

# Al Mahwit Governorate, YEMEN | WASH Needs Tracking System (WANTS)

JUNE - AUGUST 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.<sup>1</sup>

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.<sup>1</sup>

## Assessed Districts



Figure 1: Covered districts in Al Mahwit 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 **8 districts across Al Mahwit governorate in Yemen. Data collection occurred between June and August 2023 within a recall period of 30 days**, with active involvement from **CARE, RMENA, and ZOA International**. Insights were gathered from **54 KIs**. It is important to acknowledge that while the findings in this situation overview offer valuable insights, they do not provide a comprehensive view of the entire population in Al Mahwit Governorate.

## KEY MESSAGES

- KIs reported **high levels of dissatisfaction** with the WASH services provided, which could be explained by the reduced **availability of improved water sources**.
- **Girls, women, and people with disabilities** encounter **significant challenges** compared to other groups in **accessing WASH facilities** in Al Mahwit governorate.
- In Al Mahwit governorate, the increased risk of diseases like **cholera** is caused by **insufficient WASH services** and **limited WASH assistance**, compounded by poor sewage management and inconsistent water access.



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.

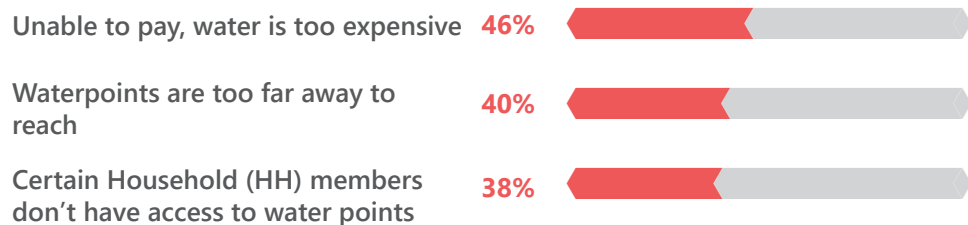
The availability and quality of water sources exhibit significant variation. Approximately **52% of the KIs reported that people in their community rely on improved water sources**, while the remaining KIs reported that people depend on non-improved water sources. About **61% of the KIs reported that their respective areas had acceptable drinking water**, potentially indicating regions where water quality meets certain standards.



**67%** of KIs reported people in the community were **unsatisfied** while **26%** of KIs reported people in the community were **very unsatisfied** with water access in the last 30 days prior to data collection.

It was found that **among the 52% of KIs who reported access to improved water sources, 7% 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 **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 assessed districts of Al Mahwit governorate in the last 30 days prior to data collection\***



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

\*\* 15% of KIs reported that people in their communities do not fetch water, while 2% of the KIs answered dont know.



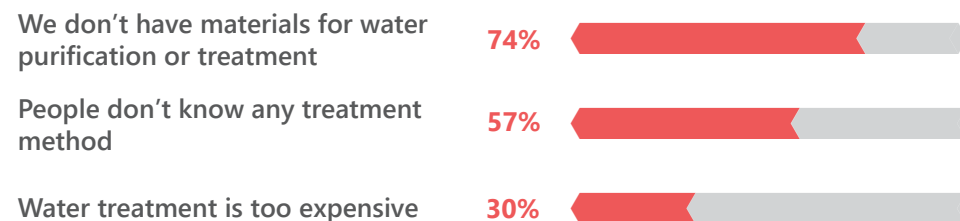
**Water Issues, Coping Mechanisms, and Responsibilities**

Addressing these challenges has led communities to adopt diverse **coping mechanisms**. Notably, **77% of KIs** observed individuals in their **community relying on less preferred and unimproved water sources for drinking**. Additionally, **46% of KIs** reported that **people are sending children to fetch water**. Moreover, **44% of KIs** reported **reliance on surface water for drinking water**. These coping mechanisms underscore the community's resilience and resourcefulness in the face of adversity, but they also highlight the urgent need for sustainable solutions to ensure equitable access to safe and clean drinking water.\*



**70%** 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 Al Mahwit governorate in the last 30 days prior to data collection\***



**69 Minutes** is the **average time** required to fetch water from the water source and return back, according to 83% of KIs in the last 30 days prior to data collection.\*\*

