

YEMEN

HUMANITARIAN NEEDS AND RESPONSE PLAN

HUMANITARIAN
PROGRAMME CYCLE
2025
ISSUED JANUARY 2025

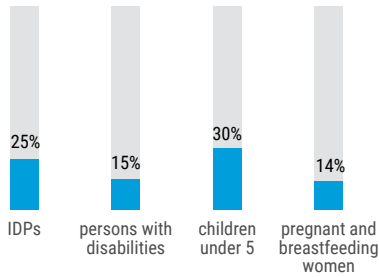


At a glance

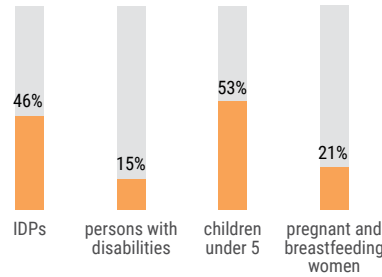
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	TOTAL PLANNED	WOMEN	GIRLS	MEN	BOYS	WITH DISABILITY	REQUIREMENTS (US\$)
PEOPLE IN NEED	19.5M	4.2M	5.3M	4.5M	5.5M	15%	\$2.47B
PEOPLE TARGETED	10.5M	2.3M	2.9M	2.4M	2.9M	15%	

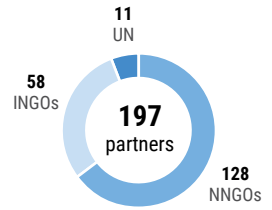
19.5M People in need by population group



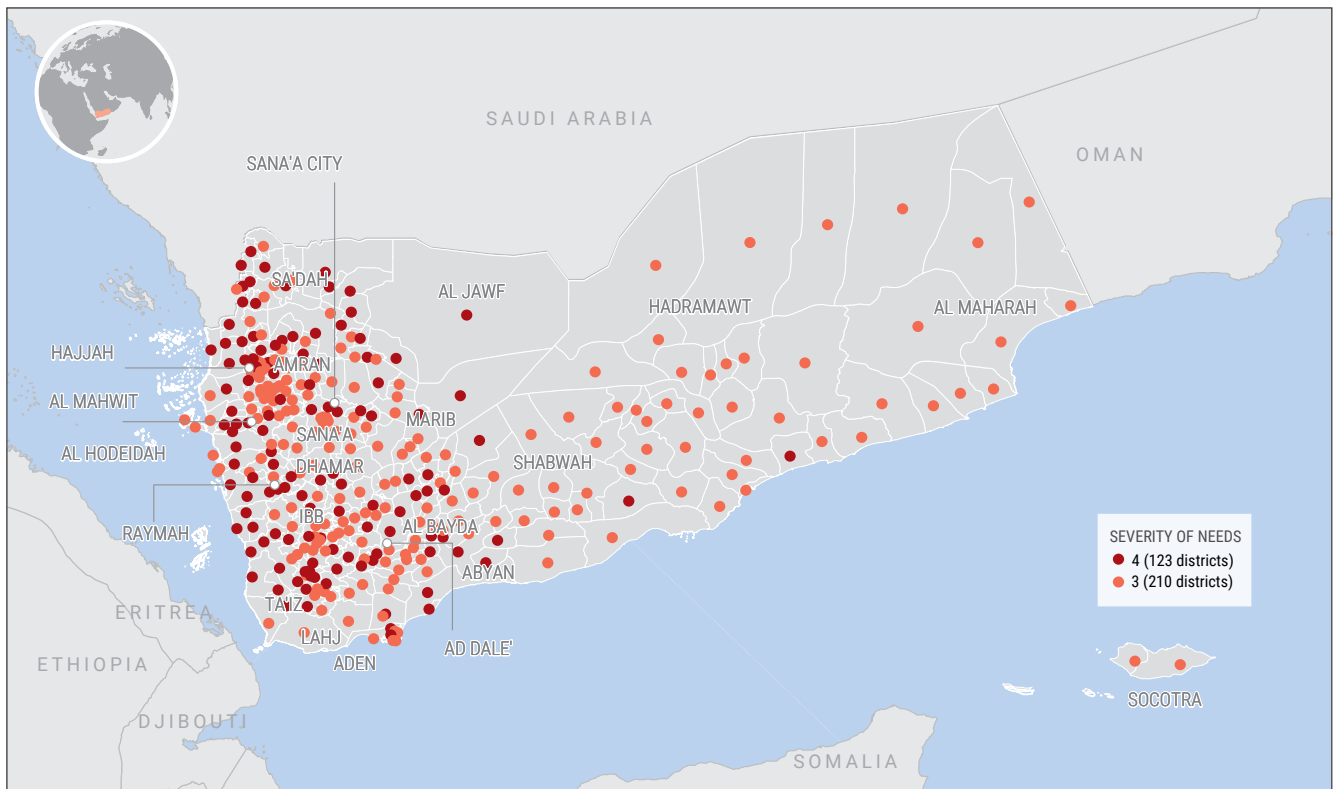
10.5M People targeted by population group



Partners by type

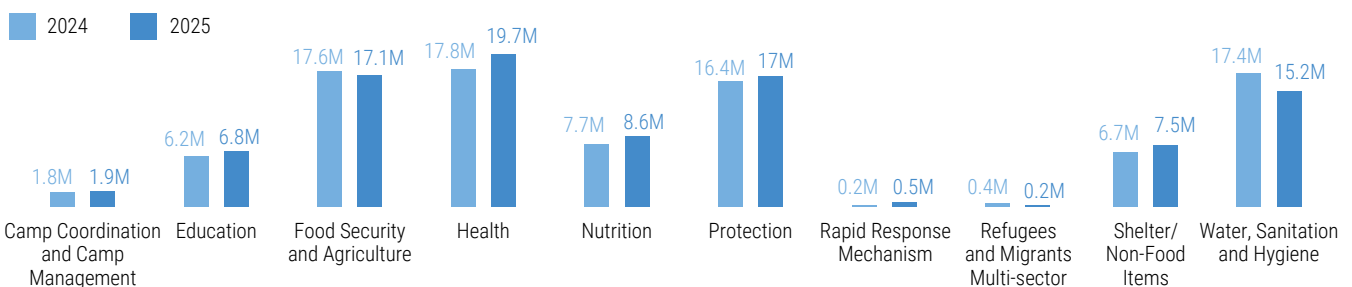


SEVERITY OF NEEDS IN 2025



Source: [JIAF 2.0](#)

PEOPLE IN NEED (2024 - 2025)



2025 PLANNING ASSUMPTIONS



CONFLICT



REGIONAL DYNAMICS



DISPLACEMENT



ACCESS



ECONOMY



BASIC COMMODITY PRICES

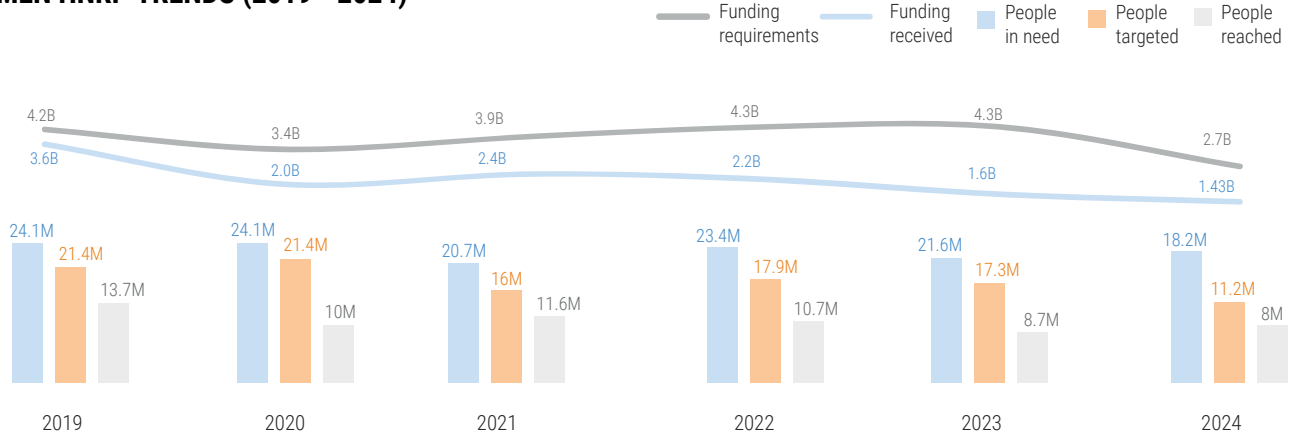


DISEASE OUTBREAKS



CLIMATE CHANGE

YEMEN HNRP TRENDS (2019 - 2024)



STRATEGIC OBJECTIVE 1:

Decrease crisis-related morbidity and mortality through prioritized, targeted, integrated and multisectoral life-saving assistance and services for those most in need, ensuring safety, equity, and inclusivity.

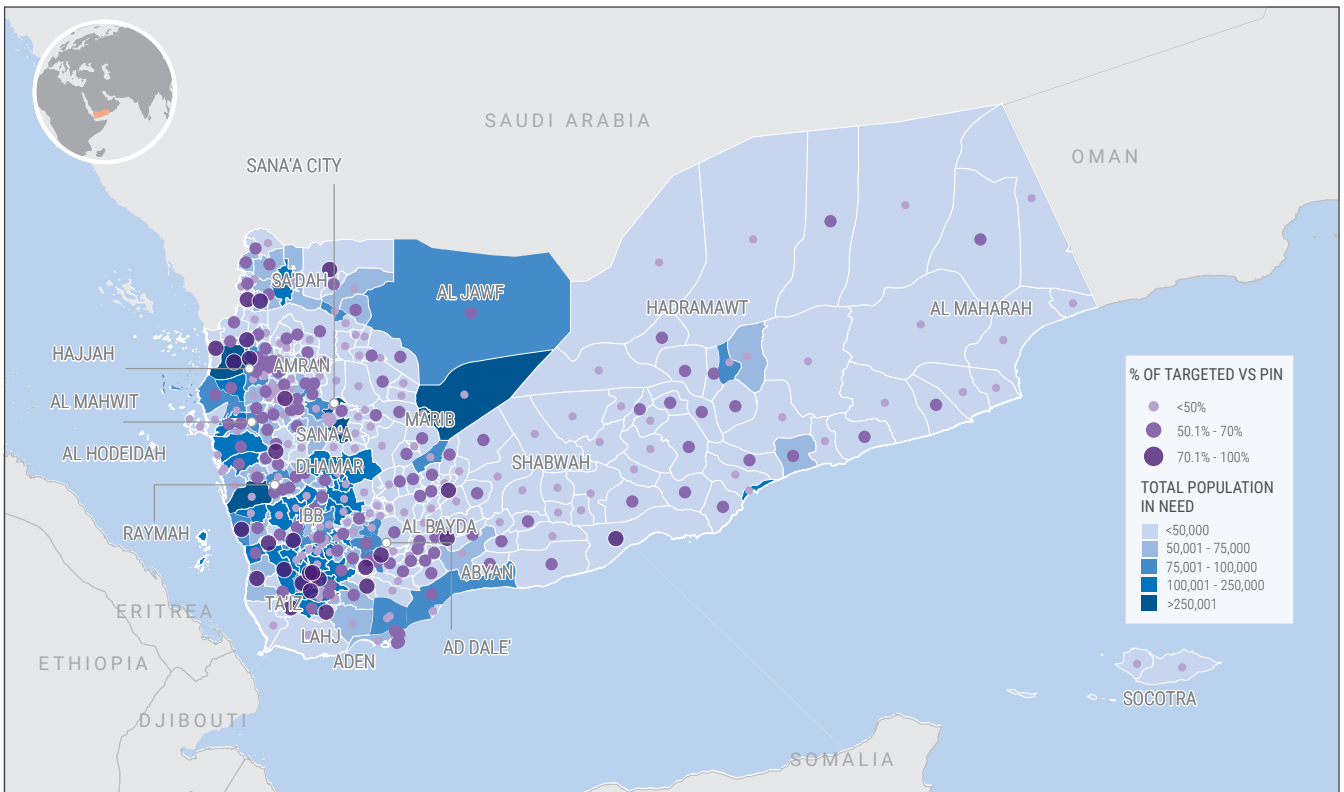
STRATEGIC OBJECTIVE 2:

Improve and maintain non-discriminatory access to basic services, build resilience and contribute to sustainable solutions for vulnerable people through safe, equitable and integrated responses that promote systems strengthening.

STRATEGIC OBJECTIVE 3:

Improve the protection and dignity of the most vulnerable crisis-affected population, by ensuring timely, principled, and non-discriminatory humanitarian assistance and solutions by promoting international norms and standards.

PEOPLE IN NEED AND PEOPLE TARGETED IN 2025



Source: JIAF 2.0

IMPACT OF THE CRISIS AND HUMANITARIAN CONDITIONS



19.5M
people need humanitarian assistance in 2025, including



15M
women and children



4.8M
people are internally displaced, making Yemen the fifth largest internal displacement crisis in the world



17.1M

(49% of the Yemeni population) are food insecure and 55% of children under five suffer from chronic malnutrition



3.2M

Children not attending school (1.7M boys and 1.5M girls)



40%
of Yemen's health facilities are only partially functioning or completely out-of-service



253,380

cases of AWD/cholera have been confirmed as of December 2024 (including 672 deaths)



17M

do not have access to enough water to cover basic daily needs



Yemen ranks **186** out of **191** countries on the Human Development Index (2022)

Over **307k**

individuals across 186 districts require civil documentation



43%

of displaced children lack birth certificates



6.19M

women and girls face GBV risks, with 90% of rural areas lacking GBV services

308k

people are at high risk of eviction due to unaffordable rent



Yemen is the **3rd** most vulnerable country to climate change (INFORM Climate Change Risk Index 2022)



There are more than **5M** people with disabilities in Yemen; there is also a high prevalence of disability among children (21% of children between 5 and 17)



Around **1.9M** IDPs live in 2,290 sites, 40% of which are at high risk of fire and/or flooding

52%

Funding received to the Yemen HRP (\$1.4 billion received out of the \$2.71 billion requirement). \$768 million has also been provided outside the HRP

OVERVIEW OF CLUSTER/SECTOR RESPONSE (2024-2025)

	PEOPLE IN NEED	PEOPLE TARGETED	REACH (AS OF NOVEMBER 2024)	FINANCIAL REQUIREMENTS (US\$)
	■ 2025 ■ 2024	■ 2025 ■ 2024	■ Reached ■ Target	■ 2025 ■ 2024
Camp Coordination and Camp Management	1.9M 1.8M	0.7M 0.8M	0.4M (56%)	55.1M 47.2M
Education	6.8M 6.2M	1.9M 3.0M	1.8M (58%)	74.9M 104.5M
Food Security and Agriculture	17.1M 17.6M	12.0M 12.8M	6.1M (48%)	1,104.3M 1,363.0M
Health	19.7M 17.8M	10.6M 9.0M	5.5M (60%)	261.9M 249.4M
Nutrition	8.6M 7.7M	7.8M 6.9M	6.0M (88%)	237.9M 193.6M
Protection	17.0M 16.4M	6.3M 4.6M	3.7M (80%)	170.9M 168.1M
Child Protection AoR	7.3M 7.4M	0.7M 0.9M	0.4M (44%)	34.8M 39.3M
Gender-Based Violence AoR	6.2M 6.4M	0.9M 1.0M	0.5M (50%)	56.0M 56.0M
Mine Action AoR	5.1M 7.0M	2.5M 0.5M	1.9M (>100%)	16.6M 10.9M
Rapid Response Mechanism	0.5M 0.2M	0.5M 0.2M	0.5M (>100%)	16.6M 19.2M
Refugees and Migrants Multi-Sector*	0.2M 0.4M	0.2M 0.4M	0.1M (34%)	48.3M 78.3M
Shelter/Non-Food Items	7.5M 6.7M	1.8M 1.7M	0.9M (52%)	170.0M 160.5M
Water, Sanitation and Hygiene	15.2M 17.4M	6.6M 7.3M	4.0M (55%)	176.9M 192.4M
Coordination	N/A N/A	N/A N/A	N/A N/A	15.0M 20.1M
Emergency Telecommunications	N/A N/A	N/A N/A	N/A N/A	2.2M 2.7M
Logistics	N/A N/A	N/A N/A	N/A N/A	33.1M 41.3M
Multipurpose Cash Assistance	N/A N/A	1.3M 0.8M	0.9M (>100%)	111.7M 63.5M

*Figures are subject to change pending finalization of assessments on migrants in DFA-controlled areas

Executive Summary

Millions of Yemenis continue to bear the brunt of the conflict and experience dire living conditions, as they find it increasingly challenging to feed their families, visit a doctor and send their children to school.

The country's economy continues to decline, as climate shocks drive displacement and disrupt livelihoods. Food insecurity remains alarmingly high, and millions face severe protection risks. This reality is particularly acute for Yemen's most vulnerable and marginalized groups, including women and girls, persons with disabilities, the *Muhamasheen*, refugees, migrants and internally displaced people (IDPs).

In 2025, an estimated 19.5 million people across Yemen need humanitarian assistance and protection services – 1.3 million people more than last year.

The 2025 Humanitarian Needs and Response Plan (HNRP) lays out a response that is locally-driven and grounded in the voices of affected communities. It is adapted to evolving needs and risks, and takes into account the dynamic operating environment and existing capacities. The plan is highly prioritized and the result of a rigorous boundary-setting exercise to include only life-saving and life-sustaining activities. It also puts forward concrete ways to ensure quality and cost-effective programming, improve targeting and minimize risk of diversion.

To fulfill the plan and provide humanitarian assistance and protection services to the most vulnerable population, totaling 10.5 million people, the humanitarian community is seeking US\$2.47 billion.

The plan builds on progress made last year. In 2024, 197 aid organizations delivered a principled response reaching more than 8 million people with life-saving assistance and services. They achieved this despite persistent operational constraints, including bureaucratic impediments and interference. Humanitarians also faced increased violence and threats to their safety and security, including arbitrary detentions, which have hindered the humanitarian response.

The past decade has demonstrated that humanitarian action saves lives and safeguards people's dignity. However, humanitarians cannot end civilian suffering alone. Much more is needed to reduce needs, achieve peace, revive the economy and build the resilience of communities through sustainable development activities.



TA'IZ, YEMEN

A woman prepares bread for her family at home after receiving a food basket.

Photo: WFP/Ahmed Basha

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Part 1: Humanitarian needs

HAJJAH, YEMEN

Maryam sits with her father in their fragile shelter in Abs district.
Photo: Save the Children Yemen



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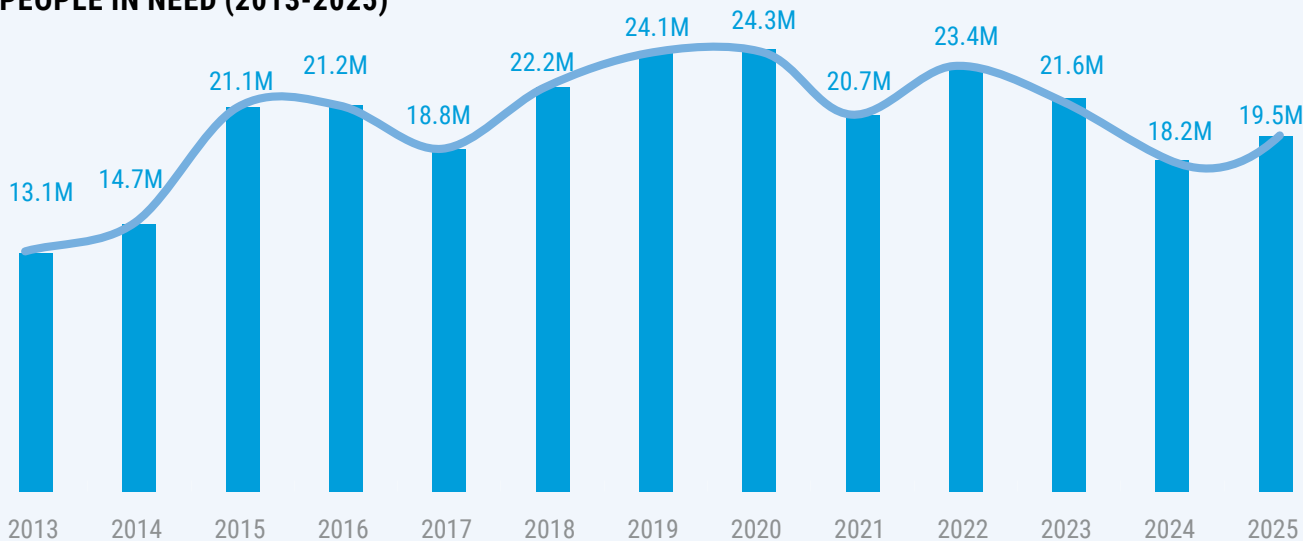
1.1 Crisis overview and drivers of humanitarian needs

In its tenth year of conflict, Yemen continues to face a major protection and humanitarian crisis. The country’s deteriorating economy, the protracted conflict and crumbling basic services are exacerbating humanitarian needs across the country. Meanwhile, climate shocks, increased regional tensions and chronic underfunding of critical humanitarian sectors are further worsening people’s vulnerability and suffering.

In 2025, 19.5 million people in Yemen require humanitarian assistance and protection – a seven per cent deterioration compared to 2024 when 18.2 million people were in need.¹ For many people in Yemen, the humanitarian situation has remained dire or worsened over the past year, particularly in areas impacted by disruptions in humanitarian assistance and gaps in development support.

However, for one-third of Yemen’s districts, communities have experienced an improvement in humanitarian conditions. This is mainly attributed to sustained humanitarian assistance – allowing families to meet their essential needs and avoid resorting to negative coping strategies – as well as reduced conflict.

PEOPLE IN NEED (2013-2025)²



The Joint Intersectoral Analysis Framework (JIAF) started in 2020 and changed how people in need (PiN) figures are calculated. Under JIAF 2.0, the total PiN is calculated by aggregating the highest cluster PiNs at the district level. This method provides a clearer and more consistent way to assess needs across different sectors. Changes to the JIAF methodology, such as better data collection and analysis, have contributed to year-to-year differences in PiN numbers.

[For more information see the JIAF 2.0 resources](#)



While Yemenis have benefited from a reduction in hostilities stemming from the de facto continuation of the UN-brokered truce in 2022, conflict remains a key driver of needs. Conflict-induced displacement decreased further in 2024, while new road openings – notably in Ta’iz and Marib – enhanced civilians’ freedom of movement, the flow of commercial goods and access to public services, as well as facilitated returns across front lines. However, civilian casualties stemming from the breakdown of law and order, landmine-related incidents and localized conflicts persisted at the same rate as 2023.



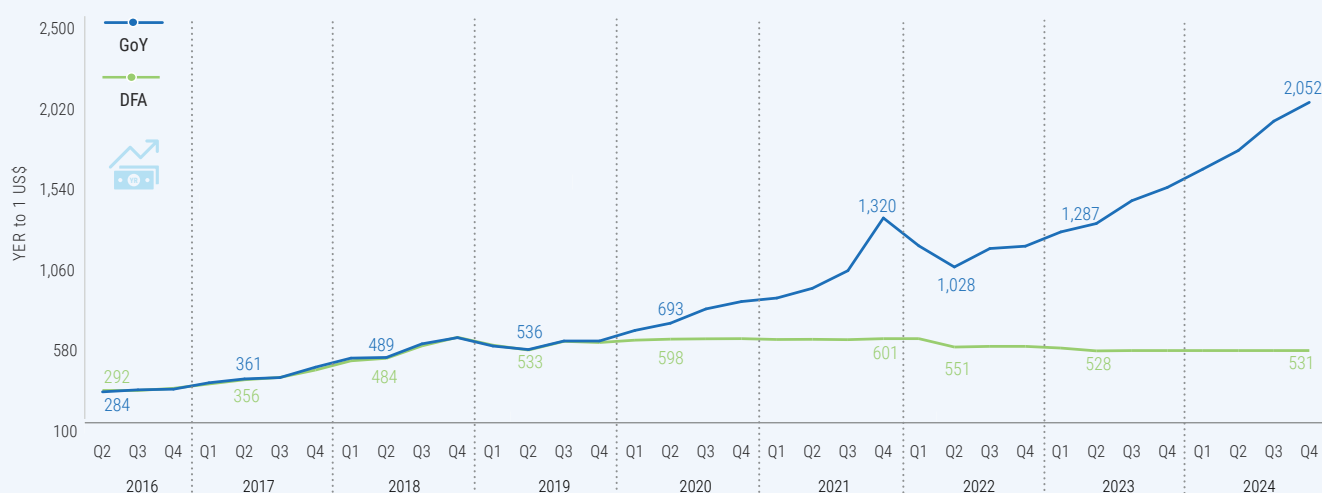
Meanwhile, other risks have emerged. The ongoing escalation in the Red Sea and the broader region has negatively impacted civilians and civilian infrastructure. In December 2024, the UN Secretary-General reiterated his deep concern about the risk of further regional escalation and continued to urge all sides to exercise utmost restraint. Regional escalation endangers the flow of essential food, fuel and other imports, and threatens livelihoods and infrastructure. Already, attacks in and around the Red Sea have negatively impacted the fishing industry, a backbone of coastal communities and main source of income and food for many households. The current crisis has limited fishing communities and put fishermen at risk of increased insecurity.³ Furthermore, conflict-induced dangers have forced fishermen to relocate to other areas, leading to tensions with host communities over livelihood opportunities.⁴



The conflict has worsened Yemen’s fragile economy, which contracted by 54 per cent between 2015 and 2023.⁵ Obstruction of oil exports, limited access to external financing, domestic banking restrictions, conflicting economic policies and ongoing disruptions in trade and market functionality have all contributed to the ongoing economic deterioration. In Government of Yemen (GoY)-controlled areas, the Yemeni riyal (YER) has depreciated to an all-time low, having lost a quarter of its value over the course of 2024 and trading at 2,052 YER to 1 USD at the end of December. By May 2025, the Yemeni riyal is projected to depreciate further to around 2,400 YER to 2,500 YER to 1 USD in GoY-controlled areas.⁶ Meanwhile, a growing liquidity crisis, particularly in areas controlled by the de facto authorities (DFA), is increasingly affecting broader economic stability and has also impacted humanitarian operations.

In a country that is heavily dependent on imports to meet essential needs and where people have experienced mass loss of livelihoods due to the conflict, these economic trends have pushed the prices of food, fuel and other basic goods and services out-of-reach for much of the population. Today, more than 80 per cent of people in Yemen are estimated to be living in multidimensional poverty.⁷ All these factors, compounded further by the suspension of general food assistance distributions in DFA-controlled areas since late 2023, have resulted in sustained high levels of food insecurity across Yemen (see below).

EXCHANGE RATE (2016-2024)



Source: Food Security and Nutrition Information Systems



Food insecurity and malnutrition remain pervasive across many parts of the

country, with particularly severe impacts for the most vulnerable and marginalized groups, including women and girls, IDPs and the *Muhamasheen*. This year, more than 17 million people will experience acute food insecurity—almost half the country’s population—with 5 million expected to experience emergency levels of food insecurity. These alarming levels of hunger are worsening people’s vulnerability, including through the adoption of negative coping mechanisms such as child labour and child marriage.

