UNITED NATIONS POPULATION FUND

SITUATION REPORT

CRISIS IN YEMEN

July – September 2025

Highlights

The humanitarian response in Yemen is being increasingly challenged by the arbitrary detention of UN staff and the seizure of UN offices and equipment in the north of the country. This has severely undermined the UN's ability, including UNFPA, to deliver at scale in northern parts of the country, limiting the response to life-saving interventions only.

Since March, nearly two million women and girls have lost access to services, and maternal deaths have been reported, as a result of a 40% reduction in UNFPA's life-saving interventions due to funding cuts. UNFPA's appeal for 2025 is only 36% funded.

Since January 2025, UNFPA has reached nearly 1.5 million people with life-saving reproductive health and protection services and information, and emergency relief, through 72 health facilities, 34 safe spaces, eight shelters, six youth spaces, and five specialized mental health centres. UNFPA also supports population data collection to inform evidence-based humanitarian response planning, most recently partnering with the World Bank to conduct the first Household Budget Survey in over a decade.

19.5 million
Total people affected[1]

4.9 million
Women of reproductive age[2]

681,730
Estimated pregnant women[2]

2.7 million
People targeted w/ SRH services

567,100
People targeted w/ GBV programmes

[1] Yemen Humanitarian Needs and Response Plan 2025
[2] Estimated figures are based on the Minimum Initial Services Package (MISP) for Reproductive Health in Humanitarian Settings calculator.

Situation Overview

Protracted conflict, economic decline, and funding cuts continue to take a particularly heavy toll on women and girls in Yemen. An estimated 9.6 million are in need of life-saving humanitarian support, facing hunger, heightened violence, and a severely degraded healthcare system. Nearly 5 million women of childbearing age, including pregnant and breastfeeding women, face challenges accessing reproductive health services, especially in rural and frontline districts. An estimated 6.2 million women and girls need access to services to prevent and respond to gender-based violence, with displaced women, female-headed households, and those with disabilities particularly at risk.

Yemen is now the third most food insecure country globally. Seventy per cent of households in Yemen do not have enough food to meet their daily needs–the highest rate ever recorded. As of September, 18.1 million people are estimated to be facing acute hunger, with 166 districts expected to slide into emergency levels of food insecurity. As many as 41,000 people could face catastrophic famine-like conditions–the worst outlook for Yemen since 2022.

Women and girls are bearing the brunt of the food insecurity, particularly those who are displaced. They face heightened vulnerabilities, often eating least and last, and are increasingly exposed to protection risks. In addition, an estimated 1.3 million pregnant and breastfeeding women are projected to require treatment for acute malnutrition, increasing the risks of pregnancy-related complications and the odds of giving birth to premature and low-birth weight babies–with dangerous and irreversible consequences for their survival and growth.

Since August 2025, heavy rains and flooding have affected more than 455,500 people in 20 governorates with widespread damage to infrastructure, housing and shelters, health facilities, schools, water and sanitation systems, and livelihoods.

The operating environment for the implementation of the humanitarian response continues to be increasingly challenged by a lack of funding, limited humanitarian access, restrictions on the movement of female national staff, and security and bureaucratic impediments.

UNFPA Response

Reproductive health: Nearly 345,000 women and girls were reached with life-saving reproductive health services. This includes support for over 19,500 safe deliveries and 6,570 emergency caesareans. Some 29,560 people accessed family planning services. UNFPA currently supports 72 obstetric and neonatal care hospitals — 42 provide comprehensive and 30 provide basic emergency obstetric and neonatal care.

Maternal health medicines and supplies were distributed to facilities to support 250,000 safe births. Seventeen health facilities in the governorates of Al Jawf Al Bayda, Al Mahweet, Amran, Al Dhamar, Al Baydha, Hudaydah, Al Mahwit, Amran, Dhammar, Marib and Sana'a were provided with medical equipment and supplies, ranging from incubators, bedside monitors, anaesthetic machines to delivery beds with funding from European Union Humanitarian Aid. Twenty-eight obstetric fistula repair surgeries were successfully completed at two UNFPA-supported fistula centres in Sana'a and Aden Governorates.

In response to increasing food insecurity, UNFPA deployed community outreach teams to provide midwifery services in affected areas of the West Coast, particularly Hajjah Governorate, which is among the worst affected governorates. In addition, 56 midwives were deployed to areas where access to maternal health services remains limited in the governorates of Abyan, Al Dale', Al Hodeidah, Dhammar, Ibb, and Ta'iz. UNFPA continues to support health institutes with pre-service training for 100 midwifery students (60 from the north and 40 from the south).

