SITUATION OVERVIEW

Assessed Districts in Ad Dali' | 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

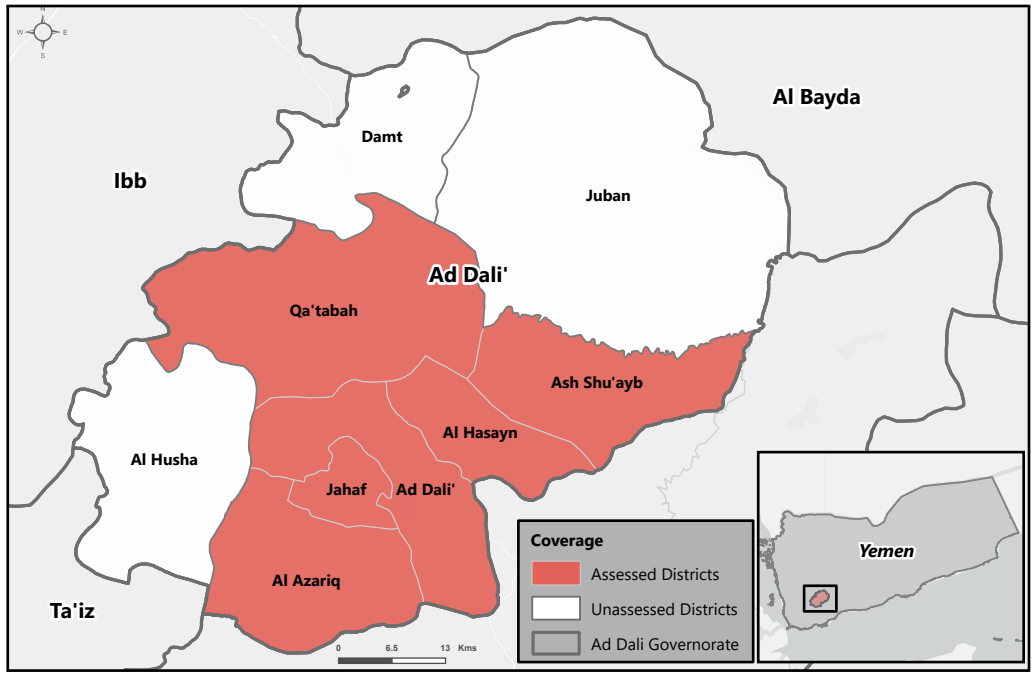

Figure 1: Covered Districts in Ad Dali' governorate

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 Ad Dali' in 2024, highlighting **6** districts across **Ad Dali'** governorate. Data collection occurred between **July and September 2024** with a **recall period of 3 months**, with active involvement from **4 Yemen WASH Cluster partners which were: Medair, Dorcas, ZOA international, and Yemen Family Care Association - YFCA**. Insights were gathered from **50 KIs**. It is important to note that the findings in this situation overview are only **indicative** and **do not provide a representative view of entire population**.

KEY MESSAGES

The following key messages were reported by KIs:

- KIs reported people's **dissatisfaction** with water, sanitation, hygiene, and menstrual hygiene services due to **inadequate infrastructure and limited access to essential WASH services**.
- There is a high reliance on **unimproved sanitation facilities**, with many areas lacking proper facilities, leading to the presence of **sewage and human faeces in the streets** and **increased health risks**, including the spread of **cholera** and other waterborne diseases.
- The **affordability** of **water, hygiene supplies**, and **menstrual hygiene products** creates **significant barriers for communities**, **limiting access to essential WASH services** and **worsening economic strain on families**.

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Water

The availability and quality of water sources vary significantly across communities. Approximately **56% of KIs reported that people in their community rely on improved water sources**, while **38% of KIs** indicated a dependence on **non-improved** water sources. Furthermore, about **74% 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 assessed districts in Ad Dali' governorate, people received water through diverse methods, *some of which seemed to reveal challenges in regards to infrastructure and access. **52% 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. Additionally, **46% of KIs** reported that people rely on **water trucking** which is both costly and often unreliable. Also, **28% of KIs** reported that **people brought water in gallons (jerrycans) from a tank/well next to the water source**, emphasizing further reliance on local and sometimes unstable water sources. This indicates that water access in the assessed districts is challenging, with residents relying on methods that are inefficient, costly, and often unreliable.

