

Lahj Governorate, YEMEN | WASH Needs Tracking System (WANTS)

JUNE - SEPTEMBER 2023

CONTEXT & RATIONALE

After more than nine years of conflict, Yemen is grappling with a public health emergency, evidenced by disruptions in accessing essential services, with an estimated **18.2 million** individuals projected to require humanitarian assistance in 2024.¹

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 **17.4 million** people to address their critical needs for **clean water and basic sanitation** in 2024. Moreover, climate change poses significant challenges, especially for those reliant on rainwater harvesting.¹

Assessed Districts

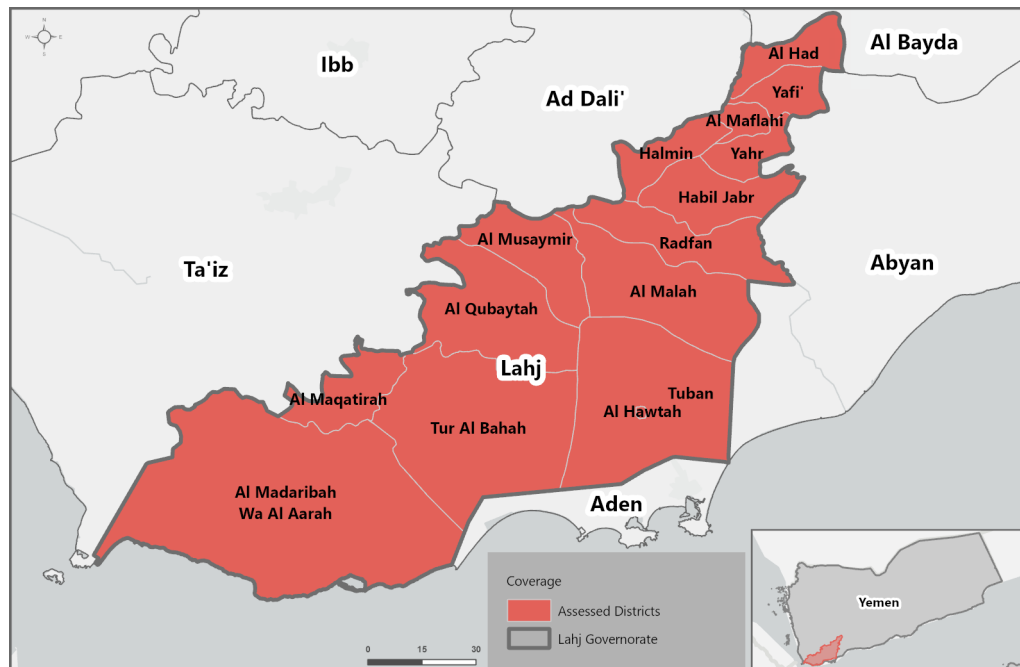


Figure 1: Covered districts in Lahj Governorate

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 water, sanitation, and hygiene 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**.

This situation overview presents findings from **15 districts across Lahj governorate in Yemen. Data collection occurred between June and September 2023**, within a **recall period of 30 days**, with active involvement from the **Ministry of Water and Environment (MoWE) in the Aden Area of Responsibility (AoR) and 6 Yemen WASH Cluster partners (ADRA, ARD, DRC, Estijabah Foundation, SI, and TFD)**. Insights were gathered from **70 KIs**. It is important to acknowledge that while the findings in this situation overview offer valuable insights, they cannot be considered as representative of the entire population in Lahj Governorate.

KEY MESSAGES

- Despite the presence of **improved WASH facilities** in Lahj governorate, KIs have reported **high levels of dissatisfaction** with the WASH services provided, which could be explained by the reported quality or availability challenges reported.
- Lack of access to **improved sanitation facilities** in specific areas, is resulting in communities having to **resort to open defecation** as adaptation mechanism, affecting the safety and dignity of populations.
- The lack of diarrhea treatment centers, coupled with multiple barriers hindering **access to health facilities** and **inadequate WASH services** and facilities, poses a significant **risk to the overall health** of the population, leaving them vulnerable to communicable diseases such as **cholera**.