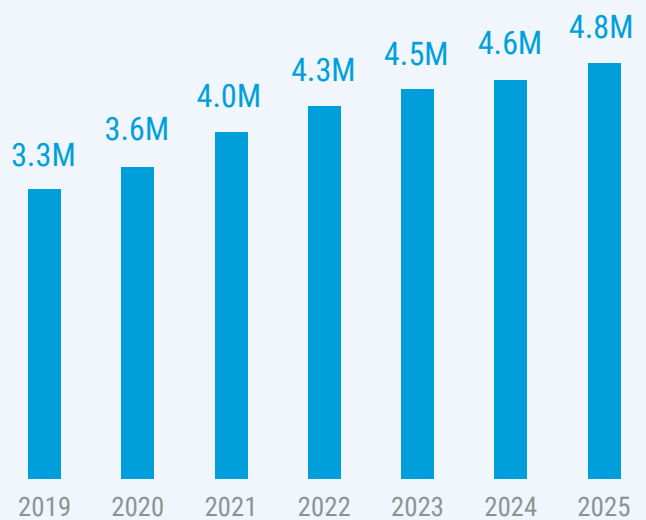
An estimated 3.5 million children under five, and pregnant and breastfeeding women face acute malnutrition. An analysis conducted in GoY-controlled areas concluded that three districts experienced “extremely critical acute malnutrition” levels—the most severe level under the Integrated Food Security Phase Classification for Acute Malnutrition (IPC AMN Phase 5)—between November 2023 and June 2024. IPC AMN Phase 5 was projected to expand to one more district during the period of July to October 2024. This severe level applies to areas where the prevalence of acute malnutrition exceeds 30 per cent and morbidity levels are elevated.



An estimated 4.8 million people, most of whom are women and children, remain

internally displaced, with repeated displacement trapping families in cycles of dependency on humanitarian assistance. IDPs residing in sites are one of the most vulnerable communities in Yemen. Around 1.6 million Yemenis are displaced across 2,290 sites. Around 3.3 million IDPs are living in family hosting arrangements and rental accommodation.

IDPS TRENDS (2019-2025)




3 in every 5

of the surveyed households in Yemen (61%) were unable to meet their minimum food needs in November 2024



1 in 2

children under five is **acutely malnourished**, including 537,892 who are severely malnourished, placing them at 9-12 times higher risk of mortality than well-nourished children



Refugees, asylum seekers, migrants and marginalized groups like the *Muhamasheen* face serious protection risks, systemic discrimination and barriers to accessing vital services.

The risks are particularly high for women and girls, who continue to face multiple threats to their safety, dignity and well-being. The conflict has exacerbated existing gender inequalities, affected access to livelihoods, reinforced gender norms that disadvantage women and girls, and contributed to an increase in GBV and other violations of their fundamental rights. An estimated 6.2 million women and girls face risks of exposure to different forms of GBV and 90 per cent of rural areas lack life-saving GBV services. Survivors without access to case management, psycho-social support, referral to health and other services, and legal aid risk long-term physical, emotional, social and economic impacts, with life-threatening consequences.



Destruction of housing, cycles of displacement and substandard living conditions have further intensified protection needs and increased the prevalence of harmful coping strategies, including different forms of GBV, such as, child marriage, domestic violence and sexual violence, as well as child labour, begging, child recruitment, school dropouts, selling essential assets, and accrual of debt. Limited livelihood opportunities and high eviction risks worsen socio-economic instability, with women, children and marginalized communities facing additional challenges in securing safe housing, education and health care, amongst other services.



Several hundred thousand people, especially IDPs, lack civil documentation and face critical housing, land and property (HLP) issues, including forced eviction. The chronic lack of civil documentation, including birth registration, restricts displaced people's access to essential services and legal protections, thereby isolating them further. In 2024, over 300,000 individuals were identified as having civil documentation needs to access essential services—a 50 per cent increase compared to 2023.⁸ This rise reflects both worsening conditions and administrative barriers impacting displaced and marginalized populations, as well as improved humanitarian reach and identification efforts, which have provided a clearer representation of those in need of support.



2024 revealed a significant rise in eviction threats for IDPs across Yemen, attributed to worsening housing insecurity, rising land values, and improved identification of at-risk populations. An assessment found that 93 per cent of 34,000 displaced families living in rental accommodations are unable to continue paying rent, leaving them at high risk of eviction.⁹

Simultaneously, eviction threats in displacement sites remain critical, with over 36 sites in Marib alone under threat, potentially displacing more than 41,000 individuals. These risks are compounded by landowners reclaiming land due to increased demand, investment opportunities, and prolonged use without

compensation. Governorates such as Khanfir, Tuban, Ma'ain, and Al Qahirah consistently report high eviction threats, while areas like Al Dhihar and Marib City saw notable increases.

Notwithstanding these challenges, actual eviction cases dropped significantly, from 1,104 in 2023 to 305 in 2024, reflecting the success of mediation and collaboration efforts under the Housing, Land, and Property (HLP) package. However, some districts, including At Ta'iziyah and Al Khawkhah, continue to face persistent vulnerabilities.¹⁰

These findings underscore the urgent need for sustained and targeted interventions, prioritizing eviction monitoring across both rental accommodations and displacement sites, strengthened mediation mechanisms, and enhanced legal and housing support to ensure housing stability and prevent further displacement.¹¹



Landmines and explosive remnants of war (ERW) continue to pose a deadly threat to civilians, driving displacement and hindering sustainable solutions including the return of displaced populations. Yemen is one of the most landmine- and ERW-contaminated countries globally and ranked fifth highest in the number of recorded casualties from such threats in 2023.¹²

These dangers prevent the safe return of affected communities, restrict income-generating activities and limit freedom of movement and access to essential public services in contaminated areas. The hazard posed by landmines and ERW is compounded by severe flooding, with landmines and ERWs shifting into new areas and creating further deadly impacts. Al Hodeidah Governorate is the most heavily impacted, with some 106 persons killed by landmines alone between January 2023 and August 2024. The impact on survivors of landmine and ERW incidents and their dependents is high, requiring extensive psycho-social, physical and livelihood support. One child is affected by explosive ordnance every three days.



Yemen is highly susceptible to climate-induced disasters, including flooding, drought and other extreme weather events, which pose increasing risks to an already fragile humanitarian situation. The INFORM Risk Index ranks Yemen as the fourth most at-risk country globally to humanitarian crises and disasters, with a vulnerability score of 8, and as the third most vulnerable country to climate change (score of 8.1).¹³

Yemen is among the most water-scarce countries in the world, and water availability remains on a steady decline. Unsustainable agricultural practices, such as unregulated well drilling for irrigation, contribute to the depletion of water resources and soil degradation. Yemen’s groundwater extraction is occurring at twice the natural replenishment rate, with critical basins experiencing depletion of 3 to 8 meters per year.¹⁴ Projections anticipate that groundwater reserves will be depleted before 2050,¹⁵ accelerated further by climate change.

The livelihoods of approximately 70 per cent of Yemen’s population rely on agriculture, which is heavily dependent on these diminishing water resources.

Urban centers also face severe water shortages due to population influxes, while rural areas often rely on unsustainable and unsafe water sources, further exacerbating health crises and disease outbreaks. Moreover, competition for scarce water resources has led to localized conflicts in several regions, further destabilizing communities and exacerbating vulnerabilities in particular of marginalized groups such as women and girls, persons with disabilities and older persons.

Heavy floods were particularly severe in 2024, affecting 1.3 million people—a 61 per cent increase compared to 2023—including more than 480,000 people displaced and 427 people killed. Climate-related emergencies have become the leading cause of new displacements inside the country, accounting for 93 per cent of people supported through the Rapid Response Mechanism (RRM) in 2024. Floods regularly disrupt agricultural production, compounding an already acute food insecurity crisis in the country. Other climate shocks—including extreme weather events such as drought and cyclones—continue to overstretch people’s resilience.

CLIMATE CHANGE IMPACTS



Yemen ranks as the world's **3rd** most vulnerable country to climate change



Around **50%** of Yemen’s population is exposed to at least one significant climate hazard such as extreme heat, drought, or flooding




Under pessimistic climate scenarios, Yemen’s GDP could decline by an average of **3.9%** by 2040



By 2050, excess health costs due to climate-related health issues are projected to reach **\$5 billion**

Source: INFORM Climate Change Results and Data; World Bank Country Climate and Development Report

 **Yemen's health-care system is extremely stretched. Disease outbreaks are surging as basic services falter.** Forty per cent of Yemen's health facilities are partially functioning or completely out-of-service due to shortages in staff, funding, electricity, medicines and equipment, and infrastructure integrity, leaving millions without adequate care.¹⁶

Yemen has one of the highest maternal mortality rates regionally at 183 maternal deaths per 100,000 live births. Reproductive health services are severely limited, with many women and girls lacking access to maternal care and family planning resources, increasing health risks for mothers and infants.

Yemen's fragile health system makes it additionally difficult to address the country's current disease outbreaks, including polio cVDPV2, acute watery diarrhea (AWD)/cholera, measles, diphtheria, pertussis and dengue fever. In 2023, vaccination coverage among children in Yemen declined to below 50 per cent for the first time in over a decade, further contributing to ongoing surges in diseases.¹⁷ Approximately 70 per cent of children from 35 to 48 months old have not received the full course of vaccinations recommended in the national immunization schedule, leaving them vulnerable to diseases exacerbated by climate-related health risks.¹⁸



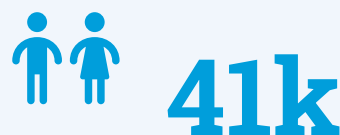
Yemen bears the highest burden of cholera globally. The country has experienced persistent cholera transmission for many years, including the largest outbreak recorded in recent history, which took place between 2017 and 2022. In 2024, Yemen again faced a major outbreak of AWD and cholera, with more than 253,000 suspected cases and 670 associated deaths reported by the end of the year.



of primary health care centres and **50%** of district hospitals offer complete maternal and newborn health service packages¹⁹



of **5,345** assessed health facilities were partially-functioning and **5%** were non-functional, while many fully functional ones (**3,241** facilities) are operationalized by health partners.²⁰



Children died before their fifth birthday—equating to roughly **5 children dying every hour—mainly** from preventable or treatable conditions in 2023



Water, sanitation and hygiene (WASH) systems are in a critical state.

WASH infrastructure is widely damaged and insufficiently maintained, which together with recurrent flooding and limited access to safe water, means that many Yemenis—especially those internally displaced—face a severe water crisis. Over 40 per cent of IDP sites lack latrines, leading to open defecation, heightened disease risks, increased protection risks especially for women and girls, and severe environmental health issues. The absence of safe water and sanitation has direct repercussions on disease outbreaks and malnutrition rates, especially among children and those in conflict-affected and hard-to-reach areas.

**LAHJ, YEMEN**

Health workers provide polio vaccinations in a displacement site. Photo: WHO/Gabreez Productions



Around 7.5 million vulnerable people, including IDPs, returnees and host communities, need shelter and basic household items.

Of those in need, more than two-thirds (69 per cent) live in critical and catastrophic shelter conditions. Many IDP sites are frequently affected by severe flooding, resulting in the loss of lives and property damage. The absence of livelihood opportunities further exacerbates the struggles of vulnerable families, leaving them with limited means to afford or replace essential household items, including those for maintaining safe and dignified living conditions. The shelter crisis in Yemen disproportionately impacts women and girls, placing them at heightened protection risks.



Currently, almost 3.2 million Yemeni children are not attending school.

Roughly 1.6 million school-age children are living in protracted displacement, where families struggle to make longer-term investments in their children's education due to limited access to livelihoods. Student learning is negatively affected by the working conditions of teachers. Nearly two-thirds (65 per cent) of Yemeni teachers do not receive salaries or incentives. Overcrowded classrooms, insufficient teacher training, inadequate teaching and learning materials, and attacks on educational institutions have driven teachers away from the profession, disrupted students' learning and led to decreased school retention rates. The dire state of Yemen's education system has profound implications for child protection, especially increased risk of child labour, heightened risks of child marriage and increased risk of recruitment in armed groups.

1.2 Most vulnerable and marginalized population groups



Internally displaced people: 4.8 million

Most IDPs in Yemen fled their homes many years ago and have experienced extremely challenging living conditions ever since. Limited access to basic services, poor shelter conditions, sparse livelihood opportunities and the risk of eviction are common concerns expressed by IDP communities.



538k people were displaced in 2024, 93% due to climate-related shocks.



1.6M IDPs reside in informal displacement sites, the majority of them *Muhamasheen*.



40% of IDP sites are at high risk of fire and/or flooding²¹



1.9M IDPs lack access to adequate sanitation



308k people are at high risk of eviction due to unaffordable rent²²



Women and girls: 9.6 million

Women and girls continue to be disproportionately impacted by the humanitarian crisis in Yemen. They face severe protection risks, including a surge in GBV in 2024, as well as limited access to basic services such as health care, especially maternal and reproductive care.

6.2M women and girls are at-risk of GBV

90% of rural areas lack GBV support services



32% of women marry before the age of 18²³



1.3M pregnant women and new mothers are malnourished



A quarter of displaced households are headed by women



6 out of 10 births take place without a skilled birth attendant

4 out of 10 women do not receive antenatal care from a skilled provider



Migrants, refugees and asylum-seekers: 193 thousand

In 2024, there were approximately 132,330 migrants and 60,000 refugees and asylum seekers in Yemen, the majority from Ethiopia and Somalia. Largely excluded from local systems of support and community protection, the protection needs of migrants are increasing in severity due to exploitation at the hands of smugglers, violence experienced in border areas, and widespread discrimination, sexual exploitation and abuse, survival sex and GBV.



504 migrants attempting to pass through Yemen to reach neighboring Gulf Countries are reported to have drowned (212) or gone missing (292) in 2024.

212 deaths and 292 missing individual from the Horn of Africa, attempting to pass through Yemen to reach neighboring Gulf countries are reported to have drowned or gone missing in 2024, often facing trafficking, exploitation and abuse. The actual number is expected to be much higher than the reported number.



Persons with disabilities: 5.2 million

Based on the WHO's global estimate of 15 per cent, approximately 5.2 million people in Yemen have some form of disability. The actual figure is likely much higher due to the conflict's effects, such as widespread landmines and ERW. Persons with disabilities continue to be marginalized and experience high levels of discrimination and deprivation.



43% of NFI distribution points, latrines, showers, and water points in sites are inaccessible to displaced persons with disabilities.



Muhamasheen

Most people residing in IDP hosting sites belong to the marginalized *Muhamasheen* community. The *Muhamasheen* have been disproportionately affected by the ongoing crisis. They are significantly affected by the lack of civil documentation, have been systematically excluded from accessing formal land and housing markets, face higher rates of unemployment and poverty, and lack access to basic services and economic opportunities. Reports of violence targeting them, including GBV, are high.

Muhamasheen women and girls in particular face heightened vulnerability, including social exclusion and racial prejudice, displacement, inadequate shelter, limited mobility, domestic and intimate partner violence and coercion. Many *Muhamasheen* girls are subjected to child marriage and lack education and livelihoods opportunities, forcing them to resort to either begging or accepting informal work modalities. The school enrolment rate for *Muhamasheen* girls is estimated to be between 2 to 3 per cent, with less than 1 per cent reaching the university level.²⁴ These dynamics have long-term consequences for people's mental health, rights, education, economic opportunities and limited access to public services.

**AMRAN, YEMEN**

Anoud, 10 years old, travels up to 3 km every day to fetch water for his family in Amran Governorate.

Photo: CARE/Abdulrahman Alhobishi

1.3. Severity of needs, risks and shocks

The severity of need and types of shocks people experience vary significantly across the population. For the 2025 HNRP, the Humanitarian Country Team (HCT) conducted an integrated analysis to provide a more nuanced understanding of humanitarian needs at district level and to pinpoint the country's most vulnerable locations and populations

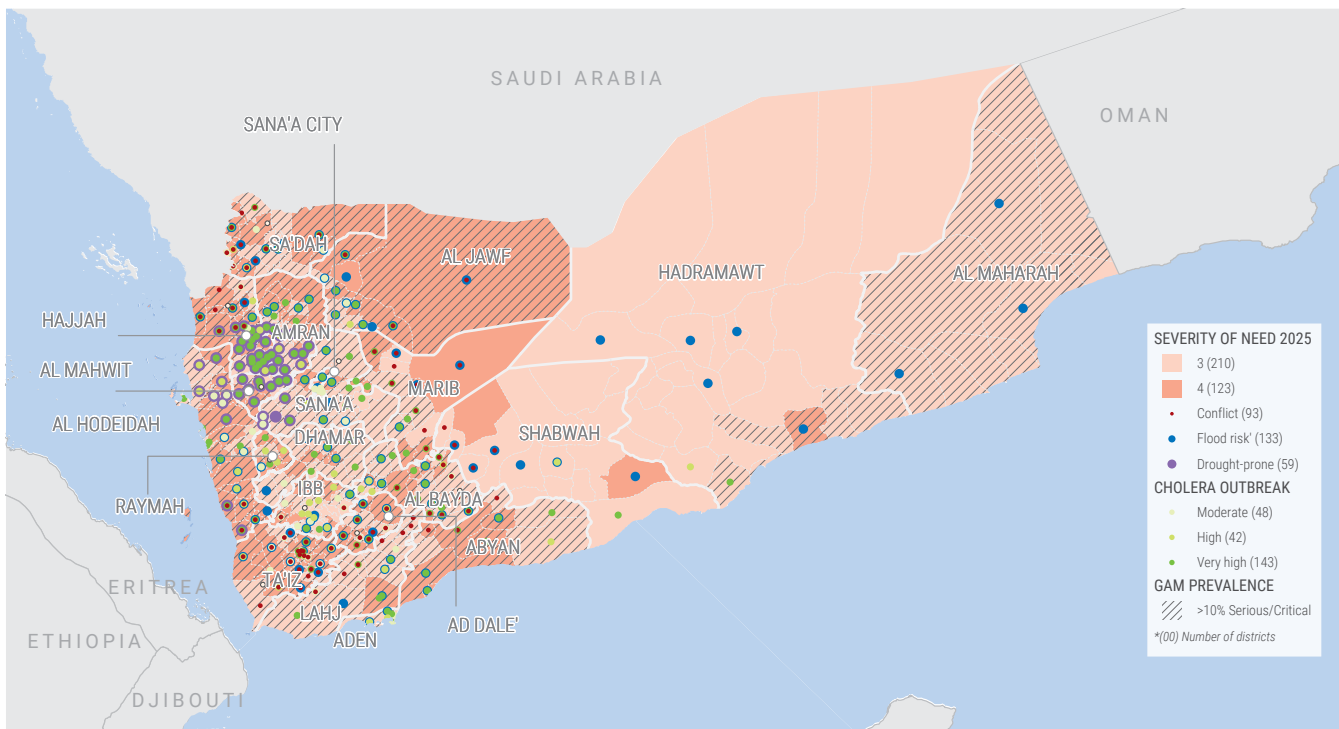
This analysis is used to inform and enable area-based planning and enhance response prioritization, for an integrated, multisectoral response in the areas most in need. It also promotes a common understanding of risks and needs, thereby enhancing coordination and avoiding duplication of efforts.

Across the country, 9.5 million people live in 123 districts classified as severity level 4 (extreme) in 2024. Another 10 million people live in 210 severity level 3 (severe) districts.

Compared to the previous year, areas of fragility and severity of needs have changed significantly across the country in 2024. Notably, over one quarter of Yemen's districts (87) witnessed an improvement in the humanitarian situation, underscoring the positive impacts of sustained, qualitative humanitarian assistance. Another critical factor has been the continued decrease in levels of active conflict, which resulted in reduced conflict-related displacement, enhanced freedom of movement for civilians, and an opening of roads and improved access to commerce and public services along key front lines like Ta'iz and Marib.

However, severity levels remained the same in half of all districts (187) and worsened in 59 districts, some of which experienced a significant deterioration (falling into severity level 4). This can be attributed to halted or disrupted assistance in critical sectors such as food security and agriculture, shelter, and camp coordination and camp management (CCCM), mainly

SEVERITY AND SHOCK MAP



Source: JIAF 2.0

due to underfunding. Districts that have deteriorated into severity level 3 raise an additional concern and highlight the need for sustained development interventions to prevent a further sliding of previously minimal or stressed areas into severe or extreme humanitarian needs.

As part of the analysis, the HCT mapped various risks and shocks, including conflict, flooding, drought, communicable diseases, food insecurity, and malnutrition. The analysis revealed that 146 districts are projected to experience multiple shocks in 2025, with nearly 60 per cent already at severity level 4. Among the 31 districts likely to face three or more shocks, almost all (26) are categorized at severity level 4.

Additionally, 133 districts with displacement sites are at medium to high risk of flooding, over half of which are in severity level 4, while 44 per cent are at heightened risk of drought-related shocks. Similarly, out of the 93 districts with a higher likelihood of conflict-related impacts, 38 face a very high risk of cholera outbreaks.

Overlaying these risks, shocks, and severity levels, the analysis highlights the districts most vulnerable to compounding threats, resulting in significant humanitarian needs that demand urgent and sustained multi-sectoral interventions. Meanwhile, districts experiencing lower severity levels and limited shocks will benefit from development interventions aimed at strengthening community resilience to prevent further deterioration of the humanitarian situation.

Part 2: Humanitarian response

TA'IZ, YEMEN

Displaced women gather for an IOM mobile health team session, receiving vital health information and support.

Photo: IOM/Majed Mohammed



2.1 Overarching response strategy

In 2025, the humanitarian community aims to provide quality and principled life-saving humanitarian assistance and protection services to 10.5 million people in need. The response will be risk-informed, inclusive and prioritized. It has been planned in close collaboration with local partners and affected people, in line with the HCTs strong commitment to deliver a people-centered and locally led response.

The 2025 humanitarian response builds on and is guided by three position papers adopted by the HCT in 2024 on:

- A structured and measurable approach to principled humanitarian action;
- Transforming the humanitarian response;
- Collectively reducing the cost of the humanitarian response.

[See Annexes 2.1, 2.2 and 2.3](#)

2025 HNRP Strategic Objectives:

Strategic Objective 1 (\$1.94B)

Decrease crisis-related morbidity and mortality through prioritized, targeted, integrated and multisectoral life-saving assistance and services for those most in need, ensuring safety, equity and inclusivity.

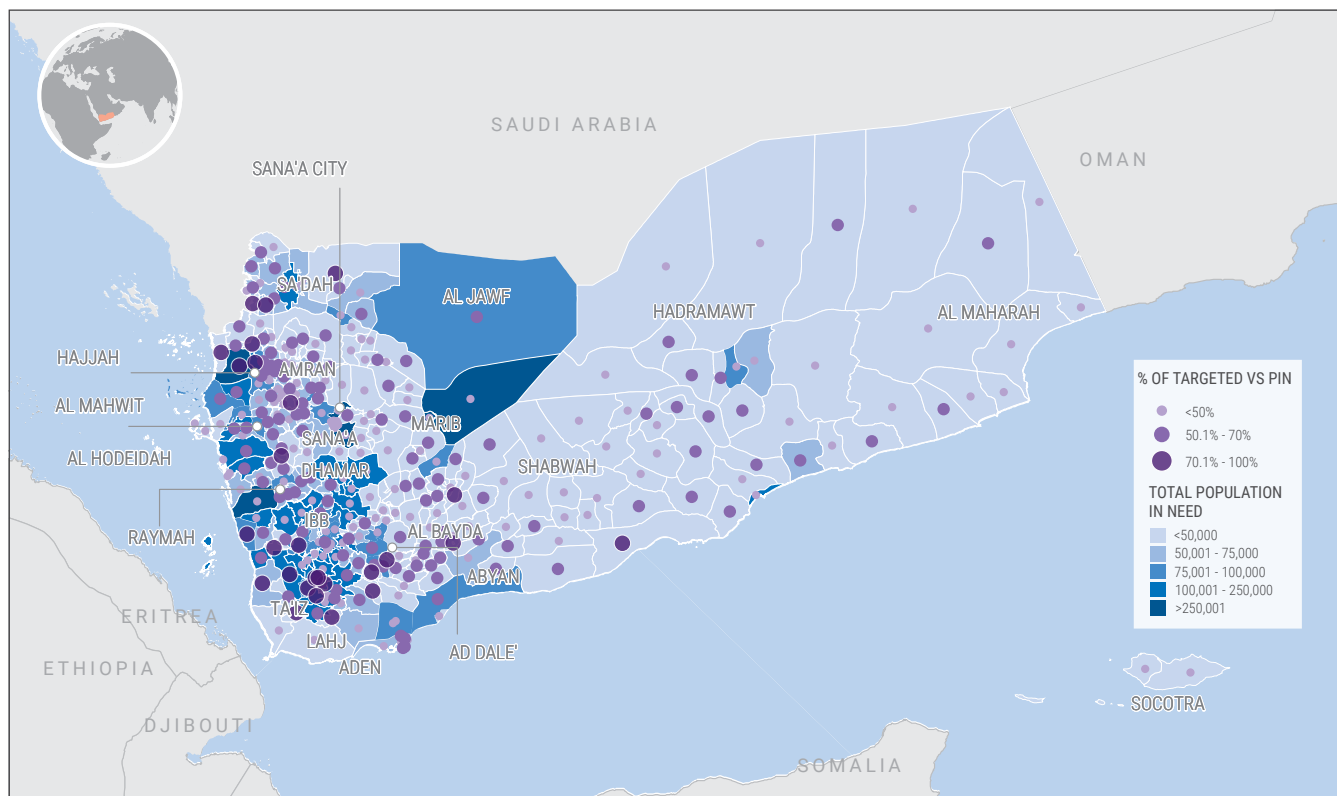
Strategic Objective 2 (\$305M)

Improve and maintain non-discriminatory access to basic services, build resilience and contribute to sustainable solutions for vulnerable people through safe, equitable and integrated responses that promote systems strengthening.

Strategic Objective 3 (\$227M)

Improve the protection and dignity of the most vulnerable crisis-affected population, by ensuring timely, principled and non-discriminatory humanitarian assistance and solutions by promoting international norms and standards.

INTERSECTORAL PIN AND PERCENTAGE TARGETED MAP



Source: [JIAF 2.0](#)

**AMRAN, YEMEN**

A girl fills jerrycans with clean water from a newly constructed water distribution point close to her home. Photo: CARE/Abdulrahman Alhobishi.

The response is highly prioritized to ensure aid is delivered effectively and efficiently to those most in need. It requires \$2.47 billion, a reduction compared to previous years. Of the total funding requirements, \$2.16 billion are designated for life-saving activities and \$305 million for life-sustaining activities.

Across the Strategic Objectives, the humanitarian community will maintain a focus on the quality of assistance, in line with global frameworks and standards, and informed through robust community engagement mechanisms to ensure that humanitarian interventions respond to people's needs, priorities and realities. Humanitarian actors will focus on integrating responses in areas with the most severe

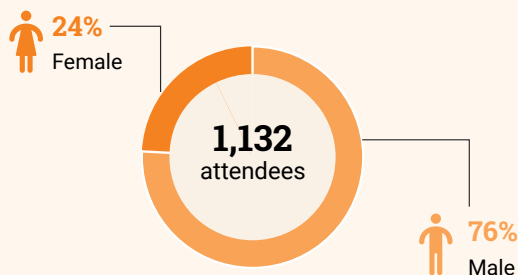
needs, while investing in risk-informed preparedness planning and maintaining flexibility for contingencies. The prioritization and boundary-setting has been informed by robust data analysis of intersectoral needs in severity levels 3 and 4, overlaid with various shocks such as climatic events (floods and droughts), conflict and insecurity-related stresses, protection risks including for women and children, and disease outbreaks like cholera. According to this analysis, 36 districts in intersectoral severity levels 3 and 4 facing two or more shocks require urgent scale-up of multisectoral assistance. In these districts, clusters will target more than 70 per cent of the 2 million people in need.

Area-based consultations

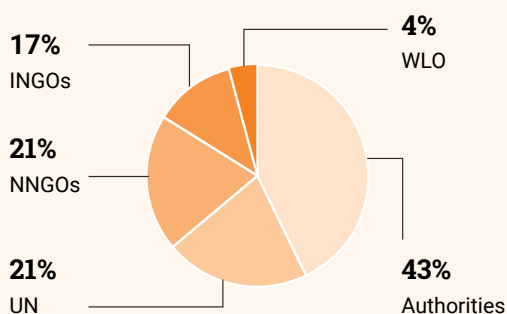
To inform the HNRP, the UN Office for the Coordination of Humanitarian Affairs (OCHA) held ten area-based consultations (ABCs) covering all governorates, and two central-level workshops in Aden and Sana'a. These workshops brought together more than 1,100 participants—including representatives of affected communities, local authorities and institutions, humanitarian actors (including the UN, national and international NGOs, women-led organizations and the Red Crescent Movement) and development partners—to better understand community needs, priorities and preferences at the local level. Involving affected people in the consultation was critical to providing deeper insights into communities' specific priorities, vulnerabilities, preferences and requirements.

