

Inter-Agency Refugee Response Plan for the Yemen Emergency in Djibouti

(October 2026 – March 2027)



Yemen. Forced from home, Abdulla's family faces the loss of their livelihood © Human Access/Ahmed AmeenAhmed Ameen

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10,000

Projected refugee population



USD 14.37 M

Total financial requirements



7

RRP Partners¹

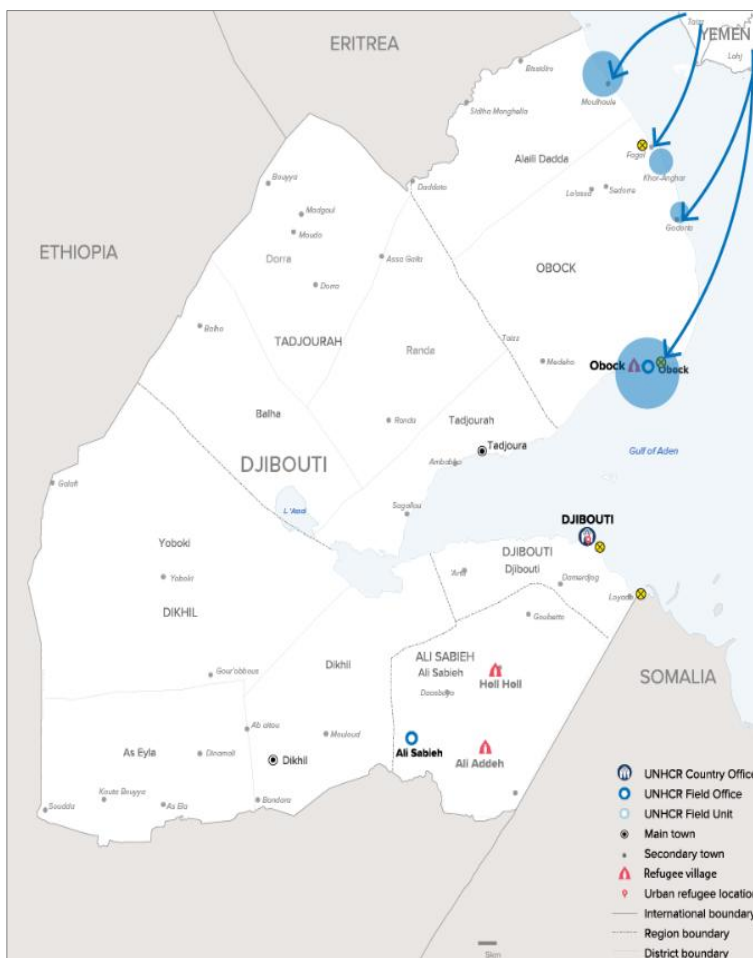
OVERVIEW

The resurgence of the decade-long conflict in Yemen, including escalating hostilities along the Red Sea coast, has displaced more than 142,000 people within Yemen and driven people across borders, mainly to Djibouti, with some arrivals in Somalia.

At the end of September 2026, 3,793 refugees comprising over 1,000 households from Yemen had been registered in the Obock region. Children make up nearly half of the population, with 50 per cent under 18, including 15 per cent under the age of five. Women and girls are just over half the population, underscoring the need for age- and gender-responsive interventions.

The crisis in Yemen is evolving, with the risk that further escalation could trigger larger-scale refugee arrivals.

Djibouti has a long-standing tradition of hosting refugees, and the Government has taken important steps to enable refugees to access services in the national system, including through the 2017 Refugee Law, demonstrating commitment to international protection and responsibility-sharing.



¹ UN agencies in this plan are working with NGOs in the response.

In support of the Government, UNHCR is leading the refugee response in Djibouti, in close coordination with humanitarian and development partners to ensure a timely, coordinated, and effective response. The main government counterpart for the emergency response is the Office National d'Assistance aux Réfugiés et Sinistrés (ONARS). The Government-led Refugee Coordination Forum, which includes humanitarian partners and national authorities, has developed contingency scenarios to guide preparedness and response planning. This plan is based on the most likely scenario of 10,000 refugee arrivals over six months, while maintaining the flexibility to scale up capacities and resources should larger-scale movements occur.

This plan supports a government-led response that prioritizes refugee inclusion in national systems from the outset. The financial requirements reflect the additional support required by United Nations agencies and partners to strengthen national capacities and deliver emergency assistance, while recognizing that the costs of government service provision and broader development investments are not fully captured in this appeal.

