

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

JULY - 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

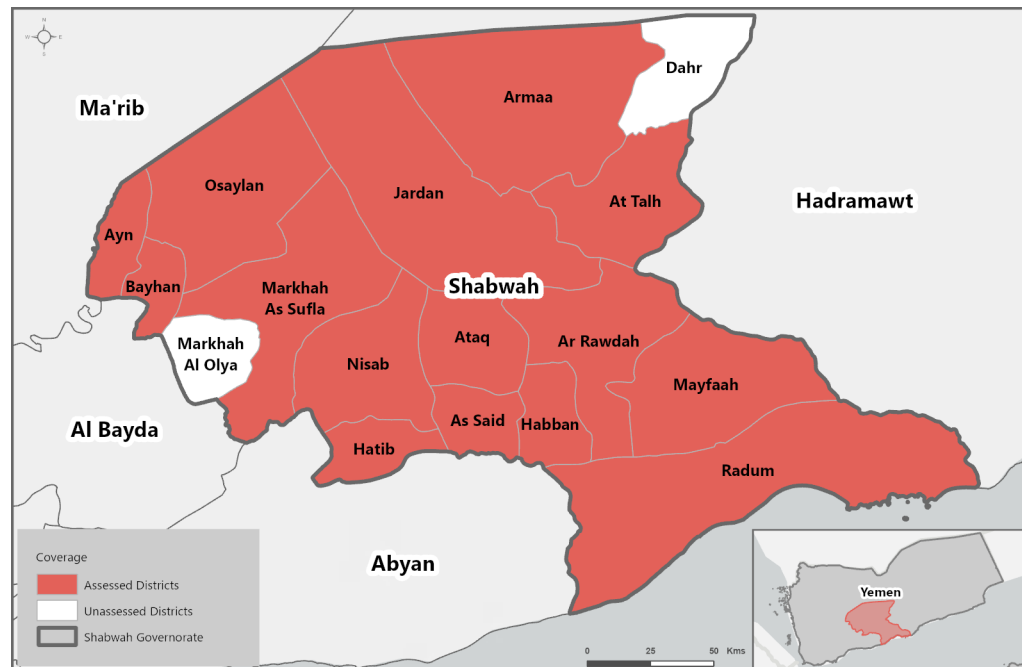


Figure 1: Covered districts in Shabwah Governorate

## 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 Shabwah governorate in Yemen**. **Data collection occurred between July and August 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)**. Insights were gathered from **60 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 Shabwah Governorate.

## KEY MESSAGES

- Despite **high percentages of access to improved water sources**, a significant proportion of the community still **lacks sufficient amounts of water** for both drinking and other purposes.
- 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 **95% of 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 **73% of KIs reported acceptable quality of drinking water in their communities**, suggesting adherence to certain standards.



**35%** of KIs reported people in the community were **unsatisfied** while **10%** of KIs reported people in the community were **very unsatisfied** with water access in the last 30 days.

It was found that among the **95% of KIs who reported access to improved water sources in Shabwah governorate, 23% of them 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 in the last 30 days prior to data collection\***



\* KIs were able to select multiple answers for this question.  
 \*\* 77% of KIs reported that people in their communities do not fetch water.

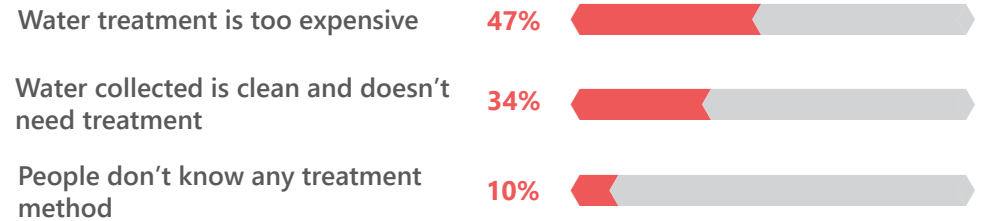
**Water issues, coping mechanisms, and responsibilities.**