42% of KIs reported people in the community were **unsatisfied** with water access in the last 3 months prior to data collection, while **34% of KIs** reported people in the community were **very unsatisfied**.

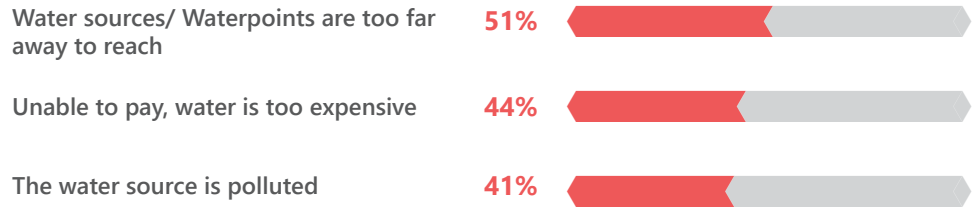
26% of KIs reported that people in the community found **drinking water quality unacceptable** in the last 3 months.

Among the 56% of KIs who reported **access to improved water sources in the assessed districts of Ad Dali' governorate**, around **79% 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 the assessed districts of Ad Dali' governorate.

* KIs were able to select multiple answers for this question.
**8% of KIs reported that people in their communities do not fetch water, while 20% of KIs answered do not know.

Water Issues, Coping Mechanisms, and Responsibilities

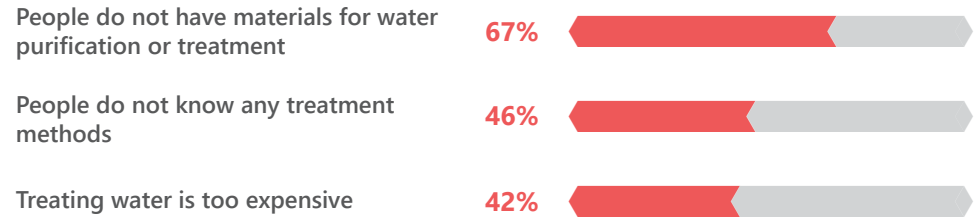
Percentage of KIs outlining the top 3 water access issues in the assessed districts in the last 3 months prior to data collection*



In response to these challenges, communities have implemented various adaptation strategies. **66% of KIs** reported that people in their community **rely on less preferred unimproved/untreated water sources for drinking water such as unprotected well or unprotected spring**, indicating a lack of access to safe, reliable water sources. Furthermore, **44% of KIs** reported that people **reduce water consumption for other purposes (i.e bathe less, etc..)**. Another coping strategy adopted by people in the community is to **fetch water at a source further than the usual one**, a practice reported by **41% of KIs**. These practices highlight the **severe scarcity of safe water**, **heightening health risks and stressing the urgent need for enhanced water infrastructure** to ensure reliable access.

54 **Minutes** is the average number of minutes required to fetch water from the water source and return back, according to 72% 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*



84% of KIs reported that **"Nobody"** treated their water in their assessed areas in the last 3 months prior to data collection.