KIs reveal the complexities of water access, highlighting both progress and challenges in ensuring safe, reliable sources. While some KIs reported that people have acceptable drinking water, concerns persist regarding accessibility and quality.

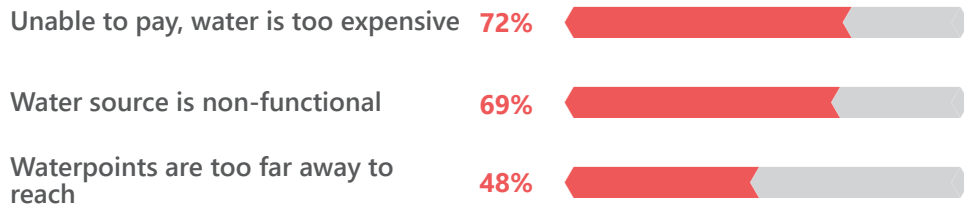
The availability and quality of water sources exhibit significant variation. Approximately **74% of KIs reported that people in their community rely on improved water sources**, while the remaining KIs reported people in their communities depend on non-improved water sources. About **63% of KIs reported that their respective areas had acceptable quality of drinking water**, potentially indicating regions where water quality meets certain standards.



67% of KIs reported people in the community were **unsatisfied** while **24%** of KIs reported people in the community were **very unsatisfied** with water access in the last 30 days.

It was found that among the **74% of KIs** who reported **access to improved water sources** in Lahj governorate, **23% of the KIs** reported that people in their community **encountered quality issues with the drinking water**. These improved water sources, while physically available, were affected by various quality concerns. KIs reported instances where people encountered water with unacceptable attributes such as **foul smell, unpleasant taste, and abnormal color**. This discrepancy between the presence of improved water sources and the compromised quality of water might suggest possible challenges within the water supply domain.

Percentage of KIs outlining the top 3 water access issues in the last 30 days prior to data collection*



* KIs were able to select multiple answers for this question.
 ** 29% of KIs reported that people in their communities do not fetch water, while 21% of the KIs answered dont know.

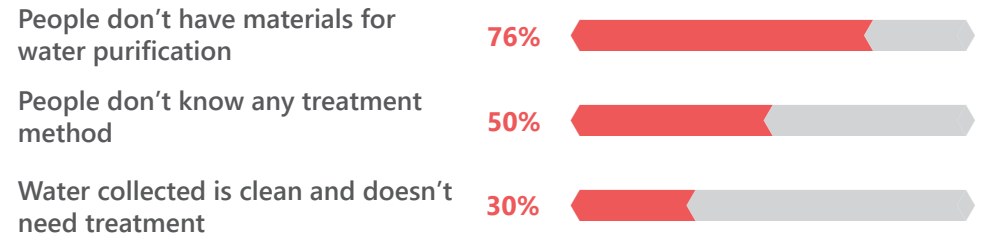
Water issues, Coping Mechanisms, and Responsibilities

In response to these challenges, communities have implemented various **coping mechanisms**. Remarkably, **66% of the KIs** reported that individuals in their community were **reducing non-drinking water usage, such as bathing less frequently**, as a primary means to conserve water for essential needs. Furthermore, **62% of KIs** noted a **significant reduction in drinking water usage**, reflecting efforts to minimize expenditure on this crucial resource amidst its high cost. Also, **59% of KIs reported that people are spending money on water that should otherwise be used for other purposes**, exacerbating financial strain and limiting opportunities for economic and social advancement within these communities.*



59% of KIs reported that **“Nobody”** treated their water in their assessed communities in the last 30 days prior to data collection.