Gender-based violence: More than 19,000 women accessed multisectoral services through the UNFPA-implemented case management system across 20 governorates. Services provided included psychosocial support, specialized psychological services, medical assistance, and legal aid. Eight operational shelters, established by UNFPA in seven governorates, continued to provide GBV survivors immediate shelter and safety to escape abuse and protection from further violence. Mental health services were provided to more than 257,400 people through five UNFPA-supported specialized mental health and psychosocial support centres, predominantly GBV survivors. More than 2,500 women and girls were supported with essential life skills and vocational training, fostering their independence and potential for economic empowerment. Awareness-raising sessions on GBV risk mitigation and prevention reached nearly 51,000 women, men, boys, and girls. This included the participation of religious leaders and public figures advocating for gender equality and the prevention of violence.

UNFPA partnered with the University of Aden to produce a study on gendered social norms and their impact on women's security, social status, and exposure to gender-based violence to be published by the end of 2025. UNFPA also supported the production of the first thematic report on access and awareness of integrated GBV and reproductive health, which identifies barriers faced by women and girls in accessing these services.

Ongoing response challenges, particularly in the north, include restrictions on protection interventions for implementing partners and "Maharam" restrictions, where women must be accompanied by a close male family member to travel. Limited specialized psychiatric care and reliance on referral mechanisms also continue to strain response capacities for the provision of specialized mental health services.

Adolescents and youth: During the reporting period, over 4,500 young people accessed health services across the four UNFPA-supported youth-friendly health centres in Aden, Hadramout and Tai'z Governorates. In addition, over 1,000 youth participated in capacity-building initiatives, life skills, and vocational training in the two UNFPA-supported youth centres in Aden and Tai'z.

Rapid response mechanism: The UNFPA-led multisectoral Rapid Response Mechanism (RRM) provided life-saving emergency relief to 262,515 individuals across 19 governorates. Winterization support included 12,305 blankets for 17,230 people, prioritizing families already assisted during the flood season. Among those reached, 86% were displaced or affected by climate shocks; 12% were famine-related; and 1% were affected by conflict. Women and girls made up 50% of those reached of whom 23 per cent were female-headed households. Among those citing famine-related triggers,

many were severely malnourished living in areas at Integrated Food Security Phase Classification (IPC) 4–emergency and trending towards IPC phase 5 (catastrophe/famine). The RRM delivery remained responsive, averaging three days from registration to assistance.

Results Snapshot

344,495
People reached with **SRH services**
86% female, 14% male

72
Health facilities supported

73,810
People reached with **GBV prevention, mitigation and response** activities
96% female, 4% male

34
Safe spaces for women and girls supported

NFI	1,990	Non-food items (such as dignity kits) distributed to individuals	2	Youth spaces supported
	2,890	Reproductive health kits provided to service delivery points to meet the needs of 2 million people	1,355	People reached with humanitarian cash and voucher assistance for GBV and SRH

Coordination Mechanisms

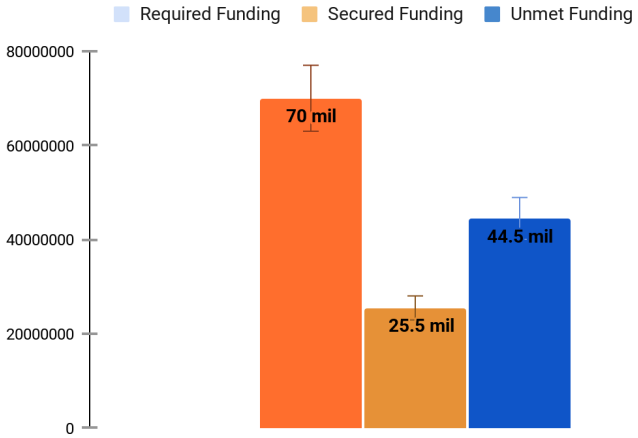
The Reproductive Health Working Group, co-led by UNFPA and the Ministry of Health, conducted a mapping of emergency obstetric services across the country, which highlighted low coverage in the operation of 24/7 services, resulting from the suspension of support from humanitarian partners due to funding shortages.

The GBV AoR, co-led by UNFPA and the Yemeni Women Union, spearheaded standardizing the GBV case management process in south Yemen with the establishment of a GBV case management task force, bringing together all organizations providing GBV case management services.

Funding Status

In 2025, UNFPA is appealing for US$ 70 million to maintain its critical support for women and girls, aligning to the Yemen Humanitarian Response Plan. As of end September 2025, only US$ 25.5 million has been received.

UNFPA urgently requires US$ 44.5 million to support its response through December 2025.



Donors to UNFPA's humanitarian response in 2025 include Austria, the Central Emergency Response Fund (CERF), the European Union, Iceland, the Netherlands, Norway and the Yemen Humanitarian Fund.

"Everything changed when the clinic closed. I lost my lifeline. Prices have soared. Our meals lack essential ingredients. The worst part was pulling our children out of school. We simply couldn't afford the fees anymore."

— Zainab, a midwife from Marib Governorate lost her job when funding cuts forced the closure of the maternal health clinic where she worked.

For more information

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