Addressing these challenges has led communities to adopt diverse **coping mechanisms**. Notably, **39% of KIs observed people in their community reducing non-drinking water usage, such as bathing less frequently**, to preserve water for essential needs. Additionally, **24% of KIs reported that people are fetching water from further sources**, highlighting water scarcity in certain districts. Moreover, **16% of KIs reported reliance on less preferable and unimproved water sources for activities like cooking and washing**. These adaptation measures underscore the community's resilience in the face of water-related constraints.\*



**58%** 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\***



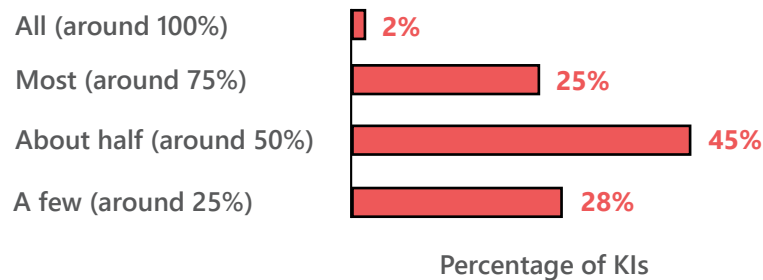
**50 Minutes** is the **average time** required to fetch water from the water source and return back, according to 23% (n=16) of KIs in the last 30 days prior to data collection\*\*

Girls and boys in the community bear the **responsibility for water collection**, with **36% of KIs reporting that girls under 15 years old** and **29% KIs reporting boys under 15 years old** are mainly responsible. Additionally, **young males (aged 16-18)** and **adult men (aged 19-64)** were also reported to be engaged in water fetching (each group reported by 29% of KIs).

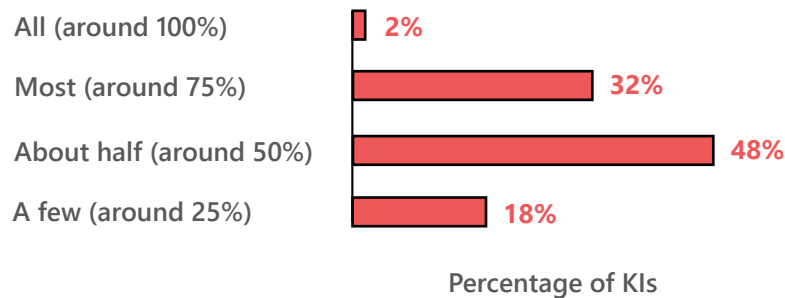
### Proportion of people with access to enough quantity of water

Around **half of the KIs reported that about 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, the other half of the KIs reported that half of people in the community still lacks adequate access to a sufficient quantity of water. 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

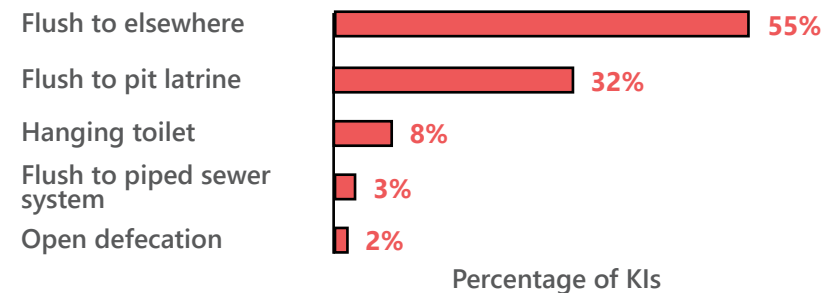


## Sanitation

Given the ongoing challenges in Yemen, understanding sanitation dynamics is paramount. The data collected from interviews with KIs in 15 districts in Shabwah governorate offers invaluable insights into the usage patterns, conditions, access challenges, and coping mechanisms related to sanitation facilities.

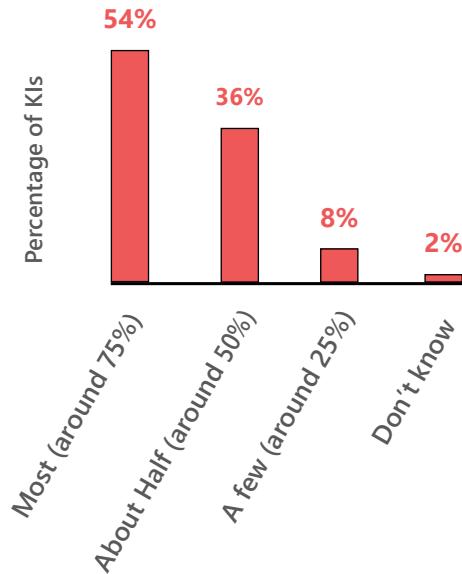
Among the districts assessed, **35% of KIs reported people in their community had access to improved sanitation facilities, while 65% of KIs reported that people had access to unimproved facilities**. Inadequate sanitation raises disease risks and worsens health inequalities, especially for vulnerable populations. It also harms the environment. Addressing these gaps is vital for public health and sustainable development.