STRATEGIC OBJECTIVES

SO1: Protect and Save Lives

Protect refugees arriving from Yemen and ensure equitable access to life-saving assistance and essential services.

The primary objective of the response is to ensure that refugees arriving from Yemen have timely access to protection and life-saving assistance that meets international standards. This includes access to registration and documentation, shelter, food, healthcare, nutrition, water and sanitation services, and specialized protection interventions.

SO2: Strengthen Systems and Coordination

Support government-led coordination, preparedness, and response capacities to deliver an effective and accountable refugee response.

The response aims to strengthen national and inter-agency coordination systems for an accountable, evidence-based response. This will include investments in registration systems, information management, preparedness mechanisms and operational coordination structures.

SO3: Promote Inclusion and Solutions

Advance refugee inclusion, resilience and self-reliance through access to national systems and sustainable solutions pathways.

The response will promote refugee inclusion and self-reliance from the onset of the emergency by ensuring access to services through national systems, supporting those systems to meet the additional demand. It will also advance pathways to sustainable solutions, ensuring that humanitarian assistance contributes to longer-term development outcomes and national resilience.

POPULATION PLANNING FIGURES

1. Yemeni Refugees.		
2. Refugees of other nationalities from Yemen seeking international protection in Djibouti.	10,000 individuals	2,500 Households

The humanitarian situation in Yemen remains highly volatile, creating uncertainty regarding the scale and duration of refugee movements into Djibouti. While current arrivals remain manageable, continued insecurity may trigger larger population movements requiring rapid expansion of humanitarian assistance and reception capacity. The response plan is based on a planning figure of 10,000 refugees, equivalent to approximately 2,500 households.

GUIDING PRINCIPLES

Recognizing the unpredictable nature of the crisis, partners will adopt a no-regret approach that prioritizes early action, preparedness, and pre-positioning of capacities and resources to ensure the timely delivery of assistance under all scenarios.

Government leadership and national ownership. The response will be led by Government institutions at national and local levels, with humanitarian and development actors strengthening national systems, capacities and coordination mechanisms rather than establishing parallel structures. Support will be aligned with national priorities and implemented in a manner that reinforces long-term institutional capacity

Partners will apply a **solutions-from-the-start approach**, reflecting Djibouti's commitment to refugee inclusion and access to national systems. The emergency interventions will be designed to reinforce existing national institutions, services, and infrastructure and to contribute to longer-term resilience and self-reliance, rather than establishing parallel structures that may undermine sustainability. Government leadership will remain central to the response, with ONARS and relevant line ministries providing strategic direction and coordination.

A **protection-centred and do-no-harm approach** will underpin all interventions, ensuring that assistance promotes the safety, dignity, rights, and well-being of refugees and host communities. Particular attention will be given to women, children, persons with disabilities, older persons, and other individuals with specific needs. Protection risks will be systematically identified and mitigated across all sectors, with protection mainstreaming integrated throughout programme design, implementation, and monitoring.

Community engagement, accountability, and social cohesion. Refugees and host communities will be meaningfully consulted, informed, and empowered to participate in decisions affecting their lives through accessible communication and feedback and complaint mechanisms. Recognizing the importance of maintaining harmonious relations in refugee-hosting areas, partners will strengthen peaceful coexistence and reduce potential tensions over limited resources and services.

An **evidence-based and adaptive approach** will guide the response, informed by continuous monitoring, assessments, registration and population data, and protection analysis. Operational planning and resource allocation will remain flexible to respond to evolving conditions and emerging needs. All partners will uphold the highest standards of data protection, confidentiality, and responsible information management, ensuring that information is collected, shared, and used in accordance with established protocols and solely for legitimate humanitarian, protection, and coordination purposes.

RESPONSE STRATEGY

Djibouti's refugee response is anchored in national systems. Under the 2017 Refugee Law, refugees have freedom of movement, the right to work and access to public services. They are included in national statistics, access education and health services through national systems, and are included in the National Social Protection Strategy. The response seeks not only to facilitate refugee access to national services, but also to strengthen the capacity of those services to absorb additional demand, benefitting refugees and host communities. Investments in infrastructure, staffing, supplies, information systems and coordination mechanisms are intended to reinforce national institutions and avoid parallel service delivery structures.

