Yemen WASH Needs Tracking System (WANTS)

Key Findings Presentation

July 2026

REACH Informing more effective humanitarian action

WASH Cluster Yemen

UKaid from the British people

Contents

01

Introduction

Context & Rationale

Protracted conflict + climate shocks: 22.3 million people require humanitarian assistance in 2026; WASH infrastructure severely degraded across Yemen (Humanitarian Needs and Response Plan [HNRP], 2026)

14.4 million people require WASH assistance; 4.6 million face extreme Severity-4 conditions*, concentrated in Abyan, Al Hodeidah, Hajjah, Lahj, Marib and Ta'iz (HNRP 2026)

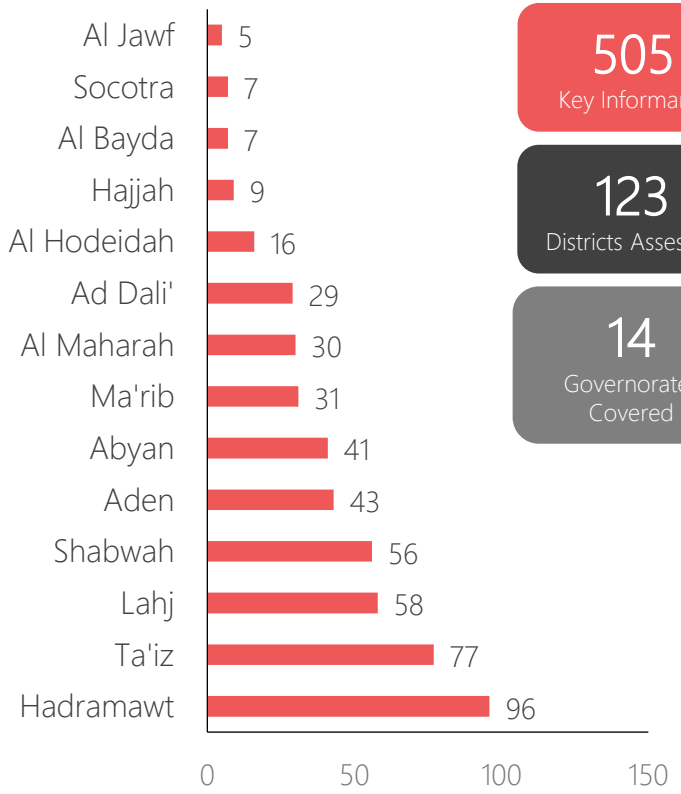
Yemen is among the world's most water-scarce countries; war-damaged WASH infrastructure and the 3rd highest cholera burden globally drive disease, malnutrition and Gender-Based Violence (GBV) risks; climate shocks are intensifying (HNRP 2026)

WANTS serves as an evidence-based toolkit that supports targeted WASH programming, accountability to affected populations (AAP), and cluster coordination.

** Severity 4 ("Extreme"): Severe limitations in access to safe water, sanitation, and hygiene services, resulting in heightened public health risks (JIAF/HNO severity categorization)*

Coverage 2026

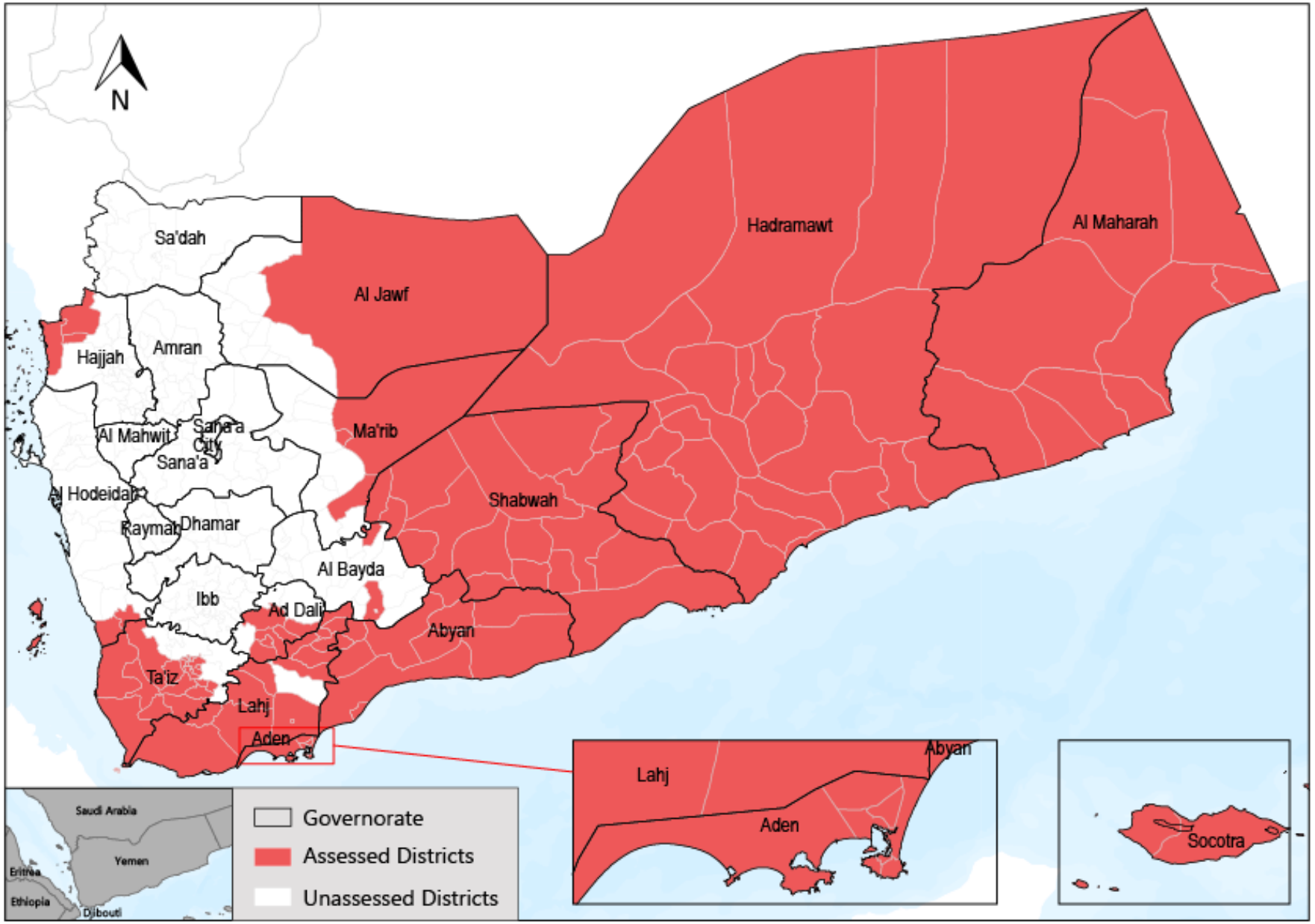
KI Interviews by Governorate



505
Key Informants

123
Districts Assessed

14
Governorates Covered



Data collected March–May 2026 | 3-month recall period | 14 governorates under Government of Yemen (GoY) control

02

Methodology

Methodology

WANTS Key Informant Survey 2026

01

Design & Tool

KI questionnaire covering Water, Sanitation, Hygiene, MHM, AWD/Cholera & AAP

02

Data Collection

Partner field teams conduct KI interviews at community level

03

Analysis & Output

National-level indicative findings; district annexes available

REACH Initiative & Yemen WASH Cluster | see Section 05 for Limitations

Data Collection & Sampling

DATA COLLECTION TOOL

- WANTS Key Informant (KI) survey tool: KIs are purposively selected by data collection partners for their knowledge of the WASH situation in their community (e.g., community leaders, Water Committee members, or NGO WASH area managers)
- KIs report on behalf of their community; describing the community's overall situation rather than their personal household experience
- 3-month recall period prior to data collection
- Covers Water, Sanitation, Hygiene, MHM, AWD/Cholera, and AAP sectors
- Results are indicative: not statistically representative of full populations

SAMPLING DESIGN

- Proportional sampling by district population size
- Minimum 3, up to 10 KI interviews per district, depending on district population size
- Random selection at sub-district level for geographic diversity, with a reserve list used where access was constrained
- Analysis conducted at national level across assessed districts

COVERAGE & PARTNERS (2026)

- 505 KI interviews across 123 assessed districts, 14 governorates
- GoY-controlled areas: Aden Area of Responsibility (AoR)
- Ministry of Water & Environment & 12 partner organisations
- Data collection: partners (March 2026) and MoWE (April–May 2026)
- Merged dataset: partner data + Ministry of Water & Environment data

03

Key Findings

3.1

Water

3.1 Water: Key Narrative Findings

Access & Satisfaction

65% KIs reported that communities are dissatisfied with water access (47% unsatisfied & 18% very unsatisfied) - a general satisfaction rating, unchanged from 2024. Water access remains a chronic challenge in assessed areas.

53% KIs reported that the round-trip to fetch water takes more than 30 minutes. Adult women bear the greatest burden (56% of fetchers).

54% KIs reported that most or all people in their community have enough water for drinking. A further 26% reported only about half have enough, while 17% reported just a few or nobody has sufficient access.

Treatment & Quality

62% KIs reported that communities report nobody treats drinking water. The 2024 rate was also 62%: no improvement. Treatment uptake is stagnant.

64% KIs reported that communities cite no materials for water purification as the top reason for not treating. A further 42% cite cost, saying treatment is too expensive.

Access Barriers & Coping

42% KIs reported that communities cite unaffordable water as the primary access barrier: tied with poor source productivity (42%). Cost is the dominant constraint.

