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Mohammed, 2, receives vaccination for polio during a UNICEF-supported immunization campaign in Aden, July 2025.

unicef for every child

Humanitarian Action for Children

Yemen

HIGHLIGHTS

- The ongoing humanitarian crisis in Yemen has been driven by years of conflict, economic collapse and recurring disease outbreaks. One in every 25 children dies before age 5 years[1], and more than 17.8 million people lack access to healthcare and WASH services. In 2026, approximately 500,000 children are projected to suffer from severe wasting. Additionally, more than 7 million children face escalating protection risks, including violence, exploitation and risks of explosive ordnance, while 4.5 million children remain out of school.
- In line with the humanitarian reset and inter-agency planning, UNICEF will implement a strategic, life-saving and multisectoral humanitarian programme in Yemen targeting the most vulnerable populations. The programme will integrate inclusive and gender-focused health, nutrition, WASH, protection and education services while enhancing community systems and local capacities.
- UNICEF is appealing for $146.3 million to provide essential services to 5.2 million people, including 3.5 million children, prioritizing urgent needs in health, nutrition and emergency response coordination.

KEY PLANNED TARGETS

500,000
children and women accessing primary healthcare in UNICEF-supported facilities

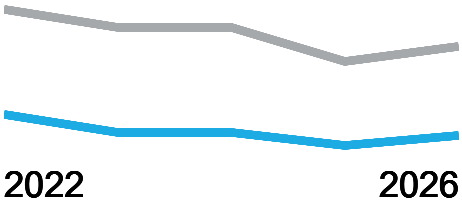
412,100
children with severe wasting admitted for treatment

1.1 million
Children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions

1 million
people accessing a sufficient quantity and quality of water

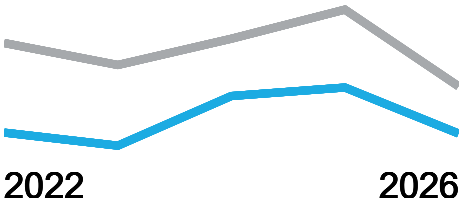
IN NEED

19.7 million people[2] | **10.8 million children**[3]



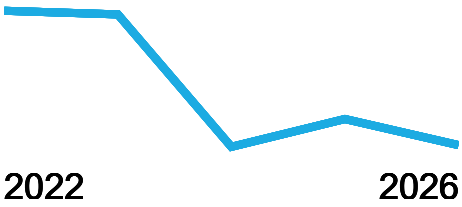
TO BE REACHED

5.2 million people[4] | **3.5 million children**[5]



FUNDING REQUIREMENTS

US$146.3 million



Figures are provisional and subject to change upon finalization of the 2026 Humanitarian Needs and Response Plan.

HUMANITARIAN SITUATION AND NEEDS

Yemen is facing a deepening crisis marked by protracted conflict, economic collapse and climate-related shocks, prompting significant humanitarian needs. Today, approximately 19.7 million people, including 15 million women and children, require humanitarian assistance. Forty-nine per cent of the population faces severe food insecurity.[6] The nutrition situation is projected to deteriorate, with 18.1 million people expected to face crisis levels of food insecurity (IPC phase 3 or greater) by early 2026.[7] Forty per cent of Yemen's health facilities are only partially functioning or completely out-of-service due to shortages in staff, funding, electricity, medicines and equipment and due to infrastructure integrity problems, leaving millions of people without adequate care.[8]

Malnutrition rates are alarming, with 17 per cent of children experiencing wasting, 49 per cent of children suffering from stunted growth and 41 per cent of children underweight – some of the highest rates in the Middle East and North Africa region.[9] Globally, Yemen is one of the countries most contaminated by landmines and explosive remnants of war, underscoring the persistent threat posed by landmines and explosive remnants of war, which for children means injury, disability or death[10].

Around 3.2 million children are out of school. Forty-three per cent of displaced children lack birth certificates.[11] Additionally, there are more than 5 million people with disabilities in Yemen 21 per cent of whom are children.[12] Socioeconomic conditions in Yemen have deteriorated since 2023–2024 due to declining remittances coupled with trade disruptions, fuel shortages, high inflation, the banking sector crisis and reduced humanitarian aid. As a result, fragility persists, and the risks posed by Yemen's overlapping crises have worsened.[13] Projections indicate that at least 74 per cent of Yemen's population now lives in extreme poverty.[14]

By late 2025, the ongoing cholera pandemic in Yemen had affected 98 per cent of the country.[15] As of December 2025, the cumulative number of suspected cholera cases had reached 93,496, resulting in 248 deaths across all governorates.[16] Although the outbreak figures are lower than in 2024 (when more than 253,000 suspected cases and 670 associated deaths were reported[17]), it necessitated a multisectoral, inter-agency response.