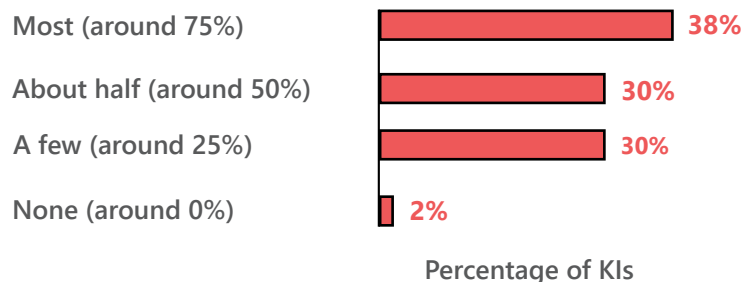
The responsibility of water collection falls on both **women** and **men** in the community, with **14% of KIs** reporting that **girls under 15 years old** are responsible. Moreover, **28% of KIs** observed the presence of **boys under 15 years old**, while **20% of KIs** indicated the involvement of **young females aged 16 to 18**. Furthermore, **adult women aged 19-64 years** are also engaged in water fetching, as reported by **68% of KIs**. 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.<sup>2</sup>



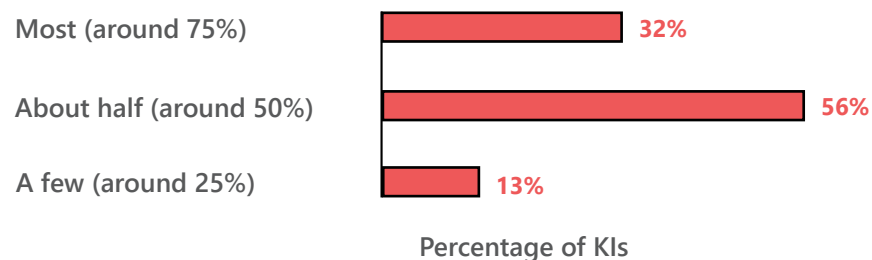
### Proportion of people with access to enough quantity of water

Around **two-thirds of KIs reported that most 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, as reported by a minority of KIs, there are some areas where none or only few people have access to enough water for drinking and other purposes. 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 the 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

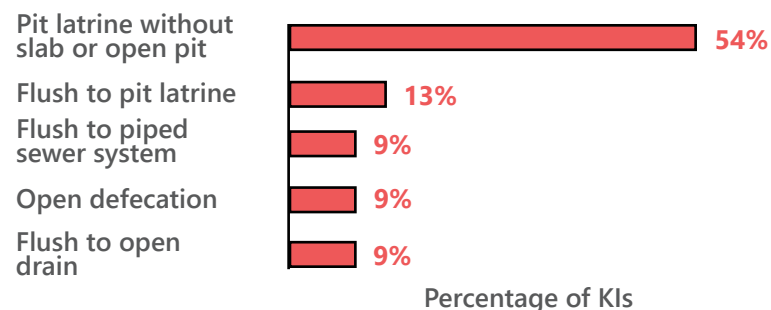


## Sanitation

The data collected from interviews with KIs in 8 districts in Al Mahwit governorate offers invaluable insights into the usage patterns, conditions, access challenges, and coping mechanisms related to sanitation facilities.

Among the districts assessed, **26% of KIs reported people in their community had access to improved sanitation facilities**, while **74% of KIs reported that people had access to unimproved facilities**. Inadequate sanitation raises disease risks and worsens health inequalities, especially for vulnerable populations. Addressing these gaps is vital to improve the environmental and public health.

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



The responses received from KIs regarding **shared and communal sanitation facilities** in Al Mahwit governorate in Yemen indicate a notable absence of gender separation, with a substantial majority reporting no such distinction. Additionally, a notable 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 separated facilities and lack of privacy** is a noteworthy concern as it can lead to discomfort, particularly for women and girls, impacting their well-being and dignity.



