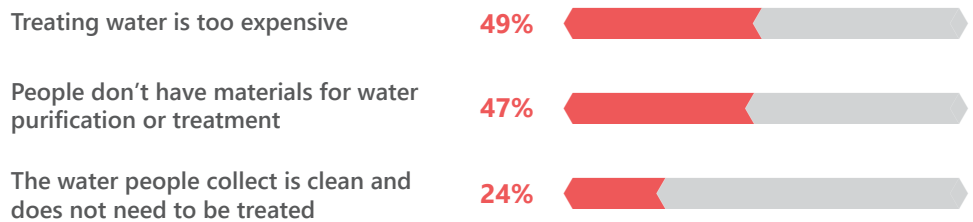
Percentage of KIs outlining the top 3 water access issues in the assessed districts in the last 3 months prior to data collection*



In response to these challenges, communities have implemented various adaptation strategies. **47% of KIs** reported that people in their community **fetch water at a source further than the usual one**, indicating a willingness to travel greater distances to secure water when local sources are insufficient or unreliable. Furthermore, **47% 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 water consumption for other purposes (bathe less, etc..)**, a practice reported by **44% of KIs**. These practices highlight the sacrifices communities make to cope with water scarcity, from **traveling longer distances** and **diverting finances** to **reducing hygiene practices**.

58 **Minutes** is the average number of minutes required to fetch water from the water source and return back, according to 54% 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*

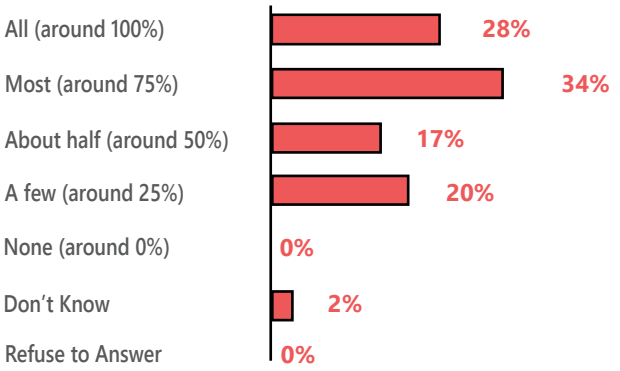


34% of KIs reported that **"Nobody"** treated their water in their assessed areas in the last 3 months prior to data collection.

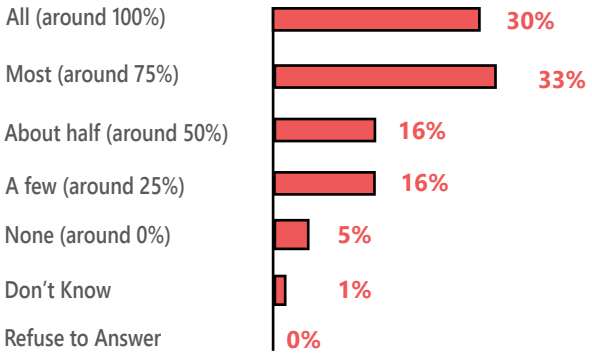
According to KIs, **41% reported that adult men (19- 64 years)** are primarily responsible for fetching water, reflecting their crucial role in ensuring household water access. This often involves physically demanding tasks, particularly in areas where water sources are distant or limited. On the other hand, **38% of KIs** reported that there is **no need to fetch water**, possibly due to **better infrastructure** or **closer water sources**, reducing the overall burden on the community. This contrast highlights disparities in water access, with some areas benefiting from reliable infrastructure, while others rely on manual collection, placing a heavy burden on men in many households.

Proportion of People With Access to Enough Quantity of Water

KIs reporting on the proportion of people in their community having enough drinking water in the last 3 months prior to data collection



KIs reporting on the proportion of people in their community having enough water for other purposes (cooking,bathing, washing) in the last 3 months prior to data collection

