SITUATION OVERVIEW

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

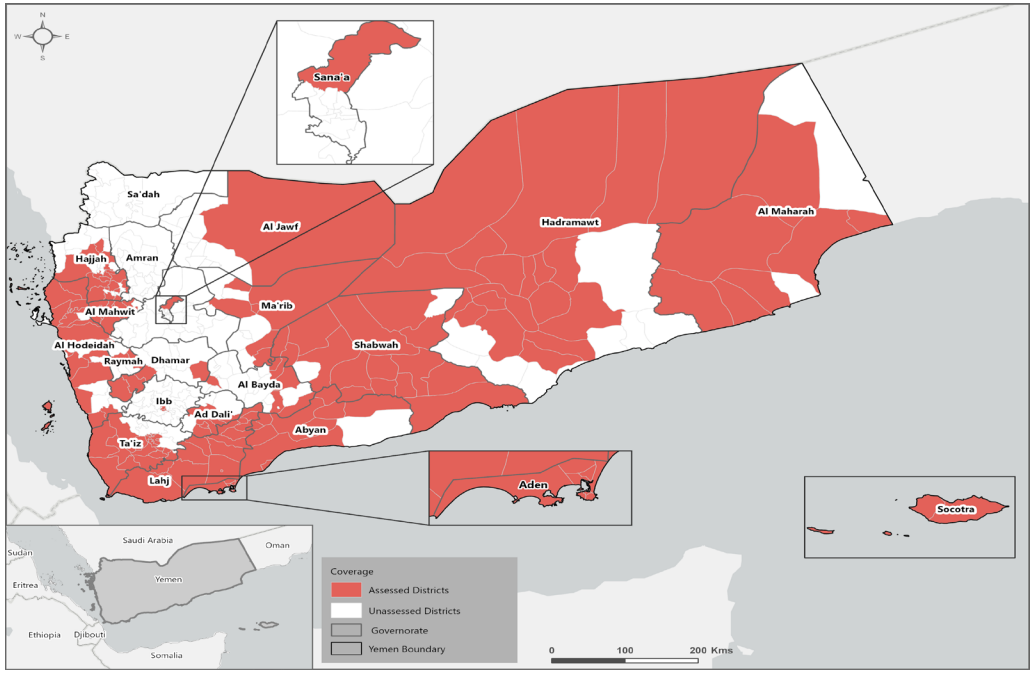

Figure 1: Covered Governorates and Districts in Yemen

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 Yemen in 2023, highlighting **164 districts across 19 governorates**, marking a significant expansion in geographic coverage compared to 2022. 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 36 Yemen WASH Cluster partners.** Insights were gathered from **983 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 Yemen's entire population.

KEY MESSAGES

- In Yemen, the increased risk of diseases like **cholera** is resulted by **insufficient WASH services**, sustained by poor sewage management and inconsistent water access.
- **Girls, women, older people, and people with disabilities** encounter significant challenges compared to other groups in **accessing WASH facilities** in Yemen.
- Yemen's **challenging economic situation** forces individuals into tough choices, often requiring them to **prioritize essential items and services** due to **limited resources.**

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Water

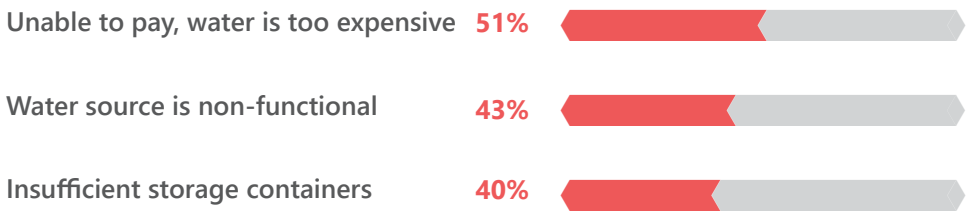
KIs revealed the complexities of water access, highlighting challenges in ensuring access to safe and reliable sources. While some KIs reported that people have improved drinking water, concerns persist regarding accessibility and quality, thereby paving the way for a deeper exploration of regional disparities in water availability.

The availability and quality of water sources exhibit significant variation. Approximately **73% of the KIs reported that people in their community rely on improved water sources**, while the remaining **27% of KIs** reported **that people** depend on non-improved water sources. About **65% of KIs** reported that their respective areas have **acceptable quality of drinking water**, potentially indicating regions where water quality meets certain standards.

49% of KIs reported people in the community were **unsatisfied** while **27%** 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 73% of KIs** who reported **access to improved water sources**, around **19% 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 suggests that there might be challenges within the water supply domain.