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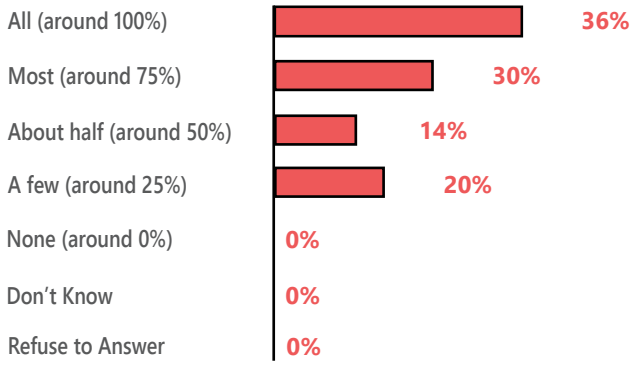
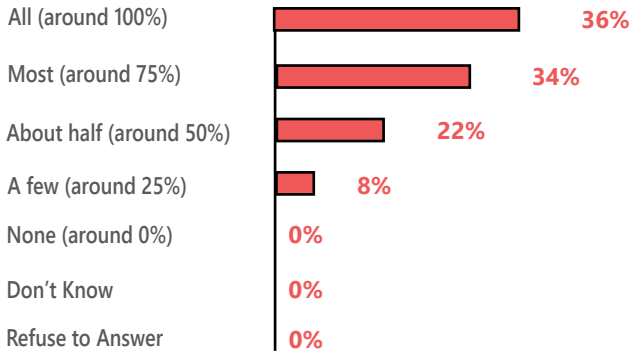
The **responsibility of water collection** falls mainly on adults in the community, with a significant gender imbalance in the distribution of this task. As reported by **60% of KIs**, **adult women (19- 64 years)** are **primarily tasked with fetching water**, while only **16% of KIs** reported that **adult men (19- 64 years)** sharing this burden. Even though adult men and young men (16-18 years) (reported by **12% of KIs**) are reported at lower percentages, **12% of KIs** highlighted the involvement of **girl under 15 years**, reflecting the **disproportionate burden placed on females**, both adult women and young girls. The involvement of females in fetching water might impacts their education, exposes them to security risks, and limits their livelihoods opportunities.

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

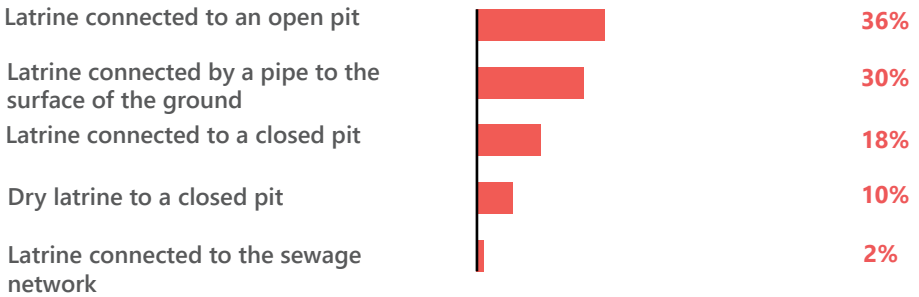


Around **80% of KIs** reported that **more than half of the people in the community had access to a sufficient quantity of water for both drinking and other purposes (such as cooking, bathing, and washing)**. However, **around 20% of KIs** reported **few or none of people in their communities had access to sufficient water for drinking and other purposes**. This 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 **6 districts across in Ad Dali'** offers invaluable insights into the usage patterns, conditions, access challenges, and coping mechanisms related to sanitation facilities. Among the districts assessed, **30% of KIs reported people in their community had access to improved sanitation facilities**, while **70% of KIs** reported that people had **access to unimproved sanitation facilities**. This indicates a **significant gap** in **access to sanitation facilities**, with most of the community relying on unimproved facilities, which pose health risks.

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



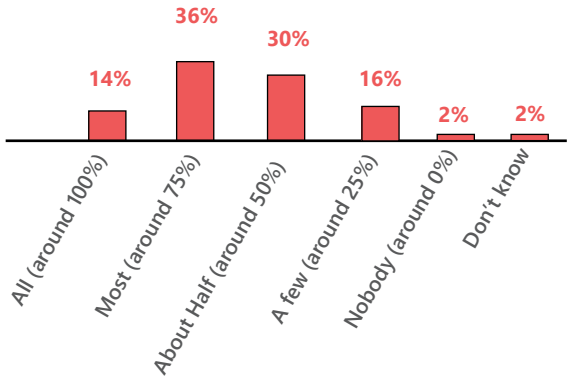
KI responses highlight that shared sanitation facilities **are not always gender-segregated**, and some KIs also pointed out the **absence of locks on the inside**, which are crucial for ensuring privacy and security in communal settings where facilities are shared by multiple households. Although reported 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.