[See Annexes: 1.1 and 1.2](#)

OVERVIEW OF 2025 HNRP ABCS AND CENTRAL LEVEL CONSULTATIONS



ABC PARTICIPANTS BY ORGANIZATION TYPE



During the ABC workshops, participants highlighted the importance of enhancing multisectoral and integrated programming to address diverse vulnerabilities through tailored responses. They also emphasized the need to improve emergency preparedness. Key priorities included supporting resilience and livelihood projects for vulnerable groups, scaling up the use of cash-based assistance and improving the quality and accessibility of essential services. The connection between mine action efforts and durable solutions was particularly stressed in districts with high contamination levels of ERWs. In areas most impacted by climate change, participants proposed strengthening early warning systems and local-level disaster response capabilities.

Additionally, participants underscored the need to rehabilitate public infrastructure and maintain services beyond short-term humanitarian responses, as well as to strengthen coordination with local authorities to simplify procedures. Physical access and insecurity, especially near front lines, were raised as significant concerns for both humanitarian personnel and local communities.

ABC LOCATIONS

LOCATION	TOTAL PARTICIPANTS
Aden	65
Al Hodeidah	62
Al Makha	34
Al Mukalla	77
Hajjah	54
Ibb	94
Marib	80
Sa'dah	63
Sana'a	77
Ta'iz	54

Promoting a disability-inclusive humanitarian response

To improve direct engagement and inclusivity, OCHA held consultation sessions with national NGOs, entities working with persons with disabilities and organizations of persons with disabilities to better reflect their voices in the HNRP process.

These consultations revealed several concerns, including a decline in disability-focused projects due to funding shortages, which are leading to inadequate protection, disrupted education and harmful coping mechanisms for marginalized groups, particularly women and children. This underfunding leaves organizations struggling to hire specialized staff or provide adequate training. Participants noted that humanitarian organizations largely fail to mainstream protection in project designs, serving to exclude persons with disabilities from services. Additionally, they noted that weak coordination between relevant stakeholders and organizations, exacerbating service gaps and duplications.

MARIB, YEMEN

An internally displaced person living with her family in an IDP camp in Marib, holds her schoolbook during a UNICEF supported class. Photo: UNICEF/Aseel Radwan



2.3 Response pillars

The 2025 humanitarian response is centered on a shared commitment to quality, local leadership, efficiency, and accountability. The humanitarian community will fulfill these aspirations by implementing a multisectoral response, based on a set of eight pillars.

In line with the recommendations of the Inter-Agency Humanitarian Evaluation (IAHE) released in 2022 and the HCT paper on "Transforming the Humanitarian Response in Yemen," the HCT initiated an in-depth humanitarian architecture review in December 2024 to streamline and optimize operational coordination. This review will foster stronger collaboration, improve the efficiency of information flows and enhance decision-making for an effective humanitarian response at local level so that the coordination system can better address the complex and evolving needs of the Yemeni population. Additionally, it will explore areas where humanitarian and development coordination intersect, identifying opportunities to bridge the humanitarian-development divide and deliver sustainable responses.

A tailored, inter-sectoral response targeting those most in need

The humanitarian response in 2025 is informed by a robust analysis of the severity of needs overlaid with anticipated shocks. This approach allows the humanitarian community to identify and prioritize the districts which require multisectoral responses. For example, areas facing cholera outbreaks will be targeted with a multisectoral response in WASH, nutrition, health and community behavioural change programming. IDP sites facing medium to high flood hazards will be targeted with CCCM and Shelter programming, in addition to RRM responses. Areas facing two or more shocks and experiencing the highest intersectoral severity will also be prioritized with multisectoral programming. Conversely, areas in intersectoral severity level 3 facing one or no shocks will be presented to development actors for sustained, resilience-building interventions, which will be more effective in addressing long-term needs.

Flexible emergency preparedness to ensure a timely and efficient response

Building on the 2024 successes of emergency preparedness and response efforts, particularly during the rainy season, and against a backdrop of increased insecurity and regional escalation, the humanitarian community has embedded contingency plans and preparedness measures in the 2025 HNRP.

As part of contingency planning, humanitarian actors have devised two scenarios: a first escalation scenario in which 33,000 households (231,000 people) are projected to be displaced; and a second scenario for a significant escalation across the country, where 390,000 households (2.7 million people) could be displaced. A preparedness plan has been developed to ensure adequate measures and capacity are in place to cover immediate needs in the first scenario (33,000 households), requiring \$93 million to ensure sufficient resources for the sectoral response.

As part of this risk-informed approach, clusters have enhanced their preparedness and response strategies. Available early warning information, high-risk locations, priority activities and windows of opportunity for implementing and funding these actions have been identified for all key shocks. Work is ongoing to strengthen the complementarity of disaster risk reduction (DRR) efforts, including in the UNSDCF, with key response activities. This includes efforts to strengthen early warning systems for sudden-onset emergencies and natural disasters (encompassing, for example, improved forecasting and communication tools) and building local capacity through training in disaster risk assessment and emergency response.

Coordination for emergency preparedness and response

The dedicated Emergency Operations Room in Sana'a—established in 2023—has proven successful in strengthening coordination among clusters, humanitarian organizations, civil defense authorities, the Yemeni Red Crescent and key line ministries. This approach aims to improve the rapid identification of the most severely affected areas during the rainy season, provide real-time data to assist humanitarian organizations in their coordination and response efforts, ensure humanitarian assistance reaches those in need, and enhance humanitarian access to hard-to-reach areas. The Emergency Disasters and Operations Room has been restructured and expanded to oversee preparedness and response efforts to conflict-related onsets. Similar efforts have been ongoing in Aden with relevant line ministries, including Civil Defense, Ministry of Interior, Ministry of Water and Environment, Ministry of Agriculture and Fishery, Civil Aviation and Metrological Authority, Ministry of Public Health and Population and the Executive Unit for IDP Camps Management.

Fostering a locally driven response

The HCT is committed to advancing the localization agenda by transforming the current humanitarian response, promoting a locally led approach in line with international frameworks. In 2024, several practical initiatives were introduced, including the development of the HCT position paper on transforming the humanitarian response and its action plan, created through close consultation with national NGOs and a diverse range of stakeholders. A localization task force (co-led by OCHA and NNGOs) has been established to carry these forward with specific, time-bound actions that build on the progress made through the HCT's IAHE Management Response Plan and the 2023 Localization Strategy.

Significant progress has been made towards the HCT Localization Strategy, with several donors stepping up to support this goal. For instance, the Dutch Relief Alliance (DRA) has allocated 5 per cent of its budget for internal capacity building under local partners. OCHA has led efforts to improve the Financial Tracking Service (FTS) report by indicating the percentage of allocated funds for UN agencies, INGOs and NNGOs. The report revealed that only 3 per cent of humanitarian funds were directly channelled through local NGOs, creating strong evidence for further advocacy.

In 2025, the NNGO Forum chair, a local organization, in partnership with an INGO, will carry out a comprehensive analysis focusing on NNGO engagement in working groups and cluster leadership.

The Yemen HCT has set ambitious localisation indicators for 2025 as part of their 2024-2026 Localization Strategy, HCT position papers and their action plan. The key goals include:

1. **Increasing local leadership:** Strengthen local leadership by decentralizing coordination and decision-making structures, enhancing the role of NNGOs in Regional Coordination Teams (RCTs) and leadership across response systems, and ensuring their active participation in planning, operational and decision-making forums.
2. **Enhancing decision-making:** Shifting more decision-making to national and local organisations to ensure that responses are more contextually appropriate and sustainable.
3. **Strengthening local capacities:** Building the capacities of local organizations to design, deliver and measure the impact of humanitarian interventions.
4. **Promoting gender-responsive approaches:** Ensuring that women led organisations, as well as marginalized groups, are actively involved and their voices are empowered in the humanitarian response.
5. **Partnerships and engagement:** Build partnerships with local civil society, including think tanks, academia, NGOs and the private sector, to enhance collaboration, including with civil society

organizations (CSOs) who do not traditionally benefit from humanitarian funding.

6. **Simplified funding and resource access:** Publish localization success reports, streamline grant processes and remove funding barriers to increase direct support for local organizations.

The Yemen Humanitarian Fund (YHF) will remain a key instrument to support localization, not only by building on a bottom-up approach for prioritization through a more central role of the Regional Country Teams, but also by working with a broader network of partners with strong local capacities across Yemen. New capacity assessments will be launched in the first quarter of 2025.

[See Annex: 2.2](#)

Strengthening partnerships with WLOs

In 2025, the HCT will continue its investment in women-led organizations (WLOs), including by further supporting their full, equal and meaningful participation and leadership in humanitarian response, coordination and decision-making processes. Half of the seats allocated to local NGOs in the HCT are reserved for WLOs.

Listening to affected communities and adjusting our response

Due to prevailing operational realities, humanitarian partners were unable to conduct the annual Community Perceptions Survey in 2024. However, the findings and recommendations from the late 2023 survey remain relevant and will continue to guide humanitarian partners in Yemen to enhance their interventions. Key recommendations included: improving direct engagement; fostering community participation; bridging information gaps; ensuring safeguarding measures; and accelerating feedback mechanisms.

Accountability to affected people (AAP) will remain a cornerstone of the response strategy. AAP will also represent a key pillar in the humanitarian architecture review, including ways to maintain area-based approaches in a more resource-constrained environment to ensure continued proximity to affected communities.

In 2025, the humanitarian community will continue to invest in the enhanced Collective Feedback Mechanism (CFM) and improve community acceptance, including through a community perception survey. The key objectives of the survey include:

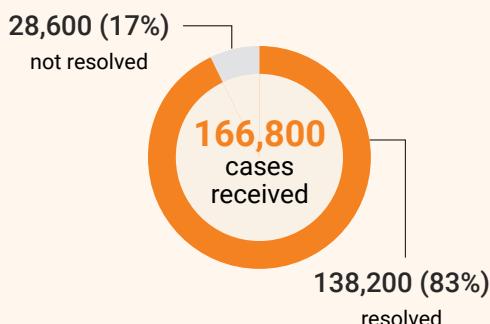
1. **Assessing satisfaction levels:** Understanding the community's satisfaction with the quality of humanitarian services and identifying areas for improvement;
2. **Evaluating information access:** Gauging how well the community is informed about accessing assistance and identifying gaps in communication;
3. **Enhancing community engagement:** Collecting feedback on how to better involve communities in the planning and implementation of humanitarian efforts; and
4. **Improving feedback mechanisms:** Identifying ways to strengthen feedback and complaints mechanisms to ensure accountability and responsiveness.

These efforts aim to maintain a structured approach to incorporating real-time feedback mechanisms, addressing community concerns, safeguarding affected populations and informing decision-making within the response.

Delivering an accountable response

The Community Engagement and Accountability to Affected People Working Group has made notable strides in enhancing the nationwide CFM system. The nationwide CFM was established in 2022 to systematize feedback, and redress and inform decision-making to ensure programme relevance and quality. Complementing existing feedback mechanisms, the CFM serves as a vital platform for affected individuals to share their needs, preferences and challenges regarding the humanitarian response in Yemen. As of December 2024, more than 80 per cent of cases recorded in the CFM in 2024 have been resolved. Continuous adjustments will be made to the CFM to better address and concerns raised by the people we serve.

TOTAL NUMBER OF CASES RECEIVED THROUGH THE CFM



Operationalizing our commitments to the Centrality of Protection

Humanitarian actors will continue to place the Centrality of Protection (CoP) at the core of the response, ensuring that people’s safety, dignity and rights are integrated across all clusters. The action plan emphasizes an integrated and multisectoral response, addressing critical protection risks, enhancing accountability mechanisms and promoting inclusive and principled programming. The CoP will be operationalized through a combination of strategic actions and practical measures, ensuring that

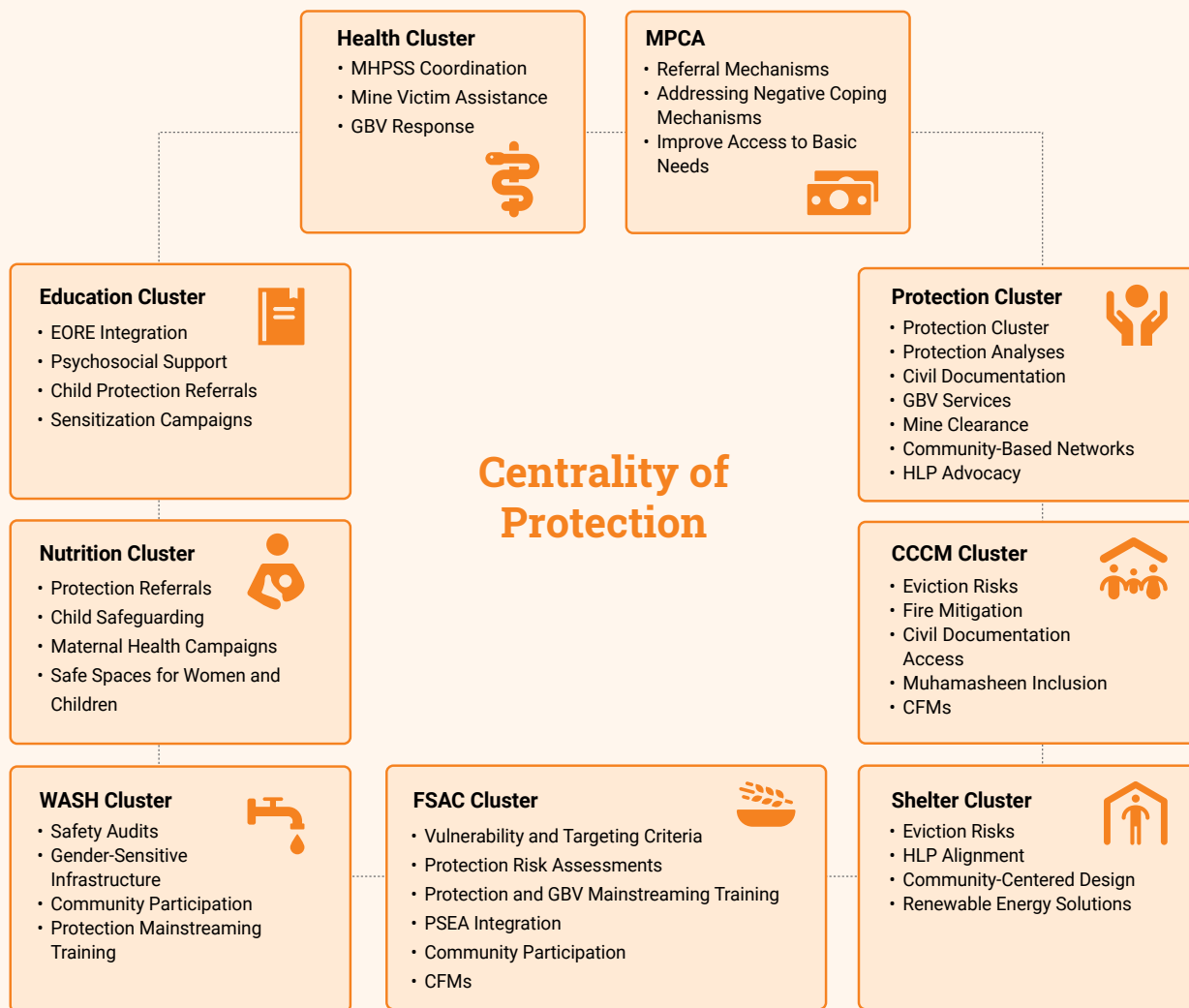
protection considerations are integrated across the humanitarian response in Yemen.

To effectively address protection risks, regular risk analyses and monitoring will identify emerging threats, vulnerable groups and negative coping mechanisms, using standardized indicators to inform evidence-based intersectoral prioritization and integrate findings into humanitarian interventions. Collaboration across clusters such as CCCM, Education, Health, Nutrition and WASH, and with Multi-Purpose Cash Assistance (MPCA) will allow for joint safety audits, planning, joint analysis and targeting, and referrals to mitigate multi-dimensional risks. Community engagement will prioritize inclusive approaches by involving marginalized groups in decision-making, using mechanisms like the CFM and consultations with people with disabilities to enhance transparency and accountability. Finally, capacity-building through targeted training on protection mainstreaming, inclusive design and survivor-centered approaches will aim to ensure quality, sustainability and accountability in protection responses.

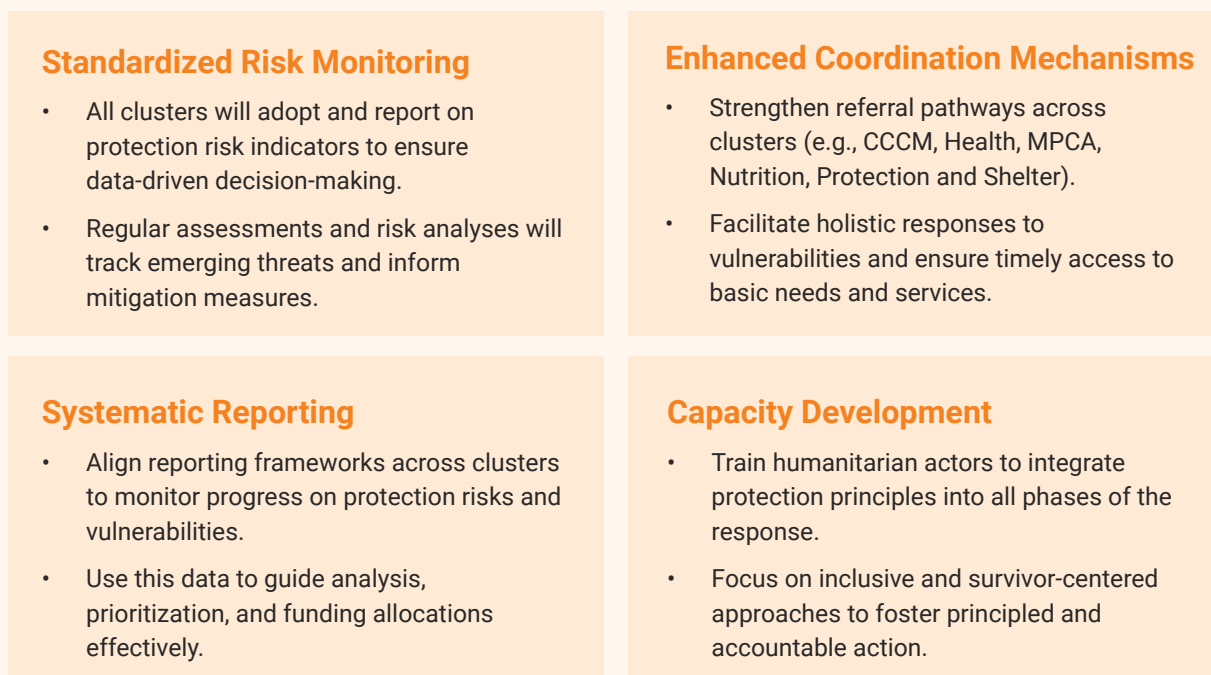
Strengthening community trust and acceptance

Efforts continue to enhance acceptance by and communication with affected communities, counter mis- and dis-information and strengthen trust. This involves building relationships at the local level between humanitarian actors, communities and other key stakeholders, so that programming is better tailored to meet local needs and clearly understood by the communities themselves. The humanitarian community will continue to expand its information-sharing efforts—leveraging digital platforms, local media and community-led initiatives—to provide timely updates on programming activities. These efforts, combined with AAP-driven mechanisms that allow communities to voice concerns through established channels, aim to directly address mis- and dis-information while helping to “close the accountability loop” and foster greater transparency and trust.

CLUSTER COORDINATION AND CENTRALITY OF PROTECTION



CENTRALITY OF PROTECTION MONITORING AND IMPLEMENTATION FRAMEWORK



[See Annex: 3.2](#)

Advancing inclusive programming

In 2025, humanitarian partners will prioritize the meaningful participation of minorities and marginalized groups, including the *Muhamasheen*, refugees and migrants, in all aspects of programming. They will focus on multisectoral, life-saving assistance while addressing systemic vulnerabilities. Immediate access to essential services such as health care, dignified shelters, nutrition, education and protection will be provided. The response will incorporate gender-sensitive strategies to mitigate protection risks, including GBV and child marriage, ensuring inclusion. Specialized interventions, such as mobile teams and locally adapted services, will address hard-to-reach populations. Protection mainstreaming principles, including safety, dignity and inclusion, will underpin all efforts.

Tailored gender-responsive humanitarian action

Yemen's humanitarian and protection crisis disproportionately affects women and girls, persons with disabilities, IDPs, migrants and refugees, the *Muhamasheen* and other marginalized groups. These groups are more likely to be exposed to different forms of GBV, which are further compounded by conflict, displacement and climate change, struggle to equitably access basic, life-saving services, and to fully, equally and meaningfully participate in the humanitarian response. Against this backdrop, humanitarian partners in Yemen are pursuing efforts to promote gender equality and the empowerment of women and girls, notably by ensuring a gender-responsive humanitarian response.

In line with the HCT Gender Equality Strategy and its Gender Roadmap, and in collaboration with the Family Task Force, UN Women and the Inter-Cluster Coordination Group (ICCG) will continue to strengthen the participation and leadership of crisis-affected women and girls and local WLOs in humanitarian response, coordination and decision-making including in the HCT; facilitate robust gender analysis by local, national and international partners to underpin humanitarian planning and response; prioritize the prevention, mitigation and response to GBV across the humanitarian operation including by enhancing protection services such as comprehensive

case management; and ensure the application of the IASC Gender with Age Marker (GAM) across response efforts.

Building on the work conducted in 2024, UN Women will launch a dedicated Gender in Humanitarian Action (GiHA) Working Group. Consisting of representatives from UN, INGOs and local organizations and in particular local WLOs, the GiHA Working Group will ensure consistent and effective integration of gender perspectives across the humanitarian response. Efforts are also underway to map existing gender capacities across the Yemen humanitarian response, to strengthen and systematize the integration of gender across cluster activities and to deliver continuous gender-focused training.

Prevention of sexual exploitation and abuse (PSEA)

The Yemen PSEA Interagency Network, co-chaired by UNICEF and UNHCR under the UN Resident Coordinator and Humanitarian Coordinator's leadership, has continued to guide and coordinate PSEA initiatives, in line with its action plan.

PSEA achievements in 2024

- **6,608** aid workers and key stakeholders were trained in PSEA measures
- **6.2 million** people had access to safe and confidential reporting mechanisms
- **6 million** people were reached with PSEA awareness efforts, supported by the development of culturally appropriate PSEA materials and tools

In 2025, the network will focus on further institutionalizing PSEA practices in Yemen through enhanced collaboration with clusters, working groups and stakeholders. Priorities include integrating PSEA into AAP mechanisms, rolling out materials to raise awareness and build capacity, improving survivor-centred response services and strengthening accountability measures. These efforts aim to ensure robust prevention and response systems while protecting and supporting affected populations.



LAHJ, YEMEN

A man tends to his beehives. He was able to establish his own honey production business through a grant from DRC. Photo: DRC/Mahmoud Fadel.

Working with development actors to reduce needs

The UN Sustainable Development Cooperation Framework (UNSDCF) 2022-2026 outlines the UN's development activities in Yemen. Recently extended through 2026, the framework serves as a crucial platform for bridging immediate humanitarian needs with resilience, longer-term recovery and sustainable development objectives. To enhance this collaboration, the HCT, in close coordination with the UN Country Team (UNCT), is prioritizing complementarity between the HNRP and the UNSDCF to address Yemen's multifaceted challenges.

Durable solutions for IDPs, especially displaced people in frontline areas and marginalized groups, such as the *Muhamasheen*, are central to these efforts. Work is ongoing to leverage Yemeni private ventures to create economic opportunities for IDPs.

In 2025, UN agencies under the UNSDCF aim to foster strategic partnerships with private sector actors to

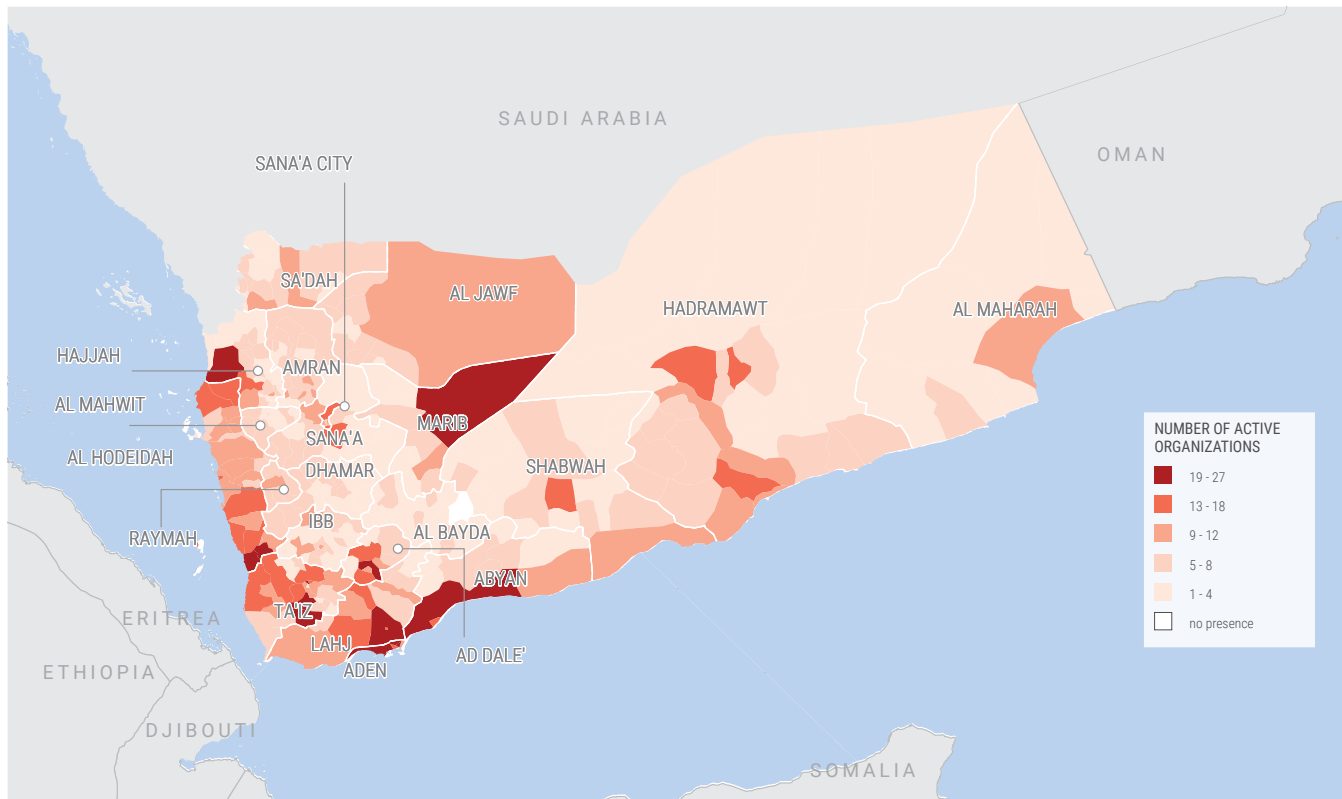
stimulate investments in value chains that align with Yemen's local comparative advantages, to boost local incomes and employment, and drive community-led recovery in displacement affected areas.