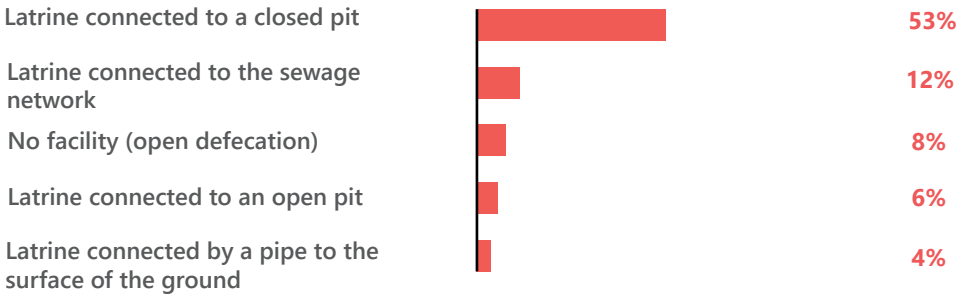


Around **78% of KIs** reported that **more than half of the people in the community had access to a sufficient quantity of water for both drinking and other purposes (such as cooking, bathing, and washing)**. However, **around 21% of KIs** reported **few or none of people in their communities had access to sufficient water for drinking and other purposes**. This variation suggests that water access is uneven within the community, possibly due to factors like location or infrastructure. Insufficient water for basic needs can lead to health risks and highlights the need for targeted solutions to improve access.

Sanitation

The data collected from interviews with KIs in **28 districts across in Hadramawt** offers invaluable insights into the usage patterns, conditions, access challenges, and coping mechanisms related to sanitation facilities. Among the districts assessed, **69% of KIs reported people in their community had access to improved sanitation facilities**, while **31% of KIs** reported that people had **access to unimproved sanitation facilities**. This indicates a **concerning gap** in **access to sanitation facilities**, and highlights the need for targeted interventions to improve facilities, especially in areas with limited access to improved sanitation.

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



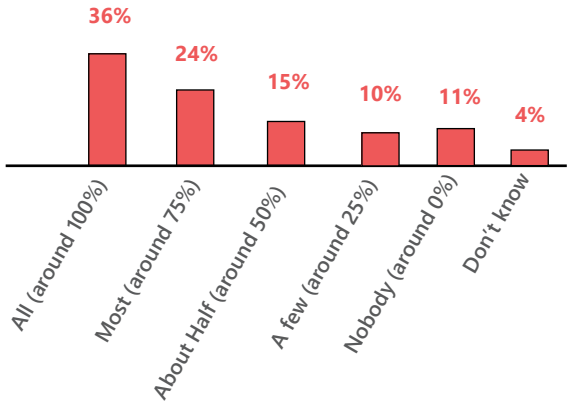
KI responses highlight critical concerns about the adequacy and safety of shared sanitation facilities in some communities. In many cases, **only half** of the communal latrines are **gender-segregated**, and even **fewer have functional locks on the inside**, with a significant portion lacking this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

11% of KIs reported people in the community using shared/communal latrines in their areas.

Approximately 36% of KIs reported that **half of communal** latrines in their communities were **gender separated**.

27% of KIs reported that **half of the communal latrines** in their communities had **functional locks on the inside.**

KIs reporting on the proportion of people with access to functioning latrine in the last 3 months prior to data collection.



KIs reporting on access dissatisfaction (Unsatisfied & Very Unsatisfied) to sanitation facilities by gender in the last 3 months prior to data collection.

46% of KIs reported that **women** were dissatisfied with access to sanitation facilities, while **44% of KIs** reported similar dissatisfaction among **men**. The slight difference in dissatisfaction between the two groups may be influenced by varying problems and expectations regarding sanitation access. This discrepancy could reflect different concerns or priorities, such as the **specific challenges faced in communal settings** or the **impacts of inadequate facilities** on daily life. Regardless of these differences, the high levels of dissatisfaction from both men and women highlight the critical need for improved sanitation infrastructure to meet the needs of all community members.

Accessibility, Challenges, and Adaptation Methods.

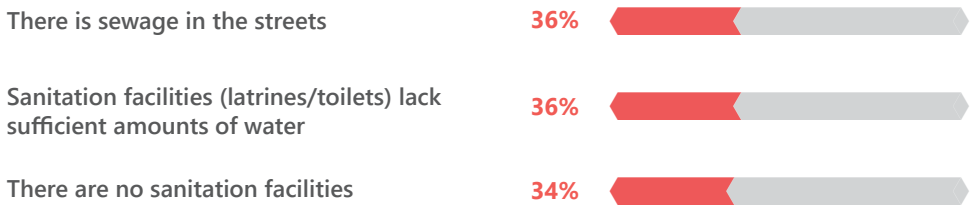
According to **55% of KIs**, **inconsistent access to sanitation facilities day and night** is a concerning issue in the assessed districts in Hadramawt governorate. This gap exacerbates health risks in a region already struggling with water and sanitation-related diseases. **Girls, women, and persons with disabilities** are particularly affected due to multiple reasons such as: **sanitation facilities (latrines/toilets) lack sufficient quantities of water,** and **there are no sanitation facilities (latrines/toilets)**.