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



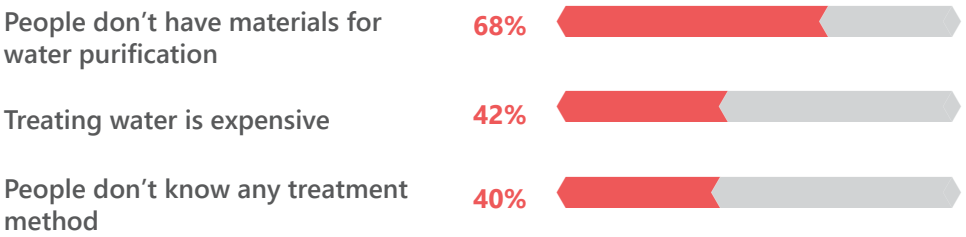
* KIs were able to select multiple answers for this question.
**35% of KIs reported that people in their communities do not fetch water, while 6% of the KIs answered dont know.

Water Issues, Coping Mechanisms, and Responsibilities

In response to these challenges, communities have implemented various adaptation strategies. Surprisingly, **53% of the KIs** reported that the people in their community were **relying on the use of unimproved water sources for drinking**, indicating the critical measures taken due to limited alternatives. Furthermore, **49% of KIs** reported that **people have reduced non-drinking water usage, such as bathing less frequently**, to conserve water. Another coping strategy involves **fetching water from more distant sources**, a practice reported by **46% of KIs** despite the additional time and effort required.

63% of KIs reported that **"Nobody"** treats their water in their assessed areas 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*



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

The **responsibility of water collection** disproportionately falls on women in the community. As reported by **58% of KIs**, **adult women aged 19-64** are primarily tasked with fetching water. Additionally, **36% of KIs** reported that **young females aged 16-18** bear this responsibility, and **49% 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 in the community to fetch water, not only imposes additional physical strain on women and girls but doubles their burden as they have to earn an income while still being in charge of household (HH) tasks.[2]

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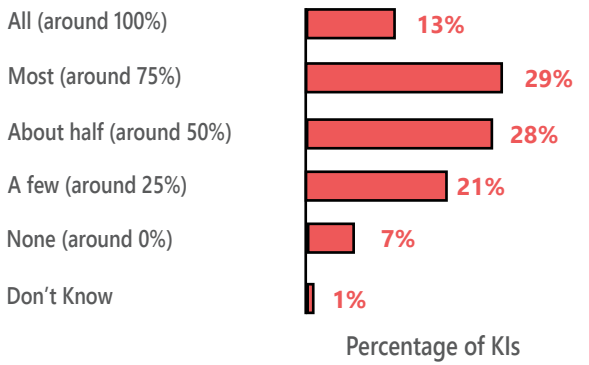
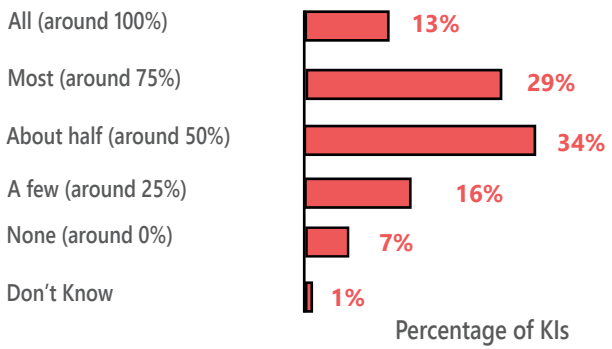
Proportion of People With Access to Enough Quantity of Water

Around **two-thirds of KIs** reported that **most or half of the people in the community had access to a sufficient quantity of water for both drinking and other purposes (such as cooking, bathing, and washing)**. However, **around 25% of the KIs** reported **few or none of the people in their communities had access to sufficient 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 having enough drinking water in the last 30 days 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 30 days prior to data collection



Water and CASH

In Yemen, and **according to the Ministry of Planning & International Cooperation - Economic Studies & Forecasting Sector**, **about 81% of the population accesses drinking water from improved sources**. Access to these improved water sources correlates with higher income and wealth levels, indicating a significant disparity. Specifically, **around 46% of the poorest category have access to improved water sources, compared to 99% in the wealthiest category**. [3]

The Yemen **Joint Market Monitoring Initiative (JMMI)**, led by REACH, in partnership with the WASH Cluster and Cash and Markets Working Group (CMWG), standardized market monitoring activities in Yemen. It monitors the prices of **ten food and non-food essential items**, including fuel, water, and hygiene products, supporting humanitarian efforts. [4] The data from JMMI demonstrate the changes in water prices **from January until November 2023** as follows:

Bottled water prices in the IRG remained relatively stable throughout 2023, with a median price of 200 YER. Similarly, in the DFA, the median price was 100 YER, with only minor fluctuations observed during the year.

Water trucking prices in the IRG showed no change in the price during 2023 and had a median price of 5000 YER, while in DFA, it decreased by 9% and had a median price of 2500 YER.