The Yemen Partners Group (YPG), the Yemen Partners Technical Team (YPTT), and the Durable Solutions Working Group serve as vital platforms to coordinate and advance these efforts.

The YPG has identified area-based development as one strategic approach to strengthening Yemen's foundations for peace and stability. The United Nations Country Team (UNCT) has developed these guidelines to contribute to a shared understanding of what ABD means in practice in Yemen. In particular, a Yemeni-led Area- Based Development process that a) complements national efforts and contributes to building the State from the bottom-up and b) operationalises the Humanitarian, Development and Peace Nexus (HDPN).²⁵

2.4 Operational capacity and access

ORGANIZATIONAL PRESENCE MAP



Source: Who does What, Where and When (4Ws) as of November 2024.

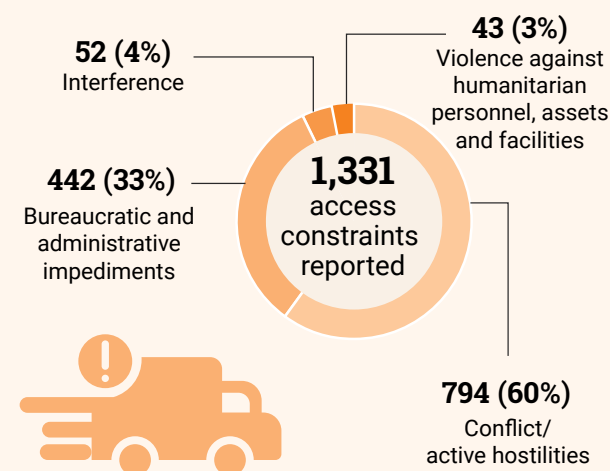
In 2024, the humanitarian operating space continued to be challenged in Yemen by ongoing active hostilities, bureaucratic impediments, interference, and violence directed at aid workers.

In 2024, humanitarian partners recorded 1,331 security and access incidents, primarily security and active hostilities, movement restrictions, delayed or rejected visa and residency approvals, and project sub-agreement approval delays.

Additionally, there were instances of interference in programming, including issues with staff recruitment, beneficiary selection, tendering, and unjustified demands for information.

Violence against humanitarian personnel and assets was also reported, encompassing detention, threats, physical assaults, and harassment, as well as looting and damage to humanitarian resources. These

BREAKDOWN OF REPORTED ACCESS INCIDENTS (2024)



Source: Access Monitoring and Reporting Framework

challenges have led to substantial delays in providing essential life-saving services to populations facing urgent needs.

Restrictions on the movement of national female aid workers in DFA-controlled areas have challenged the availability of critical services, adversely affecting the health of women and girls, in particular. It has also greatly reduced women's and girls' access to services and diminished the humanitarians' understanding of their needs by limiting the presence of female humanitarians in assessments.

Arbitrary detentions

In June 2024, more than 50 people working for the UN, NGOs, civil society and diplomatic missions were arbitrarily detained by the DFA. Four additional colleagues remain in detention since 2021 and 2023. This continued detention is a violation of international law and has significantly hindered humanitarian operations. The detentions threaten the safety of humanitarian personnel, compromise data collection and consequently impact the efforts to assist millions of people in need. The UN, NGOs and other relevant international partners are working through all possible channels to secure the immediate release of those arbitrarily detained.

In 2024, the HCT's common position to access challenges was reinforced through the completion of the sign-on process of the Joint Operating Principles (JOPs) by 70 humanitarian organizations, including UN, INGOs and NNGOs. Additionally, the JOPs Steering Committee has developed a workplan that outlines priority activities to further support adherence to—and implementation of—the JOPs.

Continued escalation in the Red Sea and the highly fluid security environment are creating unpredictability for humanitarian operations, which will require more flexible and adaptive access strategies as well as renewed collective efforts and coherent

engagement by the humanitarian community. The Yemen humanitarian notification system is a concrete example of such an adaptive approach. In 2024 the mechanism was expanded to include notifications to CENTCOM.

As of 31 December 2024, a total of 5,736 humanitarian notifications for movement and static locations were submitted to EHOC. Moreover, 479 notifications of land movement and static locations were submitted to CENTCOM. Sustained engagement with donors and monitoring on access benchmarks continued through 2024, through the Technical Monitoring Group. The HCT continues to engage on the operational environment with both the GoY and DFA.

To support humanitarian organizations and clusters in their planning and contingency measures, access severity mapping is being developed at district levels. Furthermore, throughout 2024, OCHA continued to facilitate joint missions, particularly in hard-to-reach areas, to scale up collective response efforts, as well as joint assessments with the UN Department of Safety and Security (UNDSS) to enable physical access.

These robust efforts will continue in 2025 to further protect and expand humanitarian operational space. In line with the HCT position paper on principled humanitarian action and its action plan, the Humanitarian Access Working Group (HAWG) has identified seven priorities with key recommendations to improve the operational space, notably: i) simplification of sub-agreements; ii) reporting requirements; iii) visas, work permits and residences for INGOs' international staff; iv) freedom of movement; v) assessment and monitoring tools; vi) safety and security of humanitarian personnel; and vii) community acceptance.

[See Annex: 2.5](#)

2.5 Multipurpose Cash Section and Cash & Voucher Assistance Overview

Cash remains the most efficient and effective modality to address the needs of the most vulnerable and marginalized people in Yemen. Cash and voucher assistance (CVA), including multipurpose cash assistance (MPCA), helps crisis-affected families to meet their essential needs in a dignified and flexible manner, reducing the risk of people having to resort to negative coping mechanisms.

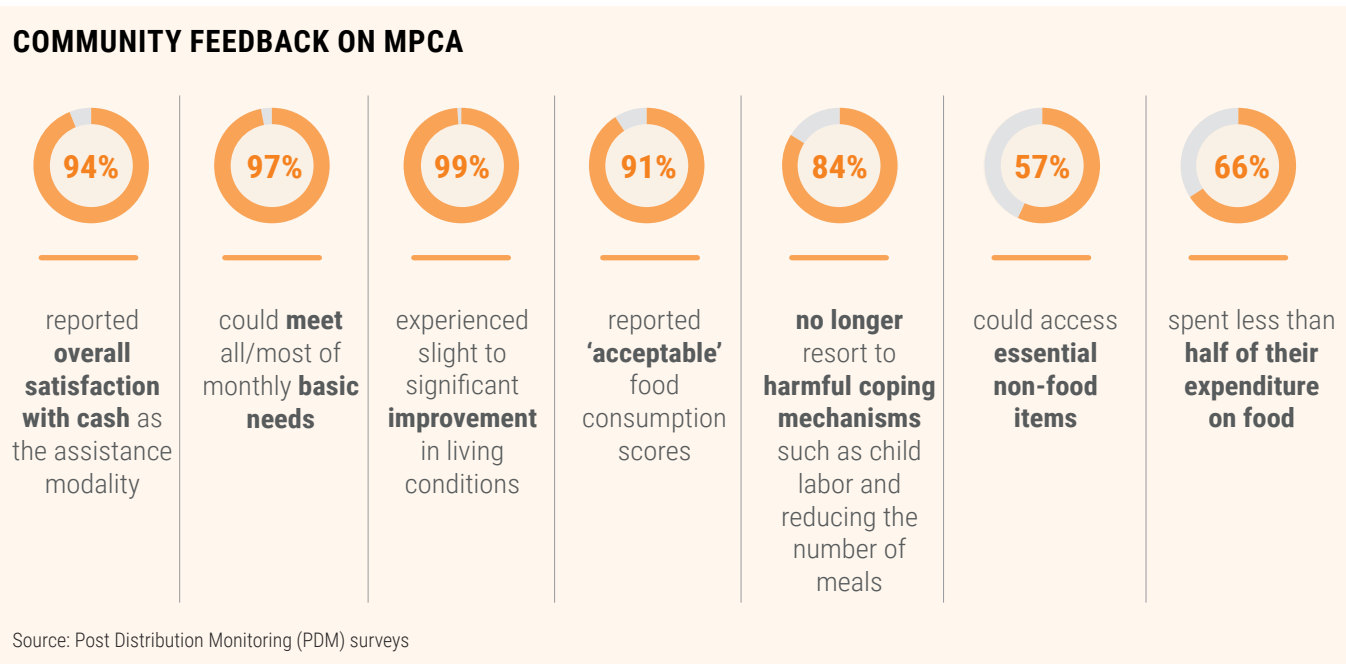
According to regular monitoring activities conducted by humanitarian cash actors in Yemen, over 80 per cent of households report accessibility of goods in markets and limited purchasing power as major barriers. The regular provision of MPCA and CVA effectively supports affected populations by addressing these barriers, and its feasibility and effectiveness have been confirmed by data collection and analysis. The measurement of Market Functionality Scores, piloted in 2024 by the REACH Joint Market Monitoring Initiative (JMMI), shows that markets, in most of the areas covered by the monitoring, are functional and physically accessible. In addition, recent studies from UNHCR and the Cash Consortium of Yemen (CCY) have highlighted the increased cost efficiency of the use of cash modalities, as well as its positive multiplier effects within local markets.

The delivery of MPCA and CVA in 2025 will focus on increased coordination and de-duplication efforts among cash actors at sectoral and intersectoral levels, building on previous experiences and achievements. MPCA remains the only response modality where effective household level de-duplication is conducted. MPCA actors, through the comprehensive data collected and processed, coupled by robust monitoring systems, will promote expanded coordination, including with non-cash actors, and will advocate for the promotion of data compatibility and the creation of a unique identifier that will enable efficient coordination, while ensuring data protection.

The planned MPCA response in 2025 involves 12 partners with an estimated requirement of \$111,674,160 million to deliver immediate assistance to the most vulnerable communities. The requested funding focuses solely on the direct transfer value that beneficiaries will receive, along with associated transfer fees.

MPCA BUDGET REQUIREMENTS IN 2025

RESPONSE	TARGET POPULATION	TOTAL REQUIREMENT
Provision of one-off MPCA at an onset of an emergency including displacement, climate shocks and protection risks (RRM)	520,000	\$15,600,000
Provision of multi-rounds of regular MPCA to support beneficiaries to sustain their basic needs	800,618	\$96,074,160
Total	1,320,618	\$111,674,160



Eligibility for regular MPCA (multiple instalments) is based on vulnerability assessments evaluating socio-economic indicators like income, food insecurity, protection risks and access to services. Emergency MPCA (one-off) targets newly displaced households via RRM following shocks like flooding or conflict. Geographic targeting prioritizes areas with severity 3+ food insecurity and areas with limited basic services.

Minimum expenditure basket calculations and the transfer value

The Minimum Expenditure Basket (MEB) in Yemen is a crucial tool designed to determine the minimum cost for socio-economically vulnerable households to meet essential multisectoral needs through market access, ensuring health, dignity and asset preservation. The MEB encompasses several components: food, health, shelter, WASH and essential services like transportation and communication. It is calculated using data from price monitoring, household expenditures and sectoral inputs, sourced from initiatives such as the REACH JMMI and PDM conducted by MPCA actors. The MEB is reviewed on a regular basis and follows specific economic triggers established by the CMWG.

The REACH Yemen Expenditure of Households Assessment²⁶ confirmed that regular households regular expenditures include food, hygiene, transport, cooking/heating fuel and debt repayment, while irregular expenses focus on medicine, clothing and health care. Local markets are the primary source for regular items, but larger cities are used for irregular purchases like health care and medicine.

Referral pathways and coordination for complementarity

To increase the efficiency of CVA in Yemen, it is critical to strengthen field-level coordination among cash actors and humanitarian clusters. The CMWG aims to collaborate closely with other clusters to establish cross-sectoral referral pathways, enhancing the overall impact of the response. An example of these referrals is the pilot protection referral from the Protection Cluster to CCY partner to assess MPCA eligibility of individuals and households receiving cash-for-protection. Additionally, the CMWG will prioritize identifying entry points for sustainable programming, particularly in livelihoods interventions, to promote complementarity and boost economic resilience. Efforts will also focus on developing a harmonized PDM tool and strengthening linkages with Yemen's Social Protection Program to provide a comprehensive safety net for the most vulnerable populations.

2.6 Assessments and monitoring

The humanitarian community in Yemen is committed to quality assessments, data and monitoring at cluster and partner levels. However, several challenges remain to ensure effective country-wide assessments and monitoring. The HCT will continue to proactively engage concerned authorities to resolve issues.

As part of the Displacement Tracking Mechanism led by IOM, area assessments will be carried out to understand the trends in displacement and return movements. The RRM will continue to provide updated information on displacement dynamics. Two country-wide Integrated Phased Classification for Acute Food Insecurity (IPC AFI) will take place to evaluate the current and forecasted food insecurity status, while SMART surveys are planned to understand trends in malnutrition prevalence. UN Women is also planning to undertake a rapid gender analysis to generate context-specific data on gender roles, needs and vulnerabilities to inform gender-sensitive programming. Clusters will actively monitor the evolving situation and emerging needs.

As part of HNRP monitoring, humanitarian partners will provide monthly updates on their progress towards achieving strategic and cluster objectives. In 2025, the ICCG will conduct quarterly analysis to gain in-depth insights into needs, response gaps and challenges in the humanitarian response. Supported by the Information Management and Assessment Working Group (IMAWG), more emphasis will be placed on harmonizing data collection processes across clusters to ensure consistency and minimize duplication, thus contributing to improved system-wide accountability frameworks. Key reporting tools include ActivityInfo, the Response Planning and Monitoring Module, the 4Ws dashboard, the Area-Based Analysis, organizational presence maps, humanitarian updates and quarterly response gap analyses. Funding snapshots from the FTS will be provided to identify funding gaps and advocate for the timely allocation of resources. Live data on the progress against the HNRP indicators and activities will be accessible at Humanitarian Action.

HUMANITARIAN PROGRAMME CYCLE TIMELINE

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Humanitarian Needs and Response Plan											●	●
Monthly Dashboard/ Humanitarian Action	●	●	●	●	●	●	●	●	●	●	●	●
Humanitarian Update	●	●	●	●	●	●	●	●	●	●	●	●
Humanitarian Funding	●	●	●	●	●	●	●	●	●	●	●	●

Should there be a significant change in humanitarian situation, the HNRP will be reviewed at mid-year.

2.7 Cost of the response

The 2025 HNRP maintains a unit-based costing methodology. Clusters have employed either fixed unit costs or variable costs, allowing humanitarian partners to operate within a specified range. This approach was applied to various cluster activities, including cost-per-person/household, in-kind supplies, cash assistance and expenses related to the delivery of humanitarian aid.

The clusters also developed a comprehensive unit-based costing methodology detailing their approach for the 2025 HNRP.

[See Annex: 4.1](#)

ABYAN, YEMEN

Teams prepare to distribute RRM kits to internally displaced households in Makilan IDP site. Photo: FMF



Part 3: Cluster/sector needs and response

ADEN, YEMEN

Two-year-old Retal holds her ready-to-use supplementary food inside a tent at an IDP camp.
Photo: WFP/Mohammed Nasher



3.1 Camp Coordination and Camp Management

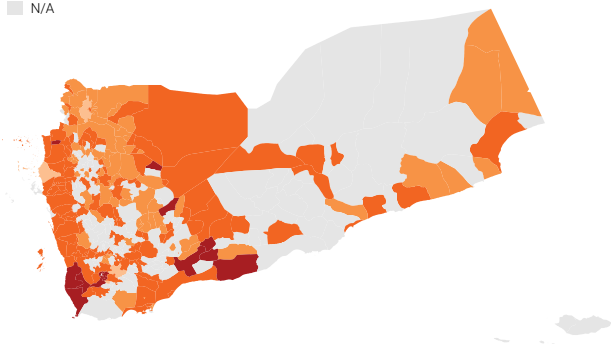
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PEOPLE IN NEED	PEOPLE TARGETED	PARTNERS	REQUIREMENTS (US\$)
1.9M	0.7M	20	\$55.1M

Severity of needs by district (in 2025)

SEVERITY OF NEED

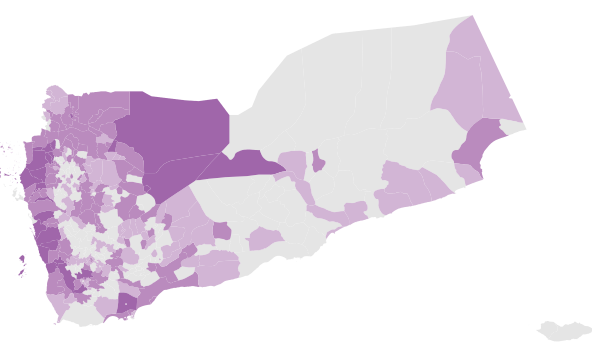
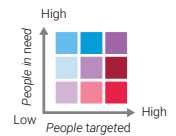
- 1 - Minimal
- 2 - Stress
- 3 - Severe
- 4 - Extreme
- 5 - Catastrophic
- N/A



Number of people in need and targeted by district (in 2025)

PEOPLE IN NEED		
<1,400	1,400 - 10,000	10,001 - 188,000

PEOPLE TARGETED		
<1,000	1,000 - 4,000	4,001 - 113,000



Summary of needs

Around 1.9 million displaced Yemenis live across 2,290 sites, with 84 per cent of sites located in Al Hodeidah, Al Jawf, Hajjah, Marib and Ta'iz governorates.²⁷ Due to funding shortfalls, four out of five sites were left without sufficient CCCM support by August 2024.²⁸ This has led to an alarming increase in risks of exclusion from essential services, information management, AAP and critical site improvements. Over half of the sites (58 per cent) are unsuitable both physically and in terms of tenure safety, which significantly exacerbates the vulnerability of displaced populations.²⁹ Additionally, 40 per cent of sites are at high risk of fire and/or flooding.³⁰

IDPs residing in sites are among the most vulnerable people in Yemen, with particularly marginalized groups accounting for 41 per cent of sites.³¹ Many older displaced persons spend most of their time in tents, are dependent on family members and often limited by mobility issues. A significant number of them are

living with chronic illnesses, with over two-thirds of sites hosting persons with chronic illnesses.³² Meanwhile, about a quarter of sites reported presence of unaccompanied older persons (65+).³³ Affordability of treatment is one of the main barriers to access health care.³⁴ The estimated 15 per cent of people in IDPs sites living with a disability—some of which were sustained as a result of the conflict—face additional barriers in accessing facilities, as an estimated 33 per cent of NFI distribution points, latrines, showers and water points are inaccessible to them.³⁵ Gender-specific needs are inadequately addressed, with only 23 per cent of sites having gender-separated latrines and over a quarter lacking functional locks and requiring basic maintenance. This seriously compromises the safety and dignity of displaced women and girls.³⁶

The underfunding of the CCCM Cluster has a direct impact on the quality of living conditions for IDPs in sites, particularly affecting the most vulnerable and

marginalized populations. In response, communities have adopted various negative coping mechanisms such as selling assets, reducing food intake, and resorting to child marriage and other forms of GBV. These strategies are largely unsustainable and pose long-term risks.³⁷

Response strategy

In response to the protracted displacement crisis in Yemen, the CCCM Cluster will implement a comprehensive three-year transitional strategy starting in 2025, aimed at enhancing resilience and facilitating sustainable solutions for displaced populations. This strategy will be operationalized through an area-based support mechanism (ABSM), whose key component is community engagement and support for community-led projects. By pooling contributions from a broad range of stakeholders, including host communities, these projects will foster local ownership and cohesion, particularly considering potential tensions from increased prioritization of humanitarian assistance. Additionally, community engagement will be prioritized to ensure that the voices of displaced persons and host communities are heard and integrated into the decision-making process. The ABSM approach aims to provide a holistic, adaptable response to the ongoing displacement crisis in Yemen, offering localized recommendations for service solutions at the area level. The ABSM approach to CCCM will be executed through a combination of roving and surge mobile teams. Roving teams will provide continuous support and oversight across multiple sites within the area, ensuring consistent service delivery and monitoring. During periods of heightened need and shock, local surge mobile teams will be deployed to provide rapid and flexible responses, enhancing community resilience.

To facilitate this transition and to ensure effective implementation and sustenance, the CCCM Cluster coordination team in collaboration with partners are developing a capacity building strategy that focuses on local partners, community structures, and relevant authorities. This will involve training and support to enhance local capabilities.

Effective information management is crucial to addressing the needs of the people living in sites. CCCM partners, in collaboration with REACH, will design and conduct area assessments (including of host communities and local authorities) to identify specific needs and vulnerabilities of areas affected by displacement. These assessments will help to define targeted interventions and to allocate resources, thereby ensuring that support is both effective and efficient.

CCCM partners will also establish regular coordination with local stakeholders, including the local authorities to facilitate collaborative planning and implementation of interventions. This coordination will help align efforts, share critical information, and avoid duplication of services.

Targeting and prioritization

The CCCM Cluster's targeting and prioritization strategy for Yemen focuses on addressing the most urgent needs of displaced populations in sites, while ensuring equitable resource distribution. The cluster has identified 48 priority districts country-wide where displacement in sites is larger, where needs are higher, and where partners have confirmed capacity to support. This prioritization represents 24 per cent of the districts where displacement in sites exist. This approach is guided by comprehensive assessments and data-driven decision-making to identify and prioritize the most vulnerable and marginalized groups through an area-based approach that allows proportionate resource distribution within the area. The CCCM target takes into account partners' actual reach in 2024 and their current capacity, balanced with the potential increase of reach in 2025 achieved by moving to area-based approaches in supported areas.

To ensure effective targeting, the CCCM Cluster will establish clear sector-specific boundaries based on the severity of needs, population density, partner capacity, accessibility, and vulnerability to hazards including flooding and disease. Priority will be given to areas with high concentrations of displaced persons, particularly those in informal settlements and rural



MARIB, YEMEN



An IOM staff member and a community focal point review the progress of transitional shelter construction. Photo: IOM/Haithm Abdulbaqi

locations. The boundaries will also consider the availability of existing services and infrastructure to avoid duplication and ensure efficient use of resources, and the vulnerability of displaced population groups. This includes factors such as age, gender, disability, and socio-economic status. Areas with the highest severity of needs, such as those lacking basic services, will be prioritized. The CCCM Cluster will utilize its multi-sectoral needs monitoring to identify these areas and ensure sectoral interventions where they are most needed. To ensure that interventions are relevant and responsive to the actual needs on the ground, regular consultations will be facilitated with displaced persons and host communities to understand their needs and preferences.

Effective coordination with humanitarian partners, including local NGOs, including WLOs, as well as international, and authorities, is essential for successful targeting and prioritization. The CCCM Cluster will work closely with these partners to align efforts and share information in order to avoid duplications and overlaps.

The targeting and prioritization strategy will be flexible and adaptable to changing circumstances. The CCCM Cluster will continuously monitor the situation and analyze multiple hazards to adjust priorities as needed to respond to emerging needs and shocks.

PEOPLE AND TARGET BREAKDOWN

	Girls	Boys	Women	Men	Total Activities	Total Indicators
 People in Need	420.6k	530.1k	421.6k	488.4k	6	6
 People Targeted	199.5k	208.4k	165.7k	170.3k		

3.2 Coordination



Explore more at
humanitarianaction.info

PARTNERS

REQUIREMENTS (US\$)

197

\$15M

Response strategy

In line with the IAHE recommendations and HCT position papers, and progress on their action plans, OCHA will continue to ensure that humanitarian action in Yemen remains people-centered, principled and inclusive.

OCHA will work with partners to create a more cohesive and efficient coordination system by reviewing the current humanitarian architecture in Yemen. In line with the IAHE recommendation to "Improve Collective Working" and the HCT position paper on transforming the humanitarian response in Yemen this review will aim to enhance and optimize the humanitarian architecture for streamlined and coherent operational coordination. This will foster stronger collaboration, improve information flow and enhance decision-making for an effective humanitarian response. The exercise will involve pre-agreed collective activities to ensure the coordination system can better address the complex and evolving needs of the Yemeni population. Additionally, it will explore opportunities to bridge the humanitarian-development divide and deliver sustainable responses.

Objectives

- 1. Deliver a coherent humanitarian response that is people-centered, context-specific and flexible, enhancing community resilience and achieving concrete protection outcomes:** In 2025, a key priority will be to promote a prioritized, needs-driven, accountable and more inclusive response. This approach will focus on utilizing funding more efficiently and contributing to concrete protection outcomes, gender equality and community resilience. This will be achieved through increased use of cash-based programming, area-based
- 2. Maintain systematic and predictable leadership to ensure meaningful humanitarian access:** In 2025, OCHA will continue to support the HCT in improving the operational environment and ensuring meaningful access through principled and structured engagement with authorities and other powerbrokers. In line with the HCT position paper on principled humanitarian action and its action plan, OCHA, through the HAWG, has identified seven priorities with key recommendations to enhance the operational space, notably: i) simplification of sub-agreements; ii) reporting requirements; iii) visas, work permits and residences for INGOs international staff; iv) freedom of movement; v) assessment and monitoring tools; vi) safety and security of humanitarian personnel; vii) community acceptance. The HAWG will continue to implement the JOPs, including further advancing the sign-on process, socializing the JOPs within the humanitarian community, and communicating the JOPs to authorities.
- 3. Promote an inclusive humanitarian response:** OCHA is committed to promoting an inclusive humanitarian response by advancing a people-centered approach, community engagement and localization, as well as focus on cross-cutting issues. OCHA will continue to invest in the nationwide CFM to ensure that the voices of affected populations are heard and inform the humanitarian response. OCHA will support the HCT to build on the successes of the localization strategy and its action plan, and work to promote locally-led initiatives.

planning, multi-sector or integrated programming and localization. Coordination efforts will enhance field-level missions, support the Humanitarian Programme Cycle, and promote inter-agency lessons learned and the application of standards. The revision of the humanitarian architecture will achieve greater complementarities with development actors.

**AMRAN, YEMEN**

An OCHA staff member speaks to a displaced child in Dhahath site. Photo: OCHA/YPN

4. **Provide catalytic humanitarian financing that makes a tangible impact on people's lives:** The OCHA will continue enhancing the coordination and improving the effectiveness, timeliness, and targeting of the YHF, aligning it with the Central Emergency Response Fund (CERF) and other HNRP funding sources to address the needs of the most vulnerable. In line with its localization agenda, OCHA will promote the HC's YHF Vision Paper and the HCT vision for a locally driven response by expanding the eligibility of local and national NGOs for YHF funding, increasing allocations to them, and supporting their fund management. Allocation strategies will prioritize gender and protection considerations while strengthening governance and compliance for responsible fund management.
5. **Support strategic risk and trend analysis to adapt to an evolving landscape:** OCHA will enhance system-wide data collection and dissemination to ensure a prioritized and accountable humanitarian response. As the secretariat of the HCT and chair of the ICCG and IMAWG, OCHA will collaborate with partners to strengthen response monitoring, needs assessment and risk analysis. This will help to improve the quality and coherence of humanitarian data and promote a more evidence-based response. A key priority for 2025 will be the implementation of the multi-cluster location assessment (MCLA). Additionally, OCHA will continue to expand country-wide needs assessments and advocate with authorities to reduce interference with partners' assessments.