The insights provided by KIs shed light on pressing sanitation challenges in the communities surveyed. **44% of KIs highlighted that people experienced issues related to latrines,** and these included: **the presence of sewage in the streets, insufficient water availability for sanitation facilities (latrines/toilets) and the absence of sanitation facilities.** These issues point to critical gaps in the sanitation infrastructure, which directly impact the community's ability to maintain clean and safe facilities.

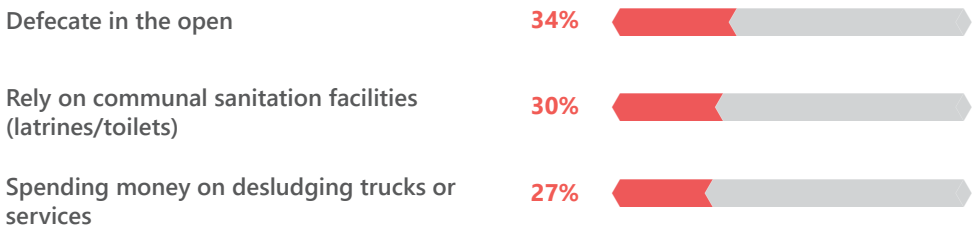
To tackle these challenges, the communities have implemented various **coping mechanisms**, as reported by KIs. These methods include: **defecate in the open, rely on communal sanitation facilities (latrines/toilets), and spending money on desludging trucks or services.** While these strategies provide temporary relief, they expose communities to health risks and places an additional financial burden on community members, highlighting the need for sustainable sanitation solutions and better maintenance practices.

Additionally, **38% of KIs** reported observing **visible traces of human feces in the environment**, which underscores the extent of the sanitation issues in Hadramawt governorate. This issue poses significant health risks, including the spread of diseases, and reflects the inadequacy of current facilities. The presence of waste in public spaces underscores the need for urgent improvements in sanitation infrastructure to protect community health.

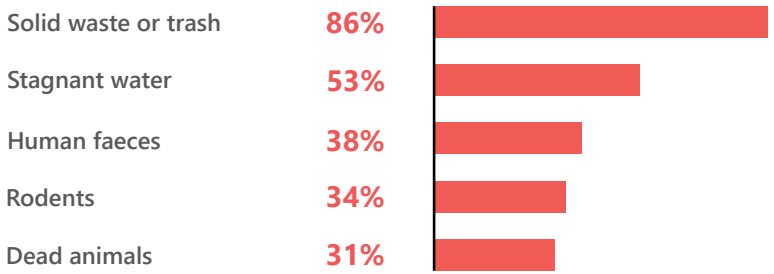
Top 3 issues related to the latrines/toilets in the last 3 months prior to data collection, as reported by the KIs*



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, **14% 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.**

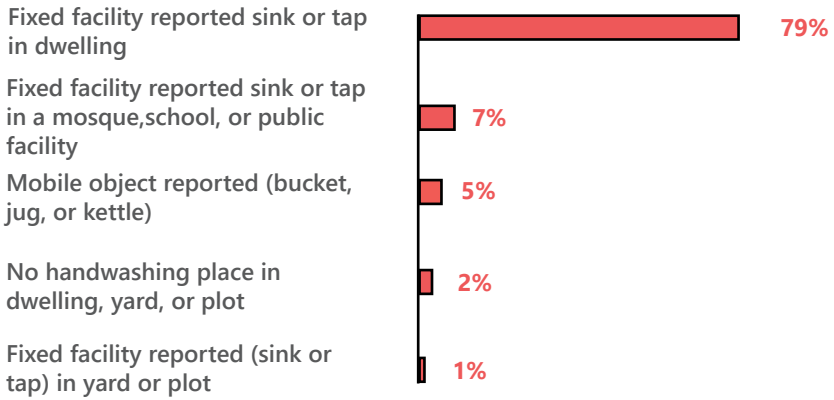
Moreover, **44% of KIs** reported that communities primarily use **detergent (powder, liquid, or paste)**, suggesting a reliance on alternative methods for maintaining hygiene. This preference for detergents may stem from the unavailability of traditional soap options or economic constraints faced by communities.