**44%** of KIs reported **having shared/communal latrines** in their areas.

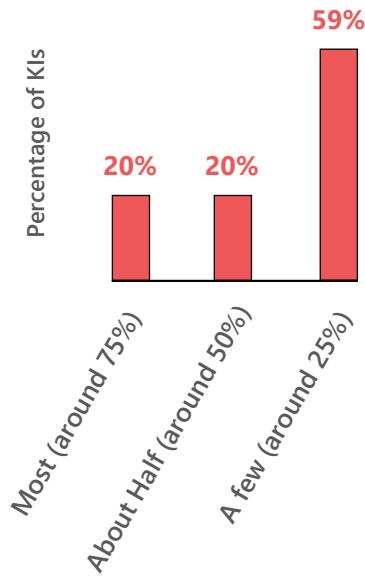


**79%** of KIs reported having **no gender-segregated communal latrines**.

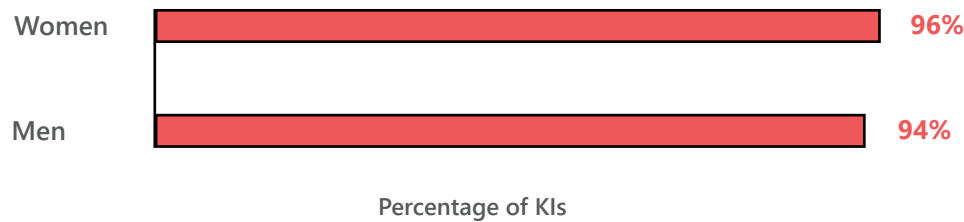


**Approximately 38%** of KIs reported having **few (around 25%)** of the communal latrines with functional locks on the inside.

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



**KIs reporting on access dissatisfaction (unsatisfied & 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 Coping Mechanisms**

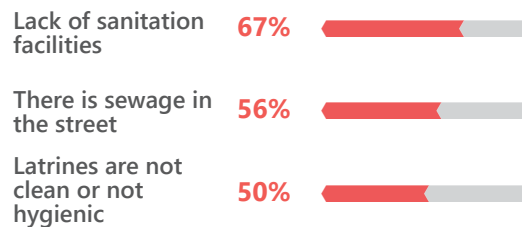
As reported by **81% of KIs**, people in the communities represented do not have **consistent access to sanitation facilities during day and night. Women, girls, and older people** are particularly affected due to their increased vulnerability. The unavailability of consistent access to sanitation facilities exacerbates security and health risks of the population.

The insights provided by KIs shed light on pressing sanitation **challenges** in the communities surveyed. **Key issues** include **lack of sanitation facilities, presence of sewage in the streets, and unclean or unhygienic sanitation facilities**. These challenges reflect broader systemic issues within Al Mahwit’s sanitation infrastructure, emphasizing the need for targeted interventions to improve sanitation services and ensure equitable access for everyone.

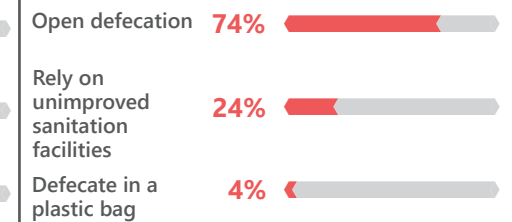
To tackle these challenges, the communities have implemented various **coping mechanisms**, as reported by KIs. The coping mechanisms include resorting to **open defecation, relying on unimproved sanitation facilities, and defecating in a plastic bag**. These mechanisms highlight the urgent need for immediate intervention to address the root causes of these challenges and ensure basic sanitation rights for all the people.

Furthermore, the observation of **visible traces of human faeces** reported by **81% 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.

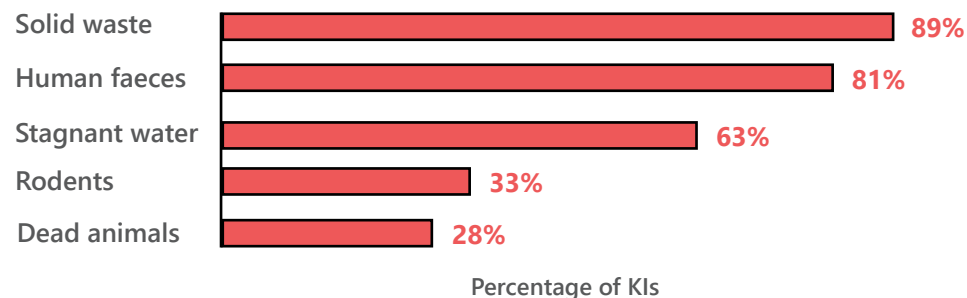
**Top 3 issues related to the latrines/toilets experienced in the last 30 days prior to data collection as reported by KIs\***



**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\***



In the assessed districts of Al Mahwit governorate, **98% of KIs** reported people in their communities were **dissatisfied regarding access to handwashing facilities**. This underscores the pressing need to address the deficiency in such amenities. Despite the widespread use of detergents, this level of dissatisfaction poses a **significant risk to public health**. Priority should be given to enhancing infrastructure to guarantee fair access to vital hygiene resources, thereby safeguarding the community’s well-being and reducing the transmission of diseases.