Percentage of KIs outlining the top 3 reasons for not treating water in the assessed districts in the last 30 days prior to data collection*



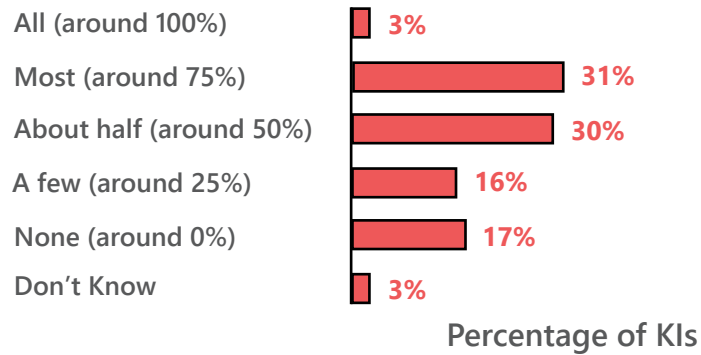
53 Minutes is the **average time** required to fetch water from the water source and return back, according to 50% of KIs in the last 30 days prior to data collection.**

The responsibility of water collection disproportionately falls on women in the community. As reported by **64% of KIs**, **adult women aged 19-64** are primarily tasked with fetching water. Additionally, **45% of KIs** reported that **young females aged 16-18** bear this responsibility, and **38% of KIs** indicated that **girls under 15 years** old were also involved. This gender disparity, with the majority of KIs reporting the reliance on women to fetch water, not only imposes additional physical strain on women and girls but doubles their burden as they have to earn an income or pursue their education while still being in charge of household tasks.²

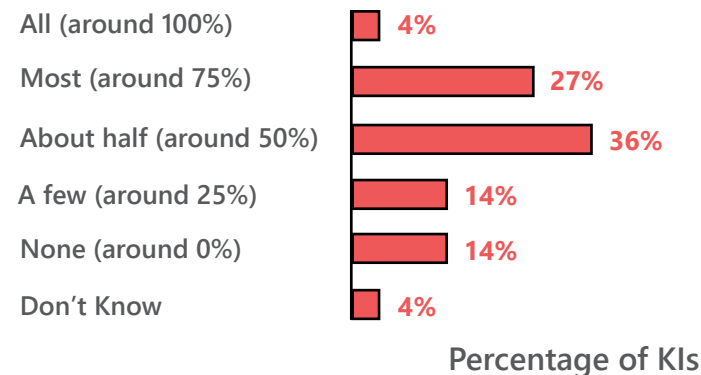
Proportion of people with access to enough quantity of water

Around **two-thirds of KIs reported** that **most or half of the people in the community had access to sufficient quantity of water for both drinking and other purposes (such as cooking, bathing, and washing)**. However, as reported by a minority of KIs, there are some areas where none or only few people have access to enough water for drinking. This disparity highlights an ongoing challenge and underscores the importance of further examination to address the underlying issues and ensure equitable access.

KIs reporting on the proportion of people in their community that had enough drinking water in the last 30 days prior to data collection



KIs reporting on the proportion of people in their community that had enough water for other purposes (cooking, bathing, washing) in the last 30 days prior to data collection

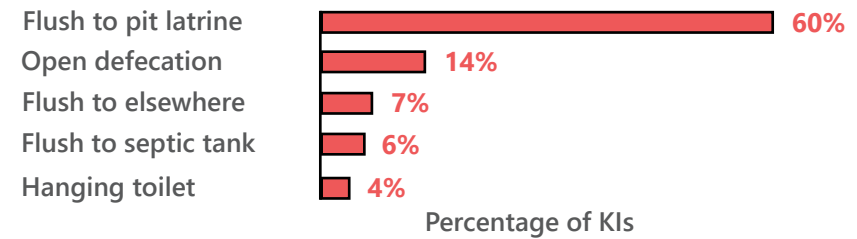


Sanitation

The data collected from interviews with KIs in 15 districts in Lahj governorate 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 **26% of KIs reported that people had access to unimproved facilities**. Furthermore, the graph below categorizes the top responses received from KIs, visually illustrating disparities in the usage of sanitation facilities. Despite nearly two-thirds of KIs reporting community access to improved facilities, a notable minority highlighted the lack of access to improved sanitation in specific areas.