40% KIs reported that communities reduce water consumption (bathe less); 36% fetch from a farther-than-usual source; 35% resort to unimproved/untreated sources, such as unprotected wells or surface water, increasing exposure to waterborne disease, including cholera and acute watery diarrhea (AWD), in a context already facing a high disease burden (see Section 3.5)

Dissatisfied with water
2024: 65% 2026: 65%

Nobody treats water
2024: 62% 2026: 62%

Cost as top barrier
2024: 47% 2026: 42%

No treatment materials
2024: 66% 2026: ↓ 64%

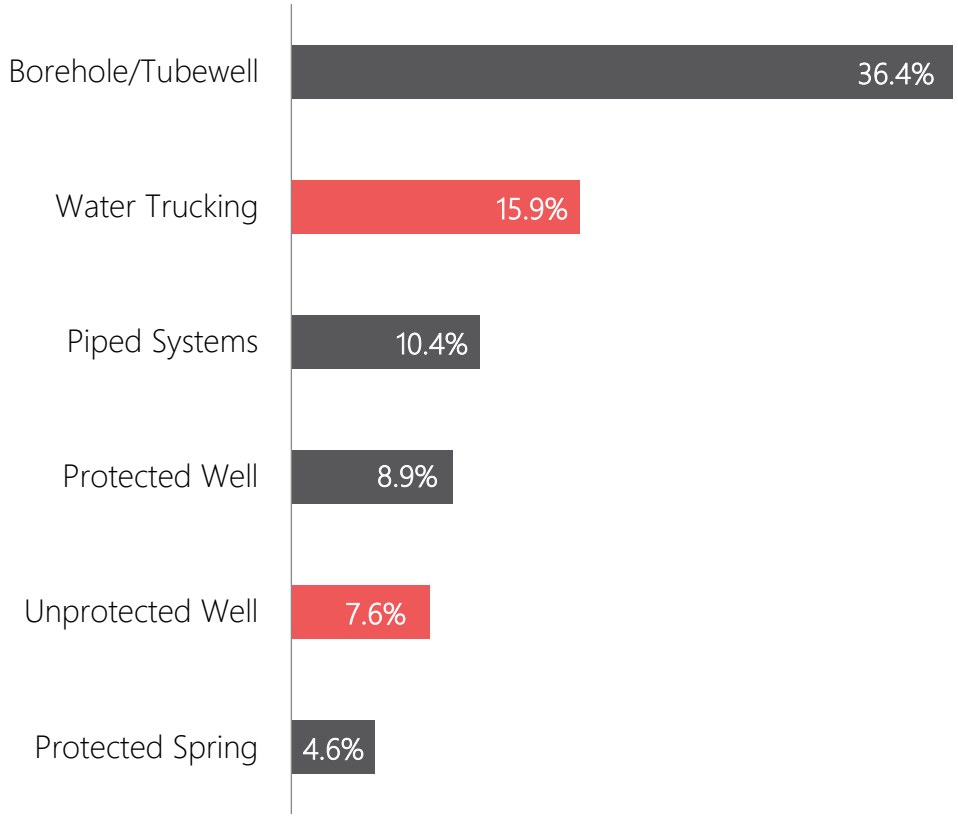
Coping mechanism: rely on unimproved source
2024: 40% 2026: ↓ 35%

WANTS 2026 | Green = improvement; Red = worsening vs 2024

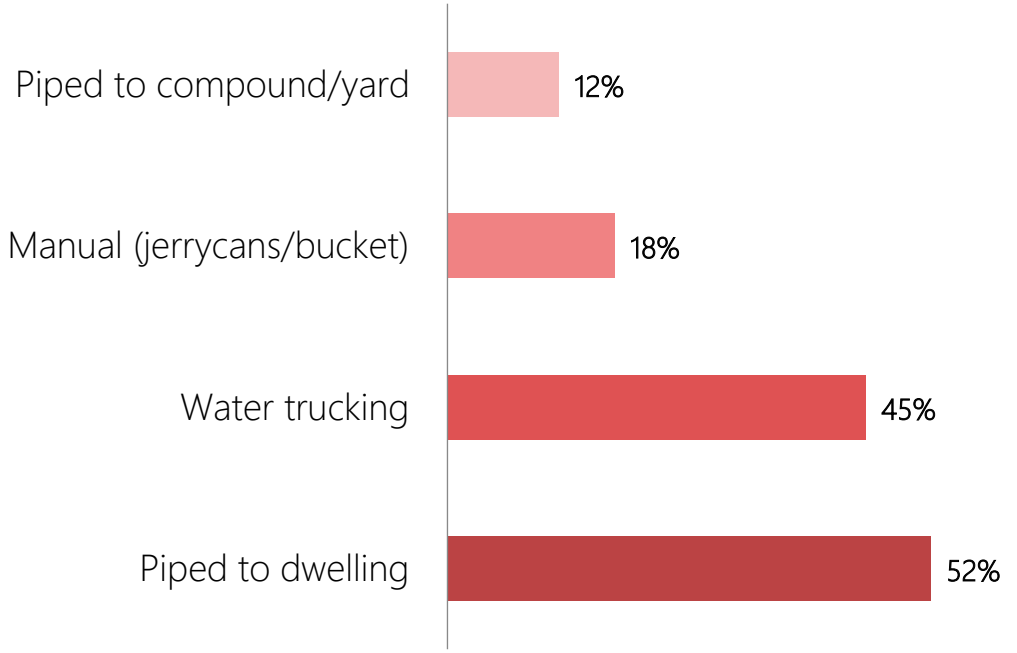
3.1 Water: Source & Delivery Methods

| Sources Borehole/tubewell is the main water source (36%).

Water sources used by people in the community in the last 3 months prior to data collection, as reported by the KIs



Water delivery methods used by people in the community in the last 3 months prior to data collection, as reported by the KIs



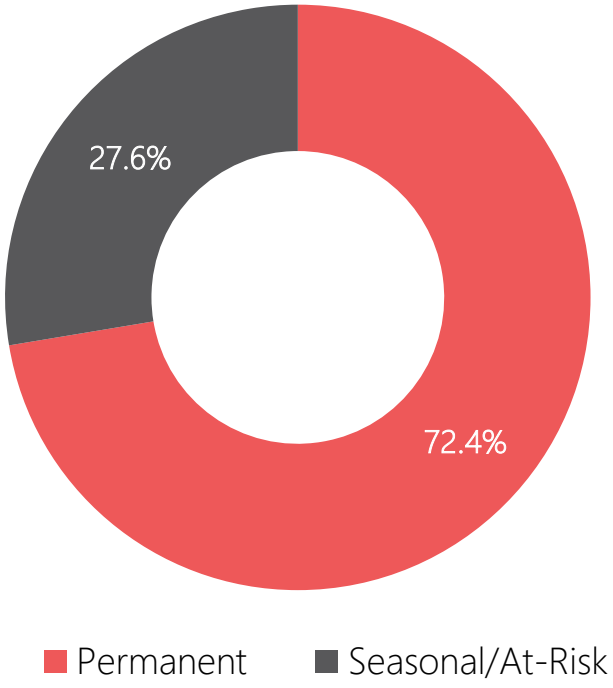
** KIs were able to select multiple answers*

3.1 Water: Source, Reliability & Acceptability

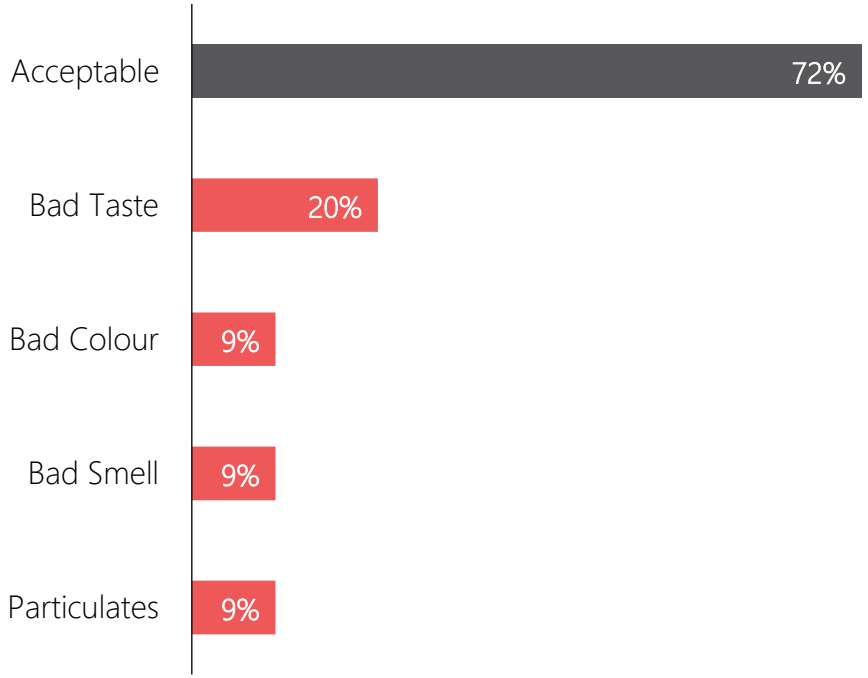
| Permanence **72%** of communities have year-round water supply; **28%** face seasonal risk

| Quality **72%** of communities consider their drinking water acceptable; **20%** report taste complaints

KIs reporting on the permanence of drinking water sources used by people in the community in the last 3 months prior to data collection



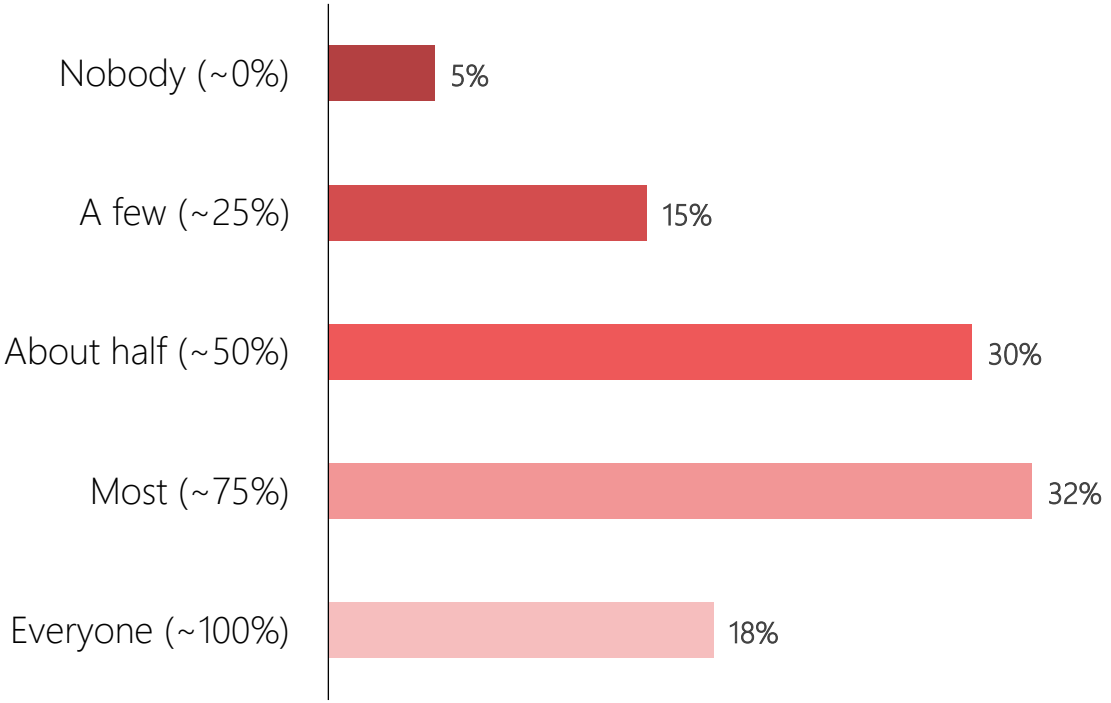
KIs reporting on the acceptability of drinking water quality in the last 3 months prior to data collection