Heavy rains that led to flash floods in August 2025 overwhelmed drainage systems, destroyed homes, caused widespread damage to agricultural lands and infrastructure and cut off key supply routes, leaving approximately 474,000 people exposed to the elements and at risk of malnutrition and disease, as of October 2025.[18]

Conflict and insecurity escalated in the last quarter of 2025, impacting operations in northwestern regions of Yemen and resulting in intense negotiations for the release of United Nations personnel who are arbitrarily detained. Coupled with donor funding cuts, this will significantly strain ongoing humanitarian assistance plans for vulnerable people, especially children.

SECTOR NEEDS

19.7 million
people in need of health assistance[19]

8.6 million
people in need of nutrition assistance[20]

7.3 million
children in need of protection services[21]

6.8 million
people in need of education support[22]

15.2 million
people in need of WASH assistance[23]

STORY FROM THE FIELD

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Nadia, 1, is fed therapeutic milk by her mother at a UNICEF-supported therapeutic feeding centre in Hudaydah, in September 2025.

Nadia, 1, was rushed to a small health centre by her mother, Mariam, after repeated vomiting, high fever and difficulty in breathing.

"She couldn't move at all; she was so weak," Mariam recalls. "I was terrified I might lose her."

In Al-Khawkhah district in the coastal Yemeni governorate of Hudaydah, a therapeutic feeding centre has become a beacon of hope for families who arrive with children on the edge of survival. Conflict, poverty and limited access to healthcare have left millions of children at risk, and a single functioning centre can mean the difference between life and death.

Read more about this story here

HUMANITARIAN STRATEGY

The UNICEF humanitarian strategy in Yemen, and this appeal, are aligned with inter-agency planning processes, under the humanitarian reset and localization principles, and is in keeping with the Core Commitments for Children in Humanitarian Action. The UNICEF strategy focuses primarily on life-saving interventions: UNICEF will address the most urgent needs of highly vulnerable people through life-saving, protective and multisectoral interventions, working with key stakeholders, including government and local partners.

Given the significant breakdown of essential public services in Yemen, UNICEF is focused on delivering continuous health and nutrition interventions for the most vulnerable children, and in particular on treating severe wasting. This includes implementing community-based interventions tailored to internally displaced individuals and children with disabilities – and enhancing access to high-impact preventive and curative services. A key goal is building resilience within communities and in health and nutrition facilities.

UNICEF's multisectoral response to public health emergencies – especially cholera – integrates WASH, health and nutrition interventions to reduce morbidity and mortality. The WASH strategy focuses on cholera hotspots and underserved areas to ensure affected and displaced populations have access to essential WASH services. UNICEF will also support targeted rehabilitation of critical WASH systems in the most vulnerable communities and healthcare facilities to strengthen outbreak prevention and service continuity. These interventions are vital to prevent outbreaks of cholera and other waterborne diseases and to ensure the survival – and dignity – of children and their families.

To tackle the multifaceted challenges children are facing, UNICEF will work to enhance resilience through emergency education, life-skills training and psychosocial support in community settings, within educational institutions and at healthcare facilities. Another important element of UNICEF's work is to reduce injuries from landmines and explosive remnants of war through strategic campaigns and crucial protection services for children.

UNICEF will mobilize community volunteers and networks to promote good practices related to preventing the spread of waterborne diseases, promotion of maternal-child health, mitigation of gender-based violence, disability-inclusive services and increasing the uptake of essential services.

To address security and operational challenges, the UNICEF country office in Yemen has developed a comprehensive preparedness plan to mitigate risks, protect gains and ensure rapid response should conditions worsen. This is aligned with the regional escalation framework. Currently, UNICEF is implementing a lean, district-focused, multisectoral model, prioritizing areas with high Country Contextual Deprivation Index scores and elevated risks in nutrition, health, WASH and protection, emphasizing anticipatory action and strong subnational coordination.