20% of KIs reported people in the community using shared/communal latrines in their areas.

Approximately 20% 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.

58% of KIs reported that **women were dissatisfied with access to sanitation facilities**, while **56% 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 s**pecific 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.

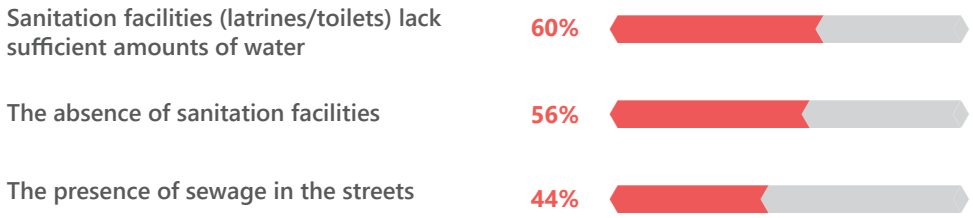
According to **34% of KIs**, **inconsistent access to sanitation facilities day and night** is a concerning issue in the assessed districts in Ad Dali' governorate. This gap exacerbates health risks in a region already struggling with water and sanitation-related diseases. **Persons with disabilities, older people, and women** are particularly affected due to multiple reasons such as: **the unavailability of toilets for everyone,** and **limited mobility prevents people from using the toilet**.

The insights provided by KIs shed light on pressing sanitation challenges in the communities surveyed. **50% of KIs highlighted that people experienced issues related to latrines,** and these included: **insufficient water availability for sanitation facilities (latrines/toilets)**, **the absence of sanitation facilities, and the presence of sewage in the streets.** These issues point to critical gaps in the sanitation infrastructure, which directly impact the community's ability to maintain clean and safe facilities.

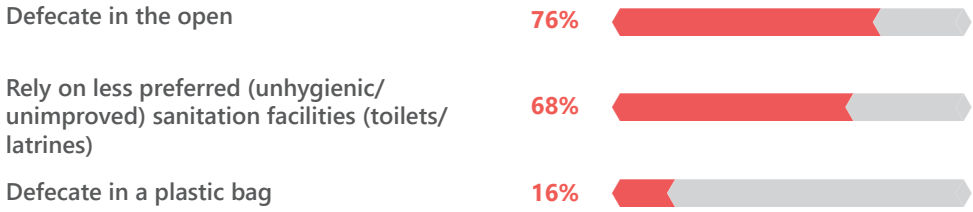
To tackle these challenges, the communities have implemented various **coping mechanisms**, as reported by KIs. These methods include **defecate in the open, rely on less preferred (unhygienic/unimproved) sanitation facilities (toilets/latrines), and defecate in a plastic bag.** While these strategies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

Additionally, **66% of KIs** reported observing **visible traces of human feces in the environment**, highlighting the severity of the sanitation issues in the assessed districts of Ad Dali' governorate. This widespread contamination not only threatens public health by increasing the risk of waterborne diseases but also reflects the urgent need for proper sanitation infrastructure and hygiene awareness to mitigate these risks.

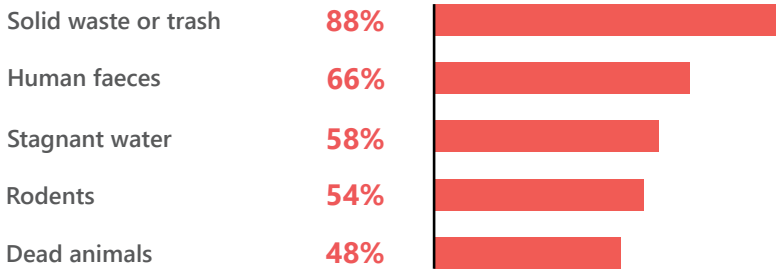
Top 3 issues related to the latrines/toilets in the last 3 months prior to data collection, as reported by the KIs*



Top 3 adaptations methods to latrine issues in the last 3 months prior to data collection, as reported by the KIs*



Visible traces most seen in the community in the last 3 months prior to data collection, as reported by the KIs*



Hygiene

The shortage of hygiene services in Yemen has severe health implications. Inadequate access to basic hygiene facilities, such as handwashing stations and clean water, increases the risk of communicable diseases like Acute Watery Diarrhea (AWD), further compromising public health.