Additionally, the data indicates deficiencies extending beyond handwashing facilities. **Approximately 43% of the KIs** reported that **nobody (0%)** had **access to functioning bathing/shower facilities**, while **44% 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.

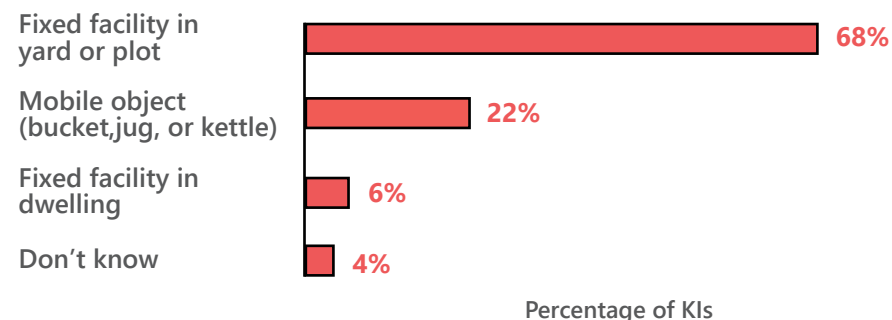
According to WANTS data, **93% of KIs** reported that **nobody (0%) and few (around 25%) of the people** had access to functioning **hand-washing facilities with soap and water**. This highlights a notable deficiency in fundamental hygiene infrastructure within the assessed communities in Al Mahwit governorate. The absence of adequate hand-washing amenities not only undermines individual hygiene practices but also **exacerbates the vulnerability of the communities** in Al Mahwit governorate to a range of **infectious diseases**. Addressing this critical infrastructure gap is imperative to mitigate the risk of disease transmission and ensure the welfare of the people.



Moreover, the responses indicated that **detergent (powder, liquid or paste)** are the **most commonly used type of soap**, as reported by **85% 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 facilities used by people in the assessed districts in the last 30 days prior to the data collection**



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

## Access to WASH services

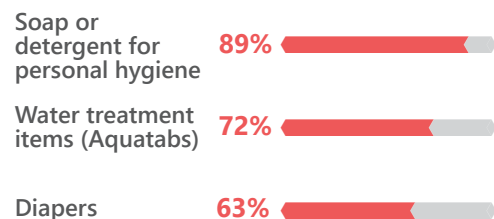
This section offers an overview of the challenges and dynamics surrounding access to WASH facilities and hygiene items within the assessed communities, as reported by KIs. The data sheds light on the general deficiencies in WASH infrastructure and the barriers faced by community members, particularly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

A notable **94% of KIs** reported that at least one person in their community lacks **access to essential WASH facilities**, including water sources, sanitation facilities, bathing amenities, and hand-washing facilities. **Bathing facilities** were identified as the most inaccessible, with **87% of KIs** reporting this, followed by **handwashing facilities** reported by **85% of KIs**, **sanitation facilities** reported by **79% of KIs**, and **water sources** reported by **70% of KIs**. These findings highlight the urgent need for comprehensive improvements to address the identified inadequacies and enhance community well-being.

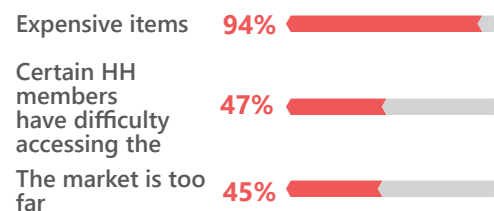
Moreover, KIs highlighted that **older people, girls, women, and people with disabilities** emerge as **the groups facing the greatest challenges in accessing water sources, handwashing facilities, and bathing and sanitation amenities**. Physical limitations and a lack of adapted facilities, inadequate infrastructure, and discrimination contribute to their difficulties in accessing these essential resources.

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 **93% of KIs reported dissatisfaction among community members** (of which **56%** of KIs reported people were **unsatisfied** and **37% very unsatisfied**).