The response strategy is structured around two interrelated phases designed to address immediate humanitarian needs while advancing longer-term inclusion, resilience, and solutions-oriented objectives. Given the fluid nature of the situation in Yemen and the uncertainty surrounding future arrivals, the response will remain flexible enough to

scale up or adjust interventions in line with evolving needs and operational realities. Preparedness measures, contingency planning, and strengthened reception and response capacities will be integrated throughout both phases to ensure readiness under all scenarios.

The first phase focuses on emergency response and stabilization, prioritizing life-saving assistance and protection for newly arriving refugees and asylum-seekers. During this period, response efforts will focus on reception and transit arrangements, registration and documentation, protection services, emergency shelter and core relief items, food assistance, health and nutrition support, water, sanitation and hygiene services, and site management. Particular emphasis will be placed on assisting individuals with specific needs, including women, children, older persons, persons with disabilities, and survivors of violence. This phase will also strengthen the operational capacity of government institutions and frontline actors responsible for managing arrivals and coordinating the response.

Refugees arriving at coastal entry points in Djibouti are transferred to Markazi Refugee Village near Obock, a camp that has hosted Yemeni and Eritrean refugees since 2015 before the current influx. While targeting new arrivals, the response will ensure expanded communal services and assistance to reach all refugees. Based on agreed vulnerability criteria, 250 individuals from the pre-existing refugee population have been identified for temporary assistance, as the Government and development partners take measures to ensure inclusion in national social protection programmes.

As the situation stabilizes, the second phase will consolidate inclusion, self-reliance and resilience interventions, building on access to national systems from arrival. In line with the Djibouti Strategy for Refugee Inclusion and Self-Reliance 2025-2030 and the Global Compact on Refugees and the Comprehensive Refugee Response Framework (CRRF), this phase will strengthen the capacity of national systems and services while promoting self-reliance, human capital development, and socioeconomic inclusion. Development investments in national education, health and social protection systems, together with livelihoods, skills development, and community-based initiatives, will help reduce dependency on humanitarian assistance and create opportunities for refugees to rebuild their lives with dignity and autonomy. Through this phased approach, the response will ensure that immediate humanitarian assistance lays the foundation for longer-term resilience, inclusion, and durable solutions.

Multisectoral Responses

At the end of September 2026, the joint emergency registration exercise conducted by UNHCR and ONARS had registered 3,793 refugees comprising over 1,000 households arriving from Yemen in the Obock region, with an average household size of 3.9 persons. Emergency registration data also show that children make up nearly half of the population with 50 per cent under 18, including 15 per cent under five, and women and girls just over half, underscoring the need for underscoring the need for age and gender-responsive interventions. Approximately 11 per cent of registered individuals reported at least one specific need, including persons with disabilities, women at risk, older persons with no family support, and physical and legal protection needs. Reports indicate depletion of household assets, as refugees reported selling livestock and personal jewelry to purchase food. The registration system, protection monitoring, and assessments play a critical role in informing population planning, food and non-food assistance, shelter and site planning, health and protection referrals, support for persons with specific needs, service delivery monitoring, and inter-agency response planning.



Shelter, Reception Infrastructure and Site Development Needs

Shelter remains the most urgent humanitarian priority for refugees arriving from Yemen. Existing reception, shelter, water, sanitation, health and other essential services in Obock are already operating under significant pressure. Markazi Refugee Village, the primary refugee accommodation site, is operating near full capacity, with continued reliance on

emergency tents, temporary structures and overcrowded communal facilities. Significant shelter gaps remain, and additional refugee arrivals could rapidly exceed available capacity.

Godoria serves as the principal coastal reception point for newly arriving refugees but currently has very limited reception infrastructure and accommodation capacity. The site lacks sufficient shelters, shaded waiting areas, sanitation facilities, lighting and other basic infrastructure required to provide safe and dignified reception conditions. Increased arrivals would put additional pressure on already constrained facilities and undermine the ability to provide timely registration, protection and assistance services. Targeted investments are also needed at Obock, Khor Angar, Moulhoule, and other coastal landing points to increase reception capacity, enable timely registration and referrals, and ensure refugees are received in safe, dignified conditions before onward transfer to Markazi Refugee Village.

Planned interventions

The response will strengthen reception capacity at Godoria by rehabilitating existing shelters, expanding reception infrastructure to accommodate at least 100 households, establishing emergency shelters and shaded reception areas, providing safe drinking water, emergency sanitation facilities and hygiene services, and distributing food assistance to newly arriving refugees.