Top reported sanitation facilities used by people according to the KIs in the last 30 days prior to data collection



Despite only a minority of the KIs reported presence of communal latrines in their represented areas, these responses indicated the **absence of gender separated facilities**. Additionally, a number of KIs highlighted the **absence of functional locks in the toilets**, which is crucial for ensuring privacy and security in communal settings where facilities are shared among multiple households. The absence of gender separation a lack of privacy is a noteworthy concern, particularly for women and girls as it puts at risk their safety, wellbeing and dignity.



6% of KIs reported having shared/communal latrines in their areas.

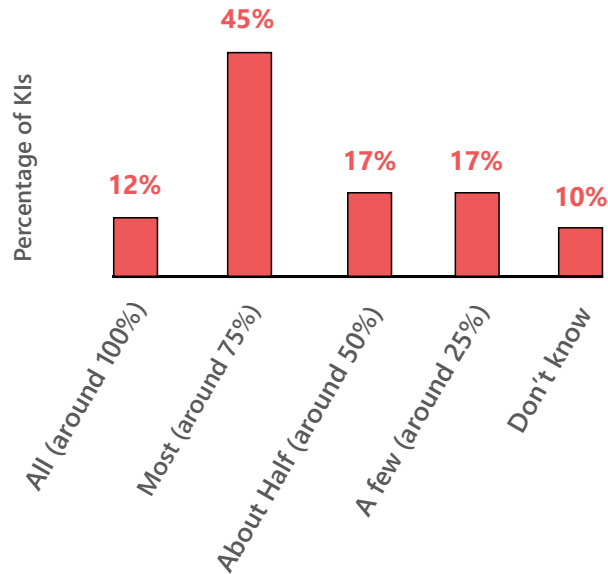


Approximately 50% of KIs reported having no gender-segregated communal latrines.

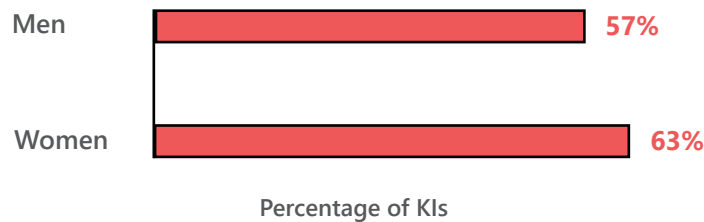


Approximately 50% of KIs reported having **few (around 25%)** of the communal latrines with functional locks on the inside.

KIs reporting on the proportion of people with access to functioning latrine in the last 30 days prior to data collection



KIs reporting on access dissatisfaction (unsatisfied and very unsatisfied) to sanitation facilities by gender in the last 30 days prior to data collection



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

Accessibility, challenges, and adaptation methods

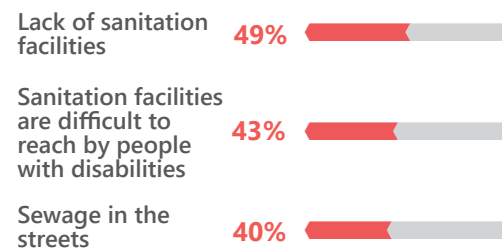
As reported by **40% of KIs**, people in the communities represented do not have **consistent access to sanitation facilities during day and night**. **Women, girls, older people, and people with disabilities** are particularly affected due to their increased vulnerability. The unavailability of consistent access to sanitation facilities exacerbates security and health risks of the population.

The insights provided by KIs shed light on pressing sanitation challenges in the communities assessed. **Key issues** include **the lack of sanitation facilities, accessibility challenges especially for people with disabilities, and the presence of sewage in public spaces**. These challenges reflect broader systemic issues within Yemen’s infrastructure and public health systems, emphasizing the need for targeted interventions to improve sanitation services and ensure equitable access for everyone.