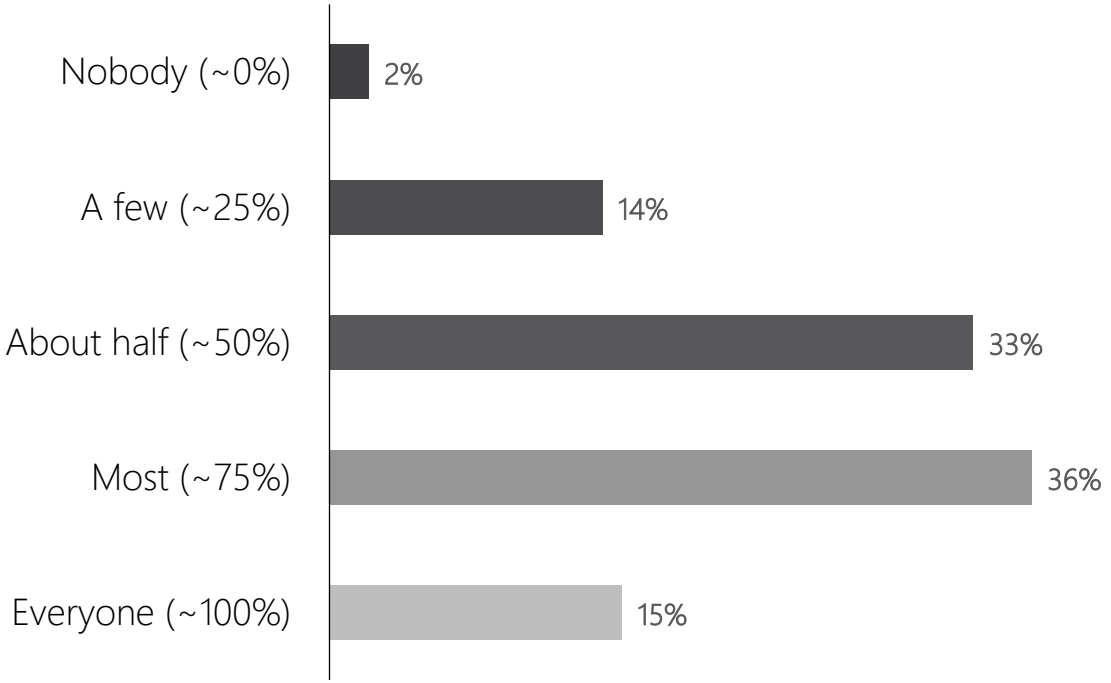
Note: 'Permanent' = water available year-round.
'Temporary' = a seasonal source or one expected to stop operating in the near future (e.g. seasonal rain water)

3.1 Water: Proportion with Access to Sufficient Water

KIs reporting on the proportion of people in their community having enough drinking water in the last 3 months prior to data collection



KIs reporting on the proportion of people in their community having enough water for other purposes (cooking, bathing, washing) in the last 3 months prior to data collection

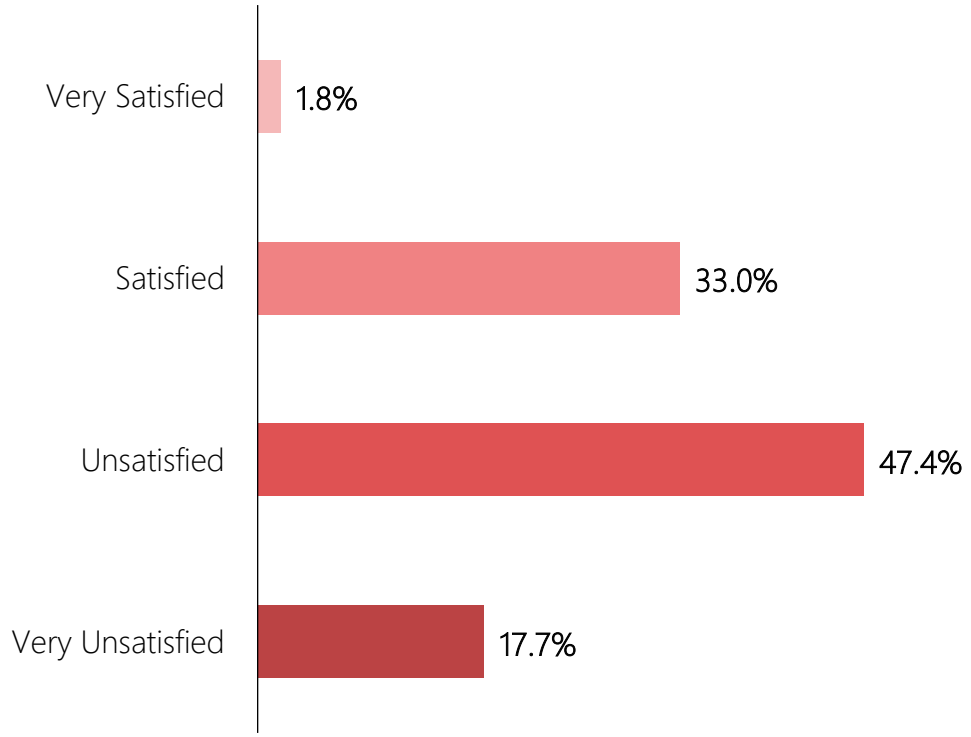


50% of KIs report Most or Everyone has enough drinking water | **51%** for other purposes

Note: National-level figures. Similar percentages across the two indicators do not imply the same communities are affected, access gaps vary significantly by governorate. For district- and governorate-level breakdowns, refer to the published WANTS 2026 online dashboard

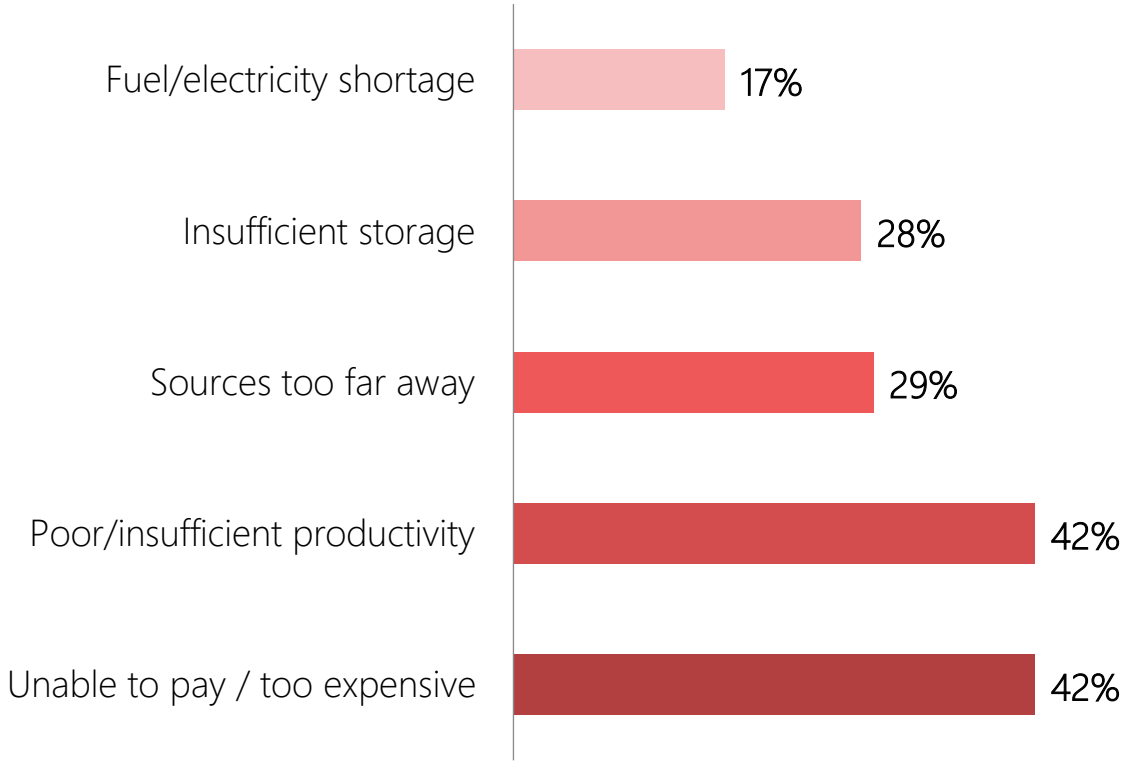
3.1 Water: Dissatisfaction with Water Access & Barriers

KIs reporting on dissatisfaction (Unsatisfied & Very Unsatisfied) with water access in the last 3 months prior to data collection



Note: general satisfaction rating with water access overall, not tied to a specific driver (e.g., cost, distance, quality)

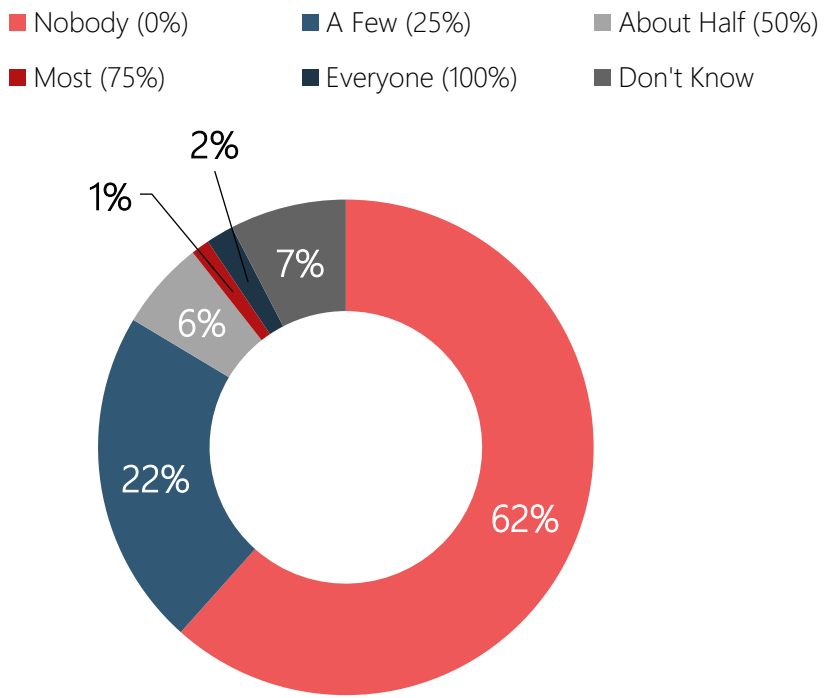
Barriers to water access faced by people in the community in the last 3 months prior to data collection, as reported by the KIs