According to **43% of KIs**, people in their communities were **dissatisfied** ***(*****24% of KIs** reported that people were **unsatisfied** and **19% of KIs** reported people were **very unsatisfied*****)*** **with access to handwashing facilities**, indicating a concerning inadequacy in the current infrastructure to effectively meet community needs or standards. This dissatisfaction signals a critical gap between the existing provisions and the expectations or requirements of the community members. Addressing this dissatisfaction is imperative as it plays a crucial role in improving hygiene practices and promoting public health.

Additionally, the data shows that **only 31% of KIs** reported that **everyone (around 100%)** of the people in the community had **access to functioning bathing or shower facilities**, highlighting a critical gap in essential hygiene services. While some individuals do have access, many others are left without proper facilities, reflecting the uneven distribution of bathing/showering facilities. This lack of adequate bathing facilities can lead to **poor hygiene, increasing the risk of infections and waterborne diseases**, underscoring the need for greater investment in sanitation infrastructure to ensure equitable access for all.

* 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

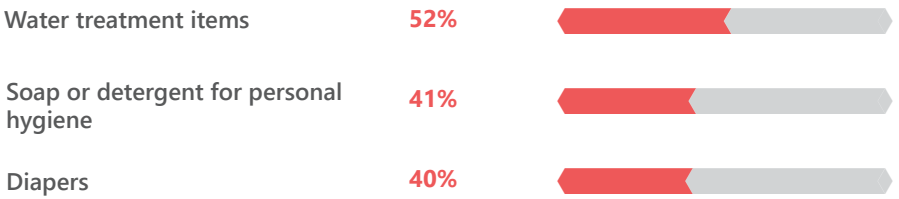
This section offers a comprehensive overview of the challenges related to access WASH facilities and hygiene items within the assessed communities, as reported by KIs. The data sheds light on the general deficiencies in WASH infrastructure and the barriers faced by community members, particularly vulnerable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

KIs highlighted that **girls,women**, **persons with disabilities, and older people** emerge as the **groups facing the greatest challenges in accessing water sources, handwashing facilities, and bathing and sanitation amenities**. This reflects of systemic inequalities in access to essential WASH services, likely driven by **physical, social, or cultural barriers**. Girls and women may face challenges due to **gender roles, safety concerns, or cultural norms**, while older people and persons with disabilities may encounter **physical difficulties or infrastructural limitations** that hinder their access. These disparities highlight the urgent need for inclusive and targeted interventions to address the specific needs of these vulnerable groups. Ensuring equitable access to WASH facilities can help reduce hygiene-related health risks, promote dignity, and foster social inclusion within the community.

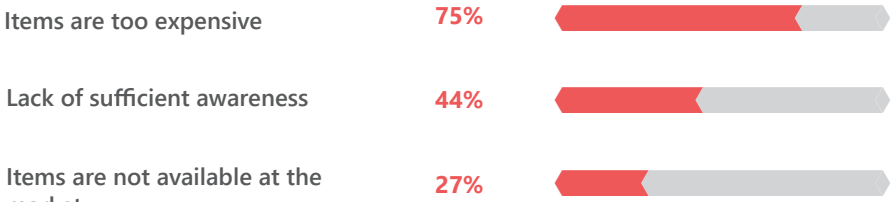
Furthermore, the data underscores **challenges** related to the **accessibility of WASH hygiene items** (for example: **water treatment items**, **soap or detergent for personal hygiene**, and **diapers**). Many community members face difficulties in obtaining these items, which are crucial for maintaining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