According to WANTS data, **18% 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.**

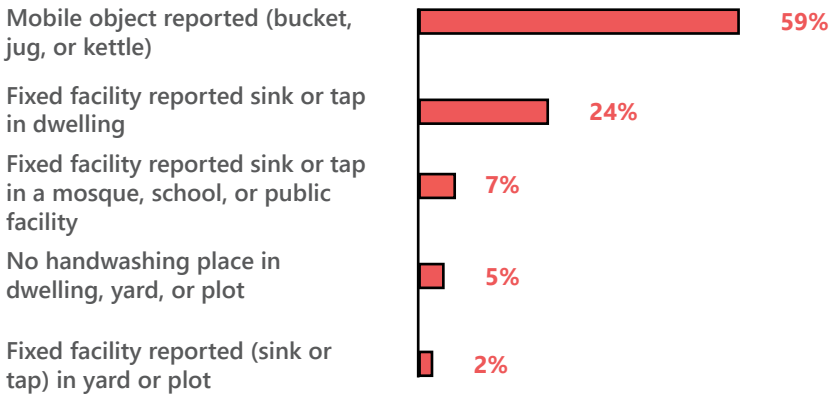
Moreover, **83% of KIs** reported that communities primarily use **detergent (powder, liquid, or paste)**, indicating a reliance on basic cleaning products. While effective for general cleaning, detergents may not offer the same disease-prevention benefits as soap, highlighting the need for better hygiene practices and access to proper sanitation.

According to **76% of KIs**, people in their communities were **dissatisfied** ***(*50% of KIs** reported that people were **unsatisfied** and **26% of KIs** reported people were **very unsatisfied**)* **with access to handwashing facilities**, indicating a significant inadequacy in the current infrastructure to effectively meet community needs or standards. This dissatisfaction signals a critical gap between the existing provisions and the expectations or requirements of the community members. Addressing this dissatisfaction is imperative as it plays a crucial role in improving hygiene practices and promoting public health.

Additionally, the data shows that **only 20% 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

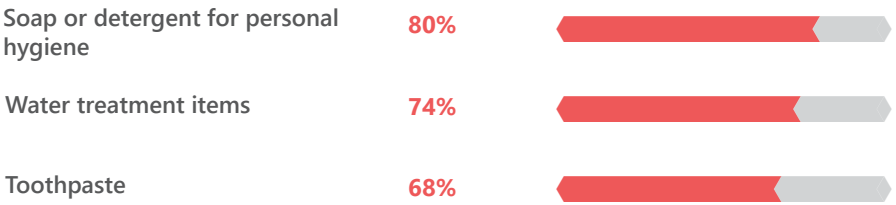
This section offers a comprehensive overview of the challenges and dynamics surrounding access to WASH facilities and hygiene items within the assessed communities, as reported by KIs. The data sheds light on the general deficiencies in WASH infrastructure and the barriers faced by community members,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

KIs highlighted that **older people and persons with disabilities** emerge as the **groups facing the greatest challenges in accessing water sources, handwashing facilities, and bathing and sanitation amenities**. Although women and girls remain key vulnerable groups, fewer KIs reported them as a primary concern, shifting the current focus to the older people and persons with disabilities as those experiencing the most severe access barriers. **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 persons with disabilities being overlooked, with their needs deprioritized, exacerbating the challenges they face.