** KIs were able to select multiple answers*

3.1 Water: Treatment Practices & Reasons for Non-Treatment

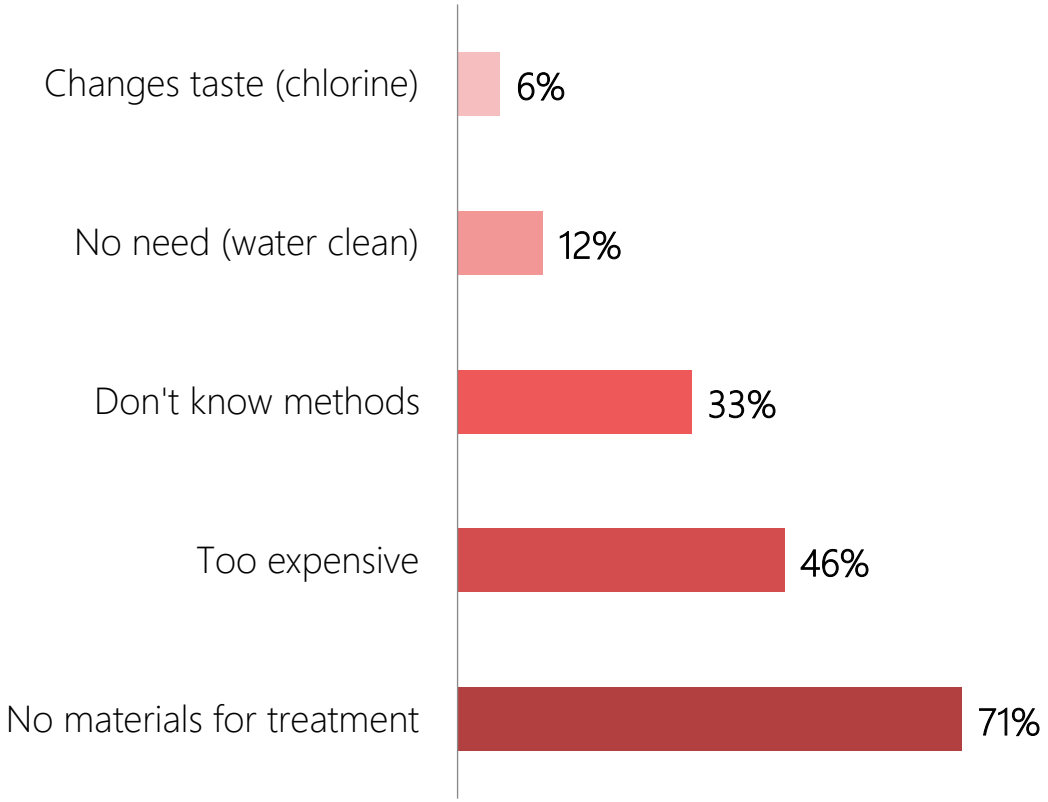
KIs reporting on the proportion of people who treat their drinking water in the last 3 months prior to data collection



62% nobody treats drinking water

No improvement vs 2024 (62%)

Percentage of KIs outlining the reasons for not treating water in the assessed districts in the last 3 months prior to data collection



** KIs were able to select multiple answers*

3.2

Sanitation

3.2 Sanitation & Environmental Health: Key Narrative Findings

Facility Access

66% KIs reported that communities use improved sanitation facilities (up from 60% in 2024: a positive improvement of +5 percentage points).

29% KIs reported that communities still rely on unimproved facilities: open pits or dry latrines. Significant gaps remain in rural and peri-urban areas.

3% KIs reported that communities have no sanitation facility at all, relying entirely on open defecation as their primary sanitation practice.

Shared Facilities & Safety

31% of KIs reported that communities rely on shared/communal latrines (up from 21% in 2024: a worrying increase). Shared facilities create privacy and safety concerns.

46% KIs reported that women and men are equally dissatisfied with sanitation access.

Environmental Hazards

72% KIs reported visible solid waste in communities; 68% had mosquito breeding sites; 52% had stagnant water. These environmental hazards elevate disease risk significantly.

40% KIs reported that communities resort to open defecation as a coping strategy. Septic tank failures and broken sewage pipes compound the problem.

Improved sanitation facilities
2024: 60% **2026: 66%**

Shared latrines
2024: 21% **2026: 31%**

Women dissatisfied
2024: 52% **2026: 46%**

Men dissatisfied
2024: 59% **2026: 46%**

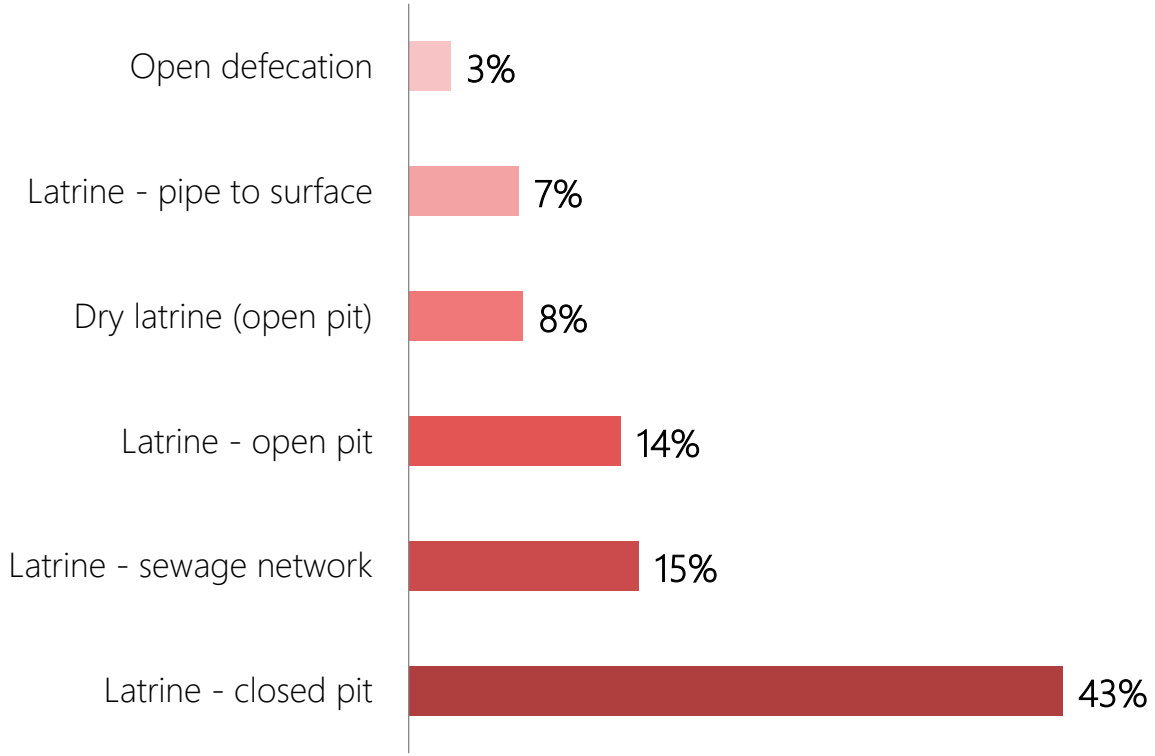
Solid waste visible
2024: 82% **2026: 72%**

Open defecation (coping)
2024: 46% **2026: 40%**

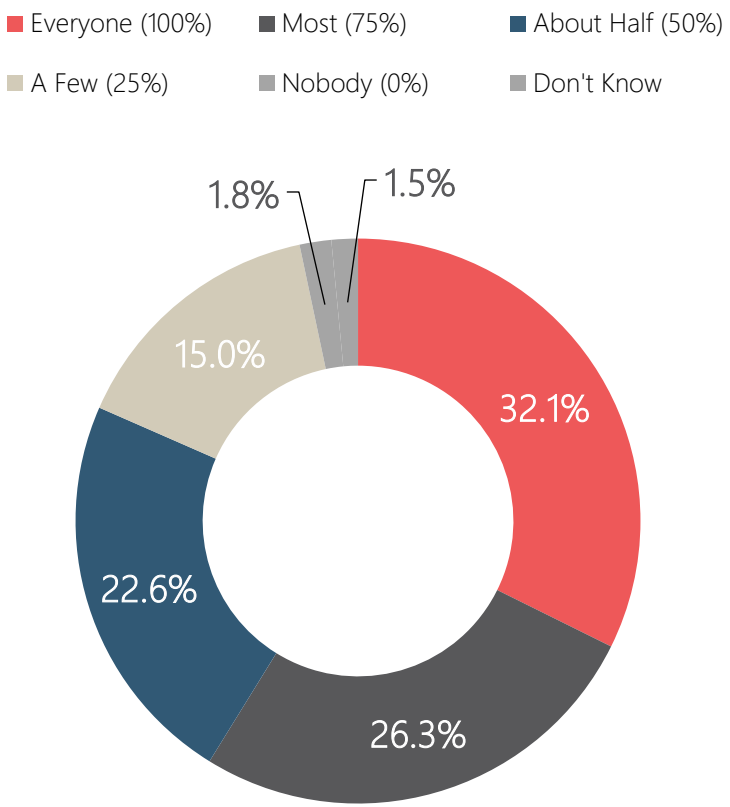
WANTS 2026 | Green = improvement; Red = worsening vs 2024