Water and Displacement

The Site Monitoring Tool (SMT) assesses managed Internally Displaced People (IDP) hosting sites across Yemen. It aims to provide an updated in-depth sectoral information including WASH data.

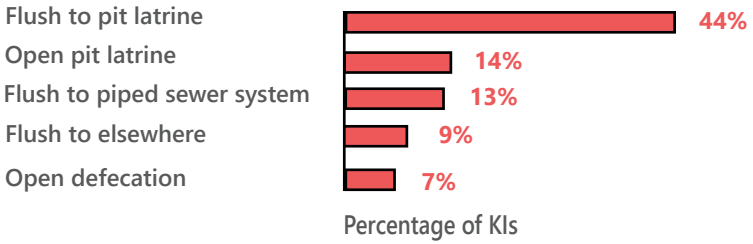
Although the specific Internally IDP sites assessed may differ between the SMT and WANTS data, the overarching findings align. The general trend regarding access to water sources remains consistent across both datasets where both data indicated the majority (**75% and more) have access to improved water source**.

According to SMT data from November 2023, approximately **75% of KIs in IDP sites reported that people in the camps rely on improved water sources, primarily from "public taps." Conversely, around 25% of KIs in IDP sites noted the use of unimproved water sources, with "water trucking" being the most commonly cited water source**. Similarly, WANTS data from 2023 in **IDP sites** showed that about **84% of the KIs reported using improved water sources, such as piped into dwelling, while 16% of the KIs mentioned using unimproved water sources like surface water**. [5]

Sanitation

The data collected from interviews with KIs in 164 districts offers invaluable insights into the usage patterns, conditions, access challenges, and coping mechanisms related to sanitation facilities. Among the districts assessed, **64% of KIs reported people in their community had access to improved sanitation facilities**, while **35% of KIs** reported that people had **access to unimproved sanitation facilities**. Furthermore, the graph below categorizes the top responses received from KIs, visually illustrating disparities in usage of sanitation facilities. Despite nearly two-thirds of KIs reporting community access to improved facilities, a significant minority highlighted the ongoing lack of access to improved sanitation in specific areas. This underscores disparities in access to sanitation facilities.

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



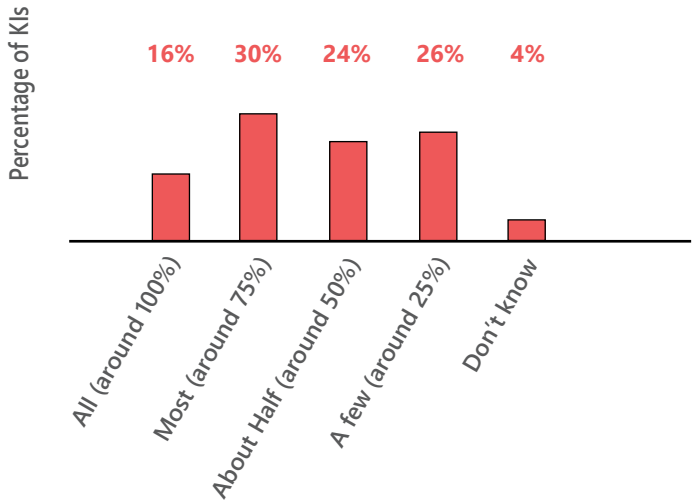
The responses received from KIs regarding shared and communal sanitation facilities in the assessed districts in Yemen indicate a notable absence of gender separation, with a substantial majority reporting no such distinction. Additionally, a notable number of KIs highlighted the lack of locks on toilets, which is crucial for ensuring privacy and security in communal settings where facilities are shared among multiple HHs. This **absence of latrine separation and lack of privacy** is a noteworthy concern as it can lead to discomfort and poses a **risk of gender-based violence**, particularly for women and girls, impacting their well-being and dignity.

22% of KIs reported people in the community using shared/communal latrines in their areas.

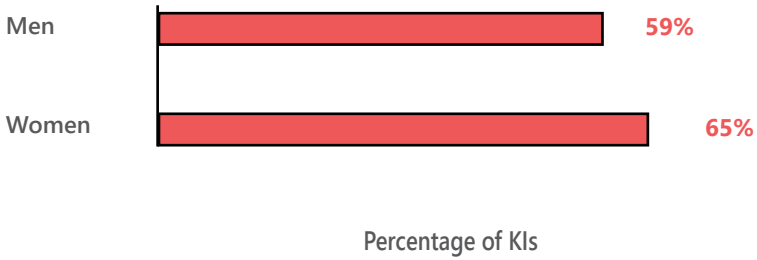
Approximately 60% of KIs reported that communal latrines in their communities were **not gender separated**.

Approximately 21% 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 30 days prior to data collection.



KIs reporting on access dissatisfaction (Unsatisfied & Very Unsatisfied) to sanitation facilities by gender in the last 30 days prior to data collection.