Specialized support will also strengthen registration, protection screening, and referral services at the arrival point, while transportation assistance will facilitate the safe onward movement to Markazi. Lighting and site safety measures will be improved to enhance protection and security at reception facilities. This will include solarization of transit centres and the Markazi reception centre. Dry food rations and hot meals will also be provided at Godoria. The expansion and development of Markazi Refugee Village will include site planning and engineering design, demarcation of residential plots, construction of drainage systems and flood mitigation measures, development of internal road networks, installation of solar-powered electricity systems, expansion of water and sanitation services, and construction of community-based facilities.

Emergency shelter assistance will remain a core component of the response, allowing refugee households to receive family tents, shelter kits, and core relief items, including blankets, sleeping mats, kitchen sets, solar lamps, jerry cans, and other essential household items. These interventions will support both the 10,000-person planning scenario and contingency planning scenarios should arrivals continue to increase.

Protection Needs

Reception and settlement sites, including Godoria and Markazi, face limited protection infrastructure, staffing, and specialized referral services, constraining the timely identification and response to protection risks among newly arrived refugees. As the population grows, there is an urgent need to scale up registration, documentation, legal assistance, and asylum procedures to ensure timely protection and access to assistance.

Families cross the Bab el-Mandeb Strait in small vessels, exposing them to significant protection and safety risks during the journey. The Djiboutian Coast Guard has undertaken search-and-rescue



operations to support refugees arriving. Women, children and individuals with heightened vulnerabilities may face family separation, exploitation and abuse, and gender-based violence, with some risks likely to intensify if displacement becomes protracted. Children, who constitute nearly half of the refugee population, have experienced conflict, disruption to education, and uncertainty, contributing to their psychosocial distress, particularly among adolescents and youth. Communal shelters and sanitation facilities are becoming overcrowded, lacking privacy and lighting, and presenting risks for women and girls. If displacement becomes protracted, household economic pressures will expose refugees to harmful coping strategies. Already, protection reports indicate that children as young as 12 have begun fishing and selling their catch to meet the basic needs of their families.

Persons with specific needs, including survivors of violence, persons with disabilities, older persons and unaccompanied or separated children, require targeted support and specialized referral services. Strengthened community engagement is also needed to prevent social tensions, promote social cohesion between refugees and host communities, and ensure that vulnerable individuals can access protection and assistance.

Activities

ONARS will continue to lead refugee registration, documentation and protection coordination, with UNHCR and partners providing technical and operational support to strengthen national protection systems. Emergency registration plays a critical role in informing population planning, food and non-food assistance, shelter and site planning, health and protection referrals, support for persons with specific needs, service delivery monitoring and inter-agency response planning. Protection monitoring, protection screening, registration, and referral services will be strengthened at Obock, Khor Angar, Moulhoulé, and other coastal landing points to ensure the early identification of protection risks and timely access to specialized services from the point of arrival. As the response evolves, emergency registration will transition to biometric registration, strengthening individual identity management, improving data quality, enhancing case management, and enabling more accurate targeting of assistance and protection services.

The response will expand protection presence and specialized protection services at reception and settlement sites, including Godoria and Markazi. Priority interventions will include GBV prevention and response services, safe spaces, psychosocial support, child protection services including family tracing and reunification, alternative care arrangements and case management. Child protection screening at entry points and during registration will ensure the early identification of unaccompanied and separated children. Child-Friendly Spaces will be expanded to offer psychosocial activities, with dedicated activities for adolescent girls. The response will also prioritize the inclusion of persons with disabilities, older persons and other at-risk groups.

Community-based protection will be reinforced through engagement and social cohesion initiatives. Community-based protection committees, refugee outreach volunteers, women-led groups and youth networks will be supported to strengthen protection monitoring, awareness-raising, referrals and community participation. Accountability to affected people will be expanded through accessible information-sharing channels, regular community consultations, and confidential feedback and complaints systems to promote meaningful participation, ensure access to information, and keep assistance responsive, inclusive and protection-sensitive.



Water, Sanitation and Hygiene (WASH) Needs

Significant progress has been made through installing water points, reservoirs, and emergency sanitation facilities. However, water services are overstretched as they remain heavily dependent on water trucking, leaving supply vulnerable to limited tanker capacity, fuel shortages and rising demand driven by population growth. Waste management systems are inadequate, with sanitation coverage below emergency standards. Additional investment is needed to improve access to safe water, sanitation, and hygiene services while addressing environmental and public

health risks in refugee-hosting areas. WASH interventions will help prevent cholera and other waterborne diseases through the installation of water points, reservoirs, and emergency sanitation facilities.