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

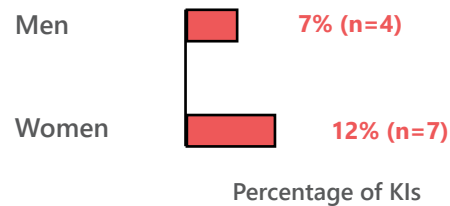


**The majority of KIs (97%) indicated that shared and communal sanitation facilities were absent in the governorate**, suggesting people rely on **private sanitation facilities**, however, these facilities are very often unimproved. The **reliance on unimproved sanitation facilities** brings attention to potential gaps in infrastructure in Shabwah governorate. The gap in access to improved sanitation facilities casts doubt on the depth of existing inequalities, particularly among marginalized communities. The existing infrastructure gap and its consequent health risks can contribute to further enhance the disparities among different population groups.

**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.

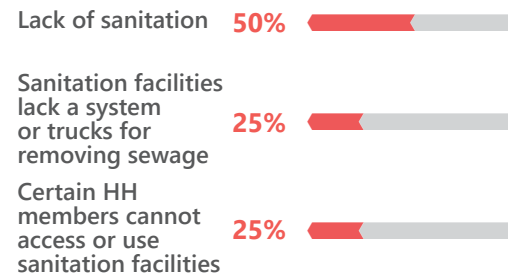
**Accessibility, challenges, and coping mechanisms**

As reported by **15% 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.

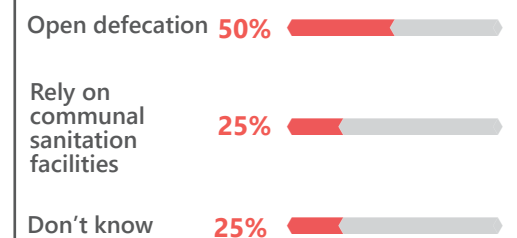
The insights provided by KIs shed light on pressing sanitation challenges in the communities assessed. **Key issues include lack of sanitation facilities, the absence of systems or trucks for removing sewage tank, and the limited access to sanitation facilities for certain household (HH) members.** These challenges reveal critical shortcomings in sanitation and sewage management infrastructure within the assessed districts in Shabwah governorate. Furthermore, these challenges threaten public health, and might result in unsanitary conditions and increased risk of waterborne diseases. Additionally, the inaccessibility of sanitation facilities for some HH members highlights issues of equity.

Insights from KIs indicate that **communities have employed various coping mechanisms to tackle these challenges, including resorting to open defecation and utilizing communal sanitation facilities.** However, **among the 60 KIs assessed, only one KI mentioned the existence of communal or shared latrines within the community.** This limited mention suggests that the reliance on communal facilities may be localized in a specific area rather than being a common practice across the governorate. Further investigation or examination is necessary to thoroughly assess the distribution and accessibility of sanitation facilities within the governorate.

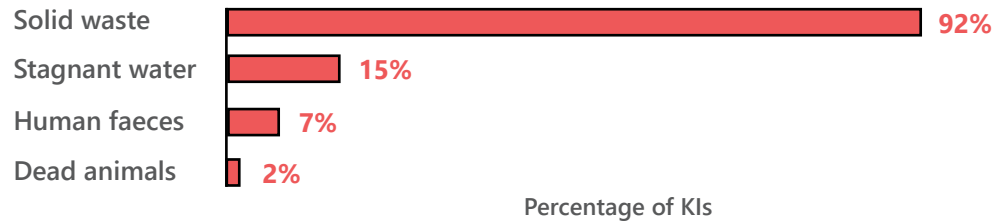
**Top 3 issues related to latrines/toilets experienced in the last 30 days prior to data collection as reported by KIs\***



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



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



The high proportion of **KIs reporting visible traces of solid waste** were visible in the community indicates a pervasive issue with waste management and sanitation within the surveyed communities. This high prevalence suggests that solid waste accumulation is a widespread problem, likely contributing to environmental pollution, health hazards, and overall degradation of living conditions.