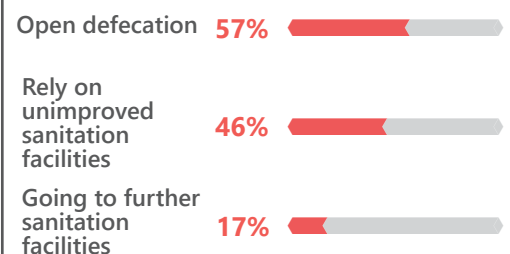
To tackle these challenges, the communities have implemented various **coping mechanisms**, as reported by KIs. These methods include resorting to **open defecation, relying on unimproved sanitation facilities, and going to latrines which are further than the usual ones**. These practices highlight the urgent need for increased accessibility to adequate sanitation facilities and improved waste management strategies to mitigate health hazards and environmental impact.

Furthermore, the observation of **visible traces of human faeces** reported by a **50% of KIs**, indicates a serious health risk and the potential for disease transmission, particularly Acute Watery Diarrhea (AWD). Addressing these challenges requires a comprehensive approach that encompasses infrastructure development, promoting hygienic practices, and increasing awareness about the importance of proper sanitation to protect public and environmental health.

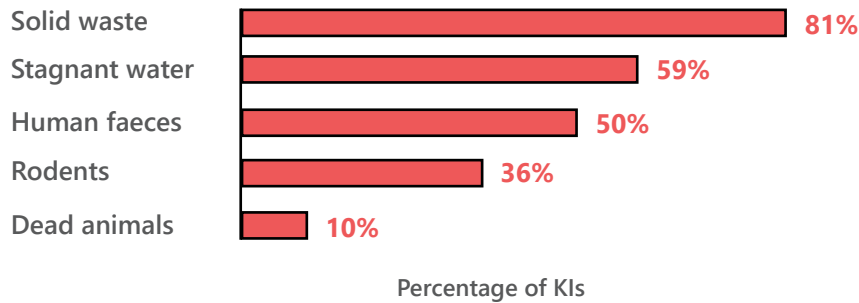
Top 3 issues related to latrines/toilets experienced in the last 30 days prior to data collection as reported by KIs*



Top 3 coping mechanisms in the last 30 days prior to data collection as reported by KIs*



KIs reporting on visible traces seen in the community in the last 30 days prior to data collection*



53% of KIs reported dissatisfaction regarding **people access to handwashing facilities** within Lahj governorate, suggesting the inadequacy of the current infrastructure to effectively meet community needs or standards. This dissatisfaction signals a critical gap between the existing provisions and the expectations or requirements of the community members. Addressing this dissatisfaction is imperative as it plays a crucial role in improving hygiene practices and promoting public health.



Additionally, the data indicates deficiencies extending beyond handwashing facilities. **Approximately 30% of the KIs** reported that **nobody (0%) had access to functioning bathing/shower facilities**, while **37% of the KIs** reported that **nobody (0%) had access to functioning laundry facilities**. These findings underscore broader challenges in sanitation infrastructure, further emphasizing the need for comprehensive interventions to effectively address hygiene-related issues.



Hygiene

The shortage of hygiene services in Yemen carries severe consequences. Inadequate access to clean water and sanitation facilities heightens the risk of spread of diseases for communities.

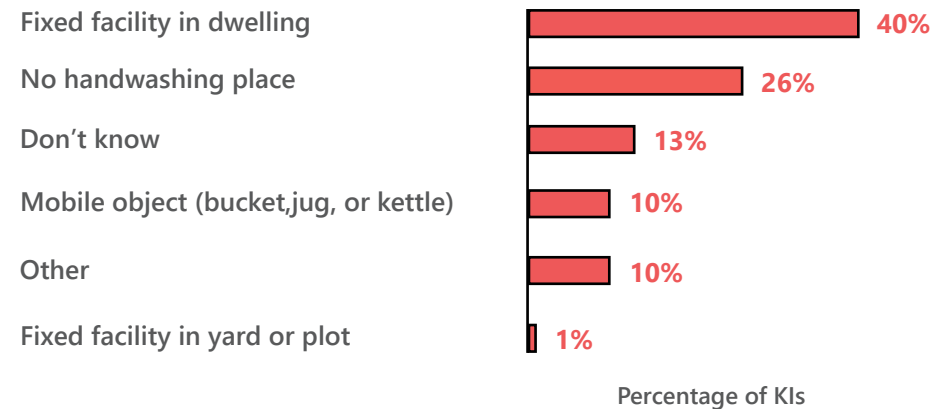
According to WANTS data, **29% of KIs** reported that **nobody (0%)** had access to functioning **hand-washing facilities with soap and water**. This underscores a deficiency in access to basic hygiene amenities within the communities assessed. The infrastructure gap poses a significant risk to public health because inadequate hand-washing facilities compromise not only individual hygiene practices but also contribute to the **heightened vulnerability of communities** to various infectious **diseases**.