Activities

WASH interventions will be planned and implemented in coordination with national and local authorities to strengthen public water and sanitation services that serve both refugees and host communities. Emergency WASH services, including safe drinking water, gender-sensitive sanitation facilities, handwashing stations, and hygiene supplies, will be improved at Godoria, Obock, Khor Angar, Moulhoule, and other coastal arrival points and at the settlement. Interventions will promote safety, dignity and accessibility, particularly for women, girls, older persons and persons with disabilities. Investments will support the construction of additional emergency and semi-permanent latrines, expansion of WASH infrastructure and strengthening of waste collection and disposal services. Hygiene promotion activities and hygiene kit distributions will be scaled up to improve public health outcomes. Water quality monitoring and treatment activities will be strengthened to ensure compliance with public health standards. The response will expand water storage and delivery capacity through additional reservoirs, storage facilities, water tankers, and operational support, including fuel, to strengthen system resilience, ensure reliable water supply, and reduce dependence on emergency water trucking. To improve resilience and reduce environmental risks, drainage systems will be established to mitigate flooding, particularly during the rainy season. Investments will be planned with the national water authorities so that they strengthen public water services for both refugees and host communities.



Health and Nutrition Needs

Access to secondary and specialized health-care services remains limited. The increasing population is placing significant pressure on health, nutrition and referral services in Djibouti, particularly at reception and arrival locations. Access to secondary and specialized healthcare services remains limited, and the risk of communicable disease outbreaks remains high. Acute malnutrition among children remains a concern and maternal and newborn health services require strengthening. The influx also places additional demands on disease surveillance systems, emergency referral mechanisms and the supply of medicines, vaccines and nutrition commodities. Without additional investment, government health facilities will struggle to maintain adequate service delivery standards.

Activities

Under the leadership of the Ministry of Health, partners will support existing government health facilities to improve and expand service delivery capacity for both refugees and host communities. This will include strengthening primary healthcare services, including reproductive, maternal, newborn and child health services. Nutrition interventions will be scaled up through community-based management of acute malnutrition (CMAM), infant and young child feeding programmes (IYCF), nutrition screening and treatment services.

Health and nutrition partners will deliver an integrated package of life-saving and essential health and nutrition services for refugees and host communities, focusing on disease surveillance, epidemic preparedness and response, outbreak control, and strengthened sector coordination. Interventions will include support for routine immunization, communicable disease prevention and control, maternal, newborn and child health services, vector-borne disease management, mental health and psychosocial support, and functional emergency referral and transport systems. Partners will also ensure the uninterrupted availability of essential medicines, vaccines, medical supplies and nutrition commodities, including therapeutic supplies for the treatment of severe acute malnutrition with medical complications and infant feeding support where necessary.

Additional investments will support staffing, training and operational costs to sustain service delivery in government health facilities. Sustaining this capacity beyond the emergency phase will require development financing. Mobile health teams will be deployed to reception sites, coastal landing points and underserved areas to expand access to

essential healthcare services for newly arrived refugees. Community-based health promotion and risk communication activities will be expanded to strengthen disease prevention, health-seeking behaviour and outbreak preparedness among refugee and host populations.



Food Security Needs

New arrivals face food insecurity due to disrupted livelihoods, limited income opportunities, and high food prices. Many households depend on humanitarian assistance to meet basic food needs and, upon arrival, need access to meals at reception sites. Children, pregnant and lactating mothers, older persons, and other people with specific needs face heightened risks of malnutrition and poor dietary outcomes. Host communities are also affected by rising food prices and limited market availability, increasing pressure on local food systems and livelihoods.

Activities

The response will provide food assistance, including dry rations at Godoria, Khor Angar and Moulhoule, hot meals at reception sites and regular food distributions at Markazi refugee village for new arrivals. Investments in supply chains, logistics, stock management and prepositioned food stocks will strengthen rapid response capacity and ensure timely, uninterrupted assistance during periods of increased arrivals and humanitarian needs, helping prevent negative coping strategies associated with food insecurity. Assistance will include diverse and culturally appropriate food items that meet dietary requirements and support nutritional well-being, complemented by targeted nutrition support for children, pregnant and lactating women, and other vulnerable groups. Where feasible, market-based assistance will be used to increase beneficiary choice and support local markets. Food security interventions will be coordinated with host community initiatives to strengthen food security, resilience and social cohesion in affected areas. As the situation stabilizes, assistance will be targeted according to vulnerability and aligned with national social protection programmes, in which refugees may be included.