Accessibility, Challenges, and Adaptation Methods.

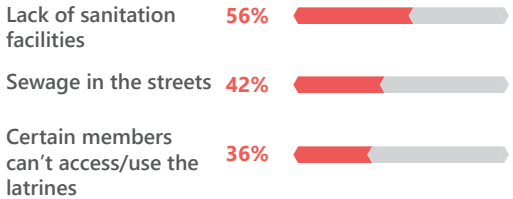
Highlighted by **50% of KIs**, **inconsistent access to sanitation facilities day and night** is a significant issue in Yemen. This gap exacerbates health risks in a region already struggling with water and sanitation-related diseases. **Girls, men, older people, and people with disabilities** are particularly affected due to multiple reasons such as: **the unavailability of toilets and limited mobility that prevents people from using the toilets**.

The insights provided by KIs shed light on pressing sanitation challenges in the communities surveyed. **Key issues** include **lack of sanitation facilities, the presence of sewage in public spaces, and limited access to sanitation facilities for certain groups**. 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.

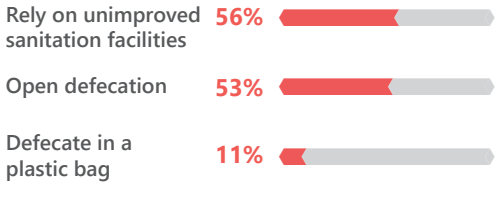
To tackle these challenges, the communities have implemented various **coping mechanisms**, as reported by KIs. These methods include **relying on unimproved sanitation facilities, practicing open defecation, and resorting to using plastic bags for defecation**. These practices underscore the urgent need to ensure the availability of proper sanitation facilities and improve waste management strategies.

Furthermore, the observation of **visible traces of human faeces** reported by **55% of KIs**, indicates a serious health risk and the potential for disease transmission, particularly Acute Watery Diarrhea (AWD). Addressing these challenges require a comprehensive approach that encompasses infrastructure development, promoting hygienic practices, and increasing awareness about the importance of proper sanitation to protect health and improve the environment.

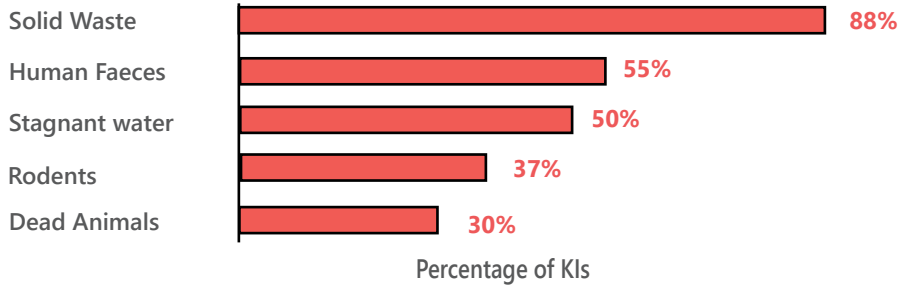
Top 3 issues related to the latrines/ toilets in the last 30 days prior to data collection, as reported by the KIs*



Top 3 adaptations methods to latrine issues in the last 30 days prior to data collection, as reported by the KIs*



Visible traces most seen in the community in the last 30 days prior to data collection, as reported by the KIs*



Sanitation and CASH

According to the Ministry of Planning & International Cooperation - Economic Studies & Forecasting Sector, access to sanitation services in Yemen is influenced by both financial circumstances and geographic location. Overall, approximately **63% of the population has access to improved sanitation services**. However, more than **half of the rural population lacks access to these services**. Moreover, among the poorest segment, only **24% have access to improved sanitation facilities**, whereas nearly **all individuals** in the **wealthiest segment (97.1%) have access to such facilities**. [4]

Understanding the underlying reasons why the poorest individuals often lack access to sanitation is crucial. One significant factor **is the competing priorities faced by HHs living in poverty**, where basic needs such as food, water, shelter, and healthcare often take precedence over sanitation infrastructure. Additionally, **limited awareness and education** about the importance of sanitation may contribute to its lower priority, particularly among economically disadvantaged communities.

Sanitation and Displacement

Based on 2023 **SMT** data from IDP camps, around **82% of KIs mentioned that the people in the IDP camps used improved sanitation systems**. In contrast, WANTS data indicated that **78% of KIs** mentioned **improved sanitation facility usage within the IDP sites/camps**. In terms of latrine access, **49% of KIs reported in SMT that most people (around 75% of the people) had access to latrines**, whereas for **WANTS** data, **26% of KIs** reported **the same level of access for the people on IDP sites level**. This can be attributed to different factors such as location, resources, or government and organizational interventions in the IDP camps/sites. [5]

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

Hygiene

The shortage of hygiene services in Yemen carries severe consequences. Inadequate access to clean water and sanitation facilities heightens the risk of communicable diseases, including AWD.