3.2 Sanitation: Facility Types & Latrine Access

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

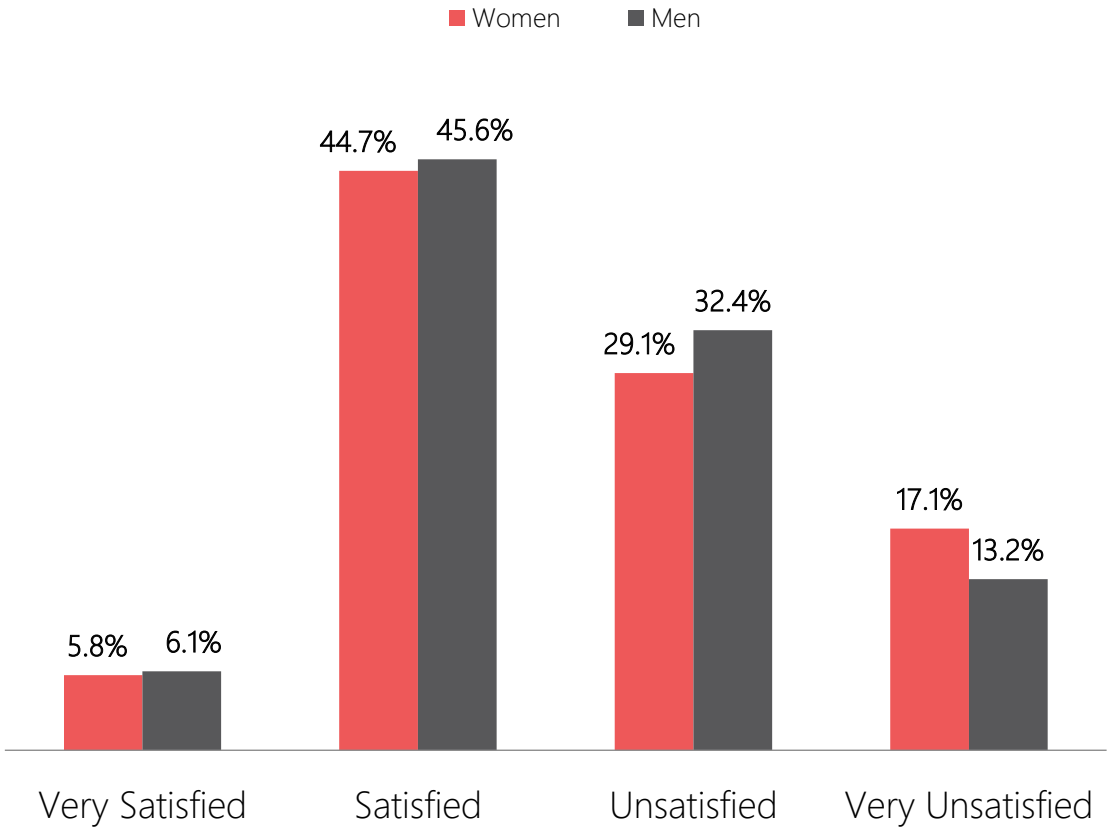


KIs reporting on the proportion of people with access to functioning latrine in the last 3 months prior to data collection



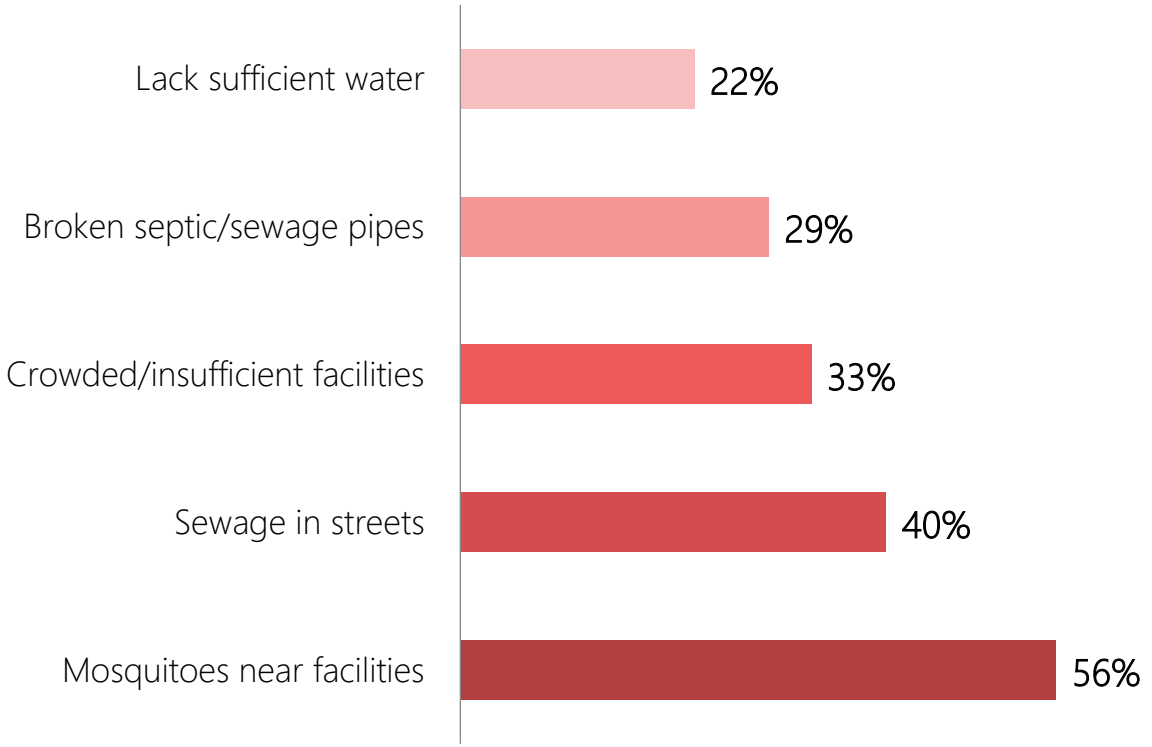
3.2 Sanitation: Satisfaction by Gender & Key Issues

KIs reporting on access dissatisfaction (Unsatisfied & Very Unsatisfied) with sanitation facilities by gender in the last 3 months prior to data collection



** Note: refers to satisfaction with availability/access to facilities, not their quality or sufficiency*

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



** KIs were able to select multiple answers*

3.3

Hygiene & WASH Items

3.3 Hygiene & WASH Items: Key Narrative Findings

Handwashing Facility (HWF) Access

20% KIs reported that nobody in their community has access to functioning handwashing facilities with soap and wate.

52% KIs reported that communities are dissatisfied with HWF access (36% unsatisfied + 16% very unsatisfied).

51% KIs reported that households have a fixed sink/tap in the dwelling as the primary handwashing facility type; 20% rely on mobile facilities (bucket, jug, or kettle). The remainder use shared/public facilities 7%, yard/plot facilities 4%, report no facility at all 8%, or don't know 9%.

Bathing & Personal Hygiene

10% KIs reported that communities report nobody (0%) has access to functioning bathing/shower facilities: stable from 2024.

47% KIs (*among those reporting some access to handwashing facilities, n=393*) reported that communities most commonly use detergent (powder/liquid/paste) as soap. 9% of communities report most people do not use soap at all.

WASH Items Access: Persistent Barriers

**69% KIs reported that communities could not access soap/detergent; 59% washing powder; 54% diapers; 51% sanitary napkins.

83% KIs reported that communities cite items too expensive as the primary access barrier. Affordability is the overwhelming constraint across all hygiene item categories.

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

Nobody had HWF access
2024: 27% 2026: 20%

Handwashing facility dissatisfaction
2024: 63% 2026: 52%

Nobody had bathing access
2024: 11% 2026: 10%

Soap/detergent inaccessible
2024: 67% 2026: 69%

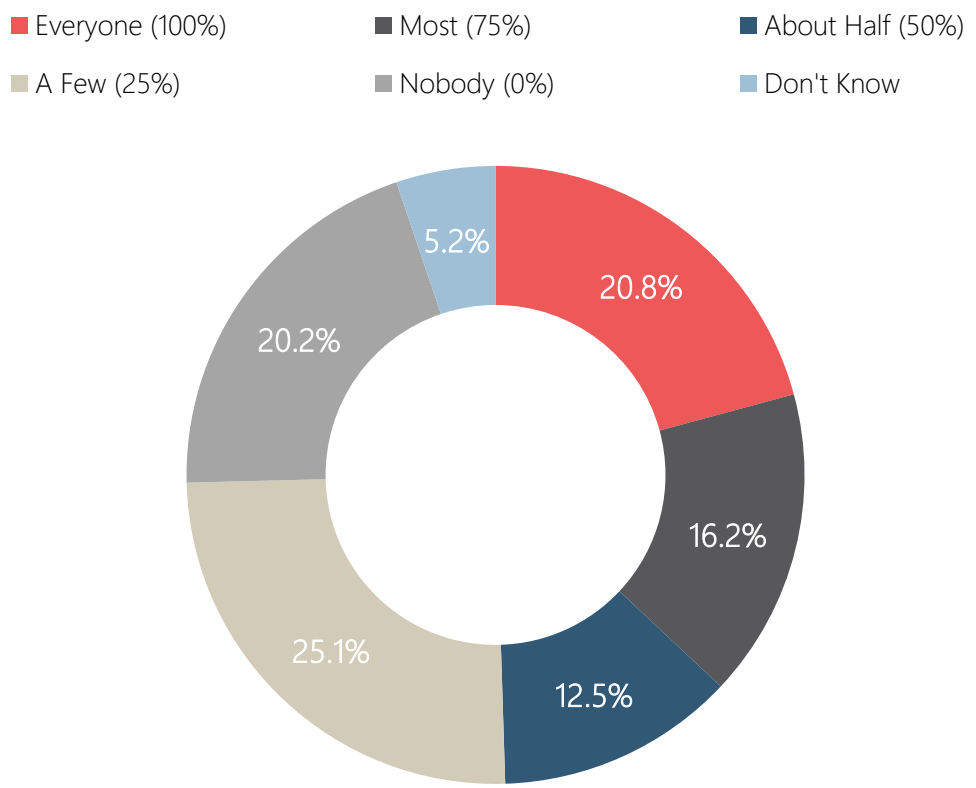
Items too expensive
2024: 85% 2026: 83%

Communities where most don't use soap
2024: 9% 2026: 9%

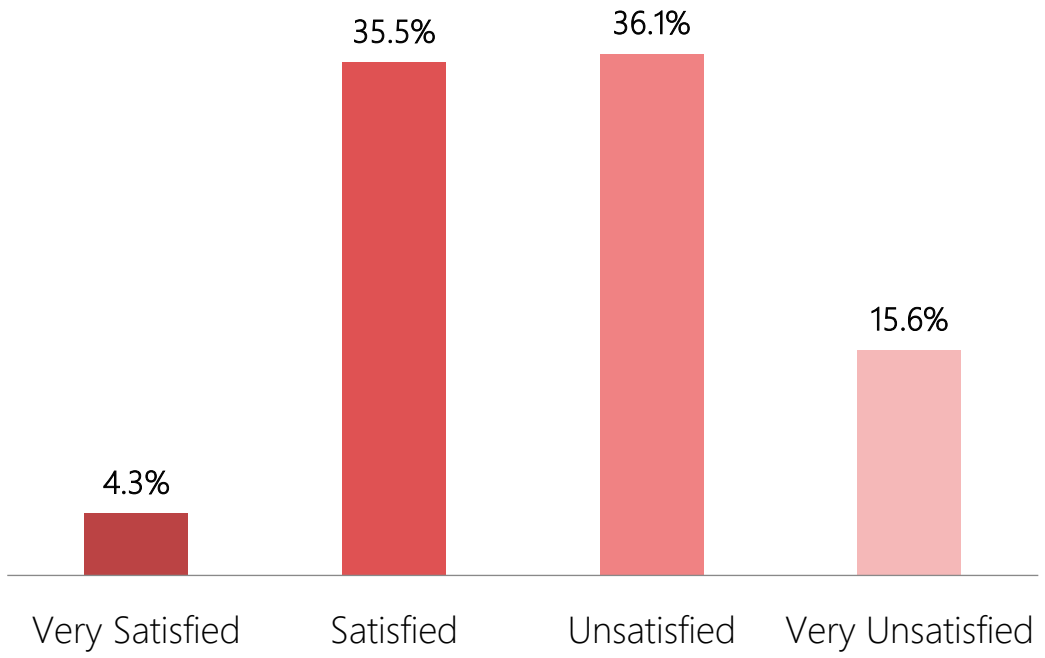
WANTS 2026 | Green = improvement; Red = worsening vs 2024