3.3 Education

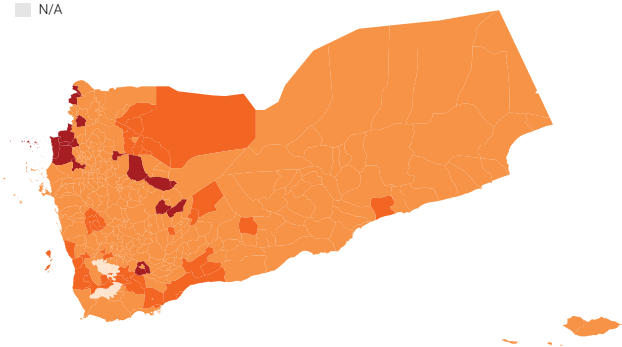
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PEOPLE IN NEED	PEOPLE TARGETED	PARTNERS	REQUIREMENTS (US\$)
6.8M	1.9M*	69	\$74.9M*

*Target and financial requirements can be revised during implementation if operational space evolves

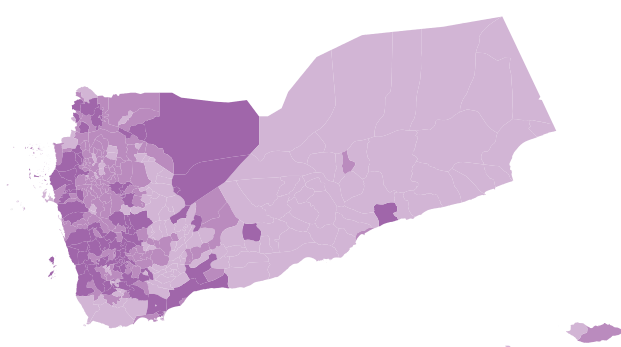
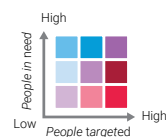
Severity of needs by district (in 2025)

- SEVERITY OF NEED**
- 1 - Minimal
 - 2 - Stress
 - 3 - Severe
 - 4 - Extreme
 - 5 - Catastrophic
 - N/A



Number of people in need and targeted by district (in 2025)

- PEOPLE IN NEED**
- < 18,000
 - 18,000 - 27,000
 - 27,001 - 340,000
- PEOPLE TARGETED**
- < 600
 - 600 - 5,000
 - 5,001 - 77,000



Summary of needs

Almost 3.2 million Yemeni children of school age (6 to 17 years) (1.7 million boys and 1.5 million girls) do not attend school. Furthermore, 0.78 million 5-year-old children (0.41 million boys and 0.37 million girls) do not attend pre-school education. Despite the collective efforts of education partners, only 120,532 out-of-school children (53,250 boys and 67,282 girls) were supported with learning opportunities in non-formal education due to funding shortages in 2024. Among those particularly vulnerable are the 1.6 million displaced school-age children and 593,863 children with disabilities in Yemen.³⁸

Teachers' working conditions also negatively impact the quality of learning provided to children. In 60 districts in Yemen, the student-to-teacher ratio exceeds the standard (40). Also, 193,668 teachers

(65 per cent of total Yemeni teachers) do not receive salaries or incentives. Overcrowded classrooms, lack of teacher training, lack of teaching/learning materials, and attacks on education institutions, have caused teachers to leave the teaching profession and resulted in interrupted learning for students and subsequently reduced retention in schools.

Access to education remains a critical concern in displacement settings, as enrollment challenges can hinder children's academic development and long-term socio-economic well-being. Upon assessing educational gaps across three IDP sites in Al Jawf Governorate, parents identified the following key barriers to education: long distances to schools, poverty, lack of essential documentation like birth certificates and IDs, teacher shortages, unsafe living conditions and low awareness of education value

among the community. For these reasons, many caregivers choose survival over schooling.³⁹

Education was identified as a priority in 18 out of the 22 governorates (85 per cent) during the gap analysis and ABCs⁴⁰ conducted during October and November 2024 across Yemen. Participants from local education authorities and stakeholders listed a range of key challenges that serve to limit access to education particularly among girls, including: inadequate water and sanitation facilities in schools; lack of textbooks; damaged or destroyed infrastructure; teacher shortages and unpaid salaries/incentives especially for female teachers; mixed classes; and long distances to school. Increased school dropouts, child marriage and recruitment to armed groups and child labour were the main negative coping mechanisms adopted by vulnerable children and their caregivers. This is disproportionately affecting children from marginalized communities (including the *Muhamasheen*) and displaced populations.

From January to December 2023, the United Nations verified the killing and maiming of 236 children due to explosive ordnance.⁴¹ More is needed to ensure learning facilities are providing what children in Yemen require most: a safe and protective environment. As of October 2023, 2,424 schools have been either partially or fully damaged or are not functional because they are used for shelter or other non-educational purposes.

Response strategy

Through a multi-cluster approach, 69 education partners will implement a minimum service package of Education in Emergency (EiE) interventions to support learning continuity in conducive environments. This includes establishing learning spaces, rehabilitating damaged school facilities, building teachers' capacity in teaching methodologies and pedagogy, teacher incentives, school feeding, supporting water and sanitation infrastructure in schools, and enhancing safety and protection measures for conflict and disaster-affected and vulnerable children, their families, teachers, and schools to ensure access to education. Additionally, the response will include early childhood education interventions to support the 0.78 million children aged 5 years who do not attend preschool.

This will involve creating age-appropriate learning spaces, providing early learning materials, and training preschool teachers to address development needs.

In addition to capacity building, prioritizing teacher salary payments or incentives will help retain skilled educators and reduce interruption to learning caused by workforce instability. The response strategy includes gender-sensitive approaches, such as equipping schools with separate latrines for girls and boys, distributing menstrual hygiene kits, and providing GBV awareness and training for teachers and parents to foster safe learning environments.

Education partners are committed to working closely with communities and education actors and to ensuring girls, boys, children with disabilities, parents, teachers and school administrators are involved in the planning and implementation of education programmes and are able to provide feedback. Active engagement with parents and local leaders will be a priority to raise awareness about the importance of education and foster community-led solutions to improve school attendance and retention. By involving communities, education interventions can be more sustainable and better aligned with local needs. An inclusive approach is adopted to provide quality education in safe and protective learning environments, ensuring that gender, age, disability, and protection specific needs are all addressed in the cluster response plan. To address the lack of teaching and learning materials, the response will prioritize the provision of textbooks and basic supplies for all students. This includes distributing curriculum materials to formal and non-formal education programs to improve learning outcomes.

Additionally, the inclusion of children with disabilities is an integral component of the education cluster response framework. This work will be supported through a specialized technical working group on Inclusion in Education in Emergencies. Interventions will include teacher training in inclusive teaching methods, and providing learning materials adapted for children with disabilities. This group will leverage EiE expertise and experience from relevant partners (UN agencies, CSOs, the Ministry of Education, private

sector, etc.) in the field to revise the cluster response framework and minimum package of interventions to be inclusive of children with disabilities, gender equity and marginalized groups. Child protection referral mechanisms will be put in place in schools together with provision of mine risk education to students and teachers. Parents, teachers, and school management will be trained on child rights, GBV and mental health and psychosocial support to increase resilience and to better cope with future shocks and managing learning in conflict and humanitarian contexts.

Targeting and prioritization

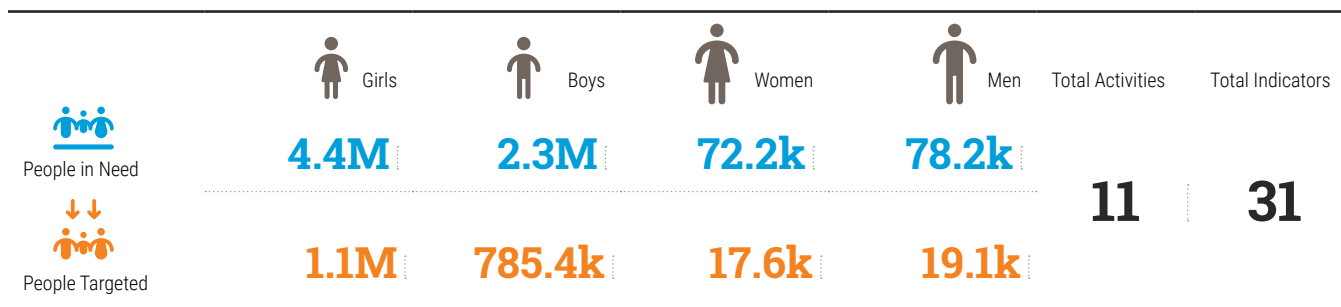
In 2025, only 22 out of the 41 activities in the education cluster response framework will be included in the HNRP. These are related to lifesaving and life-sustaining needs for the education sector and crisis-affected children and youth. The estimated PiN for 2025 is 6.8 million including 150,472 teachers. Districts with severity 3 or more are prioritized for education interventions. Based on the total reached beneficiaries (children and teachers) during 2024, the capacity of education partners, and available resources in the pipeline and expected in 2025, the Education Cluster will target 1,890,424 children and teachers across 132 districts, which constitutes only 28 per cent of the PIN. Priority will be given to gender-sensitive interventions in these districts, particularly in schools where lack of female-friendly facilities and safety concerns have unequally affected girls' attendance and retention, by improving school facilities and community engagement to support girls education.

Interventions will also address the unique challenges faced by displaced populations, including the

establishment of temporary learning spaces in high severity districts. Targeted support will also be provided for children with disabilities by ensuring access to inclusive education environments with trained teachers and adapted learning materials. Efforts will also include piloting early childhood education interventions in targeted districts to address the gaps in preschool access for five-year-olds. The distribution of textbooks and essential learning materials will be prioritized to enhance the quality of education in targeted districts.

With the continued decline of humanitarian funding for the humanitarian response in general and the education response specifically, more vulnerable children are left without support. Since many of the challenges facing the education sector in Yemen are of a protracted nature, they cannot be fully addressed by humanitarian funding. Hence, the Education Cluster will work closely with development partners through the existing Local Education Group for complementarity and build on existing humanitarian responses with humanitarian-development nexus activities. The Education Sector Analysis and the Education Sector Plan under development will form a good basis for longer-term planning and ensure sustainability. By integrating interventions like rebuilding schools, teacher training and improving education systems, the cluster aims to find lasting durable solutions that tackle both urgent needs and root causes of education challenges. This response will also focus on using resources wisely and setting shared priorities to strengthen the education system and make it more resilient.

PEOPLE AND TARGET BREAKDOWN



3.4 Emergency Telecommunications



Explore more at
humanitarianaction.info

PARTNERS

REQUIREMENTS (US\$)

49

\$2.2M

Summary of needs

The conflict in Yemen has significantly degraded the quality, quantity and accessibility of Yemen's public services and essential infrastructure. Reliable, secure telecommunications and internet services are lacking, compounding economic challenges and constraining the ability of humanitarian agencies to operate.

In response, the Emergency Telecommunications Cluster (ETC) was activated in 2015 to provide critical support to humanitarian operations. Since its activation, the ETC has been delivering emergency telecommunications services through coordination, security telecommunications, and connectivity solutions. Approximately 2,600 humanitarians from 49 partner organizations rely on ETC services across key locations, including Aden, Al Hodeidah, Al Makha, Al Mukalla, Hajjah, Ibb, Marib, Sa'dah and Sana'a. A dedicated helpdesk, based in Sana'a, ensures IT assistance is readily available to users. Despite the expansion of fiber cable infrastructure, the situation remains fragile, particularly following the escalation in the Red Sea. As a result, the ETC will need to continue its critical support to enable humanitarian operations in Yemen.

The \$2.4 million financial requirement includes connectivity, staffing, equipment and capacity building. Almost 60 per cent of the projected budget is connectivity, mostly satellite communication, which is commissioned either locally or from overseas. To align ETC service provision with humanitarian partner needs, the cluster has made several adjustments to reduce its operational costs yet maintaining the quality of services needed. In addition, the cluster has invested in building the capacity of national staff from partner organizations to strengthen their abilities and expertise in the more efficient harmonized utilization of their IT resources.

Response strategy

The cluster is established to deliver reliable and secure internet connectivity across the UN common areas, ensuring that all UN personnel have access to connectivity resources. To facilitate this, dedicated help desk personnel are available to assist all UN users with their needs.

For INGOs, ETC provides support by establishing dedicated hubs and offering technical training and capacity-building programs for INGO IT staff. This training equips them with the necessary skills to effectively manage help desk services for their users.

Additionally, ETC provides secure telecommunications exclusively for UN staff, ensuring that their communication needs are met efficiently.

Looking ahead, the cluster is committed to enhancing its internet services, developing more comprehensive capacity-building programs, increasing visibility within local communities and improving responsiveness to client requirements.

Targeting and prioritization

In the context of regional conflict, escalating tensions in the Red Sea and the intensification of military activities in the region, the cluster's primary objective is to ensure that all connectivity services remain available at all times, thus enabling humanitarian workers to carry out their essential duties in a timely and efficient manner without interruption, even in case of emergency.

Recognizing the vulnerability of internet connectivity in Yemen, and to mitigate the impact of potential outages, ETC will ensure that each ETC site is equipped with at least one satellite connectivity solution in order to provide a reliable alternative in the event of a country internet outage, which has occurred multiple times in the past. By having satellite connectivity available, humanitarian workers can maintain essential communication and access vital information, ensuring continuity in their operations even during disruptions.

3.5 Food Security and Agriculture

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PEOPLE IN NEED

17.1M

PEOPLE TARGETED

12M

PARTNERS

90

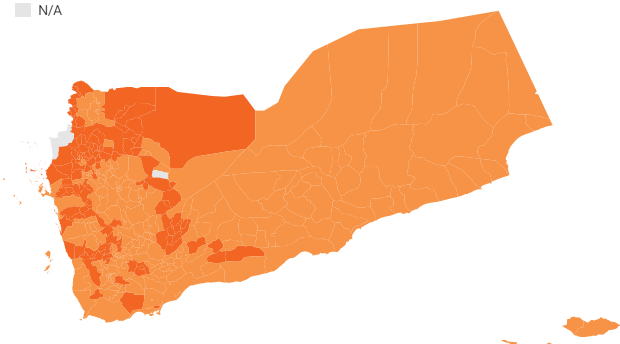
REQUIREMENTS (US\$)

\$1.1B

Severity of needs by district (in 2025)

SEVERITY OF NEED

- 1 - Minimal
- 2 - Stress
- 3 - Severe
- 4 - Extreme
- 5 - Catastrophic
- N/A



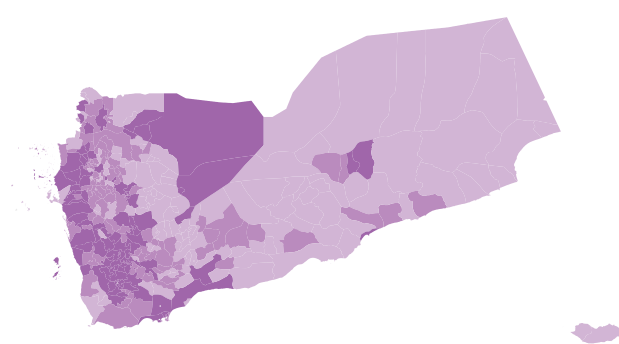
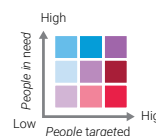
Number of people in need and targeted by district (in 2025)

PEOPLE IN NEED

- <100,000
- 100,000 - 33,000
- 33,001 - 188,000

PEOPLE TARGETED

- < 50,000
- 50,000 - 12,000
- 12,001 - 113,000



Summary of needs

The protracted nature of the food crisis in Yemen is marked by a complex interplay of vulnerabilities and exacerbating factors. These include intermittent conflict, displacement, economic turmoil, currency instability, escalating food prices, limited income/livelihood opportunities and the impacts of climate change. These occurred amidst irregular and inadequate humanitarian assistance (most particularly the suspension of large scale Humanitarian Food Assistance (HFA) in DFA-controlled areas between December 2023 and September 2024 owing to funding constraints and the need to review and strengthen targeting and registration procedures). Consequently, approximately 17.1 million individuals, representing 49 per cent of the population, are acutely food insecure, requiring humanitarian assistance (severity levels three and above). This includes 22 per cent women, 55 per cent children, and 15 per cent persons with disabilities, highlighting the crisis' disproportionate impact on vulnerable groups.⁴² Among these, 5.1 million people

are projected to experience critical levels of acute food insecurity (IPCACFI/Severity level 4). Notably, there are significant regional disparities; regions with inconsistent or no support (and previously receiving regular humanitarian assistance) showed notable deterioration.

With 90 per cent of the population dependent on food imports to meet local demands, Yemen's heavy reliance on imports exposes the country to changes in international market dynamics.⁴³ Price hikes, supply disruptions in global markets, shipping costs, and overland transport expenses contribute to local food price increases. The agricultural sector faces significant challenges due to climate change effects, the high costs of farming inputs, low soil fertility and water scarcity, which diminish crop yields and livestock production. Drought-induced desertification has led to an annual loss of 3 to 5 per cent of arable land. Additionally, water scarcity poses the most significant challenge to enhancing agricultural productivity, with the potential depletion of water resources

threatening a 40 per cent decline in output. Flooding has also caused displacement, soil erosion and loss of farmland, further reducing available cropland.⁴⁴ Inflation rates have varied across regions, with Aden experiencing elevated inflation at 7 per cent due to currency depreciation. The cost of essential goods has surged, with many families now spending over 60 per cent of their income on food alone.⁴⁵ Small businesses and non-agricultural livelihoods among poor and middle-income households struggle with challenges posed by the economic crisis, fluctuating demand and inadequate infrastructure. Many public service employees have not received regular salaries in years. Low livelihood and income opportunities are anticipated to continue throughout the year, while real income from casual labour, both agricultural and non-agricultural, is expected to stay below the levels of the previous year, as well as those prior to the truce and in non-frontline areas.

Response strategy

In 2025, the FSAC response aims to reach 12 million individuals in Yemen through a range of emergency activities designed to enhance food security, improve livelihoods and promote agricultural resilience. The cluster will maintain its twin-track approach of delivering both targeted humanitarian food assistance and emergency livelihood support to the most food-insecure areas. This approach guarantees timely and cost-effective access to diverse food sources, facilitating the achievement of sustainable food security and nutrition objectives. FSAC activities will be implemented through principled and people-centred approaches, advancing the localization agenda and promoting the safety, dignity and integrity of individuals receiving assistance and equally considering the diverse needs of women, men, girls and boys.⁴⁶

Nutrition sensitive HFA will be provided through a minimum of eight monthly rounds of assistance to the 10 million most food insecure people, covering 1,680 kilocalories per person per day, which constitutes 80 per cent of the minimum recommended sphere standard food basket of 2,100 kilocalories per person per day.⁴⁷ In addressing potential shocks that could

lead to widespread displacement exacerbating the food insecurity situation, the FSAC will collaborate with RRM partners to implement three monthly rounds of HFA as a second-line response once the RRM phase is completed. This will be guided by de-duplication checks conducted at the hub level. Additionally, for the most food insecure households that fulfil the required criteria for regular HFA, five additional monthly rounds will be provided as a third-line response. Households will undergo a robust vulnerability and targeting criteria as outlined in the FSAC vulnerability and targeting guidance note. Households must fulfil all the mandatory criteria and not meet any of the exclusion criteria.

It is anticipated that 70 per cent of the HFA response will be delivered through in-kind support, while 30 per cent will be provided through cash or voucher transfers, contingent on in-depth market assessments and operational feasibility analyses (cost efficiency, effectiveness, appropriateness and beneficiary preference). FSAC will coordinate closely with CMWG actors to ensure the provision of an effective and efficient response that is both complementary and cost-effective, provide joint technical support and capacity-building to cash actors on cash-based interventions, strengthen coordination at national- and sub-national levels, and support community of practice, advocacy and awareness raising on CVA among humanitarian actors and other relevant stakeholders.

Time-sensitive emergency livelihood assistance (ELA), especially when combined with cash assistance, has been proven to have significant positive impacts on food security, health and nutrition outcomes. Consequently, in addition to HFA assistance, ELA will support 1 million vulnerable smallholder farmers in rural areas by supplying agricultural inputs, livestock and fishery support, along with providing targeted households with training on climate-smart agricultural practices. ELA is also expected to benefit the broader surrounding communities and agriculture food chain actors.

Conditional and season-specific cash transfers⁴⁸ will be provided to 850,000 individuals to boost household income, create seasonal employment opportunities and support crucial livelihood asset restoration. Support will be provided to 150,000 vulnerable individuals to establish micro-businesses or income-generating activities,⁴⁹ thereby enhancing employability and financial resilience in response to the escalating challenges of food affordability brought forth by worsening micro-economic conditions amidst limited livelihood opportunities.

In addition to joint programming with the public health clusters for an integrated, cost-efficient and impactful response, FSAC partners will work closely with the Food Security, Agriculture and Livelihood working group (FSAL WG) under the YPTT to enhance the impact of humanitarian and development efforts on vulnerable populations and advance the HDPN.

Food security situation routine monthly monitoring, partner capacity building and contingency planning initiatives will enable consistent evaluation of food security trends, bolster the implementation capabilities of local stakeholders and improve readiness for predictable shocks. These initiatives will enhance the overall effectiveness of the response and ensure that interventions are informed by available data. Twelve monthly food security monitoring will be conducted to evaluate the evolving food security landscape as part of FSAC's preparedness measures. To enable a proactive response, FSAC will work on an anticipatory action framework focusing on natural hazards, alongside OCHA-led efforts on anticipatory action.

Enhancing the capacity of FSAC partners and coordination with relevant authorities will improve program implementation and management, as well as minimize administrative challenges. Fifty FSAC partners will receive training in contingency planning and technical standards, led by the established FSAC technical working groups, providing them with the necessary skills to effectively tackle food security issues and strengthen their operational effectiveness. FSAC will also maintain a decentralized coordination mechanism and strengthen coordination among humanitarian agencies, authorities, clusters and

donors to promote an enabling environment for a complementary, cost-efficient, coordinated and timely response at scale.

Targeting and prioritization

The high levels of food insecurity in Yemen coupled with a declining funding landscape necessitates the implementation of effective targeting strategies. A robust targeting and prioritization approach amongst the vulnerable food insecure population and regions in Yemen is critical in this complex operational environment that is faced with access constraints, and the need to ensure available resources go first to those who need assistance the most. FSAC partners will adopt multi-layered targeting and prioritization approaches for maximum efficiency.

Food security specific vulnerabilities and economic/multi-sectoral vulnerabilities have been considered in identifying geographical regions, populations and households for targeting FSAC interventions. These include food security vulnerabilities; social and demographic status; nutrition and health status; households having members with disabilities; WASH and living conditions; and economic vulnerability.

Geographical targeting, through the Integrated Food Security Phase Classification for acute food Insecurity (IPC AFI) and PiN Analysis will be used as entry points to identify areas experiencing severe and critical food insecurity (Phase/Severity 3 and above) and guide the positioning of agile and focused FSAC response. 100 per cent of the population identified in IPC AFI Phase 4/PiN Severity 4 will be targeted for HFA while a segment of the population in the most food-insecure districts classified under IPC AFI Phase 3/PiN Severity 3 will also be targeted for HFA, along with other interventions based on the outcomes of the livelihood profiling exercise.⁵⁰

FSAC targets have been calculated as follows:

1. Cluster Activity 1: Life-Saving Emergency Food Assistance: 100% IPC4 + Average of 25% IPC3
2. Cluster Activity 2: Emergency Livelihood Assistance: 8.5% IPC3
3. Cluster Activity 3: Conditional and season specific cash transfer to rehabilitate community assets and infrastructures: 7% IPC3
4. Cluster Activity 4: Micro-business, Income Generating Activities and skills to enhance employability: 1.5% IPC3

Under the geographical targeting, FSAC has prioritized high priority districts using the below criteria:

DISTRICT LEVEL PRIORITIZATION	PRIORITY
Districts classified in IPC AFI Phase 4/PiN Severity 4 during the projection analysis period.	1
Districts that were classified in IPC AFI Phase 4 during the current analysis period but are projected to transition to IPC AFI Phase 3 within GoY districts, as the HFA assumptions were not upheld.	1
Districts categorized as IPC AFI Phase 3/PiN Severity 3 in the projection period, where 50% or more of the population falls within IPC AFI Phase/Severity 3+ and are known to face vulnerabilities and shocks, such as high malnutrition rates, high number of IDPs living in collective camps, being situated in frontline areas, and being susceptible to natural disasters like floods and droughts.	2
Districts categorized as IPC AFI Phase 3/PiN Severity 3 in the projection period, with no major shocks and vulnerabilities.	3

Localized needs/baseline assessments will serve as a data-driven framework for recognizing and understanding the specific vulnerabilities and needs of different populations. To enhance community engagement, representation and accountability, FSAC partners will strengthen or establish local food security

community committees where it is possible to support the household registration and targeting process. In complex situations, access and security challenges may hinder continuous oversight of interventions by partners; therefore, community committees, well-versed in FSAC interventions and humanitarian principles, can play a crucial role in ensuring adherence to these principles.

The guidelines for registering, prioritizing and targeting the most food-insecure households across different interventions will be based on the FSAC vulnerability and targeting guidance note.⁵¹ Household registration in targeted geographical areas will be conducted to evaluate households based on a defined set of mandatory and supplementary targeting criteria specific to the type of intervention. The household registration process will also consider socio-economic as well as nutrition and health vulnerabilities such as households with young children, children discharged from malnutrition treatment centres, pregnant and breastfeeding women, chronically ill people, people with disabilities, displaced persons, returnees, older persons and marginalized groups. A household prioritization exercise will be conducted to rank the registered households, ensuring that those who meet most of the intervention specific criteria and have the most vulnerable groups receive assistance first, based on the available resources.

Employing a blend of conventional and remote techniques tailored to the local context while ensuring stringent data security measures, the verification of registered households will be essential in shaping the final lists of households to be targeted. This approach aims to ensure a fair, equitable and transparent process whilst minimizing both exclusion and inclusion errors. Working in partnership with local authorities, community leaders, donors and other clusters will be vital for fostering well-coordinated and context-sensitive targeting strategies that minimize the risk of duplication of efforts.

Monitoring of the response

FSAC partners will implement a robust food security monitoring system to track changes and identify needs while developing contingency plans for rapid crisis response.

Process and output monitoring

FSAC partners will oversee their programs by gathering disaggregated data based on age, gender, disability and location. They will utilize interactive dashboards that incorporate the monthly 5W (Who does What, Where, When, and for Whom) framework that enables visualization of operational presence and response progress, and the identification of gaps. This approach aims to assess the vulnerable groups reached, minimize duplication of efforts and encourage hub-level collaboration.

FSAC partners will continuously monitor community perceptions and satisfaction regarding service delivery, ensuring that the targeted population are consulted and informed throughout the humanitarian response process. The findings will be shared and deliberated in FSAC meetings at both national and sub-national levels, with actionable recommendations aimed at enhancing AAP within the FSAC response.

Monthly market monitoring across various districts, undertaken by key FSAC partners, will monitor essential food items and agricultural inputs to understand their availability and costs, ensure that established cash transfer values reflect current market prices, and allow for necessary adjustments.

PDM will be conducted after each distribution of food, cash or inputs to evaluate beneficiary satisfaction

levels, assistance patterns and utilization, including dynamics within households and communities, as well as consumption and spending behaviours, to refine the FSAC response accordingly.

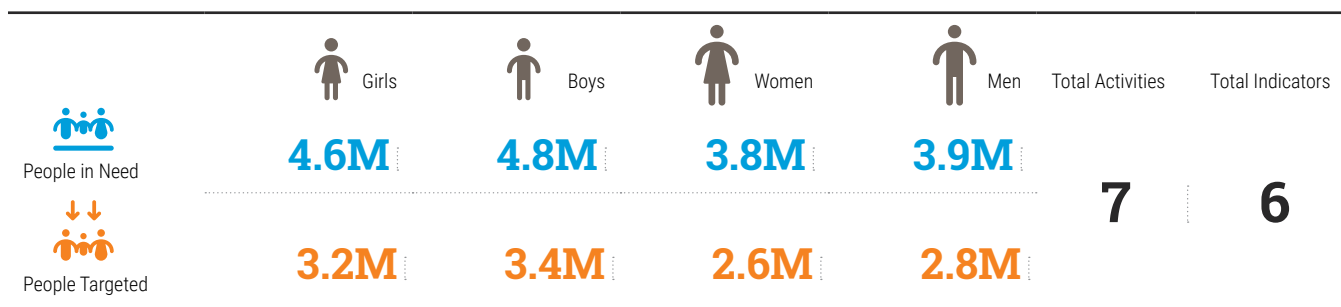
Outcome monitoring

Annual household food security surveys and monthly household high frequency monitoring will be undertaken to track essential food security outcome indicators, including the Food Consumption Score, Household Hunger Scale, Household Dietary Diversity Score, Reduced Coping Strategy Index and Livelihood Coping Strategies. These findings will be analysed with long-term trends from earlier food security assessments to evaluate progress and seasonal variations.