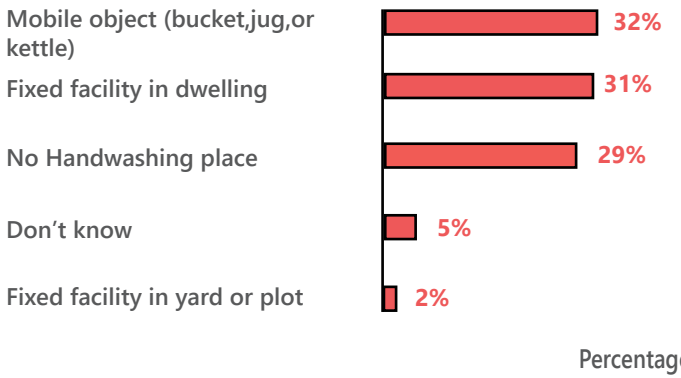
According to WANTS data, **31.5% of KIs** reported that **nobody (0%)** had access to functioning **hand-washing facilities with soap and water.** This highlights a significant lack of basic hygiene amenities in the communities assessed. The infrastructure gap poses a significant risk to public health 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 **49% 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.

According to **68% of KIs**, people in their communities were **dissatisfied** ***(*****40% of KIs** reported that people were **unsatisfied** and **28% 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 indicates deficiencies extending beyond handwashing facilities. **Approximately 31% of the KIs** reported that **nobody (0%)** had **access to functioning bathing/shower facilities**, while **40% of 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.

Handwashing facility locations used by people in the community in the last 30 days prior to data collection, as reported by the KIs



Hygiene and CASH

The data from JMMI demonstrate the price changes in hygiene items during 2023. Within the category of hygiene items, JMMI data specifically covers essential products such as bleach, soap, and laundry powder. [4] The table below displays **hygiene item prices** in **November 2023** and the **percentage change compared to October 2023 prices for both the DFA and IRG regions**, tracked by the JMMI tool:

Table 1: Hygiene Item Prices in **November 2023** and Percentage Changes in DFA and IRG Regions

Item	Price in DFA (YER)	DFA % Change (compared to Oct-2023)	Price in IRG (YER)	IRG % Change (compared to Oct-2023)
Soap	170	+10%	450	+12%
Bleach	900	-6%	1650	0%
Laundry Powder	150	0%	382	+9%

Hygiene and Displacement

The SMT data highlights that **49% of KIs** identified **hygiene items** as either **unaffordable or unavailable**, with **86%** of them emphasizing **affordability as the primary concern.** This data holds particular significance within the context of IDP sites, where economic constraints and disruptions in the supply chain disproportionately impact vulnerable populations within these camps. Consequently, the lack of access to essential hygiene products heightens health risks and exacerbates existing disparities among displaced communities. Addressing these interconnected challenges necessitates targeted policy interventions aimed at enhancing affordability, ensuring availability, and promoting proper hygiene practices within IDP populations. [5]

Access to WASH services

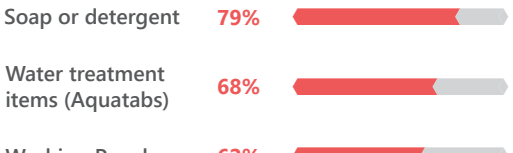
This section offers a comprehensive overview of the challenges and dynamics surrounding access to WASH facilities and hygiene items within the assessed communities, as reported by KIs. The data sheds light on the general deficiencies in WASH infrastructure and the barriers faced by community members,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

According to **74% of KIs**, **some individuals lack access to essential WASH facilities**, including water sources, sanitation facilities, bathing amenities, and hand-washing facilities. Notably, **handwashing facilities** are reported as deficient by **67% of KIs**, followed closely by **sanitation facilities (63% of KIs)**, **water sources (62% of KIs),** and **bathing facilities (60% of KIs).**

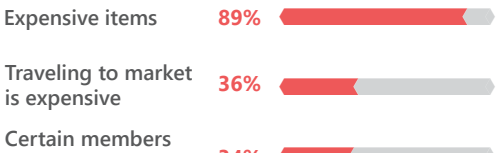
Moreover, KIs highlighted that **older people, girls, women, and people with disabilities** emerge as the **groups facing the greatest challenges in accessing water sources, handwashing facilities, and bathing and sanitation amenities**. Physical limitations, lack of assistance, inadequate infrastructure, and societal neglect of their specific needs contribute to their difficulties in accessing these essential resources. Discrimination leads to these groups being overlooked and their needs not being prioritized, which results in the challenges they face.