3.3 Hygiene: Handwashing Facility Access & Satisfaction

KIs reporting on the proportion of people with access to functioning handwashing facilities in the last 3 months prior to data collection



KIs reporting on dissatisfaction with access to handwashing facilities in the last 3 months prior to data collection



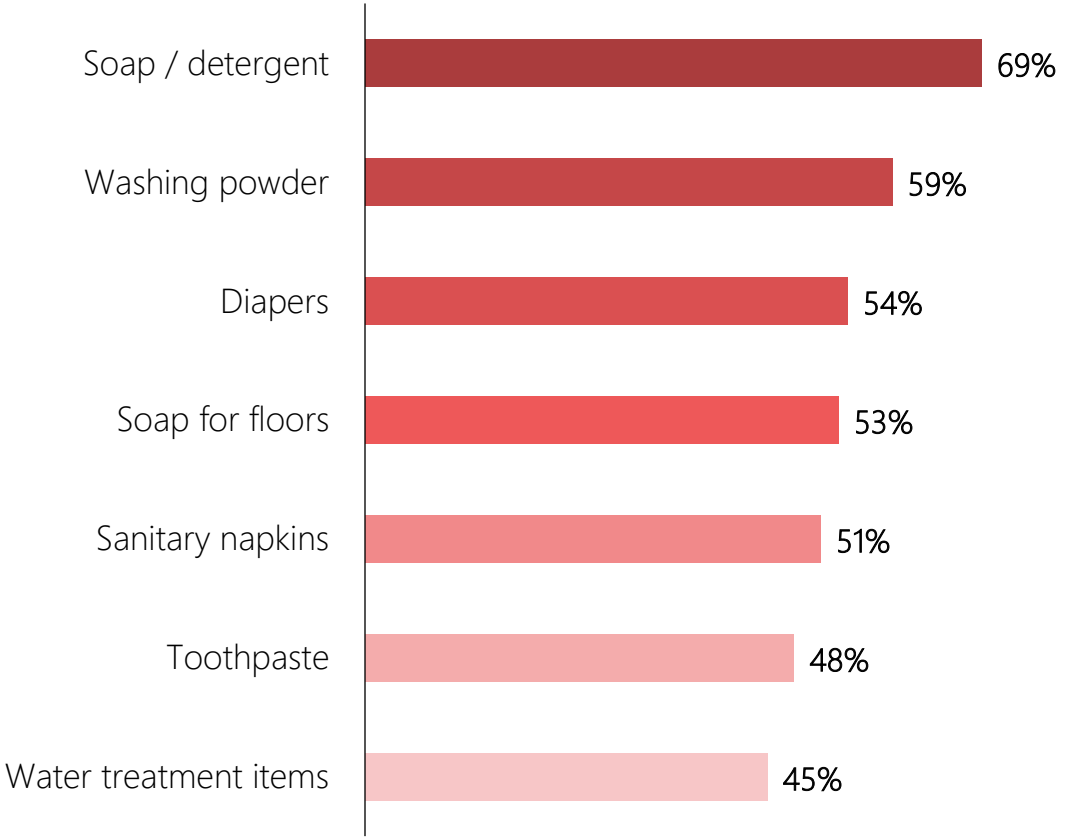
** Note: general satisfaction rating with access to handwashing facilities, not tied to a specific driver (e.g., cost, distance, quality)*

20% of KIs reported 'Nobody (~0%)' has access to handwashing facilities, improved from 27% in 2024

52% dissatisfied (down from 63% in 2024)

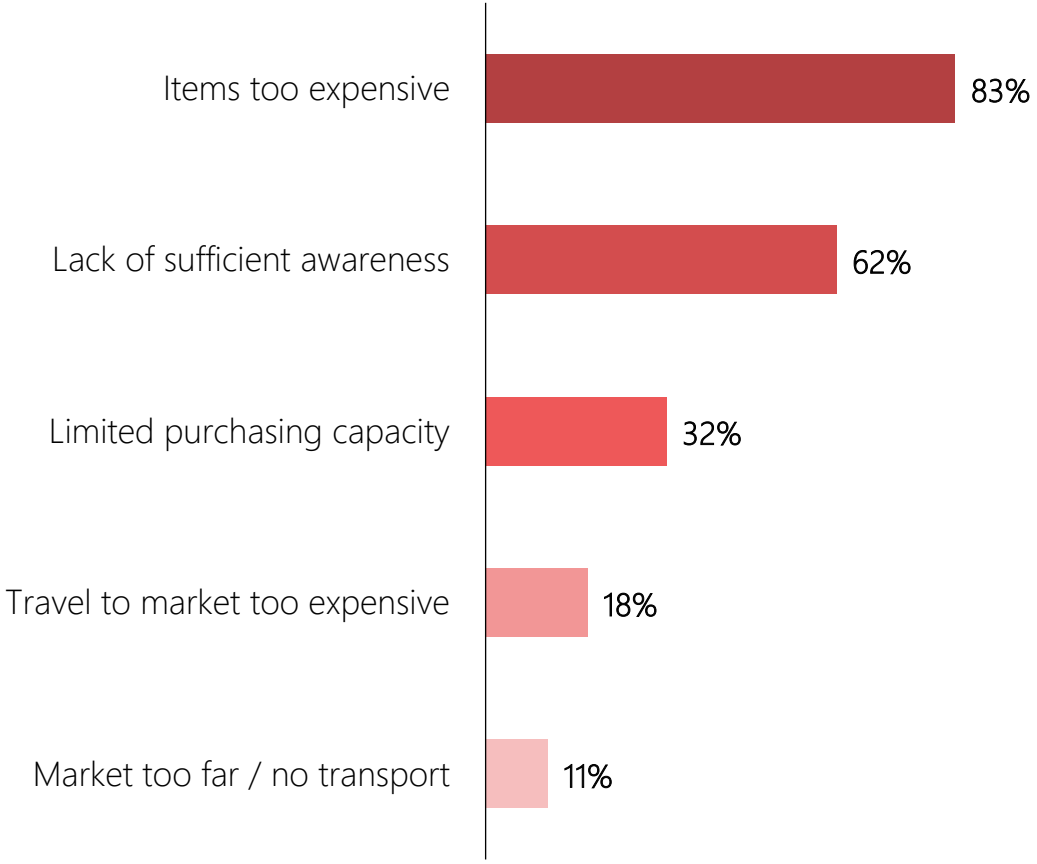
3.3 Hygiene: WASH Items Access Challenges

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



** KIs were able to select multiple answers*

Problems related to WASH items accessibility in the last 3 months prior to data collection, as reported by the KIs



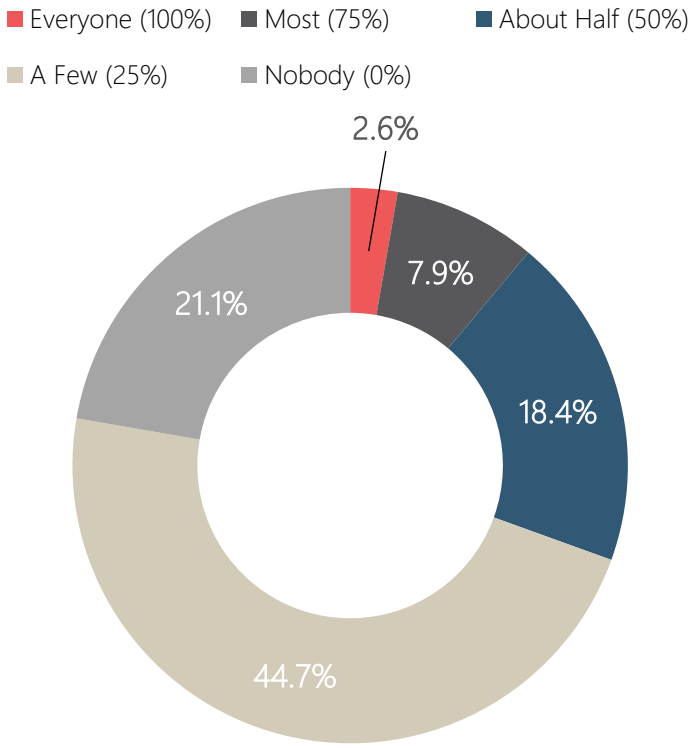
** KIs were able to select multiple answers*

3.4

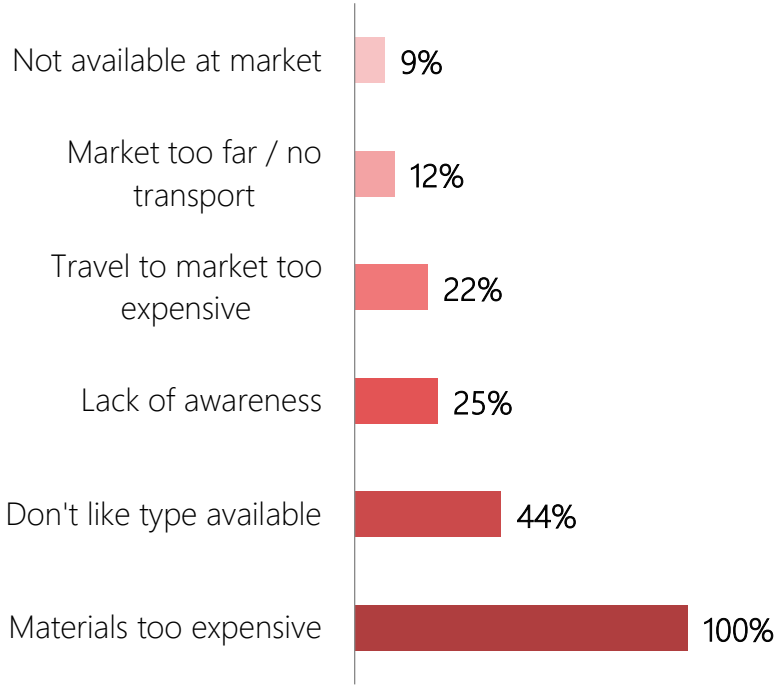
Menstrual Hygiene Management (MHM)