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

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



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



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

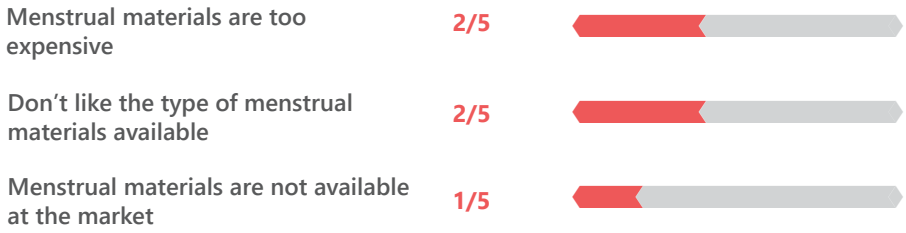
Menstrual Hygiene Management: Insights from Female KIs

Out of 101 KI interviews conducted in Hadramawt governorate, only 7 were conducted by female enumerators with female respondents. According to one female KIs, none of the women in Hadramawt governorate 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, **5 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 **5 female KIs**, **women expressed dissatisfaction with their access to menstrual hygiene products**. This dissatisfaction stems from several challenges, including the **high cost of menstrual products**, **the limited variety of suitable options**, and **the availability of menstrual materials in the markets**. These issues not only hinder effective menstrual health management but also contribute 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*



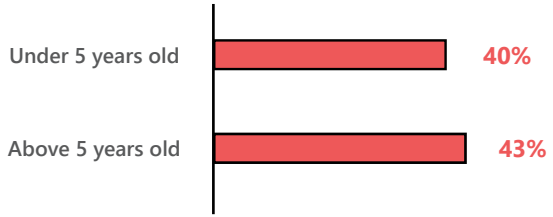
* KIs were able to select multiple answers for this question.

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. **Since January 2024 and until October 2024, Hadramawt governorate had reported approximately 572 suspected cases of acute watery diarrhea/cholera, resulting in 4 deaths.** [2]

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



Healthcare Disparities in Hadramawt: Gaps in Information Dissemination and Access

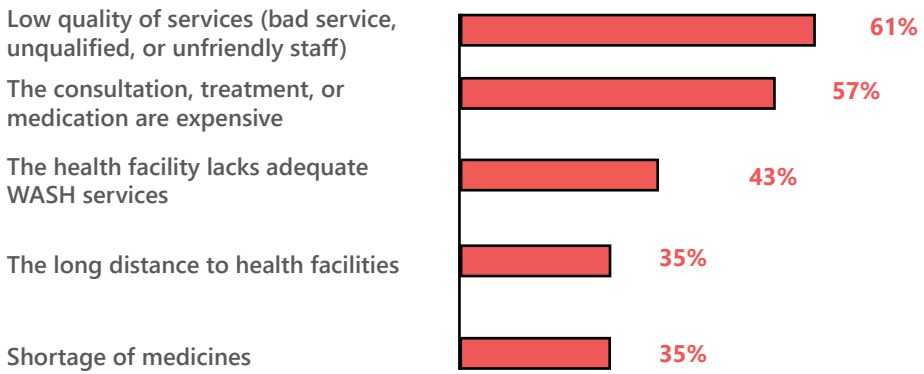
Around 68% of KIs noted that **individuals in their communities had received information about cholera in the past 3 months**. However, only **34% of KIs** indicated that the **information provided was available to everyone in the community.** While these findings suggest significant efforts to raise 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, Hadramawt governorate reported approximately **572 suspected cholera cases as of October 2024**, highlighting that **raising awareness alone may not be enough to effectively curb the disease's spread**. [2]

Furthermore, only **21% 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, **64% of KIs** highlighted the **absence of nearby Oral Rehydration Centers (ORCs) or Diarrhea Treatment Centers (DTCs)**, revealing a critical gap in access to professional care for dehydration and diarrhea-related conditions. The absence of these facilities underscores the urgent need for improved healthcare resources to protect public health.