Furthermore, the data underscores **challenges** related to the **accessibility of WASH hygiene items** (such as soap, feminine hygiene products, baby diapers, toothpaste, etc.), with **82%** of KIs reporting **dissatisfaction** (of which **51% were unsatisfied** and **31% were very unsatisfied**) among community members.

Top 3 WASH items that people couldn't access in the last 30 days prior to data collection, as reported by the KIs*



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



Access to WASH services and CASH

According to JMMI, the WASH Minimum Expenditure Basket (MEB) is measured in both regions (IRG and DFA), including vital WASH items for a monthly use of a HH, such as: **1.05 Kg of soap, water trucking (3.15 m^3), 2 Kg of laundry powder, 5 packs of sanitary napkins (each has 10)**, and a lumpsum allocation for **water treatment tablets**. Figure (2) below displays the varying prices of the WASH MEB in both the IRG and DFA regions from **January till November 2023**.[4]

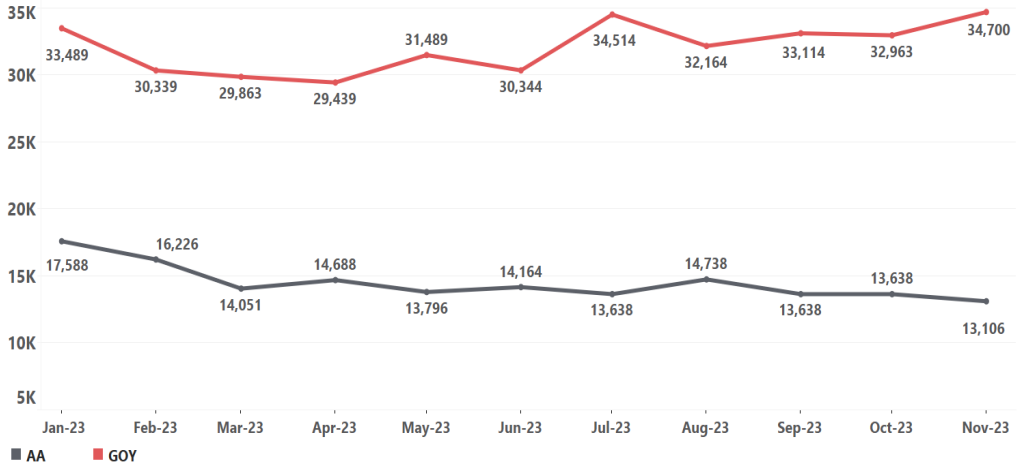


Figure 2: WASH MEB prices in DFA/AA and IRG in 2023.[4]

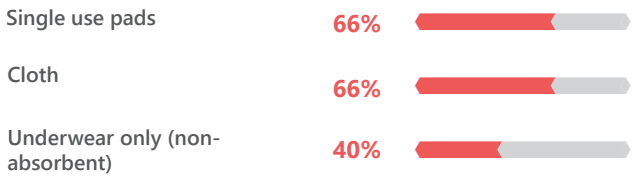
* KIs were able to select multiple answers for this question.

Menstrual Hygiene Management: Insights from Female KIs

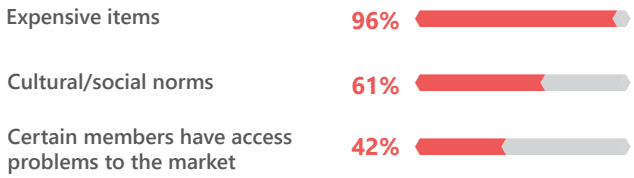
According to 75% of female KIs, **between 0 and 25 percent of women** in their respective communities had **sufficient access to menstrual materials**. The findings underscore the acute scarcity of essential menstrual products among women, highlighting a critical need for urgent intervention and support. Furthermore, approximately **93% of the 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 **88% of female KIs**, **women expressed dissatisfaction with their limited access to menstrual hygiene products**. This dissatisfaction underscores the profound impact of inadequate access on women's daily lives and emphasizes the urgency of addressing the systemic barriers preventing 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 KIs*



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

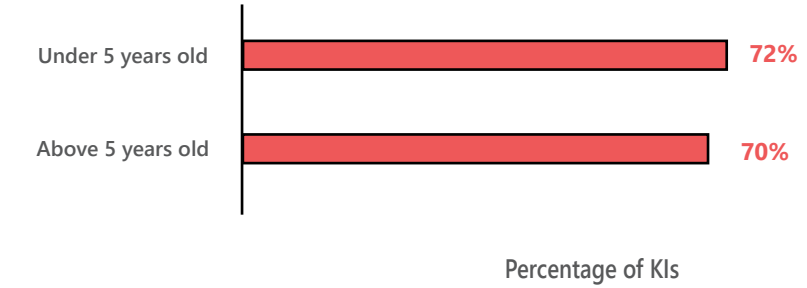


Acute Watery Diarrhea

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 IDP and refugee camps. Compounded by inconsistent water sources and insufficient WASH services due to combination of infrastructural challenges, governance issues, and ongoing conflict, Yemenis suffering from 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.**[6]

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



Healthcare Disparities in Yemen: Gaps in Information Dissemination and Access

In Yemen, KIs reports highlight concerning gaps in health information dissemination and access to essential healthcare services. Merely **31% of KIs** noted that **individuals in their communities had received information about cholera**. Additionally, **62% of the KIs** indicated that the **information provided was tailored specifically for people and children with disabilities.** This indicates a failure to reach a broader audience with vital health information, potentially leaving many vulnerable populations unaware of the risks and preventive measures against cholera.