3.4 Menstrual Hygiene Management (Female KIs only: 38 interviews)

Female KIs reporting on women's access to sufficient menstrual materials in the last 3 months prior to data collection



Problems related to menstrual materials accessibility in the last 3 months prior to data collection, as reported by female KIs



** KIs were able to select multiple answers*

Menstrual materials commonly used by women in the last 3 months prior to data collection, as reported by female KIs

** KIs were able to select multiple answers*

84% of female KIs: women faced obstacles accessing materials (↑ from 77% in 2024) | 84% dissatisfied | 100% cite cost as primary barrier

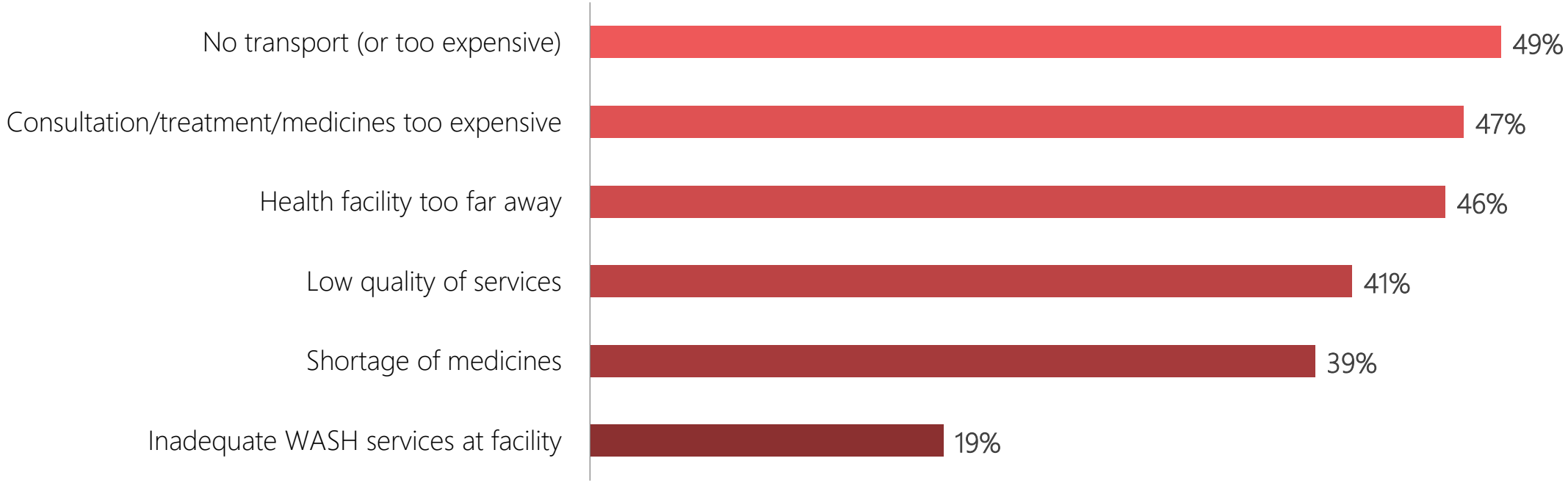
** This section is restricted to female-to-female interviews only. Out of 505 KI interviews conducted, only 38 were conducted by female enumerators with female KIs.*

3.5

AWD / Cholera

3.5 AWD / Cholera: Health Access Barriers (consented KIs only: 336 interviews)

Barriers that most people faced when accessing health facilities in the last 3 months prior to data collection, as reported by the KIs



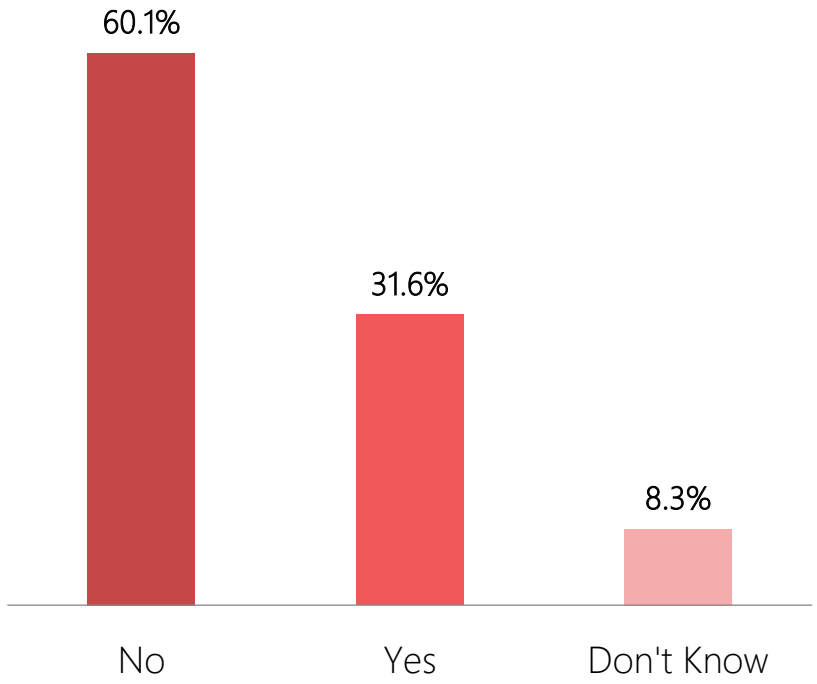
** KIs were able to select multiple answers*

Yemen context : Healthcare access remains severely constrained by transport costs, medicine shortages, and service quality gaps. These barriers prevent communities from seeking timely treatment, compounding the AWD/cholera disease burden particularly for children under-5 and IDPs. Notably, inadequate WASH services at health facilities (19%) directly reinforces this deck's core theme: weak water, sanitation and hygiene infrastructure compounds health risks at the point of care itself.

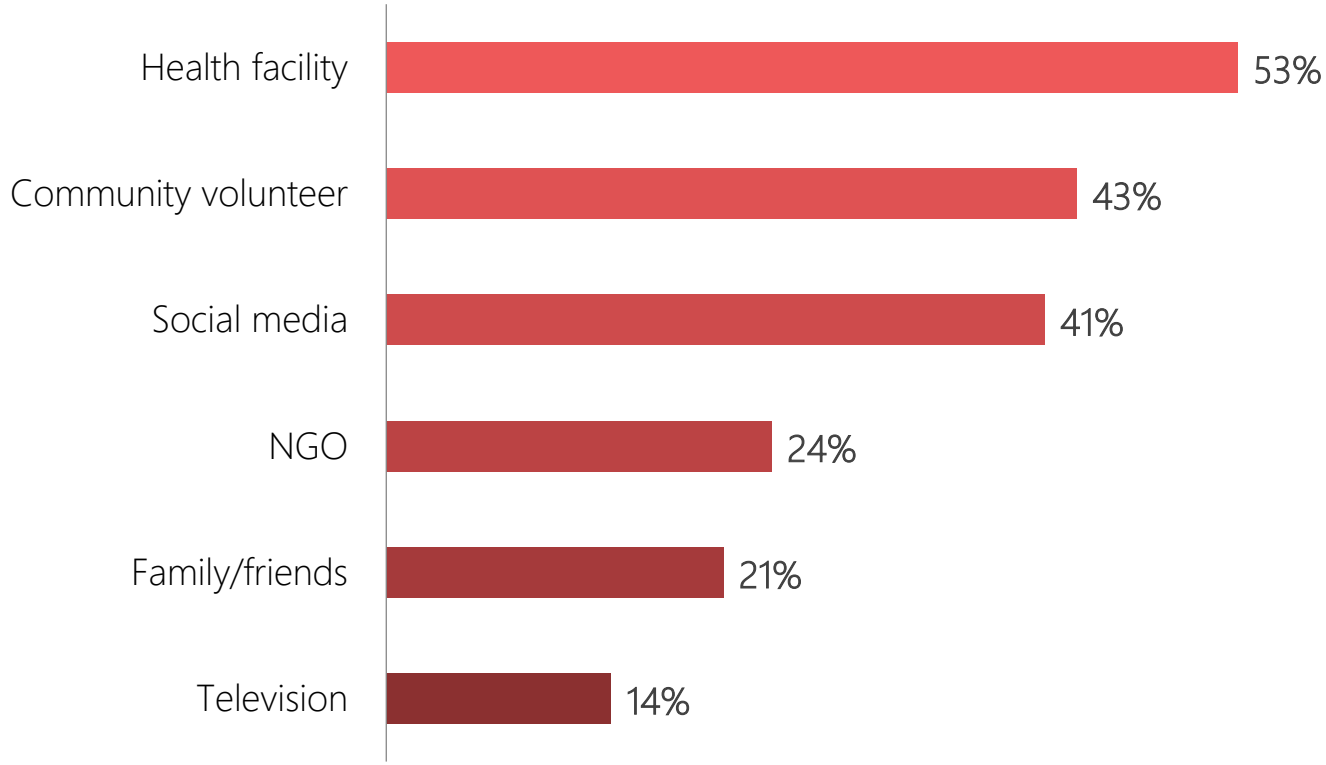
3.5 AWD / Cholera: Prevention Knowledge & Service Access

CRITICAL: 60% KIs reported that communities are NOT receiving cholera information

KIs reporting on whether people in their community received information about cholera in the last 3 months prior to data collection