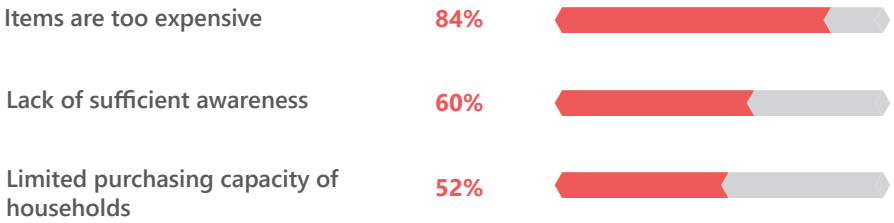
Furthermore, the data underscores **challenges** related to the **accessibility of WASH hygiene items** (for example: **soap or detergent for personal hygiene**, **water treatment items**, and **toothpaste**). While these items are essential for maintaining basic hygiene, many community members in the assessed districts of Ad Dali' governorate 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.

Menstrual Hygiene Management: Insights from Female KIs

Out of 50 KI interviews conducted in assessed districts in Ad Dali' governorate, only 5 were conducted by female enumerators with female respondents.* **According to 2 female KIs, between 0 and 25 percent of women** in the assessed districts in Ad Dali' 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, **2 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 **3 female KIs**, **women expressed dissatisfaction with their limited 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 a **lack of awareness about proper menstrual hygiene practices**. Additionally, **some women and girls**, such as those with disabilities, ethnic minorities, and Internally Displaced People (IDPs), face **barriers to accessing markets** where these products are available. 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**

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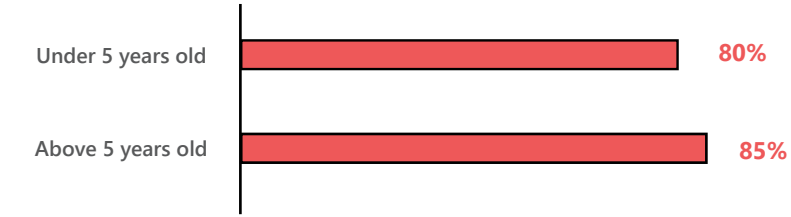
Acute Watery Diarrhea

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, Ad Dali' governorate had reported approximately 9107 suspected cases of acute watery diarrhea/cholera, resulting in 3 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 Ad Dali: Gaps in Information Dissemination and Access

Around 60% of KIs noted that **individuals in their communities had received information about cholera in the past 3 months**. However, only **33% 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, Ad Dali' governorate reported approximately **9,100 suspected cholera cases as of October 2024**, highlighting that **raising awareness alone may not be enough to effectively curb the disease's spread**.

* In this section, the percentages reflect the responses of the 5 female KIs, rather than the total 50 KIs.
** KIs were able to select multiple answers for this question.

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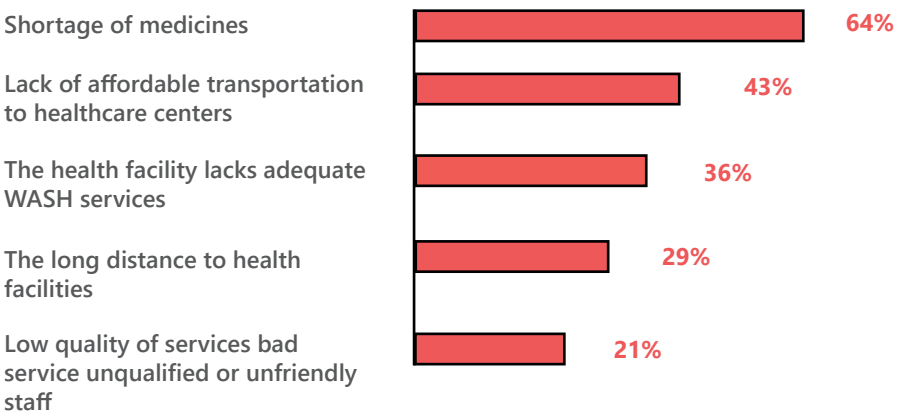
Furthermore, **52% of KIs** reported **people in their communities were familiar with preparing Oral Rehydration Solution (ORS)**, an encouraging sign of community awareness and readiness to manage dehydration-related illnesses. However, **65% of KIs** highlighted the **absence of nearby Oral Rehydration Centers (ORCs) or Diarrhea Treatment Centers (DTCs)**, revealing a critical gap in access to professional care for dehydration and diarrhea-related conditions. These findings underline the importance of strengthening healthcare infrastructure to complement community knowledge and improve treatment accessibility.