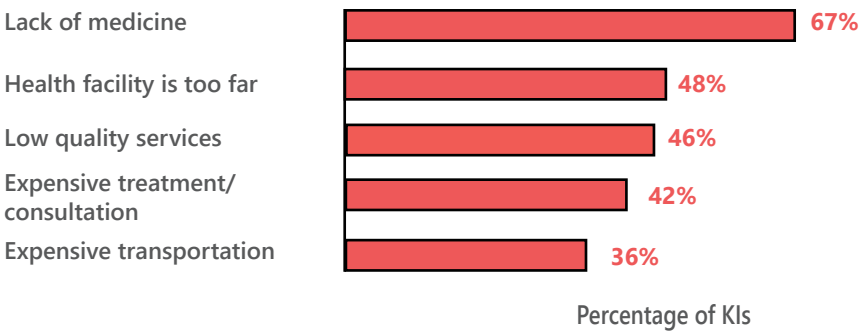
* KIs were able to select multiple answers for this question.

Notably, only **45% of KIs** reported **people in their communities were familiar with preparing Oral Rehydration Solution (ORS)**, a vital remedy for combating AWD or Cholera. This information poses a critical concern in a region frequently affected by diarrheal diseases. Moreover, a substantial **63% of KIs** highlighted the **absence of nearby Oral Rehydration Centers (ORCs) or Diarrhea Treatment Centers (DTCs)**, indicating severely constraining access to specialized healthcare facilities in a context where it is greatly needed.

Adding to these challenges are the **widespread barriers** encountered by the majority of the population **in accessing general healthcare facilities**, as reported by **74% of KIs**. These obstacles, which **encompass factors** such as **lack of medicine, physical access to health facilities and low service quality** exacerbate the already challenging process of seeking medical assistance.

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

Top barriers that most people faced 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

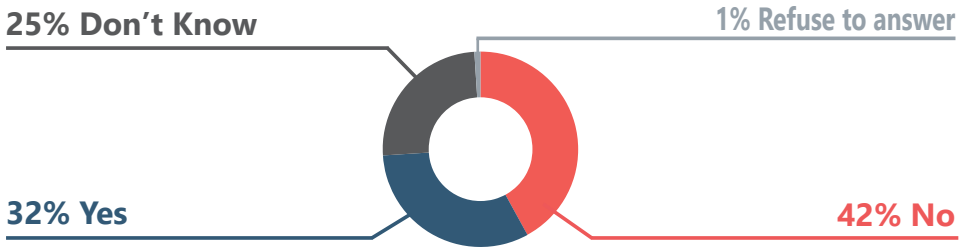
Within the assessed districts only **13% of KIs** reported **the presence of WASH assistance**. Meanwhile, **79% of KIs reported no WASH assistance, 6% of KIs were unsure, and 2% of KIs preferred not to answer**. The extent of community involvement and participation in the planning and delivery of this assistance varied significantly. Among these KIs reported the presence of WASH assistance, about **39% of KIs** stated that **the community was not consulted before the WASH assistance was provided**, highlighting a lack of participatory decision-making processes. In contrast, **34% 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, **42% of KIs** reported that **community members were not involved in these processes**, indicating a potential gap in community participation. Conversely, **32% of KIs** reported **community involvement**, though to a lesser extent, while **25% of the KIs did not know** and **1% of KIs refused to answer**.

A notable example of how Accountability to Affected Populations (AAP) and community involvement enhanced the humanitarian response was seen in "Al Jufaina site" in Ma'arib, Yemen's largest IDP settlement. The WASH sub-national cluster coordinator created a WhatsApp group for WASH-related questions, where community leaders, governorate office focal points, and WASH partners shared issues, concerns, and feedback. The outcome of implementing this strategy was not only the improvement of living conditions but also the fostering of sustainable solutions for persistent challenges in the IDP site. [7]

Moreover, **42% 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.