Progress against the latest programme targets is available in the humanitarian situation reports: https://www.unicef.org/appeals/yemen/situation-reports

2026 PROGRAMME TARGETS

Health (including public health emergencies)

- 500,000 children and women accessing primary healthcare in UNICEF-supported facilities
- 476,310 Children receiving pentavalent 3 vaccine

Nutrition[24]

- 412,100 children 6-59 months with severe wasting admitted for treatment
- 1,462,120 primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- 3,188,090 children 6-59 months receiving vitamin A supplementation

Child protection

- 346,301 children, adolescents and caregivers accessing community-based mental health and psychosocial support.
- 259,962 Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- 13,159 Number of children formerly associated with armed groups who have been reintegrated with their families and communities with UNICEF support
- 1,087,121 Children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions

Education

- 172,138 children accessing formal or non-formal education, including early learning
- 316,491 children receiving individual learning materials
- 1,200 Teachers reached by capacity development support

Water, sanitation and hygiene

- 1,000,000 people accessing a sufficient quantity and quality of water for drinking and domestic needs
- 750,000 people accessing appropriate sanitation services
- 250,000 people reached with key hygiene messages
- 250,000 People provided with WASH NFIs

Social protection

- 300,000 people reached by the integrated social protection programmes

Cross-sectoral (HCT, SBC, RCCE and AAP)

- 7,200,000 people engaged in reflective dialogue through community platforms
- 1,179,727 people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations

Emergency preparedness and response coordination

- 291,931 Vulnerable displaced people and returnees reached with gender-responsive multisectoral emergency assistance for 90 days including rapid response mechanism kits

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

Programme targets are provisional and subject to change upon finalization of the 2026 Humanitarian Needs and Response Plan.

FUNDING REQUIREMENTS IN 2026

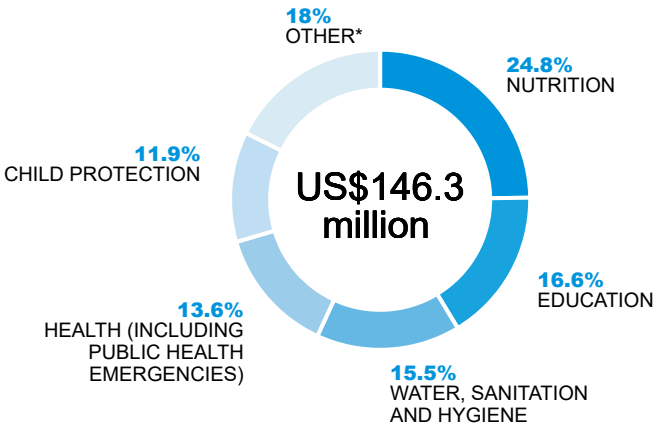
UNICEF is appealing for $146.3 million in 2026 to deliver life-saving humanitarian assistance to 5.2 million people, including 3.5 million children, who are affected by Yemen's worsening humanitarian crisis. The funding requirement represents a 31 per cent decrease from the 2025 appeal, reflecting a strategic realignment under the humanitarian reset; access limitations in parts of the country; and anticipated funding constraints.

The 2026 appeal prioritizes acute needs in health, nutrition, water and sanitation, child protection and education. There is a sharper focus on high-risk communities, including displaced populations and children with disabilities. In particular, health and nutrition interventions aim to reach more than 1.4 million women and children with primary healthcare and treat 311,000 children suffering from severe wasting. Emergency WASH support targets cholera hotspots. And the Rapid Response Mechanism will deliver time-critical aid to nearly 292,000 displaced people.

UNICEF will also strengthen preparedness and anticipatory actions to respond to such recurring shocks as floods, disease outbreaks and conflict. This accounts for 5 per cent of the total appeal requirement. Cross-cutting needs related to gender-based violence in emergencies, protection from sexual exploitation and abuse, accountability to affected populations and climate-related risks are integrated across sectoral responses.

Without timely and flexible funding, up to 3.1 million children may miss out on nutrition services; 1.4 million people could be left without access to healthcare; and 1 million people may lack safe drinking water. Disruptions to learning for more than 300,000 children will remain a significant risk.

UNICEF urges partners to provide flexible funding in 2026 to address the urgent needs of children in Yemen.



**This includes costs from other sectors/interventions : Emergency preparedness and response coordination (9.0%), Cross-sectoral (HCT, SBC, RCCE and AAP) (4.0%), Field Operations/Coordination (4.0%), Social protection (<1%).*

Sector	2026 requirements (US$)
Health (including public health emergencies)	**19,893,285**[25]
Nutrition	**36,261,775**[26]
Child protection	**17,398,545**
Education	**24,243,737**
Water, sanitation and hygiene	**22,718,100**[27]
Social protection	**900,000**[28]
Cross-sectoral (HCT, SBC, RCCE and AAP)	**5,895,000**
Emergency preparedness and response coordination	**13,136,895**[29]
Field Operations/Coordination	**5,895,000**
Total	**146,342,337**

Figures are provisional and based on the 2025 HNRP, and are subject to change upon finalization of the inter-agency needs and planning documents for 2026.