Solutions from the Start, Inclusion and Resilience Needs

The response deliberately invests in national systems and development-financed services as the primary platform for refugee assistance. Humanitarian support will complement, rather than replace, government service delivery and will support the progressive inclusion of refugees in national education, health, social protection and economic systems. New arrivals will therefore access services through national systems from the outset, with humanitarian assistance covering immediate life-saving needs during the emergency phase. Alongside legal identity, financial services, skills development, and livelihood opportunities, this will reduce dependence on aid and support people to progressively achieve self-reliance. Early investments in inclusion are critical to ensure that emergency responses contribute to longer-term development outcomes and do not re-establish parallel service delivery systems. National services in Obock and Markazi will need to absorb the additional demand. In addition to the humanitarian requirements, this calls for development financing channelled to and through Government institutions, together with strengthened institutional capacity and operational support for government entities to maintain quality and equitable access for both refugees and host populations. The National Social Protection Strategy also offers an opportunity to include refugees, including new arrivals, in national social protection programmes, which would require development financing.

Host communities in refugee-hosting areas face growing pressure on public services, infrastructure, natural resources, and economic opportunities. Without targeted investments, increased population movements may exacerbate vulnerabilities, competition over limited resources, and social tensions. There is need to strengthen community resilience, social cohesion, and local development capacities, ensuring that both refugees and host communities benefit from public services, livelihood opportunities, and development investments.

Activities

In line with the Djibouti Strategy for Refugee Inclusion and Self-Reliance 2025–2030 and UNHCR's solutions-from-the-start approach, the response will promote solutions from the onset of displacement. Interventions will support the inclusion of new arrivals within national systems, policies, and development frameworks. Legal identity and civil documentation are the foundation for inclusion. Interventions will facilitate referrals and inclusion in national education, health, and social protection systems, and strengthen government institutions in refugee-hosting areas. UNHCR and partners will work with the Government and development partners so that new arrivals benefit from existing development-financed programmes and national services can meet the additional demand. The response will further support data interoperability, evidence generation, and coordination mechanisms that enable systematic refugee inclusion in national planning, budgeting, and service delivery processes.

The response will strengthen pathways to self-reliance through technical and vocational education, skills development, support for entrepreneurship, financial inclusion, and livelihood opportunities. Refugees and host community members will be supported to access vocational training, business development services, savings and lending mechanisms, employment opportunities, and market-based interventions. Partnerships with development actors, private sector institutions, financial service providers, and government agencies will be expanded to facilitate economic participation, access to finance, enterprise development, private investment in refugee-hosting areas, and labour market integration.

Community resilience and social cohesion initiatives will be integrated throughout the response, including support to community infrastructure, local service delivery, environmental rehabilitation, and community-based protection mechanisms. Investments will prioritize refugee-hosting areas to strengthen local capacities, reduce pressure on public services, promote peaceful coexistence, and contribute to local development objectives. The response will build on nationally led, development-oriented approaches from the outset, ensuring humanitarian investments complement development financing, contribute to durable outcomes, strengthen community resilience, and advance sustainable solutions for refugees and host communities alike.

CROSS-CUTTING PRIORITIES

Centrality of Protection

Protection will remain at the centre of the refugee response, and all activities undertaken under this Refugee Response Plan will seek to uphold the rights, safety, dignity and well-being of refugees throughout the displacement cycle, from arrival and reception through to longer-term solutions. Attention will be given to women, boys and girls, older persons, persons with disabilities and other individuals with specific needs. Humanitarian partners will ensure that assistance contributes to protection outcomes and does not expose affected people to additional risks.

Protection Mainstreaming

Protection principles will be integrated across all sectors of the response to ensure that assistance is safe, accessible, inclusive and delivered in a manner that preserves dignity. Partners will systematically identify and mitigate protection risks within programme design and implementation, while promoting equitable access to services and meaningful participation by affected populations. Interventions will be informed by age, gender and diversity considerations to ensure that assistance responds to the specific needs and capacities of different population groups and that no one is left behind.