KI Awareness of any complaints or feedback mechanisms



WASH Cluster
Water Sanitation Hygiene

REACH Informing more effective humanitarian action

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 their 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. The exact number of targeted KIs was shared with the YWC partners. **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 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 35 partners in data collection activities. Below are some of the limitations identified:

- Some districts were covered by **less than the minimum requirement of 3 KI interviews,** potentially compromising the reliability of the analyzed data which lead to the removal of these districts from the database.
- District coverage was **limited** due to **accessibility issues**, particularly **in areas controlled by authorities in northern Yemen, resulting in significant data gaps.**
- Certain districts covered in the assessment might include areas or population groups which may have been **underrepresented or not represented entirely,** impacting the overall accuracy and comprehensiveness of the findings.
- Some regions **lack the presence of humanitarian agencies** and are challenging to access, exacerbating the data gaps.
- 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 a HH level assessment,** limiting the representativeness of WASH data collected.
- 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 **might have been affected by the differences in the recall periods considered and the accuracy of the data.** All data collected was aggregated at the KI level, potentially **reflecting conditions over several months**. For instance, partners who collected data in July reported on the 30 days prior to their data collection, reflecting the situation in June, while those who collected data in August reflected the situation in that month.

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 Socio-Economic Update - Dec 2023
4. Joint Market Monitoring Initiative (JMMI) Dashboard
5. CCCM Site monitoring tool (SMT) - Round 8 dataset
6. Yemen Cholera Outbreak in 2023 - ECHO
7. Enhancing AAP in Yemen's largest IDP site: a WASH case study

Participating Agencies

Assessed Districts

Ibb	Mawza'	Mabyan	Rumah	Arma'a	Habil Jabr	**Al Maharah**
Al Mashannah	Jabal Habashi	Ash Shahil	Thamud	Osaylan	Halmin	Hat
Adh Dhihar	Mashr'ah Wa Hadnan	Ku'aydinah	Al Qaff	Ayn	Radfan	Hawf
Abyan	Sabir Al Mawad-im	Wadrah	Zamakh wa Man-wokh	Bayhan	Al Malah	Al Ghaydhah
Al Mahfad	Al Misrakh	Bani Qays	Hajar As Say'ar	Markhah As Sufla	Al Musaymir	Man'ar
Mudiyah	As Silw	Ash shaghadirah	Al Abr	Nisab	Al Qubaytah	Al Masilah
Jayshan	Ash Shamayatayn	Bani Al Awam	Al Qatn	Hatib	Tur Al Bahah	Sayhut
Lawdar	Al Wazi'yah	Hajjah City	Shibam	As Sa'id	Al Maqatirah	Qishn
Sibah	Hayfan	Washhah	Sah	Ataq	Al Madaribah Wa Al Aarah	**Ad Dali'**
Rassd	Al Mudhaffar	**Al Hodeidah**	Sayun	Habban	Al Hawtah	Qa'tabah
Sarar	Al Qahirah	Az Zuhrah	Tarim	Ar Rawdah	Tuban	Ash Shu'ayb
Al Wadi'	Salah	Alluhayah	Ghayl bin Yamin	Mayfa'ah	**Ma'rib**	Al Hasayn
Zinjibar	Al Ma'afer	Al Munirah	Ghayl Bawazir	Radum	Raghwan	Ad Dali'
Khanfar	Al Mawasit	Al Qanawis	Daw'an	**Aden**	Sirwah	Jahaf
Sana'a City	Sami'	Az Zaydiah	Wadi Al Ayn	Dar Sa'd	Harib	Al Azariq
Bani Al Harith	**Al Jawf**	Ad Dohi	Rakhyah	Ash Shaykh Othman	Al Abdiyah	**Raymah**
Al Bayda	Khab wa Ash Sha'f	Bajil	Amd	Al Mansurah	Ma'rib City	As Salafiyyah
Nu'man	**Hajjah**	Bura'	Al Mukalla	Al Burayqah	Ma'rib	Al Jabin
Nati'	Abs	Ad Durayhimi	Haridah	At Tawahi	**Al Mahwit**	**Socotra**
Maswarah	Mustaba	As Sukhnah	**Dhamar**	Al Mu'alla	At Tawilah	Hadibu
Mukayras	Kushar	Bayt Al Faqih	Otmah	Kritar - Sirah	Ar Rujum	Qalansiyah wa Abd Al Kuri
Al Bayda	Kuhlan Ash Sharaf	Hays	Wusab Al Aali	Khur Maksar	Al Khabt	
Al Arsh	Qafl Shammar	Al Khukhah	Wusab As Safil	**Lahj**	Melhan	
Ta'iz	Al Mahabishah	Al Mina	Mayfa'at Ans	Al Had	Hufash	
Maqbanah	Al Miftah	Al Hali	**Shabwah**	Yafi'	Bani Sa'd	
Al Makha	Al Maghrabah	At Tuhayta	At Talh	Al Maflahi	Al Mahwit City	
Dhubab	Kuhlan Afar	**Hadramawt**	Jardan	Yahr	Al Mahwit	