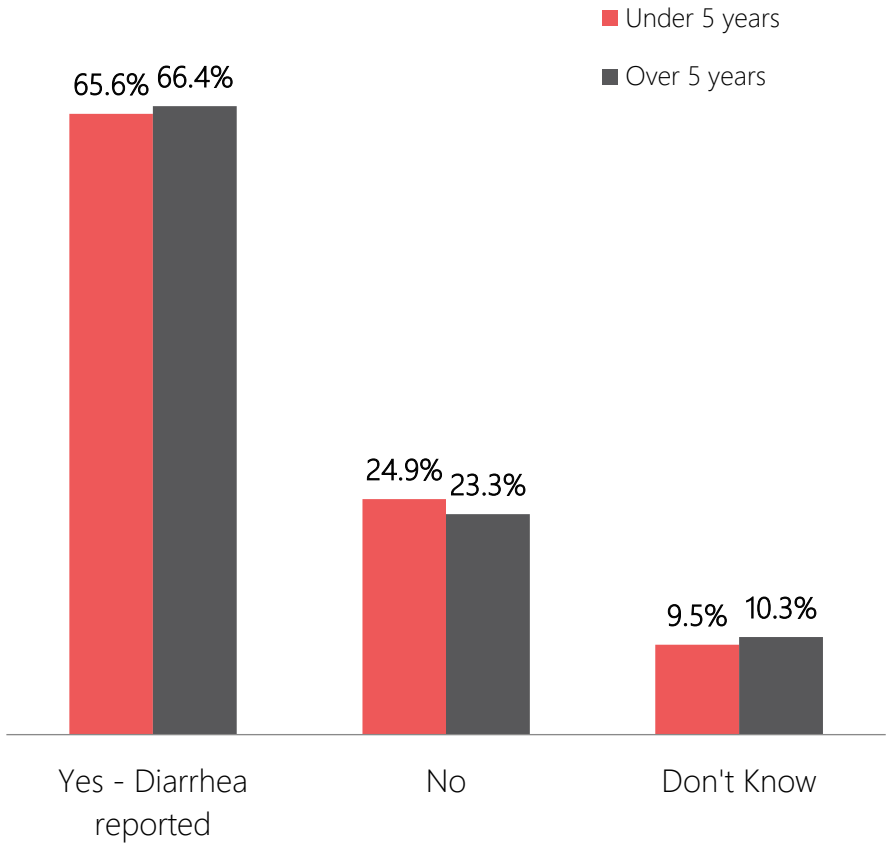
KIs reporting on how people in the community received information, among those who confirmed receiving information (n=133), about cholera in the last 3 months prior to data collection



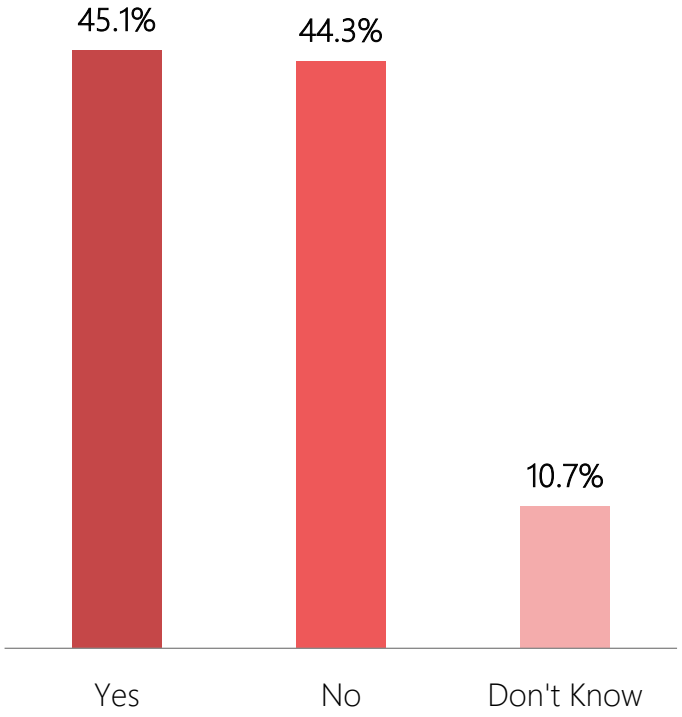
** KIs were able to select multiple answers*

3.5 AWD / Cholera: Disease Burden & Community Awareness

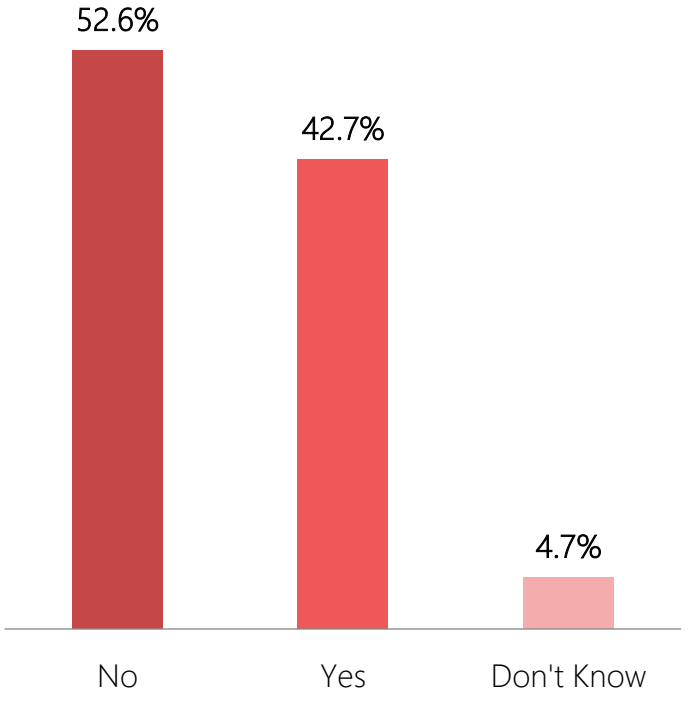
KIs reporting on diarrhea (AWD) incidence by age group in the community in the last 3 months prior to data collection



KIs reporting on community knowledge of how to prepare Oral Rehydration Solution (ORS) in the last 3 months prior to data collection



KIs reporting on the availability of Oral Rehydration Centers (ORCs) or Diarrhea Treatment Centers (DTCs) in the last 3 months prior to data collection

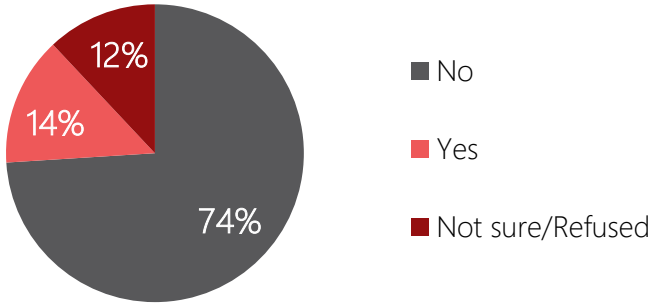


3.6

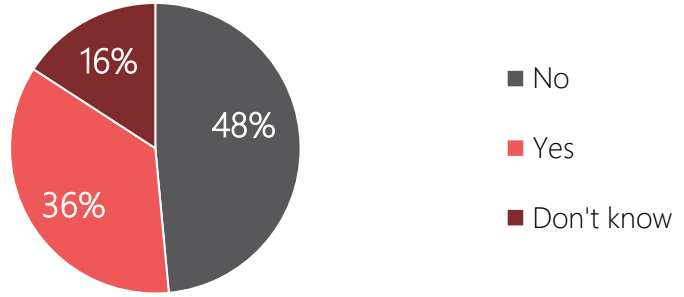
Accountability to Affected Populations (AAP)

3.6 Accountability to Affected Populations (AAP)

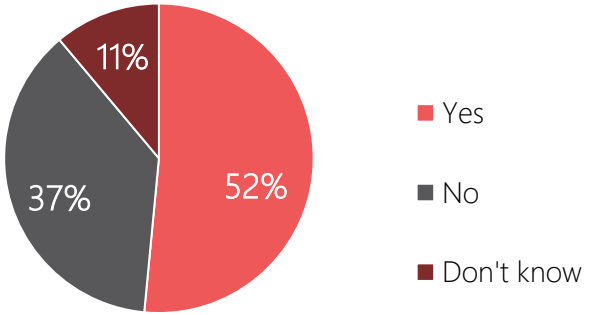
KIs reporting on whether WASH assistance was provided in their community in the last 3 months prior to data collection (n=505)



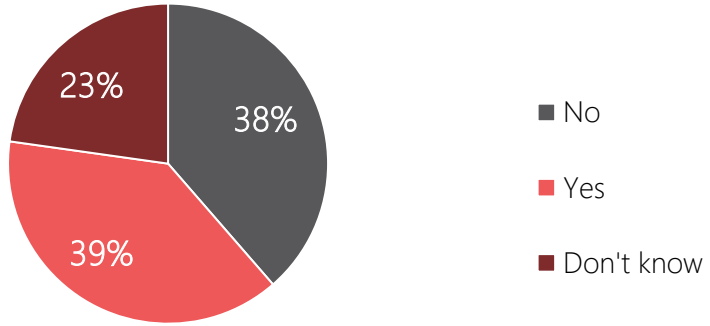
KIs reporting on whether the community was consulted prior to WASH assistance, among those who confirmed receiving WASH assistance (n=70)



KIs reporting on whether the community was involved in planning WASH assistance, among those who confirmed receiving WASH assistance (n=70)



KIs reporting on awareness of a feedback or complaint mechanism, among those who confirmed receiving WASH assistance (n=70)



Key finding: Only 14% of communities received WASH assistance. Among those, community consultation, planning involvement, and feedback mechanism awareness each remain below 55%.

04

Limitations

Limitations

Geographic coverage: Only 123 out of 333 districts surveyed. Findings reflect assessed districts only and are not representative of the full national picture for unassessed areas.

KI-level data: Key Informants report on behalf of communities: data reflects KI perceptions, not individual household data. Findings are indicative rather than statistically representative.

MHM sample: MHM section based on only 38 female KI interviews (Aden AoR). Findings should be interpreted as indicative signals, not representative of all women in assessed areas.

2024 vs 2026 comparability: The 2024 round covered 126 districts in 13 governorates; the 2026 round covers 123 districts in 14 governorates. Coverage differences may affect year-on-year comparability.

Hard-to-reach areas: Districts with active conflict, flooding, or access constraints are systematically under-represented: findings may underestimate needs in the most vulnerable areas.

Limitations

Consolidated dataset: Partner-assessed and MoWE (Ministry) data were merged into a single output. The MoWE component was finalized after the partner dataset, introducing timing variation across combined districts.

Dashboard publication: Final data cleaning and dashboard publication for the MoWE component were completed after the initial 31 May 2026 target. Figures accessed prior to the final consolidated release should be treated as preliminary.

Unified output approach: Rather than two separate presentations, partner and MoWE data were consolidated into a single output. The two components were collected approximately three weeks apart and are therefore not fully synchronous.

Data Collection Partners

MoWE & 12 Partners

Thank you for your attention

Mais Al-Assaf | WASH Assessment Officer

mais.alassaf@reach-initiative.org

Haneen Jaber| Research Manager

Haneen.jaber@reach-initiative.org

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).

REACH Informing more effective humanitarian action