Accountability to Affected People

Refugees and host communities will be placed at the centre of the response through meaningful consultation, participation and engagement. Partners will establish accessible communication, feedback and complaint mechanisms that enable the affected persons to influence programme design, implementation and monitoring. Information on

available services, assistance, and protection mechanisms will be disseminated in a timely, transparent, and culturally appropriate manner to strengthen trust, improve accountability, and ensure the response remains responsive to evolving needs and priorities.

Protection from Sexual Exploitation and Abuse (PSEA)

All organizations participating in the response will adhere to the highest standards of conduct and implement a zero-tolerance approach to sexual exploitation and abuse. Safe, confidential and survivor-centred reporting mechanisms will be established and strengthened to enable affected populations to report concerns and access support services. Awareness-raising, training, and community outreach activities will be undertaken regularly to ensure that refugees, host communities, government counterparts, and humanitarian personnel understand their rights, responsibilities, and available reporting channels.

Coordination and Partnership

The Obock Refugee Coordination Forum serves as the primary inter-agency operational coordination platform for the Yemen refugee emergency response in Obock and is co-chaired by ONARS and UNHCR. The RCF brings together government entities, UN agencies, NGOs, and other humanitarian partners to coordinate day-to-day response activities, share information, monitor sector performance, and identify unmet needs. The forum consolidates sectoral recommendations, prepares operational updates, and ensures a coherent and complementary response across all sectors.

Through the Refugee Coordination Forum, humanitarian partners, national and international NGOs, community-based organizations, and civil society actors contributed to the response plan based on their operational presence, comparative advantages, and identified priorities and gaps.

At the regional level, the Préfet-led Coordination Mechanism in Obock, co-chaired by the Préfet of Obock and ONARS, with UNHCR serving as Secretariat, provides strategic oversight and operational guidance for the refugee response in the region. The mechanism facilitates inter-ministerial coordination, addresses operational challenges requiring government action, ensures alignment with national response priorities, and oversees the implementation of emergency response activities, while providing a platform to escalate key issues and recommendations to the national coordination level.

Sector coordination is a core element of the Comprehensive Refugee Response Framework (CRRF), promoting a whole-of-government approach that places national institutions at the forefront of the refugee response. Government institutions and line ministries lead the response in accordance with their respective mandates, ensuring operational coordination, technical guidance, and oversight of sector-specific interventions.

ONARS provides overall leadership on refugee protection, registration and documentation, while the Ministry of Social Affairs and Solidarity (MASS) leads on child protection, the protection of women and girls, and social welfare services. The Ministry of Health leads the Health and Nutrition Sector, the Ministry of Agriculture, Water, Fisheries, Livestock and Marine Resources leads the WASH Sector, the Ministry of Agriculture leads the Food Security and Livelihoods Sector, the Ministry of National Education and Vocational Training leads the Education Sector, and ONARS leads the Shelter, Reception Infrastructure and Site Development Sector. Supported by UN agencies, NGOs, and development partners, these sector coordination mechanisms set priorities, coordinate implementation, monitor response performance, and identify operational gaps to ensure an effective, complementary, and well-coordinated response. By leveraging the mandates, expertise and systems of line ministries, sectoral coordination strengthens

government ownership, enhances collaboration between humanitarian and development actors, and supports the progressive inclusion of refugees within national service delivery systems.

The NGO platform is part of the RCF and its members play a critical role in enhancing community engagement, inclusion, and responsive programming by promoting two-way communication with affected populations, strengthening referral pathways, supporting vulnerable groups, and ensuring that refugee communities have access to information, feedback, and complaint mechanisms. Through community-based network and volunteer capacity, the NGO platform will complement government- and UN-led interventions by extending frontline service delivery, supporting localized response efforts, and contributing to a coordinated, people-centred humanitarian response.

Strengthened coordination and information management systems are needed to support partner mapping, population movement tracking, operational reporting, and needs analysis. Timely access to dashboards, service mapping, and gap analysis will be provided to enable real-time monitoring of refugee arrivals, improve understanding of response capacities and priorities, and inform strategic decision-making and resource allocation.

Refugee registration and information management systems will generate timely and reliable data to support operational planning, assistance delivery, case management and response monitoring. Individual refugee data will be governed by agreed data protection standards and data-sharing agreements.