According to **56% of KIs**, the majority of the population faces significant barriers in accessing general healthcare facilities. These obstacles include: **shortage of medicines**, and the **lack of affordable transportation to healthcare centers**. These factors exacerbate the already challenging process of seeking medical care, making it even more difficult for individuals to access the healthcare they need.

To address 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 outcomes in the assessed districts of Ad Dali' governorate.

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 Case Investigation: Insights into Behaviours and Challenges in Ad Dali'

As part of the response to the cholera outbreak, **REACH**, in collaboration with the **YWC**, updated the **Cholera Case Investigation (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 April 2024, CIF data collected from Ad Dali' governorate included information from **22 cholera patients** across three districts: **Qa'atabah, Ad Dali', and Al Azariq**. The majority (**n=17**) of these patients reported using **improved water sources**, yet over half (**n=13**) of them **did not treat their water to make it safer for drinking**. This suggests a gap in water treatment practices, which may contribute to the spread of cholera. [3]

Handwashing practices were somewhat encouraging. Almost all patients (**n=21**) reported **washing their hands before eating**, which is a positive hygiene behavior. However, half of the patients (**n=11**) admitted they **did not wash their hands after defecating**, raising concerns about the **potential for faecal contamination and the spread of waterborne diseases**. Moreover, although more than half (**n=12**) of the patients reported having soap in their households, **affordability challenges and a lack of awareness** resulted in irregular access to soap. Similar challenges were noted in the WANTS 2024 data, where KIs in the assessed districts of Ad Dali' also pointed to **difficulties in obtaining essential WASH items like soap**. These findings reinforce the WANTS 2024 data, which identified **affordability and lack of awareness** as **significant barriers to accessing necessary WASH items**. [3]

Due to **limited access to improved sanitation facilities**, many patients (**n=15**) reported **frequent or occasional occurrences of overflowing sewage** in their communities. This, along with the common **sighting of human feces** reported by more than half of the patients (**n=13**), contributed to unsanitary conditions in the area. These issues were reflected in patients' observations, with human feces and stagnant water often visible around their homes, further highlighting the sanitation challenges they face. [3]

In terms of hygiene practices, almost all patients (**n=18**) reported **washing fruits and vegetables before consumption**; however, they **often used untreated water in the process**. This increases the risk of contamination and the spread of cholera. [3]

Finally, when asked about the source of their illness, more than half (**n=14**) of patients attributed their cholera infection to **contaminated water**. Others believed they had contracted the disease from **food** (**n=5**) **or through contact with another person** (**n=5**). These perceptions highlight potential areas for intervention, including improving water treatment, sanitation, and hygiene education. [3]

Community Engagement and Participation in WASH Assistance

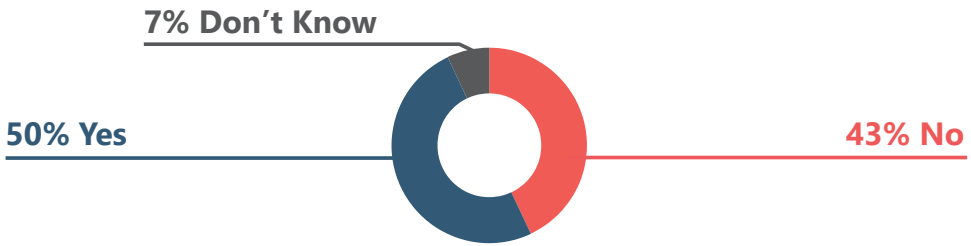
Within the assessed districts in Ad Dali' governorate, only **28% of KIs** reported **the presence of WASH assistance**. Meanwhile, **58% of KIs reported that there was no WASH assistance, 12% of KIs were unsure, and 2% of KIs preferred not to answer**. The level of community involvement in the planning and delivery of WASH assistance shows a noticeable difference. Among the KIs that reported the presence of WASH assistance, about **43%** stated that **community engagement is something important when implementing any project to ensure that the project is meeting and fulfilling the gaps and needs.** However, a positive **57% of KIs** indicated that the **community was consulted before providing WASH assistance**, which is a **promising indicator of community involvement**.