The annual IPC AFI and subsequent updates will serve to monitor and categorize food insecurity, detailing various levels of severity, food consumption patterns, changes in livelihoods and key factors contributing to acute malnutrition.

FSAC will leverage existing early warning information systems and products from multiple partners, such as FAO, WFP, FEWS NET and REACH, to assess the evolving food security landscape. The bi-monthly Joint Monitoring Report, connected to the activation of the Yemen Food Security Crisis Preparedness Plan, will continue to be produced through the joint efforts of ACAPS, FAO, UNICEF, the World Bank, WFP and WHO. It provides automated monitoring of key food security indicators at the district level. This approach aims to identify critical drivers and their impacts, equipping decision-makers with timely early warning information for effective support and interventions.

PEOPLE AND TARGET BREAKDOWN



3.6 Health

Explore more at humanitarianaction.info

PEOPLE IN NEED

PEOPLE TARGETED

PARTNERS

REQUIREMENTS (US\$)

19.7M

10.6M

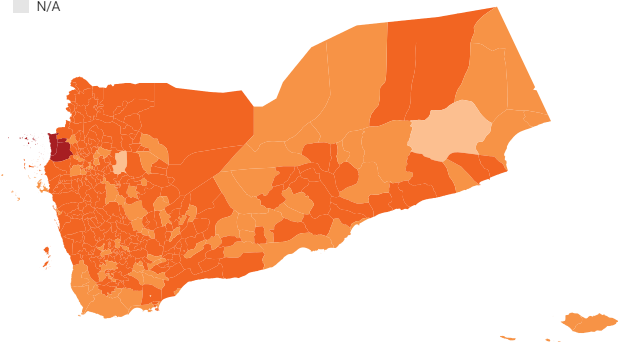
52

\$261.9M

Severity of needs by district (in 2025)

SEVERITY OF NEED

- 1 - Minimal
- 2 - Stress
- 3 - Severe
- 4 - Extreme
- 5 - Catastrophic
- N/A



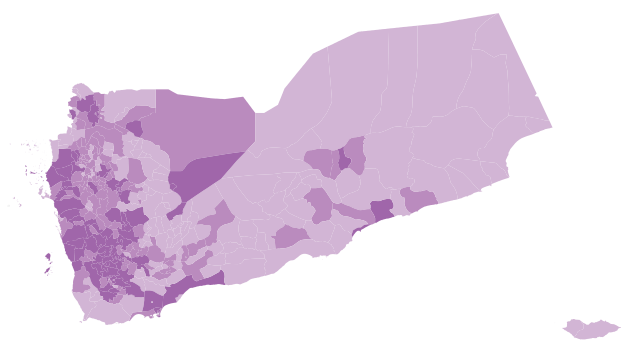
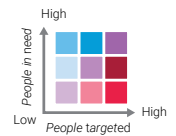
Number of people in need and targeted by district (in 2025)

PEOPLE IN NEED

<74,000 74,000 - 238,000 238,001 - 671,000

PEOPLE TARGETED

<40,000 40,000 - 128,000 128,001 - 362,000



Summary of needs

Yemen faces a severe health crisis with simultaneous outbreaks of polio, AWD/cholera (253,380 suspected cases with 672 deaths as of the first week of December 2024), measles (32,526 suspected cases with 284 deaths), diphtheria, pertussis, malaria, and dengue fever. Low vaccination coverage,⁵² especially in DFA-controlled areas, and local beliefs/misinformation challenge any scale-up of routine or emergency immunization. Risk of endemic zoonotic diseases, such as rabies and brucellosis, remain.

As of June 2024, significant deterioration in the food security situation was observed in 9 of Yemen's 22 governorates, while 45 per cent households experienced inadequate food consumption.⁵³ Nearly half of all children under the age of five, approximately 2.3 million are acutely malnourished, including 0.5 million facing severe acute malnutrition, SAM, and 1.8 million with moderate acute malnutrition, MAM, alongside 1.3 million malnourished pregnant and breastfeeding women.⁵⁴

Additional crises that add further burden to the weak health care system are environmental disasters like floods and cyclones. Floods affected more than 1.3 million people, resulting in 427 deaths and injuries,⁵⁵ as well as devastation to infrastructure such as electricity supply, health facilities, and stocks of medicines, supplies, and equipment, mainly in Al Hodeidah, Hajjah, Sa'dah, Ta'iz and the west coast districts of Hays, Al Khukhah and Al Makha.⁵⁶ Additionally, in 2023, Cyclone Tej⁵⁷ affected almost 18,000 people in Al Maharah, Hadramawt and Socotra.⁵⁸

The ongoing escalation in the Red Sea and broader region has placed a further strain on an already fragile health system and risks negatively impacting people's access to medical care and essential services.

Furthermore, chronic Health Cluster underfunding (48 per cent in 2024),⁵⁹ compounded by sizeable humanitarian funds being stuck in the International Bank of Yemen,⁶⁰ has made service-provision very challenging.

Approximately 35 per cent of 5,345 assessed health facilities are partially functioning, and roughly 5 per cent are non-functional,⁶¹ while many fully-functional (3,241) facilities are operationalized by health partners, e.g., through the EHC Project.⁶²

Only 22 per cent of primary health care centres and 50 per cent of district hospitals offer complete maternal-and-newborn-health service-packages.⁶³ According to WHO, UNICEF and UNFPA, Yemen has one of the highest maternal mortality rates regionally, at around 183/100,000.

Additionally, around 7 million people grapple with psychological trauma and stress; all require mental health support, yet only 120,000 individuals have consistent access to services.⁶⁴ This further highlights the overall fragility of Yemen's health system and the urgent need for sustained funding and support.

Response strategy

In 2025, the Health Cluster will maintain the area-based approach to respond to health needs, focusing on:

Response: The Cluster will support health care access to vulnerable and affected populations under severities 4 and 5, while people under severity 3 will be prioritized as per the need. This will be through implementing the Ministry of Health (MoH)-endorsed minimum service package of health care services. This includes providing primary health care services, including outpatient consultations, reproductive health care, Mental Health and Psychosocial Support (MHPSS), management of SAM, vaccination, communicable disease surveillance and rapid response; decentralizing non-communicable disease services to primary care level through supporting public health facilities; providing incentives to health workers at facility and community levels, to ensure service continuity; conducting integrated community outreach activities; operating medical mobile clinics in hard-to-reach areas and sudden-onset emergency areas, such as for floods; referring complicated cases; supply and distribution of essential medicines, kits, fuel, equipment and supplies; and emergency trauma and casualty management, as required.

The cluster will also coordinate with other sectors, such as Nutrition, Food Security, WASH and Protection including the GBV AoR, to ensure a multisectoral response to affected people and to work toward facilitating resource conservation through serving the same people, in the same place, at the same time,⁶⁵ as much as feasible. Coordination with the Protection cluster is already underway, and both clusters have identified indicators to measure progress against activities related to mine action victim assistance, support to people with disabilities, roll out of the GBV Quality Assurance Tool, and conducting protection risk analyses.

Emergency Response Preparedness: The cluster is developing an Emergency Response and Contingency Plan, which will identify all potential hazards that may trigger national coordinated responses through multisectoral and participatory processes, such as disease outbreaks, climate crises, SAM and mass casualty incidents. While supporting the 2025 HNRP, implementation of the plan will be guided by the National Health Emergency Response Operational Plan. The Cluster will also advocate with donors to maintain contingency stocks of medicines/supplies to support the MoH and partners in case of unforeseen emergencies where partners' stocks run out.

Sustainability: The cluster, in coordination with the MoH, will promote localization through facilitating increased dialogue with communities, supporting local partners' capacity-building, prioritizing most critical interventions and strengthening protection mainstreaming and AAP mechanisms. This will include sustainable solutions, such as minor health facility rehabilitation, strengthening facility/community MHPSS services and working towards the universal health coverage approach.

Coordination with development actors will continue through Health Sector Coordination groups, to foster bottom-up and nexus approaches and strengthen institutional capacity and functionality, thus reducing the divide between humanitarian and development interventions and preventing people from falling into this divide. Mapping of partner CVA/MPCA services under health will be conducted with the aim of including these under future response plans.

Targeting and prioritization

The Cluster will target the most vulnerable and affected population groups who fall under severity 4 and 5 of the JIAF severity scoring. The Vulnerability Index will be developed using the Health Resources and Services Availability Monitoring System (HeRAMS) and UNICEF’s primary health care (PHC) assessment data, which provide information on health resource/ service availability, as well as the data obtained from the Ministry of Public Health and Population (MoPHP) and Ministry of Health and Environment (MoHE), which covers immunization coverage, morbidity per priority disease and health facility functionality status per district. Outputs of area-based consultations at local level will also be considered.

Special focus will be given to women of childbearing age, who should have access to information and reproductive health services (to improve their rights and choices), children, the elderly, and people with disabilities from among IDPs, vulnerable returnees,

host communities, and marginalized populations like the *Muhamasheen*.

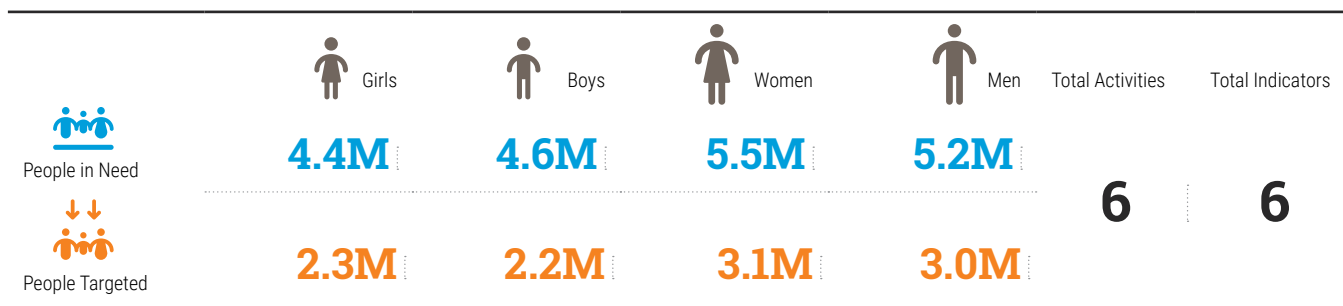
Targeting will include locations with high prevalence of malnutrition, specifically in the west coast, where the IPC AMN⁶⁶ has identified three districts as falling under Phase 5 with a fourth district likely to fall within IPC AMN Phase 5 if preventive measures are not ramped up.

In addition, areas affected by climate shocks like floods and potential cyclones will be targeted under the emergency response preparedness component of the cluster’s activities, to ensure that there is preparedness to these annual climate effects.

Locations affected by poor water and sanitation conditions and communicable disease outbreaks will be targeted with response activities such as water quality monitoring, deployment of rapid response teams for verification, prepositioning of supplies, training of staff and strengthening surveillance and laboratory capacities. The preparedness component will be through conducting trend analysis of year-on-year incidence/prevalence data and setting up isolation units in priority hospitals.

Preparedness and stockpiling of kits, including for trauma, reproductive health, interagency emergency health kits, PHC, cholera, measles, and essential medicines/supplies to support service-delivery will be prioritized by the cluster.

PEOPLE AND TARGET BREAKDOWN



3.7 Logistics



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PARTNERS

REQUIREMENTS (US\$)

75

\$33.1M

Summary of needs

The humanitarian response in Yemen continues to face significant logistical challenges, underscoring the critical need for targeted support to ensure the delivery of life-saving assistance. The escalation of airstrikes on key ports has further disrupted already strained supply chains, reducing port functionality and creating bottlenecks in the movement of humanitarian cargo. This has significantly impacted the consistent delivery of aid to DFA-controlled areas. Proactive planning and the exploration of alternative transport routes and modalities are essential to ensure the uninterrupted flow of humanitarian supplies into affected regions.

Coordination remains a primary concern, with gaps in engagement between humanitarian organizations and local authorities contributing to delays and inefficiencies, particularly in last-mile delivery and hard-to-reach areas. Enhanced mechanisms for collaboration are essential to streamline processes and improve the overall effectiveness of the response.

Information management is another key area requiring attention. Partners have identified gaps in real-time data on logistics capacities, access constraints and local supplier information. Developing robust platforms and tools for data sharing will strengthen situational awareness and support informed decision-making across the humanitarian community.

Capacity building is crucial to addressing technical skill gaps within the logistics sector, particularly in rural areas. Training initiatives focused on several areas are vital for empowering local actors and building resilient supply chains. Such efforts will help bridge the expertise gap and ensure consistent support to vulnerable populations.

Infrastructure constraints, particularly in sea transport and storage, further complicate the humanitarian response. The restricted functionality of ports, combined with limited shipping options, high operational costs and warehousing shortages in key regions, continues to hinder the storage and transportation of essential goods efficiently. Advocacy efforts to simplify customs procedures, reduce regulatory barriers and expand access to alternative shipping channels are critical to overcoming these bottlenecks and ensuring timely access to humanitarian goods.

Addressing these needs requires sustained collaboration among humanitarian actors, local authorities and other stakeholders. The Logistics Cluster remains a key enabler in coordinating efforts, facilitating access to common services and delivering capacity-building programs to strengthen the humanitarian supply chain. Expanding these initiatives will significantly enhance the efficiency and impact of the overall response, helping to meet the urgent needs of affected communities across Yemen.

Response strategy

The Logistics Cluster continues to support the humanitarian community by addressing critical logistical gaps and enabling an effective response to the country's ongoing challenges. In alignment with the HNRP and based on identified needs, the cluster focuses on coordination, information management, common logistics services, and capacity-building initiatives to strengthen partner capabilities. These efforts aim to supplement, rather than replace, the logistical capacities of individual agencies and organizations.

Coordination activities play a central role in minimizing duplication and fostering collaboration. The Logistics Cluster maintains dedicated staff in Sana'a and Aden to facilitate regular engagement through monthly coordination meetings at both the national- and hub-levels. These efforts are complemented by participation in key inter-agency mechanisms, such as the HCT, ICCG and HAWG.

Information management remains a vital component of the cluster's strategy, with an emphasis on collecting, consolidating and disseminating relevant operational data to enhance decision-making and response efficiency. Updated logistics information—including access constraint maps, meeting minutes, and UN Humanitarian Air Service (UNHAS) flight schedules—is shared through a dedicated webpage and mailing lists to ensure transparency and accessibility.

To address logistical challenges, the Cluster facilitates critical services such as Mobile Storage Unit loans and ad-hoc air cargo transport for life-saving items during emergencies. These services are prioritized for partners operating in remote and hard-to-reach areas, with detailed procedures and access guidelines available for service users.

The cluster also continues to deliver targeted capacity-building initiatives through online and on-site training sessions. These programmes aim to address technical skill gaps, particularly among NGO partners, and are developed in collaboration with stakeholders to ensure relevance and effectiveness.

As a provider of last resort, the Logistics Cluster remains committed to filling critical gaps in logistics capacity, ensuring the humanitarian community can deliver timely and effective assistance to vulnerable populations across Yemen.

UNHAS will maintain the provision of air services from Amman, Djibouti and Addis Ababa to Aden and Sana'a, as well as Marib, Al Mukalla and Sayun. Destinations and frequency of flights are regularly reviewed and adjusted in response to the demand of the humanitarian community.

The Logistics Cluster will also maintain the capacity to quickly activate logistics services when necessary and respond to common logistics needs, subject to funding availability. Ad-hoc airlift services will only be used when multiple humanitarian organizations need to airlift urgently needed supplies, and only then, following the HCT's established priorities.

Monitoring

The Logistics Cluster employs a comprehensive approach to monitor the quality and effectiveness of its services. An Annual User Feedback Survey gathers input from partners to assess performance and identify areas for improvement. Regular logistics coordination meetings provide a platform for humanitarian organizations to address challenges and contribute suggestions. Common logistics services are tracked and documented through the Relief Item Tracking Application.

UNHAS services are monitored through multiple mechanisms, including regular Steering Committee meetings to evaluate air operations and ensure alignment with partner needs. Passenger satisfaction and access surveys, along with oversight by the WFP Aviation Quality Assurance Unit, further support the continuous review and enhancement of service delivery. These systems collectively ensure that the Logistics Cluster and UNHAS maintain high standards, addressing the evolving needs of the humanitarian community effectively.

3.8 Nutrition

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PEOPLE IN NEED

PEOPLE TARGETED

PARTNERS

REQUIREMENTS (US\$)

8.6M

7.8M

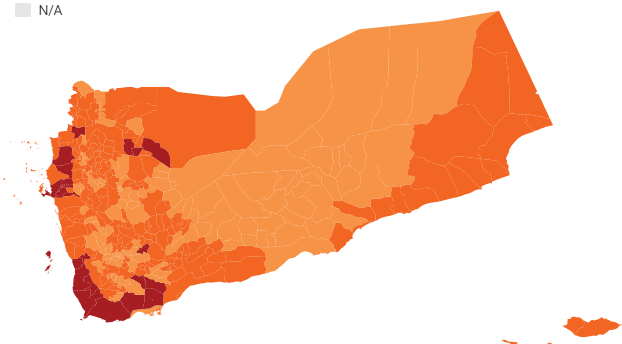
48

\$237.9M

Severity of needs by district (in 2025)

SEVERITY OF NEED

- 1 - Minimal
- 2 - Stress
- 3 - Severe
- 4 - Extreme
- 5 - Catastrophic
- N/A



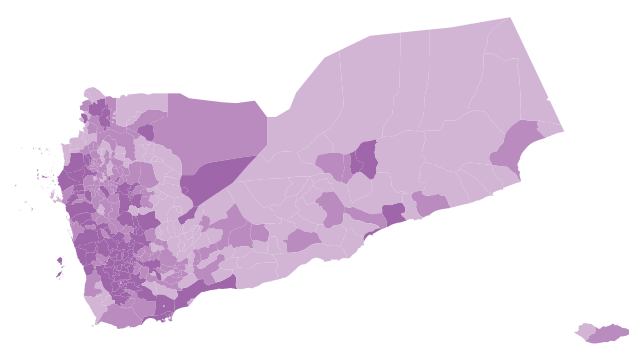
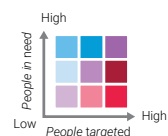
Number of people in need and targeted by district (in 2025)

PEOPLE IN NEED

- < 10,000
- 10,000 - 65,000
- 65,001 - 275,000

PEOPLE TARGETED

- < 9,000
- 9,000 - 58,000
- 58,001 - 250,000



Summary of needs

In Yemen, approximately 2.3 million or nearly half of all children under the age of five are acutely malnourished. This includes 0.5 million children who face severe acute malnutrition (SAM) and 1.8 million with moderate acute malnutrition (MAM), alongside 1.3 million malnourished pregnant and breastfeeding women.⁶⁷ This alarming malnutrition crisis is fuelled by intersecting and persistent challenges, primarily driven by prolonged conflict, economic instability and access and funding constraints. Years of conflict have uprooted families, disrupted food production and crippled supply chains. Environmental shocks such as flooding and drought have further decimated crops and livestock, compounding food insecurity. Inflation and currency devaluation have made even basic nutrition unattainable for many, while limited humanitarian access due to security risks hinders critical aid distribution. These conditions, exacerbated by entrenched gender inequalities, put especially children and pregnant/breastfeeding women at acute risk.

Malnutrition levels are particularly severe in five governorates, which account for over 70 per cent of all malnourished children in Yemen. Based on MUAC screenings, critical areas in the Hodeidah and Ta'iz lowlands are classified as IPC AMN Phase 5 and other northern districts in Al Hodeidah, Amran, Al Jawf, Sa'dah and Raymah at IPC Phases 4 and 5. Women of reproductive age are at higher risk of malnutrition due to elevated caloric and nutrient requirements, while female-headed households and unaccompanied children face additional barriers in accessing safe malnutrition assistance and increased risks of exposure to exploitation and GBV.

Access to humanitarian aid and services remains markedly uneven across Yemen, with assessments highlighting socio-economic disparities and an urban-rural divide. High costs to accessing health services, especially in rural areas, compound these barriers. The deeply interconnected causes of malnutrition in Yemen call for a robust multi-sectoral response. Enhanced coordination across nutrition, WASH, health,

and food security sectors, combined with protection mainstreaming, is critical to addressing these complex drivers and supporting effective emergency nutrition interventions to safeguard Yemen's most vulnerable and marginalized populations.

Response strategy

The nutrition response capacity in Yemen has been built over time through a health system strengthening approach. The Nutrition Cluster Response Strategy for 2025 will focus on children and pregnant and breastfeeding women who are amongst the most vulnerable people in humanitarian crises. Nutrition services will be provided to all 3.6 million malnourished children and women across Yemen through 4,700 static nutrition sites covering 92 per cent of the functional primary health care facilities providing life-saving treatment of acute malnutrition.

The Nutrition Cluster partners will enhance the reach and quality of preventive nutrition services for vulnerable groups by implementing targeted supplementary feeding programs, promoting optimal infant and young child feeding practices to 2.7 million pregnant and breastfeeding women, providing micronutrient supplementation to 2 million children below five years of age, and supporting maternal nutrition. In addition, partners will expand access to quality curative nutrition services through the health system, ensuring systematic identification, referral, and treatment of acute malnutrition cases in collaboration with the health sector to foster long-term sustainability. Where access to health facilities is compromised, mobile teams will be deployed to provide integrated health and nutrition services. Furthermore, capacity-building of the community health and nutrition volunteers' network will be improved on wasting management program uptake, to ensure undertaking of screenings at the household level and defaulter follow-ups.

Districts in IPC 5 and those with global acute malnutrition (GAM) rates over 15 per cent will be the focus of blanket supplementary feeding and prevention interventions using food or cash-based approaches. These approaches will be tied to long term initiatives to boost agricultural production of

nutrient dense food through sustainable farming. The activity is also designed as a complementary form of assistance for pregnant and breastfeeding women. It aims to complement existing nutrition interventions by addressing caloric and nutrient gaps while also enabling mothers to access essential health services. Nutrition Cluster coordination forums will collaborate with partners to strengthen area-based strategies, improve intersectoral coordination, and enhance situation monitoring through joint assessments and analyses while promoting an integrated response that includes protection measures.

To improve nutrition outcomes for women, children and other marginalized groups in affected areas, the cluster's nutrition programming approach emphasizes strong multisectoral collaboration. Nutrition partners will work closely with the WASH sector to promote safe sanitation and hygiene practices that are foundational to good nutrition. Within the health sector, partners will focus on equipping the health care workforce to deliver essential nutrition services effectively, ensuring that health facilities are consistently stocked with critical nutrition supplies. In collaboration with the FSAC, the Nutrition Cluster will aim to improve children's diets and support a nutrition-responsive social protection system for women and children.

Nutrition partners will receive training on protection mainstreaming, with mobile health and nutrition team trainings to include sessions on GBV, PSEA, and disability awareness. This holistic approach aims to deliver sustainable and impactful outcomes for those most at risk.

Targeting and prioritization

The emergency nutrition response in Yemen is committed to reaching every child in need of life-saving treatment for severe and moderate acute malnutrition across accessible districts. Severely malnourished children face an alarmingly high risk of mortality, underscoring the criticality of comprehensive coverage. By prioritizing children, we can ensure that critical nutrients reach them during their most crucial growth phases, supporting their healthy development, resilience, and a stronger foundation for their future. Prioritizing women is critical to meet







their increased nutritional needs including due to pregnancy and breastfeeding. This targeted approach is life-saving and strengthens Yemen's potential to recover and thrive.

The promotion of optimal infant and young child feeding practices is a cornerstone of Yemen's emergency nutrition response, with a focus on reaching 2.3 million mothers and caregivers across the country. Social and behaviour change communication, along with health education, will be embedded across those programs both at the community level and in health facilities. These efforts aim to empower caregivers with knowledge about essential feeding practices, including breastfeeding, safe complementary feeding and the importance of a balanced diet for young children, ensuring better nutrition outcomes.

To address the high prevalence of micronutrient deficiencies among children in Yemen, the program will target 5.5 million children with Vitamin A supplementation through routine health care visits and special campaign platforms. Vitamin A supports immune functions, reduces the risk of infections, and

promotes healthy vision, thus being particularly vital for children under the age of five. Additionally, 2 million children will be provided with multiple micronutrient powders and deworming treatments to combat malnutrition and enhance nutrient absorption. The micronutrient powders contain a blend of essential vitamins and minerals designed to fortify meals, ensuring children receive a balanced intake critical for growth and development. Deworming treatments are necessary to address parasitic infections that impair nutrient absorption and exacerbate malnutrition. Together, these initiatives form a comprehensive approach to prevent malnutrition deterioration among at-risk children, addressing both immediate nutrient deficiencies and longer-term health impacts. By ensuring children have access to these vital nutrients, the nutrition response seeks to create a strong foundation for their physical and cognitive development, ultimately helping to break the cycle of malnutrition in Yemen.

PEOPLE AND TARGET BREAKDOWN

	 Girls	 Boys	 Women	 Men	Total Activities	Total Indicators
 People in Need	2.9M	2.9M	2.8M	-	13	13
 People Targeted	2.8M	2.8M	2.2M	-		

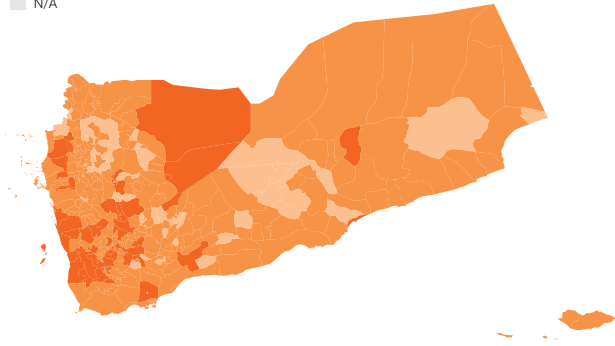
3.9 Protection

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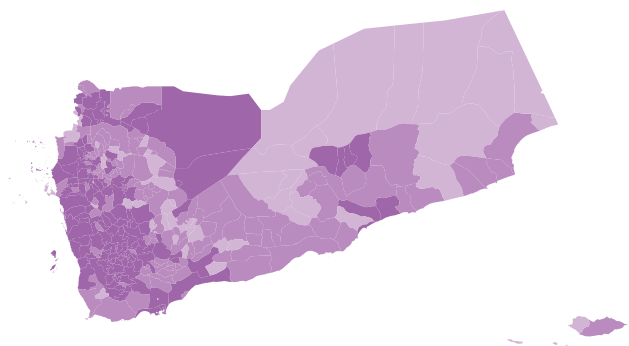
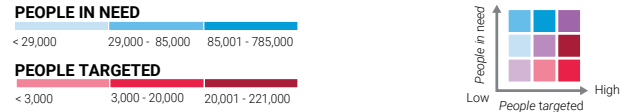
PEOPLE IN NEED	PEOPLE TARGETED	PARTNERS	REQUIREMENTS (US\$)
17M	6.3M	66	\$170.9M

Severity of needs by district (in 2025)

- SEVERITY OF NEED**
- 1 - Minimal
 - 2 - Stress
 - 3 - Severe
 - 4 - Extreme
 - 5 - Catastrophic
 - N/A



Number of people in need and targeted by district (in 2025)



Summary of needs

The analysis of humanitarian needs in Yemen highlights critical protection gaps in key districts where multiple vulnerability factors converge, exacerbating risks for the affected population. In 2024, over 167,000 individuals were identified as needing documentation across 157 districts. This number has risen to over 307,000 individuals across 186 districts. While this increase reflects broader assessment reach and more comprehensive identification of needs on the one hand, most remaining districts lack adequate access and coverage by protection partners, showing potentially far greater needs than current data reveals. Despite an overall increase in protection services in 2024 (28 services) compared to 2023 (21 services) urgent gaps persist. Notably, 33 districts still lack protection services entirely, underscoring a significant scale of unmet needs.