The Refugee Coordination Forum (RCF) is a temporary emergency coordination mechanism to support the Yemen refugee response and will operate through 31 March 2027, during the acute phase of the influx. As the situation stabilizes and the activities progressively transition from emergency assistance towards longer-term inclusion and solutions, coordination functions, information management responsibilities, and sector oversight will be gradually integrated into the existing CRRF governance and coordination architecture under Government leadership. ONARS, UNHCR, and other partners in the RCF in consultation with the Obock Préfet will conduct a joint review by March 2027 to assess the readiness of the RCF to fully transition to CRRF structures or whether continued emergency coordination arrangements remain necessary.

Inter-Agency Financial Requirements

The Inter-Agency Refugee Response Plan requires USD 14.37 million to provide a comprehensive, multi-sectoral response for 10,000 individuals (2,500 households) arriving from Yemen over six months. Developed jointly by UNHCR, UNICEF, WFP, IOM, UNFPA, and WHO. The financial requirements in this appeal primarily reflect additional emergency response and capacity-support investments identified by participating United Nations agencies. The plan complements priority interventions identified through the NGO platform and aims to strengthen national response capacities. The appeal does not represent the full cost of Government service provision or broader refugee inclusion investments required across national systems in education, health and social protection. Additional development financing will be needed to support sustainable inclusion, including within national health, education and social protection programmes.

Inter-Agency Financial Requirements

UN Agency	Intervention	Budget (USD)
IOM	Emergency land and sea transport	800,000
	Community Projects and Social Cohesion	450,000
	Health, Emergency Medical and MHPSS Support	450,000
	Rehabilitate facilities at the main entry points, including distributing welcome kits.	250,000
	Provision of hot meals in Markazi and entry docking points	150,000
	Total IOM	2,100,000
UNFPA	Health - sexual and reproductive health services, supplies, skilled personnel, Emergency Obstetric and Newborn Care, and referral pathways for obstetric and GBV survivors.	465,000
	GBV case management, psychosocial support, clinical management of rape, and risk mitigation, referral systems, dignity kit distribution.	367,500
	Deployment of SRH and GBV surge capacity in Obock	90,000
	Total UNFPA	922,500
UNHCR	Shelter and Infrastructure	1,799,607
	Core Relief Items (CRI)	902,557
	Protection including registration	778,264
	Communal cooking infrastructure at entry points and distribution of cooking energy at Merkazi	675,487
	Cash-Based Interventions (CBI)	431,394
	Site Management	375,321
	Refugee Inter-Agency Coordination	177,132
	Total UNHCR	5,139,762
UNICEF	WASH	1,300,000
	Child Protection	600,000
	Nutrition	500,000
	Health	300,000
	Education	300,000
	Total UNICEF	3,000,000
WFP	Monthly Food Distributions	1,988,877
	Nutrition Supplies (Moderate Acute Malnutrition, pregnant and lactating women and Children Under 5)	521,865
	Total WFP	2,510,742
WHO	Surveillance and epidemic preparedness and response	300,000
	Essential health services (Maternal and Newborn Health, MHPSS and Vector-Borne Diseases)	180,000
	Nutrition – Severe Acute Malnutrition (SAM) with medical complications, SAM kits, infant formula	90,000
	Mass vaccination	80,000
	Outbreak control and coordination	50,000
	Total WHO	700,000
Grand total		14,373,004

Monitoring framework

Sector/ Intervention	Indicator
Shelter, Reception Infrastructure and Development	Number of refugees assisted at reception sites in Markazi.
	Number of households receiving emergency shelter or tents.
	Number of households receiving core relief items (in-kind and cash).
	Number of community facilities established.
Protection	Percentage of arrivals registered and documented.
	Number of persons with specific needs supported.
	Number of children receiving protection case management.
	Number of community-based protection structures supported.
WASH	Litres of water available per person per day.
	Number of latrines constructed.
	Number of people reached through hygiene promotion.
	Number of operational waste collection systems.
	Number of communal showers constructed.
Health and Nutrition	Number of primary healthcare consultations provided.
	Percentage of children screened for acute malnutrition.
	Vaccination coverage rates.
	Number of health facilities supported.
	Number of individuals receiving MHPSS services.
Food security	Number of refugees receiving food assistance.
	Number of hot meals distributed at reception sites.
	Number of children under the age of 5 receiving nutrition support.
	Number of pregnant and lactating women receiving nutrition support.
	Number of children admitted to nutrition programmes.
Solutions from the Start, Inclusion and Resilience	Number of refugees accessing national services.
	Number of refugees participating in livelihoods programmes.
	Number of development partners engaged in the response.

Contact Information

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[Operational Data Portal](#)