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ENDNOTES

1. Global Hunger Index, 2024. https://www.globalhungerindex.org/.

2. 2025 Humanitarian Needs and Response Plan.

3. Ibid.

4. UNICEF plans to target 5,226,701 individuals in 2026. A combined calculation approach was applied, where targeted groups do not overlap geographically or demographically to avoid duplication. The total number of people to be reached includes 3,188,090 children (49 per cent girls and 51 per cent boys) reached through vitamin A supplementation; 1,462,120 primary caregivers (100 per cent women) receiving infant and young child feeding counselling; 316,491 children (49 per cent girls and 51 per cent boys) receiving individual learning materials; and 260,000 adult men (26 per cent of target) accessing water services. Of the targeted population, 10 per cent are people living with disabilities, 64.6 per cent of whom are children. The remaining population in need will be reached by other partners. UNICEF applies needs-based targeting in line with the humanitarian reset and will serve as provider of last resort where it has cluster coordination responsibilities.

5. Ibid.

6. 2025 Humanitarian Needs and Response Plan.

7. Yemen Humanitarian Update, 18 September 2025. United Nations Office for the Coordination of Humanitarian Affairs (OCHA), https://reliefweb.int/report/yemen/yemen-humanitarian-update-september-2025-enar.

8. World Health Organization (WHO), HeRAMS (Health Resources and Services Availability Monitoring System) Yemen: Summary update report – February 2024, WHO, 2024.

9. Multiple Indicator Cluster Survey (MICS), UNICEF, 2024.

10. Mine Action Quarterly Update, July-September 2025, 19 October 2025, https://reliefweb.int/report/yemen/mine-action-quarterly-update-july-september-2025-enar.

11. 2025 Humanitarian Needs and Response Plan.

12. Ibid.

13. International Bank for Reconstruction and Development (IBRD)/The World Bank, Yemen Economic Monitor: Persistent fragility and rising risks, spring 2025, IBRD and The World Bank, Washington D.C., 2025, available at <https://documents1.worldbank.org/curated/en/099822505292530706/pdf/IDU-7009880b-d070-472d-9bf2-5cc72a3fc75d.pdf>.

14. Ibid.

15. OCHA, Humanitarian Update December 2025, OCHA, 4 January 2026, available at <https://reliefweb.int/report/yemen/yemen-humanitarian-update-december-2025-enar>.

16. https://cdn.who.int/media/docs/default-source/documents/emergencies/situation-reports/20260127_multi-country_outbreak-of-cholera_epidemiological_update_33.pdf?sfvrsn=b3f693cf_5&download=true.

17. 2025 Humanitarian Needs and Response Plan.

18. Yemen: Flood Preparedness and Response, UNOCHA, 12 October 2025, https://app.powerbi.com/view?r=eyJrIjoiNWE0ZDA3YjMtYzgwMS00Y2FiLTg4MTctYjUxNjkxYTBlZjI2IiwidCI6IjBmOWUzNWRiLTU0NGYtNGY2MC1iZGNjLTVlYTQxNmU2Z

19. 2025 Humanitarian Needs and Response plan (figures to be revised in early 2026).

20. Ibid.

21. Ibid.

22. Ibid.

23. Ibid.

24. These targets are subject to revision should the security situation deteriorate.

25. The reduction compared with 2025 reflects a more targeted focus on primary healthcare support in UNICEF-supported facilities, as broader public health service delivery is constrained by access and operational capacity. This aligns with the strategic prioritization of the UNICEF response under the humanitarian reset.

26. Nutrition funding requirements have been revised downward compared with 2025, reflecting a more more strategic focus on the most vulnerable children (in line with the humanitarian reset), slightly increasing the target for number of children under 5 with severe wasting admitted for treatment, while reducing targets for preventative programming such as IYCF counseling and Vitamin A supplementation by 48 per cent and 38 per cent respectively. This recalibration reflects limits on delivery capacity, shifts in access (particularly in areas controlled by the de facto authorities), the funding outlook and reduced partner presence.

27. WASH interventions are focused on cholera hotspots and high-risk communities, and public health outcomes are a priority. The reduction in the funding requirement for the WASH budget line item compared with 2025 corresponds with the reprioritization exercise by Humanitarian Country Team that considers WASH a response to multisectoral public health emergencies.

28. In 2026, UNICEF will not implement humanitarian cash transfer interventions in Yemen, resulting in a 93 per cent budget reduction for social protection programming, compared with 2025.

29. The increase supports scale-up of anticipatory action and the Rapid Response Mechanism for newly displaced populations, in response to 2025 cholera and flood crises and rising displacement risks.