The protracted conflict has severely compromised protection systems and diminished the capacity of the social service workforce, directly impacting the care and protection of children in humanitarian settings.

Critical child protection services are especially necessary for displaced, unaccompanied, and marginalized children, including those affected by landmines and ERW. According to the Secretary-General’s Annual Report on Children and Armed Conflict, 11,733 children have been killed and maimed in Yemen between 2013 and 2024, 34 per cent of which resulted from explosive ordnance. These figures demonstrate the importance of mine clearance, victim assistance, and Explosive Ordnance Risk Education (EORE) to prevent further harm. Furthermore, in view of the profound psychological distress Yemeni children endure from the impacts of violence and displacement, MHPSS remains critical. Mechanisms for reporting grave violations are also vital to safeguarding children amid ongoing conflict.

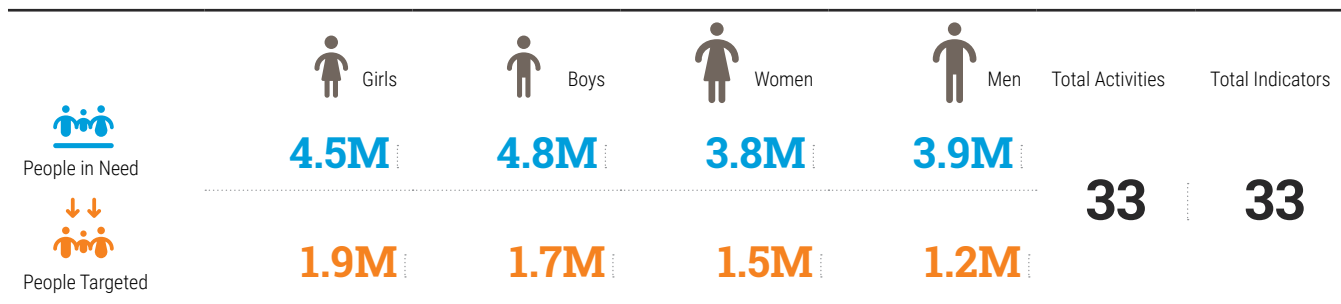
Despite an increase in protection services, significant gaps persist, with some high-severity districts having only 15 to 30 per cent coverage of essential services including legal aid, documentation assistance, mine victim support, GBV and child protection services, and eviction prevention programs. This inadequate coverage hampers effective responses, leaving conflict- and disaster-affected persons without sufficient support and exposing communities to persistent risks of displacement. Expanding protection services is crucial to addressing these gaps and ensuring comprehensive support for marginalized populations in underserved areas. An integrated response targeting high-severity areas is essential to mitigate compounded vulnerabilities and deliver critical support to Yemen's most at-risk communities.

Response strategy

Cluster objectives:

- **Deliver principled and gender-responsive protection assistance** to vulnerable IDPs, non-displaced individuals and returnees.
- **Ensure equitable and non-discriminatory access** to essential services and uphold the legal and human rights of vulnerable populations. An online referral mechanism will strengthen engagement with MPCA to address the long-term socio-economic needs of the most vulnerable and reduce reliance on negative coping mechanisms.
- **Cash for protection** will remain a key modality to address urgent protection risks effectively and efficiently.
- **GBV services** will provide comprehensive survivor-centred interventions, including case management, psychosocial support, health referrals and access to justice, with a particular focus on rural and under-served areas where GBV services remain scarce.

PEOPLE AND TARGET BREAKDOWN



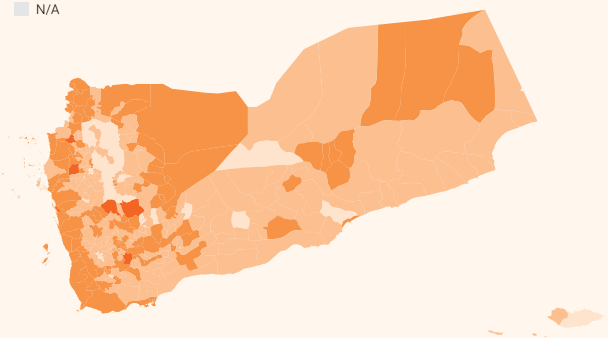
Child protection AoR

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
7.3M	0.7M	\$34.8M

Severity of needs by district (in 2025)

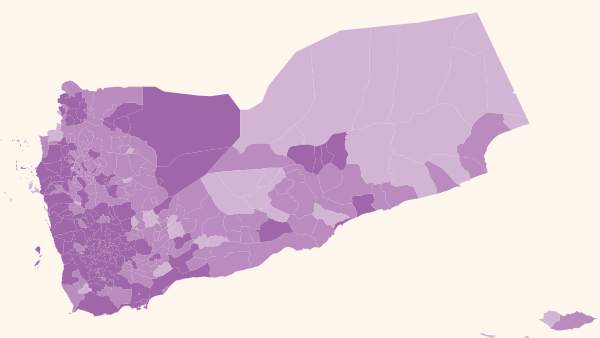
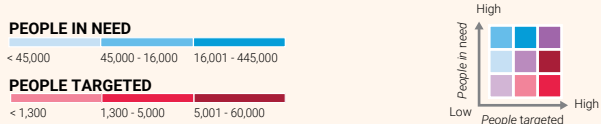
SEVERITY OF NEED

- 1 - Minimal
- 2 - Stress
- 3 - Severe
- 4 - Extreme
- 5 - Catastrophic
- N/A



The Child Protection Area of Responsibility (AoR) will prioritize critical services for unaccompanied and separated children and other vulnerable children through integrated case management. This will include systematic usage of referral pathways and safe information management, providing psychosocial support to children and caregivers, ensuring the Monitoring and Reporting Mechanism (MRM) is in place to monitor grave violations against children and inform advocacy, response and prevention programmes, identifying drivers and causes of child recruitment and taking measures to address them. Furthermore, services will entail facilitating access to legal and protection assistance for children in contact with the law through a child-friendly juvenile justice system, as well as reintegration and EORE to protect children from landmine and ERW risks. The response will equally prioritize ongoing engagement with children, adolescents, their caregivers and communities to make them aware of available protection services as well as how and where to access them.

Number of people in need and targeted by district (in 2025)



PEOPLE AND TARGET BREAKDOWN

	Girls	Boys	Women	Men	Total Activities	Total Indicators
People in Need	3.0M	3.1M	610.0k	610.0k	4	4
People Targeted	347.8k	360.7k	16.1k	16.5k		

Gender-based violence AoR

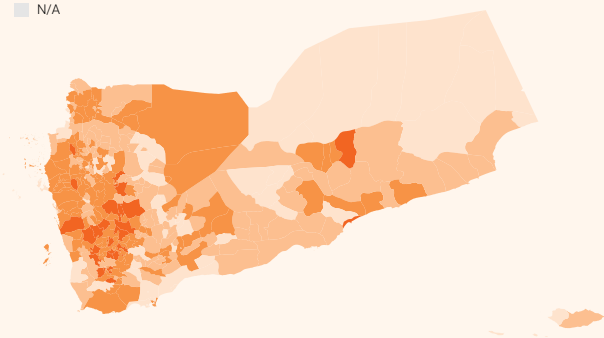
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
6.2M	0.9M	\$56M

Severity of needs

by district (in 2025)

SEVERITY OF NEED

- 1 - Minimal
- 2 - Stress
- 3 - Severe
- 4 - Extreme
- 5 - Catastrophic
- N/A



Number of people in need and targeted

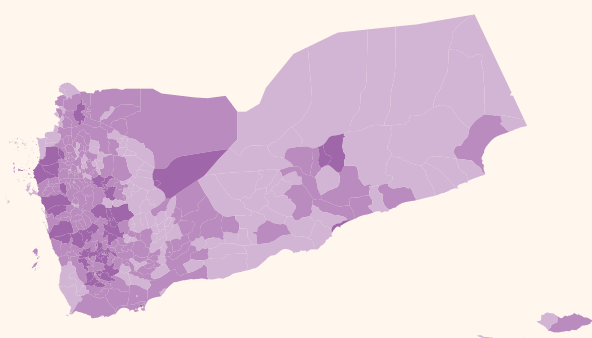
by district (in 2025)

PEOPLE IN NEED

- < 17,000
- 17,000 - 34,000
- 34,001 - 200,000

PEOPLE TARGETED

- < 2,000
- 2,000 - 4,000
- 4,001 - 52,000



Access to GBV response services in Yemen remains limited due to the ongoing conflict, displacement, weak infrastructure, and social stigma, which restricts survivors' ability to seek help. Challenges include insufficient availability of specialized services, limited geographic coverage, inadequate funding, and societal norms that discourage reporting, all of which contribute to significant barriers for women and girls needing protection and support. It is estimated that fewer than 5 per cent of health facilities are able to provide clinical management of rape services, and 90 per cent of rural areas lack any GBV response support. Implementation of GBV prevention and response initiatives remains exceptionally difficult in many parts of the country due to conservative social norms and cultural beliefs that view gender-based violence as a private or taboo issue, the fear that such programs challenge traditional gender roles, and political sensitivities around international influence on domestic policies. Additionally, there continues to be a lack of understanding or prioritization of GBV as a critical humanitarian concern, compounded by limited institutional capacity and competing governance challenges.

GBV services will provide comprehensive survivor-centred interventions, including case management, psychosocial support, health referrals, and access to justice, with a particular focus on rural and underserved areas where GBV services remain scarce.

PEOPLE AND TARGET BREAKDOWN

	Girls	Boys	Women	Men	Total Activities	Total Indicators
People in Need	2.7M	429.5k	2.8M	349.7k	7	7
People Targeted	288.6k	58.8k	506.5k	54.6k		

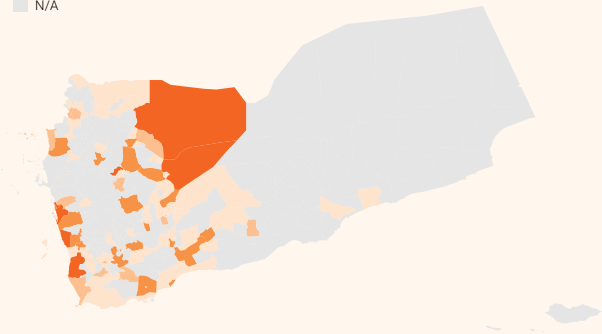
Mine action AoR

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
5.1M	2.5M	\$16.6M

Severity of needs by district (in 2025)

SEVERITY OF NEED

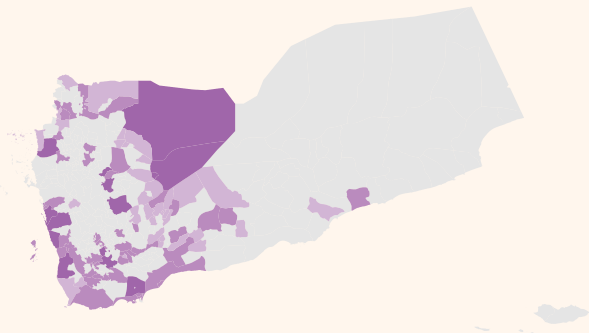
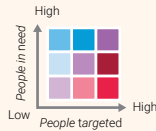
- 1 - Minimal
- 2 - Stress
- 3 - Severe
- 4 - Extreme
- 5 - Catastrophic
- N/A



Number of people in need and targeted by district (in 2025)

PEOPLE IN NEED		
<48,000	48,000 - 87,000	87,001 - 447,000

PEOPLE TARGETED		
<13,000	13,000 - 24,000	24,001 - 125,000



Yemen remains one of the most heavily contaminated countries by landmines and ERW, with explosive hazards preventing IDPs from returning safely and obstructing housing, land, and property rights. Mine action services will scale up clearance operations in high-risk areas, provide victim assistance such as rehabilitation and psychosocial support, and deliver community-wide awareness campaigns to mitigate injuries and fatalities. The response will also address environmental and seasonal hazards, such as flooding risks in IDP sites, by integrating DRR into protection programming and collaborating with Shelter and CCCM clusters to prevent further displacement.

Partners will enhance protection systems by fostering community resilience, capacity-building, and inter-sectoral referrals. Livelihood and skills-building programs will reduce reliance on humanitarian aid, while conflict resolution initiatives will address tensions in displacement and return areas. Information and awareness sessions in accessible formats will empower individuals to navigate legal and social systems, enabling informed decision-making. Specialized psychosocial support will address trauma, particularly in high-distress areas such as Al Hodeidah, Ibb and Ta'iz.

PEOPLE AND TARGET BREAKDOWN

	Girls	Boys	Women	Men	Total Activities	Total Indicators
People in Need	1.4M	1.4M	1.1M	1.2M	8	8
People Targeted	599.5k	697.8k	570.6k	679.2k		



TA'IZ, YEMEN

A team conducts a manual mine clearance operation in Makha district. Photo: DRC/Anwar Al Shareef

Follow-up with all clusters on commitments as per the Centrality of Protection Action Plan will remain a priority. A mechanism to regularly report on protection risks and threats, as well as actions undertaken to address them, will be introduced in 2025. Efforts to strengthen inter-sectoral analysis informed by a protection lens will continue, building on progress made with CCCM, Shelter, WASH, and MPCA clusters in 2024, and extending to remaining clusters in 2025. Specifically, the National Protection Cluster will provide technical support to ensure that each cluster in 2025 reports against the indicator: "*Number of Protection Analyses conducted and shared, identifying threats, vulnerable groups and coping mechanisms.*" This approach will ensure that protection risks and threats are systematically identified and addressed, embedding a protection lens into all aspects of humanitarian action.

Targeting and prioritization

The prioritization strategy for the Protection Cluster and its AoRs emphasizes a focused, data-driven approach targeting high-severity districts across Yemen. Analysis from 2024 to 2025 highlights critical governorates and districts facing the most acute protection risks due to a combination of high civilian casualties, eviction threats, significant gaps in civil documentation, and limited access to essential services. These areas include Marib, Ta'iz, Al Hodeidah, Sa'dah, Sana'a City, Ad Dale', Ibb, Abyan, Al Jawf and Hajjah, with districts such as Marib City, Al Tuhayta, Khab wa Ash Sha'af, Ad Durayhimi, Bayt Al Faqih, Al Qahirah, Al Makha, Al Hali, Sirwah, Az Zuhrah, Al Mudhaffar, Hamdan, and Qa'tabah among those categorized as high severity.



AL MUKALLA, YEMEN

A mother from Al Mukalla has dedicated her efforts for ending any harmful practices against women and girls. Credit: UNFPA


Key factors that determine prioritization include widespread exposure to landmines and ERW, disproportionately high numbers of IDPs and escalating threats of eviction. In Marib, more than 24,000 households are at risk of eviction, while in Al Hodeidah, landmine incidents are among the highest nationally, particularly affecting districts like Az Zuhrah and Bayt Al Faqih. In Ta'iz, frontline districts such as Al Qahirah and Ash Shamaytayn face severe protection challenges, including child labour and lack of civil documentation. Sa'dah experiences similar high-severity issues, compounded by limited availability of GBV and child protection services.

Prioritization also extends to vulnerable and marginalized groups, such as female-headed households, persons with disabilities and the *Muhamasheen*, who are disproportionately affected

by systemic exclusion and discriminatory practices. Comprehensive interventions are needed in underserved districts where fewer than 20 per cent of essential protection services are currently available. Mobile protection teams, community-based monitoring networks, and advocacy with local and national authorities are critical to mitigating these risks and expanding service coverage.

To address these challenges, the Protection Cluster aims to establish multisectoral services and integrated approaches, scale up eviction mediation, provide civil documentation support and strengthen partnerships with other clusters and local actors. By focusing on high-severity areas with multiple protection needs, this strategy ensures that the most at-risk communities receive the targeted, integrated support they urgently need.

↔ 3.10 Rapid Response Mechanism

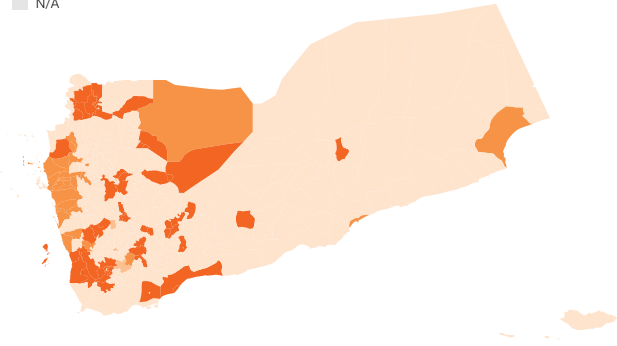
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PEOPLE IN NEED	PEOPLE TARGETED	PARTNERS	REQUIREMENTS (US\$)
0.5M	0.5M	12	\$16.6M

Severity of needs by district (in 2025)

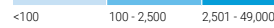
SEVERITY OF NEED

- 1 - Minimal
- 2 - Stress
- 3 - Severe
- 4 - Extreme
- 5 - Catastrophic
- N/A

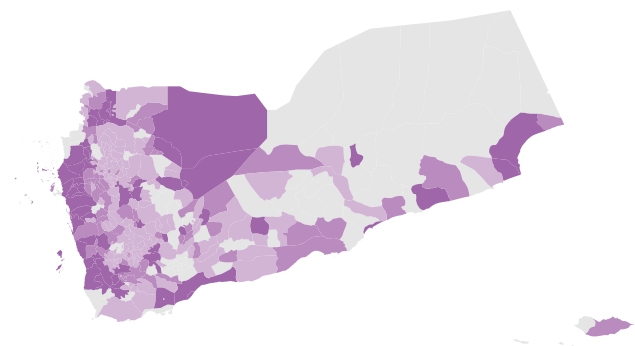
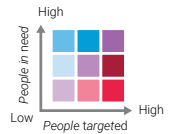


Number of people in need and targeted by district (in 2025)

PEOPLE IN NEED



PEOPLE TARGETED



Summary of needs

Ongoing armed conflict and the escalating impacts of climate change have led to frequent displacement, forcing families to flee their homes and seek refuge in hard-to-reach areas. In the critical first 72 hours of displacement, these newly displaced populations lack access to essential necessities such as food, clean water, shelter and hygiene facilities. Women and girls face additional risks due to unmet health and sanitary needs increasing their vulnerability to complications and protection issues.

The multisectoral Rapid Response Mechanism (RRM) is designed to address these urgent needs by providing immediate, life-saving emergency assistance within the first 72 hours of displacement or climate-induced disasters. The RRM aims to reduce shock-induced vulnerability and uphold the dignity of affected populations by delivering a comprehensive assistance package, including basic hygiene kits, female dignity/transit kits, immediate ready-to-eat

rations and water ceramic filters to reduce the risk of water-borne diseases such as cholera. The RRM assistance package includes emergency MPCA, which is provided 14 to 21 days following displacement. This ensures households can meet their urgent basic needs beyond the initial in-kind kits, using the cash to access essential items from local markets according to their specific needs and priorities.

The swift deployment of the RRM is crucial for mitigating the adverse effects of sudden displacement or shock. By promptly delivering multisectoral assistance, the RRM helps stabilize affected populations, allowing them to address immediate survival needs while maintaining a sense of dignity and normalcy. Recognizing the critical role of the RRM in emergency response efforts ensures that newly displaced families receive the support they need during their most vulnerable moments.

Response strategy

In the event of shock or displacement, initial information is gathered by RRM within 72 hours informed by the Rapid Needs Assessment Tool. The information is shared with regional coordination teams, the ICCG and all relevant clusters including the Shelter Cluster at central and field levels. The comprehensive details on displaced families are later shared (twice a week) with all clusters via secure links, enabling them to plan and implement an appropriate second line response, including NFIs and shelter assistance.

The multisectoral RRM provides a minimum package of immediate life-saving assistance on a “no regrets” basis to newly displaced families in hard-to-reach areas through coordinated interventions:

- Provision of emergency RRM kits (basic family hygiene, female dignity/transit, water ceramic filter and immediate ready ration kit) to those newly displaced or affected by climate change disasters. This assistance covers basic needs for the family for five to seven days during the initial phase of displacement.
- Provision of one-off emergency MPCA to households newly displaced or affected by climate change disasters 14-21 days after the provision of emergency RRM kits, to cover the urgent basic needs of displaced households for one month, until further cluster-based response is provided. In addition, RRM-registered households will be referred for additional eligibility of multi-round MPCA assistance (up to five rounds of MPCA) using the CCY Vulnerability Analysis Framework.
- Provision of one round of emergency food assistance to newly displaced households or affected by climate change disasters.

The RRM response modality entails procuring, storing and pre-positioning supplies across the country to the central, sub-central and field-based warehouses, verifying new displacement alerts and mobilizing RRM teams within 72 hours in the target locations, enrolling new displacement families, distributing RRM packages, sharing the quality and comprehensive

data with clusters for subsequent response and disbursing MPCA and food to the most vulnerable displaced families.

The distribution of the Emergency MPCA component within the RRM package is led by IOM with CCY as an implementing partner, which includes five international NGOs.

Targeting and prioritization

The collaborative partnership among UNFPA, WFP, IOM and UNICEF and 12 international and national NGOs is instrumental in enhancing emergency preparedness and response efforts in Yemen. This quadripartite agreement embodies the "One UN" approach, showcasing how coordinated action can maximize the unique strengths of each agency. By working together, these organizations exemplify the "delivering as one" approach, ensuring a more effective and unified humanitarian response.

The multisectoral RRM is strategically aligned with multiple Sustainable Development Goals (SDGs), reinforcing its comprehensive impact. Through the distribution of food kits, the RRM advances “SDG 2: Zero Hunger” by addressing the immediate nutritional needs of displaced populations. The provision of hygiene kits, coupled with WASH initiatives and nutrition support, contributes to “SDG 3: Good Health and Well-being” by preventing disease and promoting overall health. Furthermore, the supply of transit and dignity kits specifically for women supports “SDG 5: Gender Equality,” reducing risks related to protection, deprivation, and hygiene for women and girls. The RRM also aligns with “SDG 13: Climate Action” by integrating measures to enhance resilience to climate-induced shocks, such as floods and droughts, while fostering adaptive capacities among affected communities.

Beyond immediate relief, the RRM functions as a vital entry point for new IDPs into the broader humanitarian support system, as RRM provides various and impactful platforms of data sharing and referrals. It serves as a primary source of information management for first-line comprehensive data collection and rapid needs assessment. All newly registered IDPs are referred to relevant clusters twice a

week, facilitating a sequenced, cluster-based response that ensures comprehensive support across various sectors such as shelter, health, and protection. This systematic referral process enhances coordination among humanitarian actors, allowing for more targeted and efficient assistance. By prioritizing rapid identification and support of the most vulnerable populations, the RRM not only addresses immediate survival needs but also contributes to the overall resilience and recovery of affected communities. To note that limited pre-positioned supplies in affected areas can delay response efforts by other clusters. To address these challenges, RRM coordination teams are actively engaging with the ICCG and cluster leads to strengthen referral pathways and develop measurable follow-up systems, including enhancing communication channels with relevant stakeholders and encouraging systematic feedback mechanisms. The RRM database plays a crucial role in these efforts by maintaining updated beneficiary records, preventing duplication of services, and ensuring that assistance is accurately targeted even as populations move. Through these measures the RRM remains committed to fostering stronger coordination and collaboration with clusters and partners ensuring that initial interventions are complemented by sustained support from relevant sectors to provide a more holistic response to displacement.

Monitoring

Each of the seven UN field hubs has an RRM Field Coordinator to ensure effective coordination and implementation. These coordinators are responsible for facilitating field-level activities, addressing operational challenges, and convening monthly meetings with RRM cluster members and the authorities. This collaborative approach ensures complementarity, efficient referrals, and timely activation of RRM mechanisms when needed. The RRM Field Coordinators also conduct regular monitoring visits to RRM warehouses, displacement sites, and distribution points to assess the situation on the ground.

Furthermore, RRM partners are strategically positioned near front lines and areas prone to

climate change disasters, with warehouses located in these hotspot areas to enable rapid response. RRM stock is monitored online, and replenishment and reshuffling from mild to hotspot areas ensure continuous enrollment and distribution of RRM kits without interruption. To prevent duplication, data on newly displaced families is uploaded daily to the RRM dashboard by implementing partners, and RRM assistance is provided only after verification. The RRM actively engages in joint UN monitoring and evaluation missions and provides regular updates on displacements and crises within the country to the RRM National Coordinator.

The RRM shares its beneficiary lists with OCHA, cluster partners, and other stakeholders. It also produces regular updates and infographics to communicate information about the mechanism and ground dynamics. These measures represent some of the key monitoring and evaluation controls currently integrated into the RRM.







The activation of RRM resources relies on systematic evaluation of displacement alerts and pre-defined criteria to ensure that resources are directed efficiently to the most vulnerable populations. Alerts are received from local authorities, community networks, implementing partners, and UN agencies and must include key details such as the location of the affected population, the number of displaced households, and the origin of displacement. Once received, these alerts undergo verification through data triangulation involving multiple sources, such as RCTs, RRM partners, RRM Hubs, and UN agencies and their partners on the ground to confirm the displacement status, assess protection risks, and determine availability of supplies and local response capacity. Activation thresholds are clearly defined to ensure cost-efficiency and prioritization. For example, climate-induced shocks require a minimum of 10 displaced households to trigger a response. In conflict-related displacements thresholds consider the scale of displacement and access constraints. This structured approach ensures that scarce resources are reserved for situations where the needs exceed the capacity of local authorities and host communities.



AL MAHWIT, YEMEN

RRM teams using camels to bring RRM kits to people in hard-to-reach parts of Milhan District, Al Mahwit Governorate following severe flash flooding.
 Photo: Vision Hope International

PEOPLE AND TARGET BREAKDOWN

	 Girls	 Boys	 Women	 Men	Total Activities	Total Indicators
 People in Need	116.8k	138.8k	118.7k	145.8k	1	1
 People Targeted	116.8k	138.8k	118.7k	145.8k		

3.11 Refugees and Migrants Multi-Sector

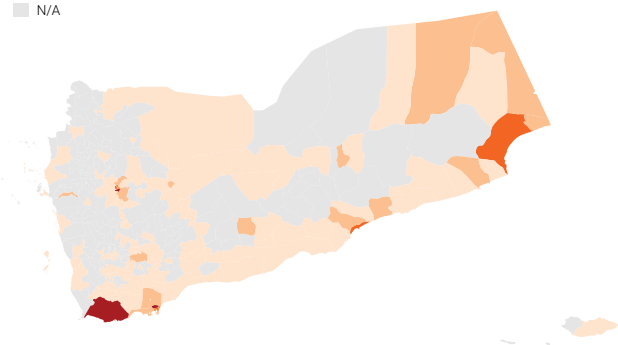
Explore more at humanitarianaction.info

PEOPLE IN NEED	PEOPLE TARGETED	PARTNERS	REQUIREMENTS (US\$)
0.2M	0.2M	20	\$48.3M

*People in need and funding requirements will be further updated upon completion of updated figures on migrants in DFA-controlled areas

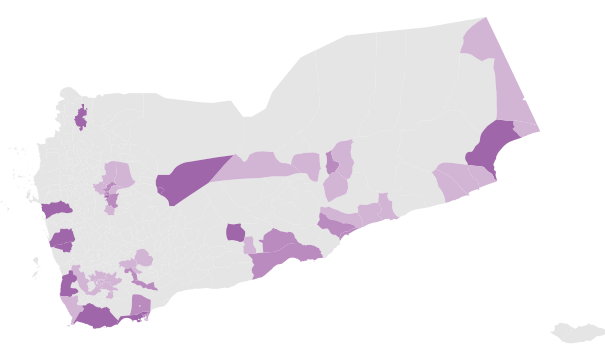
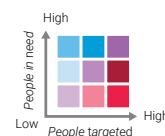
Severity of needs by district (in 2025)

- SEVERITY OF NEED**
- 1 - Minimal
 - 2 - Stress
 - 3 - Severe
 - 4 - Extreme
 - 5 - Catastrophic
 - N/A



Number of people in need and targeted by district (in 2025)

- PEOPLE IN NEED**
- <100
 - 100 - 1,000
 - 1,001 - 29,000
- PEOPLE TARGETED**
- <100
 - 100 - 1,000
 - 1,001 - 29,000



Summary of needs

Yemen continues to be a key country of asylum and migration, particularly for individuals arriving from the Horn of Africa. Although a party to the 1951 Refugee Convention, the country’s ability to fulfil its international obligations has been negatively impacted by the protracted humanitarian and protection crisis, and the lack of a national legislative framework on refugee protection. The reported number of migrants arriving to Yemen has been relatively constant, although a sharp increase was noted in the latter part of 2024, likely due to increased humanitarian access in Dhubab in Ta’iz Governorate. According to the Flow Monitoring data from IOM, 18,035 arrivals were reported in November compared to 1,631 arrivals reported in August, with 18,035 reported in total between January and November.⁶⁸ At the same time, basic services to cover migrants’ humanitarian and protection needs remain limited. There is an urgent

need to improve protection conditions and ensure the fulfilment of rights for all refugees and migrants, including through protection monitoring and reporting, proper identification and referrals within mixed movements and by ensuring the right to asylum for people in need of international protection.