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



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

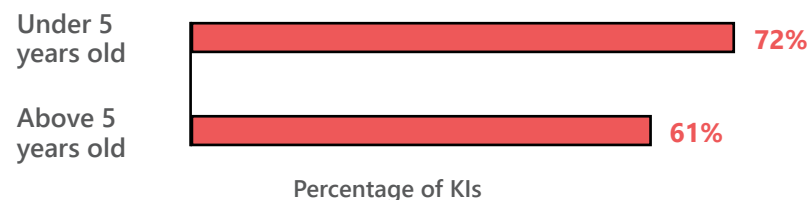


## Acute Watery Diarrhea

### 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 insufficient 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.<sup>3</sup>

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



### Healthcare disparities in Al Mahwit governorate: gaps in information dissemination and access

In Al Mahwit governorate, KIs reports highlight concerning gaps in health information dissemination and access to essential healthcare services. About **26% of KIs** noted that **individuals 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, a notable **85% of KIs** indicated that **the information provided was tailored specifically for people and children with disabilities**. Despite the limited outreach scope of the information sharing regarding cholera and AWD, this signifies a progress towards inclusive health communication strategies to address the needs of vulnerable populations.

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

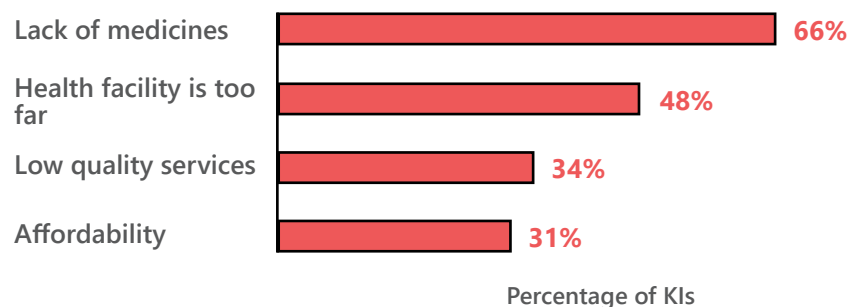


In addition, **68% of KIIs** reported that people in the community **were familiar with preparing Oral Rehydration Solution (ORS)**, a vital remedy for combating AWD or Cholera, this is a concerning finding in a region frequently affected by diarrheal diseases. Moreover, a substantial **48% of KIIs** highlighted **the absence of nearby Oral Rehydration Centers (ORCs) or Diarrhea Treatment Centers (DTCs)**, indicating severely constrained access to specialized healthcare facilities precisely when they are most needed.

Adding to these challenges are the **widespread barriers** encountered by most people **in accessing general healthcare facilities**, as reported by **83% of KIIs**. These **obstacles**, encompass factors such as **lack of medicine, proximity to health facilities, low service quality, and affordability of treatment or consultations**. 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 people in Al Mahwit.

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



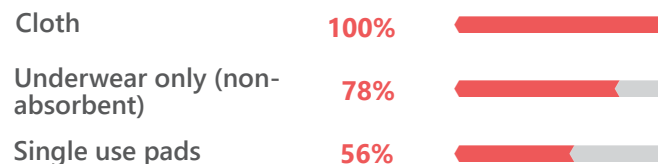
\* KIIs were able to select multiple answers for this question.

**Menstrual Hygiene Management: Insights from Female KIIs**

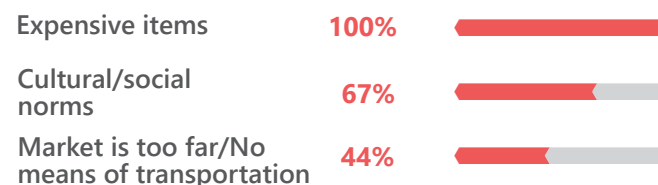
**All female KIIs** interviewed reported that **a few (around 25%)** of women in their respective communities **had sufficient access to menstrual materials**. The findings underscore the acute scarcity of essential menstrual products among women, highlighting a critical need for urgent intervention and support. Furthermore, **100% of female KIIs** reported **that women and girls faced obstacles when attempting to access menstrual materials**, exacerbating the challenges posed by inadequate availability.

Additionally, according to **100% of female KIIs**, **women expressed dissatisfaction with their limited access to menstrual hygiene products**. This dissatisfaction underscores the impact of inadequate access on women’s daily lives and emphasizes the urgency of addressing the systemic barriers preventing equitable access to essential menstrual hygiene resources.

**Top 3 menstrual materials commonly used by women in the last 30 days prior to data collection as reported by female KIIs\***



**Top 3 problems related to menstrual materials accessibility as reported by female KIIs in the last 30 days prior to data collection\***



## 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 governorate 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 Shabwah 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](mailto: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](mailto: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 Al Mahawit

- At Tawilah
- Ar Rujum
- Al Khabt
- Melhan
- Hufash
- Bani Sa'd
- Al Mahwit City
- Al Mahwit