Moreover, the responses indicated that **detergents (powder, liquid, or paste)** are the **most commonly used type of soap**, as reported by **58% of KIs**. This suggests a reliance on alternative methods for maintaining hygiene. This preference for detergents may stem from the unavailability of traditional soap options or economic constraints faced by communities.



KIs reporting on type of handwashing facility used by people in the community in the last 30 days prior to data collection



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

Access to WASH services

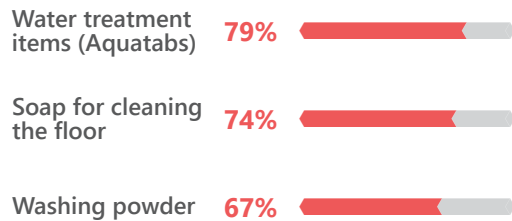
This section offers an overview of the challenges and dynamics surrounding access to WASH facilities and hygiene items within the assessed communities, as reported by KIs. The data sheds light on the general deficiencies in WASH infrastructure and the barriers faced by community members, particularly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

A notable **64% of KIs** reported people in their communities lacked **access to essential WASH facilities**, including water sources, sanitation facilities, bathing amenities, and hand-washing facilities. Specifically, **sanitation facilities** are identified as the most inaccessible, with **65% of KIs** reporting this, followed by **water sources** reported by **59% of KIs**, **bathing facilities** reported by **54% of KIs**, and **handwashing facilities** reported by **3% of KIs**. These findings highlight the urgent need for comprehensive improvements to address the identified inadequacies and enhance community well-being.

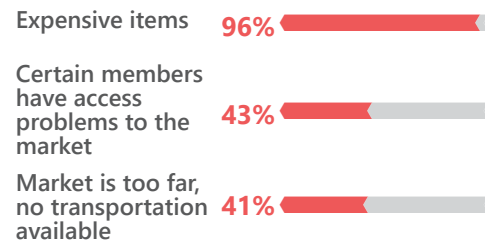
Moreover, KIs highlighted that the **older people, girls, women, and people with disabilities** emerge as the groups facing the greatest challenges in accessing water sources, handwashing facilities, and bathing and sanitation amenities.

Furthermore, the data underscores challenges related to the accessibility of WASH hygiene items (such as: soap, feminine hygiene products, baby diapers, toothpaste, etc.). A notable **81% of KIs** reported **dissatisfaction** among community members (of which **54%** of KIs reported people were **unsatisfied** and **27% very unsatisfied**).

Top 3 WASH items that people could not access in the last 30 days prior to data collection as reported by the KIs in Lahj*



Top 3 problems related to WASH items accessibility experienced in the last 30 days prior to data collection as reported by the KIs in Lahj*



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

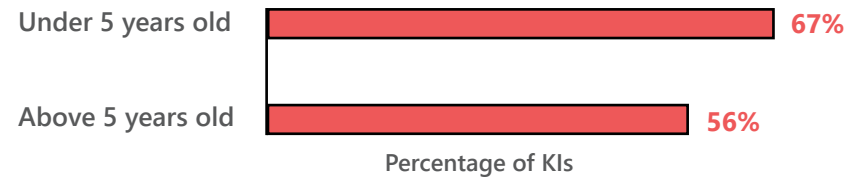


Acute Watery Diarrhea

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

Acute watery diarrhea 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 Internally Displaced People (IDP) and refugee camps. Compounded by inconsistent access to water sources and WASH services, people in Yemen affected by AWD, especially vulnerable groups, are at risk of dehydration and malnutrition. In 2023, Yemen reported a total of 3,111 suspected cases and 12 deaths attributed to acute watery diarrhea.²