Refugees and migrants in groups at heightened risk—including women at risk, unaccompanied and separated children, older people and people with disabilities—are often unable to participate in socio-economic activities, and so are disproportionately affected by the current economic circumstances in the country. This puts them at greater risk of abuse or exploitation, with some adopting negative coping strategies. There is an urgent need to improve the living conditions of the most vulnerable migrants and refugees through continued provision of multisectoral services including shelter, health, education, women’s protection, child protection and psychosocial support

to people with specific needs. Different modalities of interventions such as cash-based interventions will be implemented for self-agency and empowerment. Protection principles will be mainstreamed across all areas of intervention.

Many asylum seekers, refugees and migrants remain in long-term displacement within the country, without meaningful prospects of local integration or safe routes for onward journey to another country. For stranded migrants wishing to return to their countries of origin, return assistance mechanisms are in place, although current capacity and resources are insufficient to fully meet the existing demand. There is an urgent need to support the continuing development of durable solutions for all migrants and refugees, including through the strategic use of third-country resettlement for refugees, and increased support for return to countries of origin in conditions of safety and dignity, and in line with the principle of voluntariness.

Response strategy

RMMS will work to ensure that the needs of migrants, refugees and asylum seekers arriving to, transiting through, stranded or settled in Yemen are addressed and responded to. RMMS and its partners will contribute to reduce protection risks by addressing threats and vulnerabilities and enhancing the protection capacity of all stakeholders, including migrants, asylum seekers and refugees. This will be done by providing targeted multisectoral life-saving assistance, including specialized protection, health and shelter assistance, while advocating for the inclusion of populations of concern into the wider cluster response.

Activities will be carried out along migratory routes, including border areas and in urban centres, where refugees, asylum seekers, and migrants live or are stranded, including the Kharaz Refugee Camp and migrant response centres/points.

RMMS will continue broader coordination and advocacy with duty bearers to strengthen the protection environment and to ensure better compliance with human rights norms and international obligations, including the 1951 Refugee Convention. It will engage with authorities and other actors working in the area to ensure harmonization of the response and proper identification of persons in need of international protection.

The sector will also work to facilitate durable solutions, including resettlement for refugees and voluntary humanitarian return for stranded migrants. These activities are aligned with the UNSDCF.

Protection Mainstreaming: RMMS and its partners will mainstream protection principles throughout the response by, among other actions, providing capacity-building on protection mainstreaming principles and practices for stakeholders and service providers, operating complaint and feedback mechanisms, ensuring two-way communication between the target population and the service providers, and taking steps to ensure PSEA. The inter-agency response will give due consideration to conflict sensitivity and include host communities in the response wherever appropriate. Child safeguarding will be incorporated throughout the multisectoral response in line with the organizational policies of RMMS members.

Targeting and prioritization

RMMS and its partners will continue to prioritize the most vulnerable members of the asylum seeker, refugee, and migrant communities. This will include women at risk, unaccompanied and separated children, older people, people with disabilities, survivors of violence and individuals with other compelling protection needs.

Services for asylum seekers and refugees will continue to be primarily situated in principal urban areas, where most asylum seekers and refugees continue to









SUMAYA, a Somali refugee, beams with joy as she holds her baby on a UNHCR-supported boat, heading back to Somalia. Photo: UNHCR/Mysa Khalaf

reside, with provision for outreach and mobile service provision to reach individuals located outside of these areas. IOM will continue to provide services through its mobile teams along migratory routes, including in border areas and front lines where migrants are stranded.

From 2025, even greater efforts will be made to consistently monitor key points of arrival in the south of the country to identify and respond to the protection and humanitarian needs of new arrivals by sea, including individuals who may be subjects of trafficking or survivors of incidents at sea, including shipwrecks.

PEOPLE AND TARGET BREAKDOWN

	 Girls	 Boys	 Women	 Men	Total Activities	Total Indicators
 People in Need	14.9k	21.5k	30.7k	125.4k	8	20
 People Targeted	14.9k	21.5k	30.7k	125.4k		

3.12 Shelter and Non-Food Items

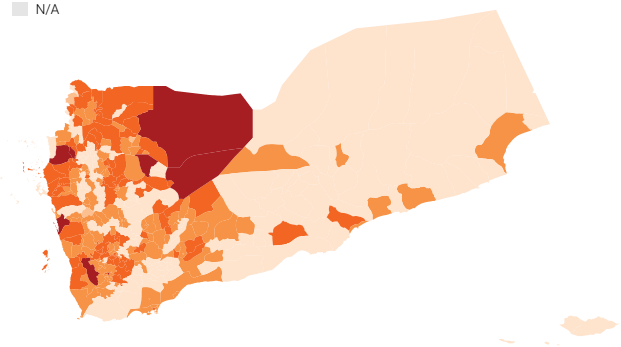
Explore more at humanitarianaction.info

PEOPLE IN NEED	PEOPLE TARGETED	PARTNERS	REQUIREMENTS (US\$)
7.5M	1.8M	233*	\$170M

* This number represents the total membership of the Shelter Cluster, including active partners

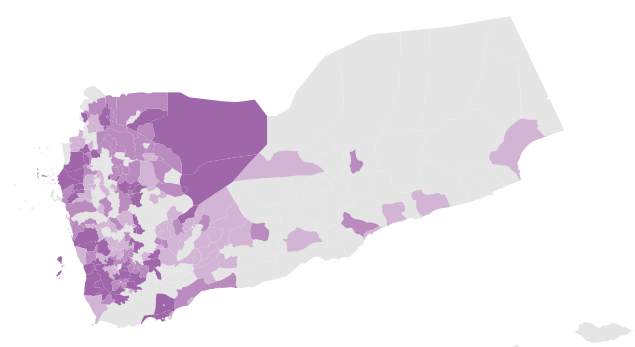
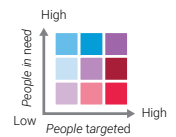
Severity of needs by district (in 2025)

- SEVERITY OF NEED**
- 1 - Minimal
 - 2 - Stress
 - 3 - Severe
 - 4 - Extreme
 - 5 - Catastrophic
 - N/A



Number of people in need and targeted by district (in 2025)

- PEOPLE IN NEED**
- <10,000
 - 10,000 - 100,000
 - 100,001 - 1,130,000
- PEOPLE TARGETED**
- <3,000
 - 3,000 - 23,000
 - 23,001 - 128,000



Summary of needs

The Shelter Cluster estimates 7.5 million vulnerable people—55 per cent of whom are IDPs and 45 per cent are non-IDPs including returnees and host communities—need shelter and non-food items⁶⁹ (NFIs). Of the total PIN, 69 per cent are in critical and catastrophic shelter conditions (severity 4 and 5). There are approximately 1.6 million IDPs residing in informal sites as a last resort, while more than 3.3 million are in family hosting arrangements and rental accommodations.

In addition to the ongoing protracted crisis, Yemen faces severe climate challenges such as cyclones, flooding, storms, extreme temperatures (heat waves and cold) and landslides. About 7 per cent of those in need live in locations with extremely low winter temperatures. Additionally, most IDP sites are unplanned, in flood paths and exposed to HLP issues. Consequently, 43 per cent of Yemen’s 2,290 IDP sites

are often affected by flooding, resulting in the loss of life, property damage and significant environmental impacts, prompting the need for the repositioning of emergency kits/conditional sectoral cash assistance in addition to life-saving DRR interventions.

A UNHCR comprehensive needs assessment of over 686,000 people in 173 districts across Yemen found that 5 per cent were persons with disabilities, 22 per cent were female-headed families, 37 per cent had no means of income, 54 per cent of respondent IDPs and returnees to the question “How is your housing in your area of origin” reported damage to their houses in their areas of origin, and 53 per cent needed safer and dignified shelters due to the precarious living conditions.⁷⁰

Lack of livelihood opportunities continues to worsen the conditions of vulnerable families struggling with limited purchasing power to acquire or replace worn-out household items, including items for persons with specific needs and safer and dignified shelters. The inability to access environmentally friendly energy for lighting and cooking exposes women and girls to significant protection risks as they are required to travel long distances to collect firewood. These factors contribute to diminished coping mechanisms and dependency on humanitarian aid, and are expected to increase community and family tensions while exposing vulnerable families to further protection risks.

Response strategy

In Yemen, approximately 7.5 million people need shelter and essential household items, a 12 per cent increase from 2024 due to escalating needs, the ongoing protracted crisis and the impacts of climate shocks. Efforts in 2024 were crucial in preventing further deterioration of vulnerable families' living conditions. Membership in the Shelter Cluster grew in 2024, ensuring countrywide response coverage. This progress highlights the cluster's capacity to implement and scale up programs in 2025. Beyond emergency efforts, it is now more critical than ever to invest in mid-term and long-term sustainable shelter solutions.

In 2025, the Shelter Cluster plans to improve the living conditions of 1.8 million of the most vulnerable people by providing life-saving and life-sustaining NFIs and shelter assistance through a multisectoral approach. This approach targets the most vulnerable families in areas with the highest severity of intersectoral needs to mitigate against further protection risks and create safer and more dignified conditions. The Shelter Cluster Common Pipeline will continue to be a crucial response mechanism, effectively addressing a range of emergencies including new displacements, flood impacts, fire incidents and forced evictions. The plan aims to support various household needs, targeting 80,000 households with NFI kits, 40,000 with sustainable household energy devices to help mitigate GBV risks, and 31,000 with winterization support. Additionally, 49,000 households will receive emergency shelters, 44,000 will receive rental support and

another 49,000 will benefit from shelter repairs and upgrades. Shelter repair kits will be provided to 30,000 households, while flood mitigation solutions will reach 162 IDP sites and shelter-specific flood mitigation will cover 35,000 households. Settlement planning and infrastructure activities are planned for 137 IDP settlements. Furthermore, 10,000 households will be trained in shelter repair, environmental considerations, and climate-adaptive techniques, 20,000 will receive localized transitional shelters, 10,500 will benefit from house rehabilitation, and 500 will be provided with advanced shelters. To build community resilience, communities will be fully engaged in every aspect of the shelter response, including planning, designing, implementation and monitoring. This participatory approach will empower communities and enhance their capacity to withstand future shocks.

Targeting and prioritization

To effectively address the diverse needs of vulnerable populations in Yemen, the Shelter Cluster will prioritize families impacted by shocks in 2025, including conflict, natural disasters, forced eviction and fire incidents. This prioritization extends to those with urgent needs due to protracted displacement, returnees and the most vulnerable host communities, with a greater focus on those living in critical and catastrophic severity. A settlements-based approach will continue to be promoted for the broader benefit of the humanitarian response.

The Shelter Cluster's primary focus remains on IDPs, who are the most vulnerable due to ongoing conflict and natural hazards. Immediate and effective NFIs and emergency shelter solutions will target those forced to flee their homes due to conflict, addressing their urgent needs by delivering timely assistance to enhance their living conditions and ensure their safety. In addition to conflict-induced displacement, the Shelter Cluster recognizes the significant impact of natural hazards on vulnerable populations. The cluster will target those affected by such events, ensuring that interventions are comprehensive and responsive to the needs of all affected groups, particularly IDPs in displacement sites susceptible to these hazards. A balanced approach will be adopted to ensure that the needs of IDPs living in



WEST COAST, YEMEN
Zahara and her family stand outside a transitional shelter. Photo: IOM/Monica Chiriac

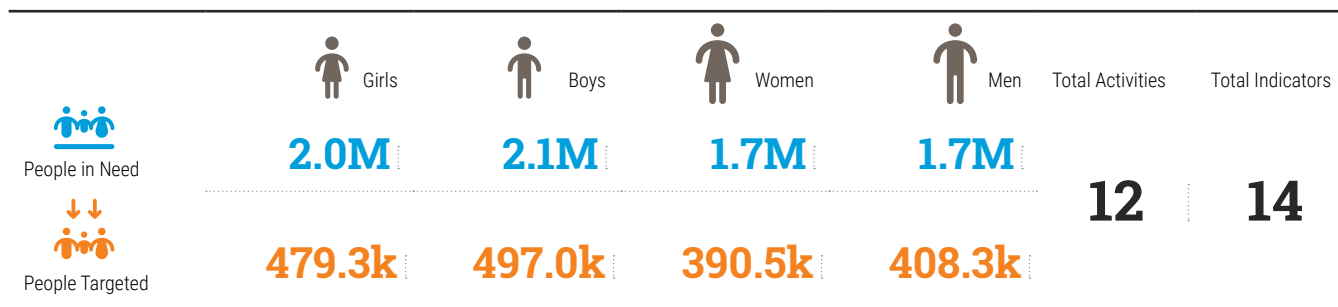
rental accommodation and host family arrangements, who constitute two-thirds of the IDP population, are effectively addressed.

Recognizing the protracted nature of displacement in Yemen, the Shelter Cluster will focus on developing sustainable solutions for those displaced for extended periods. The goal is to provide dignified living conditions that promote self-reliance and stability, facilitating the integration of displaced individuals into their communities. In line with the principle of “Do No Harm,” the Shelter Cluster will allocate resources to assist the most vulnerable families within host communities. Many host families live under similar

or worse conditions than IDPs; by supporting these families, the Shelter Cluster aims to foster harmony and promote social cohesion, and reduce tensions between IDPs and host communities.

Finally, the Shelter Cluster will assist vulnerable returnees by facilitating the minor rehabilitation of their damaged homes or providing advanced shelters, ensuring they have safe and secure living conditions while awaiting durable solutions. This comprehensive approach ensures that the Shelter Cluster’s interventions are inclusive, targeted, and effective in addressing the multifaceted challenges faced by Yemen’s most vulnerable populations.

PEOPLE AND TARGET BREAKDOWN



3.13 Water, Sanitation and Hygiene

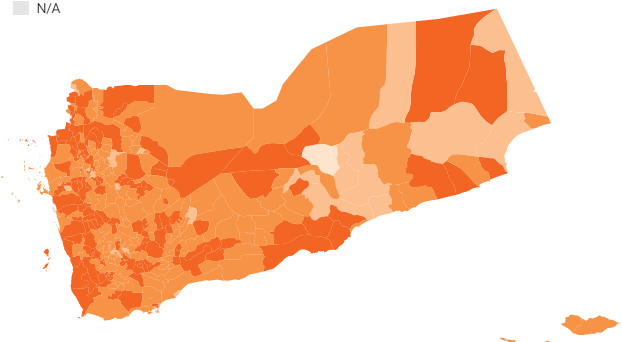
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PEOPLE IN NEED	PEOPLE TARGETED	PARTNERS	REQUIREMENTS (US\$)
15.2M	6.6M	86	\$176.9M

Severity of needs by district (in 2025)

SEVERITY OF NEED

- 1 - Minimal
- 2 - Stress
- 3 - Severe
- 4 - Extreme
- 5 - Catastrophic
- N/A



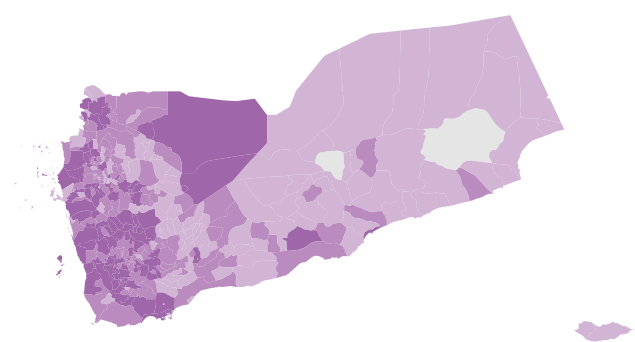
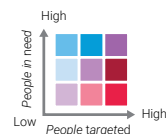
Number of people in need and targeted by district (in 2025)

PEOPLE IN NEED

- < 20,000
- 20,000 - 100,000
- 100,001 - 275,000

PEOPLE TARGETED

- < 2,059
- 2,000 - 51,000
- 51,001 - 220,000



Summary of needs

In 2025, 15.2 million people need WASH assistance, a 13 per cent decrease from 2024. The decrease is partially due to the number of people targeted and reached with sustainable access to water and sanitation in 2024, resulting in a reduction of needs in districts that were prioritized in 2024. Among the WASH PIN, 4.1 million are girls, 4.3 million are boys, 3.4 million are women, 3.5 million are men, while 2.2 million are IDPs.

Moreover, 13.6 million people face challenges to access a water source of sufficient quality to prevent diseases and 17 million do not have access to enough water to cover basic daily needs including drinking, bathing and cooking. An estimated 12.6 million people continue to lack access to improved sanitation. Approximately 6.7 million people are facing extreme conditions to access WASH services (severity 4). Districts of particular concern are located in Ibb, Tai'z, Marib, Dhamar, Hajjah and Al Hodeidah governorates.

Most of these districts are urbanized and face a chronic lack of investment in maintenance of water and sanitation systems, negatively impacting their efficiency to treat and purify water and wastewater, resulting in the high prevalence of diarrheal diseases and risk of AWD/cholera.

In 37 per cent of Yemen's districts (124)—most of them being remote and hard-to-reach— more than half of the population needs WASH assistance. The situation is particularly concerning in Al Bayda (Al Bayda), Maqbanah (Ta'iz), Hajar As Say'ar (Hadramawt), Markhah Al Ulya, Habban and Mayfa'ah (Shabwah) in which an estimated 80 per cent of the population or more need immediate WASH support. These districts are particularly impacted by water shortages and climate change.

In 2025, it is anticipated that lack of access to basic WASH services will continue to be a driving factor for AWD/cholera and malnutrition. The SMART survey conducted in GoY-controlled area showed a significant

correlation between diarrhea and wasting in children under 5 as many households have no access to safe drinking water in locations with high prevalence of malnutrition.

Response strategy

The overarching goal of the WASH Cluster is to reduce morbidity and mortality related to water and sanitation, either in emergencies and/or in chronically deprived locations. The WASH response strategy has three pillars.

Pillar 1: The WASH Cluster will strengthen and maintain a multi-sectoral emergency response capacity throughout 2025 to ensure needs of disaster-affected people are addressed immediately, when feasible. This will be achieved by establishing and maintaining a sustainable pipeline and ensuring that sufficient operational capacity for rapid deployment is available among a critical number of WASH partners in relevant geographical priority locations. Under this strategy pillar, activities include water trucking, emergency sanitation, quick fixes or inputs to existing water and sanitation systems to restore functionality, hygiene promotion and distribution of hygiene and water treatment items.

Pillar 2: The WASH Cluster will continue to promote resilient and durable WASH interventions when relevant and applicable. Modalities under this response pillar include the construction, rehabilitation, and capacity augmentation of water and sanitation systems, solarization of power and capacity-building support for operators. As often as possible, these activities will be integrated with other key sectors.

Pillar 3: The cluster will continue to implement its Protection Mainstreaming in WASH Strategy. This will be achieved by scaling up the use of safety audit tools for WASH facilities and rolling out the Accountability and Quality Assurance framework at country level. These activities, combined with reinforced monitoring of WASH and protection indicators will contribute to reduce exposure to violence for women, children, people with disabilities and other vulnerable and marginalized groups.

Cross cutting: The WASH Cluster will promote innovation and good practices to facilitate exit strategies in chronically deprived settings where temporary solutions are still being implemented. Innovation or good practices are diverse, including desalination, decentralized wastewater treatment systems for small communities and local solutions for domestic waste management. The use of market based programming and cash-based interventions will also be scaled up.

Furthermore, climate change will be mainstreamed in WASH programming, in addition to more concrete steps. The cluster will foster collaboration with relevant entities to ensure it is able to provide practical guidance on integrating climate resilience into WASH services, including resources on risk assessments, resilient sanitation and learning modules on risk assessment, resilience options such as flood-proof sanitation and flood/drought-resilient water sources, and monitoring and evaluation.

In addition, the WASH Cluster will enhance its advocacy efforts towards development sectors and all WASH stakeholders to ensure funding is directed towards priority locations as identified by assessments and needs analysis. The cluster will promote the development of joint objectives with development partners and authorities to ensure smooth transitions between emergency and development frameworks.

Targeting and prioritization

Under the emergency response pillar, the WASH Cluster will prioritize and target those affected by disasters under five scenarios including outbreak of waterborne diseases, malnutrition emergencies with WASH as a leading contributing factor, displacements, flooding and cyclones. Pipeline items will be released only when emergency thresholds are breached to avoid disrupting existing markets and local economies.

Under the resilience and post-emergency response pillar, WASH Cluster partners will prioritize the most vulnerable communities affected by chronic deprivation and lack of access to basic WASH services as indicated by in-depth WASH assessments. Priority will be given to districts and sub-districts with high

prevalence of malnutrition and/or waterborne diseases and historical cholera hotspots. Communities regularly affected by droughts, flooding and cyclones will also be prioritized with sustainable and climate-resilient solutions. Specifically, for flood-affected locations, WASH infrastructures should be built back with improved designs to mitigate against future climate-induced disasters.

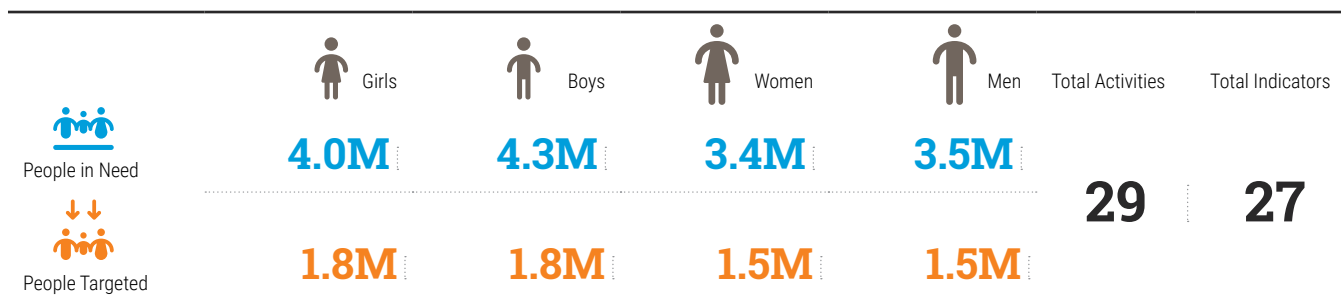
WASH partners will also seek to implement more sustained solutions in IDP sites facing chronic lack of access to basic WASH services. Partners will undertake substantial efforts to exit from temporary solutions such as water trucking and desludging. In parallel, partners will also assess the needs of host communities and respond to critical gaps to reduce the risk of tensions with IDPs.

Geographical priorities under this resilience and post-emergency pillar will include districts and sub-districts

in severity 4 (extreme WASH gaps) high cholera risk areas and remote and hard-to-reach locations. Additional locations of focus will include: Dhamar and Hajjah (which were poorly covered during the past AWD/cholera outbreak); Marib Governorate where many gaps persist in IDP sites, and governorates on the west coast where WASH has been clearly identified as a contributing factor to malnutrition.

Under the Protection Mainstreaming in WASH pillar, partners will ensure they reach the most vulnerable in all response settings, including people with disabilities, *Muhamasheen*, people living in remote locations areas, families with a large number of children under five, child or female headed households, households with a malnourished child/pregnant or breastfeeding woman, older people and other vulnerable and marginalized groups.

PEOPLE AND TARGET BREAKDOWN



Acronyms

AAP	Accountability to affected populations	IMAWG	Information Management and Assessments Working Group
ABCs	Area-based consultations	INGOs	International non-governmental organizations
ABSM	Area-based support mechanism	IPC AFI	Integrated Food Security Phase Classification for Acute Food Insecurity
AoR	Area of responsibility	IPC AMN	Integrated Food Security Phase Classification for Acute Malnutrition
AWD	Acute watery diarrhea	JIAF	Joint and Intersectoral Analysis Framework
CBPFs	Country-based pooled funds	JMMI	Joint Market Monitoring Initiative
CCCM	Camp Coordination and Camp Management	JOPs	Joint Operating Principles
CCY	Cash Consortium of Yemen	MAM	Moderate acute malnutrition
CERF	Central Emergency Response Fund	MCLA	Multi-Cluster Location Assessment
CFM	Collective feedback mechanism	MEB	Minimum Expenditure Basket
CMWG	Cash and Markets Working Group	MHPSS	Mental health and psychosocial support
CSOs	Civil society organizations	MPCA	Multipurpose cash assistance
CVA	Cash and voucher assistance	NFIs	Non-food items
DFA	De facto authorities	NGOs	National non-governmental organizations
DRR	Disaster risk reduction	PDM	Post distribution monitoring
ELA	Emergency livelihood assistance	PHC	Primary health care
EORE	Explosive Ordnance Risk Education	PIN	People in need
ERW	Explosive remnants of war	PLW	Pregnant and lactating women
ETC	Emergency Telecommunications Cluster	PSEA	Prevention of sexual exploitation and abuse
4Ws	What, when, where, and who	RCTs	Regional Coordination Teams
FSAC	Food Security and Agriculture Cluster	RMMS	Refugees and Migrants Multi-Sector
FTS	Financial Tracking Service	RRM	Rapid Response Mechanism
GAM	Gender with age marker	SAM	Severe acute malnutrition
GBV	Gender-based violence	SDGs	Sustainable Development Goals
GIHA	Gender in humanitarian action	UNHAS	UN Humanitarian Air Service
GoY	Government of Yemen	UNSDCF	United Nations Sustainable Development Cooperation Framework
HAWG	Humanitarian Access Working Group	WASH	Water, Sanitation, and Hygiene
HCT	Humanitarian Country Team	WLOs	Women-led organizations
HDPN	Humanitarian, Development and Peace Nexus	YHF	Yemen Humanitarian Fund
HFA	Humanitarian food assistance	YPTT	Yemen Partners Technical Team
HLP	Housing, land and property		
HNRP	Humanitarian Needs and Response Plan		
IAHE	Inter-Agency Humanitarian Evaluation		
ICCG	Inter-cluster Coordination Group		
IDPs	Internally displaced people		

End notes

1. In accordance with the Joint Intersectoral Analysis Framework (JIAF) 2, the overall people in need (PiN) figure is calculated by aggregating the highest cluster PiNs at district level.
2. Adjustments to the PiN calculation methodology under the JIAF contributes to year-on-year variations in the PiN number.
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How to contribute

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About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

PHOTO ON COVER

ADEN, YEMEN: A 17-month child at an annual Parenting Day event. The event empowers parents with support for raising healthy children. Photo: UNICEF/YPN

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The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

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