## 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 **30% of KIs reported that nobody (0%) or few (around 25%) of the people** 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**.

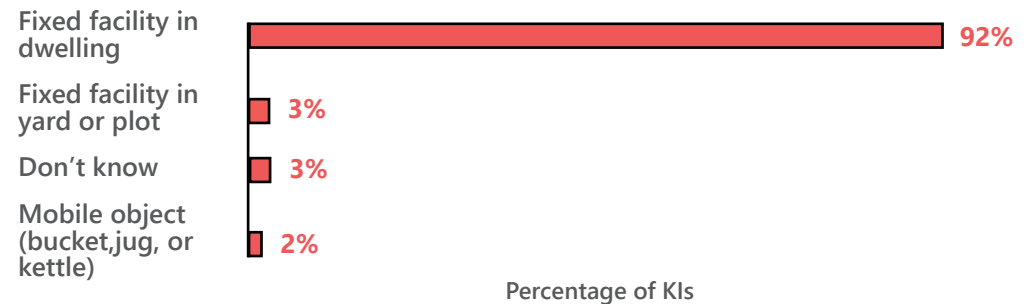


In the assessed districts in Shabwah governorate, **13% of KIs reported people were dissatisfied regarding access to handwashing facilities**. This underscores the pressing need to address the deficiency in access to handwashing facilities to guarantee fair access to vital hygiene resources, thereby safeguarding the well-being of the communities and reducing the risk of transmission of diseases.



Additionally, the data indicates deficiencies extending beyond handwashing facilities. Approximately **67% of the KIs reported that nobody (0%) had access to functioning bathing/shower facilities, while 68% 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.

**KIs reporting on type of handwashing facilities used by people in the assessed districts in the last 30 days prior to data collection**



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

## Access to WASH services

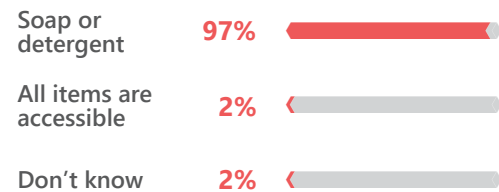
This section offers an overview of the challenges and dynamics surrounding access to WASH facilities and hygiene items within the assessed communities, as reported by KIs. The data sheds light on the **general deficiencies in WASH infrastructure and the barriers faced by community members**, particularly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

**42% of KIs reported that at least one person in their community lack access to essential WASH facilities**, including water sources, sanitation facilities, bathing facilities, and hand-washing facilities. **Bathing facilities** were identified as **the most inaccessible**, with **72% of KIs reporting this**, followed by **handwashing facilities** reported by **52% of the KIs**, **water sources** reported by **28% of the KIs**, and **sanitation facilities** reported by **12% of KIs**.

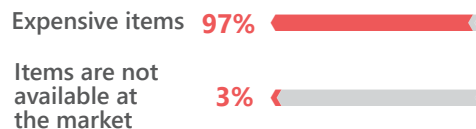
KIs observations highlight disparities in WASH facility access among different groups. Particularly **girls and women** who were reported to face challenges in **accessing water sources, sanitation facilities, and bathing facilities**, while **boys** were reported to encounter difficulties with **sanitation access**, and **IDPs** were reported to face difficulties in accessing **handwashing facilities**.

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 **87% of KIs reported dissatisfaction** among community members (of which **70%** of KIs reported people were **unsatisfied** and **17% very unsatisfied**).