Furthermore, the data reveals varying levels of community involvement in the **planning and delivery of humanitarian assistance**. **43% of KIs** reported that **community members were not involved in these processes**, indicating a potential gap in community participation. Conversely, **57% of KIs** reported **community involvement** in the planning and delivery of humanitarian assistance, which is a positive indicator of engagement. However, the lack of involvement reported by a significant portion of the community suggests that **there may be opportunities to enhance participation, ensuring that humanitarian aid is better aligned with local needs and priorities**.

People awareness of complaint and feedback mechanisms

According to KIs, awareness of complaints and feedback mechanisms among the population shows a varied understanding. **50% of KIs** reported that people **are aware of these mechanisms**, indicating a moderate level of awareness within the community. However, **43% 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, **7% 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



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 Ad Dali' governorate**. However, as the number of KIs varies according to district population size, **the results may not provide a fully detailed representation of conditions in individual districts.**

It is important to acknowledge that **the findings presented in this report provide indicative insights rather than a representative depiction of the experiences of entire population in the assessed districts.** Data collected was aggregated based on geographical areas, encompassing **districts and governorates in the GoY.** This aggregation at various levels **safeguards the privacy of KIs and HHs,** while also enabling comparisons of results across different locations and demographic groups. Categorical variables are reported as response frequencies, while continuous variables are presented as averages keeping in mind that a KIs were surveyed in representation of their communities and the figure here reported represent a proportion of KIs, rather than proportions of the population represented. In certain cases, when **multiple questions** are selected, there might be situations where the total percentages of the answers **surpass 100%** due to respondents selecting multiple options. Furthermore, occasionally, exclusions of responses like "Refuse to answer/Other/Don't know" from the calculations can lead to a combined percentage that **falls below 100%**.

Limitations

During the assessment process, several limitations were encountered, particularly given the nationwide scope of the assessment, which involved contributions from over 29 partners in data collection activities. Below are some of the limitations identified:

- The **data collection timeline** was impacted by **delays**, as the original two-week schedule was **extended multiple times** at the request of partners. These extensions, **coupled with variations in recall periods**, may have influenced the accuracy of the data. Since all data was aggregated at the governorate level, it **potentially reflects conditions over several months**—for instance, data collected in July captured the situation in April, while data from August reflected conditions during May.
- **Lack of resources from YWC partners hindered the ability to conduct a HH level assessment,** limiting the representativeness of WASH data collected.
- **Reporting based on percentages of KIs limits the ability to compare indicative results between areas.** However, for the 2024 rounds of WANTS, it was decided to report at the KI level rather than aggregating data at the district level to better capture the diverse perspectives of KIs. For detailed district-level comparisons, please refer to the interactive dashboard: **WANTS Dashboard.**

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery, and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

For more information about REACH Yemen, you can contact us and sign up to our REACH Yemen mailing list under impact.yemen@impact-initiatives.org
For more information about IMPACT, please visit our website, and sign up to our IMPACT quarterly newsletter or contact us directly at: geneva@reach-initiative.org and follow us on Twitter:@REACH_info

ENDNOTES

1. Yemen HNRP 2025
2. Epidemiological Situation of diseases in free areas in Yemen in 2024
3. Cholera Investigation Form - Ad Dali' - May 2024

Participating Agencies

ZOA from relief to recovery

MEDAIR each life matters

Dorcas for those in need

YFCA جمعية رعاية الأسرة

Assessed Districts in Ad Dali' governorate *

Ad Dali'	Al Azariq	Ash Shu'ayb
Al Hasayn	Jahaf	Qa'tabah

* 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.