KIs reporting on all age groups in the community that had diarrhea in the last 30 days prior to data collection



Healthcare disparities in Lahj governorate: gaps in information dissemination and access

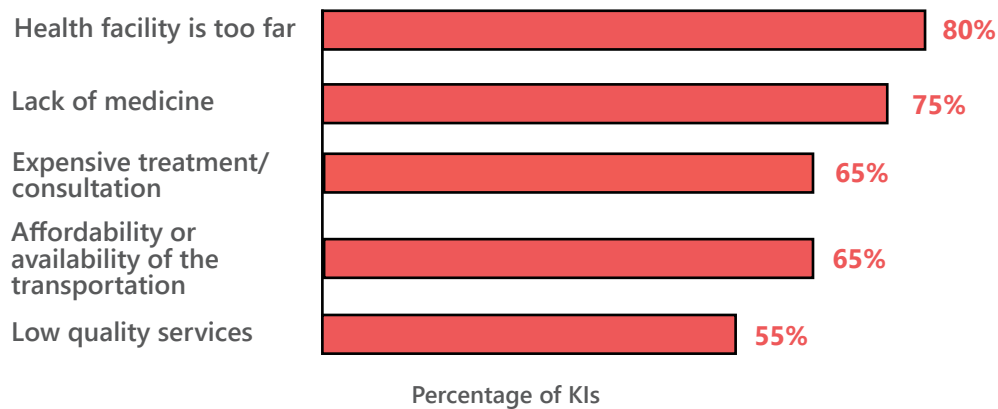
In Lahj governorate, KIs reports highlighted concerning gaps in health information dissemination and access to essential healthcare services. Merely **38% of KIs** noted that **people in their communities had received information about cholera**, a disease prevalent in Yemen due to poor sanitation and limited access to clean water. Among these KIs, **25%** indicated that the **information provided was tailored specifically for people and children with disabilities**. This limited outreach scope of the information sharing regarding cholera and AWD, might leave most population members unaware of the risks and preventive measures against cholera, which can lead to public health risks that can particularly affect vulnerable people.

In addition, only **31% of KIs** reported that **people in the community were familiar with preparing Oral Rehydration Solution (ORS)**, a vital remedy for combating AWD or cholera, this is a concerning finding for a region frequently affected by diarrheal diseases. Moreover, a substantial **69% of KIs** highlighted **the absence of nearby Oral Rehydration Centers (ORCs) or Diarrhea Treatment Centers (DTCs)**, indicating severely constrained access to specialized healthcare facilities.

Adding to these challenges are the **widespread barriers** encountered by the majority of the population in Lahj governorate **in accessing general healthcare facilities**, as reported by **59% of KIs**. These obstacles encompass factors such as **health facilities being too far, lack of medicine, unaffordability of treatment or consultation, unaffordability of transportation and low service quality**. These barriers exacerbate the already challenging process of seeking medical assistance.

Addressing these multifaceted challenges requires comprehensive interventions, including targeted health education campaigns and substantial investments in healthcare infrastructure. Such measures are a priority to ensure the equitable distribution of essential healthcare services and to enhance overall health outcomes for all Yemeni people.