According to **59% of KIs**, the majority of the population faces significant barriers in accessing general healthcare facilities. These obstacles include: **low quality of services (bad service, unqualified, or unfriendly staff)**, and **the consultation, treatment, or medication are expensive**. 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 these barriers, interventions should prioritize ensuring a **consistent supply of medicines** and **improving the quality of healthcare services through staff training and better management**. Additionally, **expanding transportation support, establishing closer healthcare facilities, and upgrading WASH infrastructure in existing centers are critical steps**. Strengthening community health education will further empower individuals to seek care and utilize available services effectively. Collectively, these measures are essential for enhancing healthcare access and

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

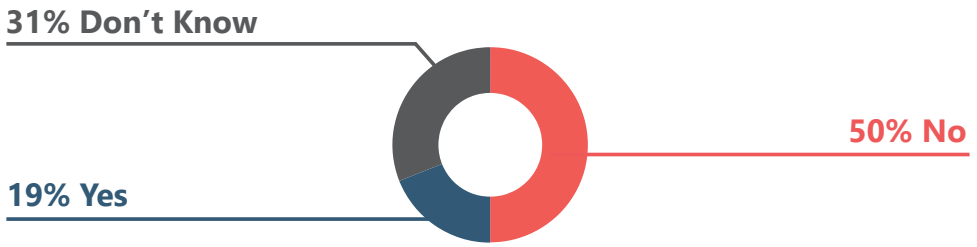
Within Hadramawt governorate, only **19% of KIs** reported **the presence of WASH assistance**. Meanwhile, **69% of KIs reported that there was no WASH assistance, while 11% of KIs were unsure**. This highlights a lack of WASH support, which may contribute to the spread of waterborne diseases and underscores the urgent need for improved sanitation and water access. Among the KIs that reported the presence of WASH assistance, about **88%** stated that **the community was not consulted before the WASH assistance was provided, indicating a lack of involvement in decision-making.** However, **12% of KIs** indicated that the community was consulted before providing WASH assistance, which reflects some positive community engagement.

Furthermore, the data reveals varying levels of community involvement in the **planning and delivery of humanitarian assistance**. **25% of KIs** reported that **community members were not involved in these processes**, indicating a potential gap in community participation. Conversely, **31% of KIs** reported **community involvement** in the planning and delivery of humanitarian assistance, which is a positive indicator of engagement. However, **44% 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. **19% of KIs** reported that people **are aware of these mechanisms**, indicating a moderate level of awareness within the community. However, **50% 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, **31% 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



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METHODOLOGY OVERVIEW

The WANTS KI tool is used to **collect data in districts under the GoY**. In addition, YWC partners have the flexibility to employ both KI and HH level WANTS tools on an ad-hoc basis, in accordance with organizational priorities. The situation overview findings were derived from data collection districts under the GoY, which took place **between July and September 2024 with a recall period of 3 months prior to data collection. Data was collected through KIs, which reported on the WASH situation on the behalf of the communities they belonged to**, facilitating the compilation of indicative insights at the district level through a reduced number of interviews per district.

Between 3 and 10 KI interviews were conducted per district to ensure a representative sample across **126 districts in GoY.** While the initial aim was to cover **all 333 districts in Yemen,** only **126 districts** were reached due to various challenges. **For more details, please refer to the limitations section**. The sampling framework used an **equation** that assigned each district a **minimum of three KIs**, with additional KIs allocated proportionally based on **the district's population relative to Yemen's total estimated population in 2024**. To capture diverse perspectives, **random sampling was applied at the subdistrict level**, extending coverage beyond densely populated areas and **incorporating insights from various geographic locations within each district, not just the main population centers**. The analysis was conducted at the governorate level, with **percentages reflecting an average of all KI responses across the districts under the Hadramawt 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 for Hadramawt governorate:

- **Lack of resources from YWC partners hindered the ability to conduct a HH level assessment,** limiting the representativeness of WASH data collected.
- 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.
- Certain areas or population groups may have been **underrepresented** or **not presented entirely**, impacting the overall accuracy and comprehensiveness of the findings.
- **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

Assessed Districts in Hadramawt governorate *

Rumah	Al Qatn	Ar Raydah wa Qussay'ar	Wadi Al Ayn	Brum Mayf'ah
Thamud	Shibam	Ad Dis	Rakhyah	Al Mukalla
Al Qaff	Sah	Ash Shihr	Amd	Al Mukalla City
Zamakh wa Manwokh	Sayun	Ghayl bin Yamin	Ad Dulay'ah	Haridah
Hajar As Say'ar	Tarim	Ghayl Bawazir	Yab'uth	
Al Abr	As Sawm	Daw'an	Hajar	

* For details on the data collection period and number of KIs during data collection, please refer to the dashboard.