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



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



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



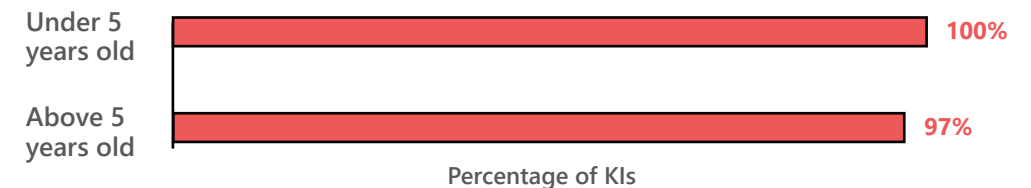
## Acute Watery Diarrhea

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

Acute watery diarrhea 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 IDPs and refugee camps. Compounded by inconsistent access to water sources and insufficient WASH services, 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>2</sup>

The high proportion of KIs reporting cases of diarrhea among both **children under 5 years old, reported by 100% of the KIs, and people above 5 years old, reported by 97% of KIs**, underscores the elevated health risks that sanitation challenges can entail for the assessed communities. The reliance on **open defecation, coupled with difficulties accessing sanitation facilities and handwashing facilities**, exacerbates hygiene risks and can contribute to the widespread occurrence of diarrheal illnesses across all age groups. These findings highlight the urgent need for targeted interventions to improve sanitation infrastructure, promote hygiene education, and mitigate the burden of diarrheal diseases on community health.

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



## Recent cases of Acute Watery Diarrhea (AWD) in Shabwah governorate

In mid-October 2023, IOM and other humanitarian actors were alerted to a suspected increase in AWD/cholera cases in Ataq district in Shabwah governorate. Notably, individuals originating from an IDP site presented severe symptoms of AWD and/or cholera upon their arrival at Al Haya Hospital. Subsequently, over the following weeks, a surge of cases among migrants, internally displaced persons, and host community members was reported across multiple governorates in Yemen.<sup>3</sup>

According to the humanitarian update from OCHA on Yemen, Shabwah has reported between 1 to 100 cases of cholera since the beginning of 2024 until April 2024. This underscores ongoing health challenges in the region, highlighting the need for sustained assistance and interventions to address the underlying factors contributing to these outbreaks and ensure the well-being of the affected population.<sup>4</sup>

## Healthcare disparities in Shabwah governorate: gaps in information dissemination and access

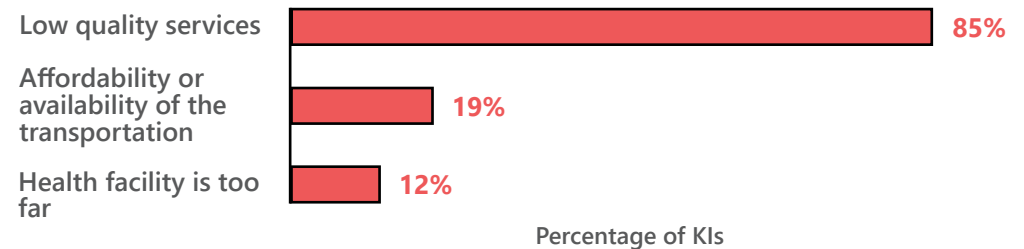
In Shabwah governorate, KIIs reports highlighted concerning gaps in health information dissemination and access to essential healthcare services. About **55% of KIIs** noted that **people in their communities had received information about cholera**, a disease prevalent in Yemen due to poor sanitation and limited access to clean water. Among these KIIs, **30%** 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, risks leaving most population members unaware of the risks and preventive measures against cholera, which can lead to public health issues that can particularly affect vulnerable people.

Furthermore, only **63% of KIIs** reported that **people in their community are 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 **45% of KIIs 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 **barriers** encountered by the majority of the population **in accessing general healthcare facilities**, as reported by **46% of KIIs**. These obstacles encompass factors such as **low service quality, affordability and availability of transportation, and the proximity to health facilities**. 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 living in Shabwah governorate.

## Top barriers faced by 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.

## 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 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](#), or 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 Cholera Outbreak in 2023 - ECHO](#)
- [3. Acute Water Diarrhea/Cholera Response in Yemen - 2023](#)
- [4. OCHA - Yemen Humanitarian Update - April 2024](#)

## Participating Agency



## Assessed Districts in Shabwah

- At Talh
- Jordan
- Arma'a
- Osaylan
- Ayn
- Bayhan
- Markhah As Sufla
- Nisab
- Hatib
- As Sa'id
- Ataq
- Habban
- Mayfa'ah
- Radum
- Ar Rawdah