Top barriers faced by most people when accessing health facilities in the last 30 days prior to data collection as reported by the KIs*



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

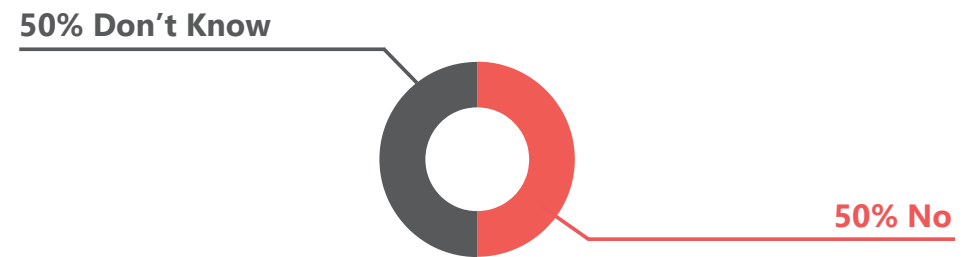
Community engagement and participation in WASH assistance

Within the assessed districts, **14% of KIs** reported the **presence of WASH assistance**. However, the extent of community involvement and consultation in the planning and delivery of this assistance varied significantly. Among these KIs, **60% stated that the community was not consulted before the WASH assistance was provided**, highlighting a lack of participatory decision-making processes. In contrast, **10% of KIs** indicated that **the community was consulted prior to the assistance being delivered**, suggesting some level of community engagement in the planning phase.

Furthermore, the data reveals that community members were not consistently involved in the planning and delivery of humanitarian assistance. Specifically, **50% of KIs** reported that **community members were not involved in these processes**, indicating a potential gap in community participation.

Moreover, **half of the KIs** noted that **community members were unaware of any complaints or feedback mechanisms** available to reach organizations providing WASH assistance. This lack of awareness may hinder community members from effectively communicating their needs and concerns, thereby limiting their ability to influence the delivery and quality of WASH assistance.

Proportion of KIs reporting people in their communities are aware of complaints or feedback mechanisms



METHODOLOGY OVERVIEW

The WANTS KI tool is used to collect data at the **national level**. 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 nationwide data collection**, which took place between **June and September 2023** with a **recall period of 30 days prior to data collection**. Data was collected through **KIs**, which reported on the WASH situation on 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 9 KI interviews** were conducted in each district, to account for a greater variety of perspectives in districts with a larger population size. **A sampling frame was developed in which the 333 districts in Yemen were categorized into four groups based on population size**. In the first category, comprising districts with populations of **less than 50,000**, partners conducted **3 KI interviews**. For the second category, with populations **between 50,000 and 100,000**, partners conducted **5 KI interviews**. In the third category, covering populations **between 100,000 and 150,000**, partners conducted **7 KI interviews**. Finally, in the fourth category, in districts with **populations exceeding 150,000** partners conducted **9 KI interviews**.

It is important to acknowledge that **the findings presented in this report provide indicative insights rather than a representative depiction of the experiences of Yemen's entire population**. Data collected was aggregated based on geographical areas, encompassing **national and governorate levels**. This aggregation at various levels **safeguards the privacy of KI and HH**, 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.

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. Below are some of the limitations identified:

- Geographic coverage of the governorates was limited to only a specific subset of districts, leading to incomplete data and hindering the ability to produce results that can be considered as representative of all the population on the concerned governorate.
- Certain areas or population groups may have been underrepresented or not presented entirely, impacting the overall accuracy and comprehensiveness of the findings.
- The complexity and length of the assessment tool required a significant amount of time for completion of data collection by enumerators, posing a risk of enumerators or respondents fatigue through the process.
- Lack of resources from YWC partners hindered the ability to conduct household level assessment, limiting the representativeness of data collected.
- The absence of female KIs in Lahj governorate, attributed to factors like the sensitivity of the topic and cultural norms has resulted in a lack of comprehensive data that does not allow capturing women's perspectives and issues.
- The data collection timeline, initially set for three weeks, was extended multiple times at the request of data collection partners involved in this activity. This extension may have affected the recall period and the accuracy of the data. All data collected was aggregated at the district level, potentially reflecting conditions over several months.

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 HNO 2024](#)
2. [Yemen - Gender dynamics, roles, and needs in 2023](#)
3. [Yemen Cholera Outbreak in 2023 - ECHO](#)

Participating Agencies



Assessed Districts in Lahj

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