Programmatic Articulation for Multi-Purpose Cash Assistance and Humanitarian Food Assistance in Yemen

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1. Introduction

In 2026, an estimated 22 million people across Yemen need humanitarian assistance and protection services; [1]2.8 million people more than last year. Of these, 18.7 million people face acute food insecurity[2]. The drivers of humanitarian needs in the country are multi-faceted. Despite the efforts of humanitarian partners to deliver assistance in a highly challenging operational environment, the collective humanitarian response continues to face major funding gaps. In 2025, Multi-Purpose Cash Assistance (MPCA) partners had received $25.1million, or 22.4% of its 2025 total funding requirements, supporting 433,110 beneficiaries. The Food Security and Agriculture Cluster (FSAC) partners secured $240.1 million, equivalent to 21.7% of its total funding needs, supporting 5.9 million HFA beneficiaries. These shortfalls underscore the substantial funding gap that continues to constrain the overall humanitarian response in Yemen.

2. Rationale of Programmatic Articulation

This document serves as a technical reference and operational alignment framework for collaboration between Multipurpose Cash Assistance (MPCA) partners in the Cash and Markets Working Group (CMWG) and humanitarian food assistance (HFA) partners in Food Security and Agriculture Cluster (FSAC). The CMWG is a humanitarian coordination body that develops standards and provides guidance for the collective cash and voucher assistance (CVA) in Yemen. In a context where needs far exceed available funding, as in Yemen, it is critical to articulate the technical distinctions between HFA and MPCA to strengthen coordination, reinforce complementarity, and ensure that resources are used efficiently. Establishing this clarity “by design” supports coherent response planning and upholds collective accountability to affected communities.

3. Overview of MPCA and HFA in Yemen

	Multi-Purpose Cash Assistance (MPCA)	Humanitarian Food Assistance (HFA)
Objective	Cover multiple household basic needs, unconditional/flexible use.	To avert the worst forms of food insecurity and malnutrition.
Geographical focus	Areas with high multi-sectoral needs (displacement/shocks) focus on HHs at risk	Areas with the highest levels of food insecurity and malnutrition.

[1] Yemen 2026 Humanitarian Needs and Response Plan
[2] IPC Global Initiative - Special Brief - Yemen, June 2025

	Multi-Purpose Cash Assistance (MPCA)	Humanitarian Food Assistance (HFA)
	of harmful coping due to socioeconomic vulnerability.	
Household Targeting	HHs below MEB; IDPs/refugees; large/vulnerable HHs (household size, dependency ratio, economic status, PWD, etc.).	Based on key food consumption and livelihood indicators, nutrition vulnerability among other demographic and multi-sectorial considerations.
Transfer value	Covers 80% of Minimum Expenditure Basket (MEB); unrestricted cash.	The Minimum Food Basket (MFB) unconditional cash transfer is based on a food gap analysis and covers 80% of the minimum recommended sphere standard food basket of 2,100 kilocalories per person per day.
Duration	1 month for shock responsive emergency MPCA and 3–6 months for regular socioeconomic MPCA.	3 monthly distributions for shock responsive HFA and 8 monthly distributions for emergency life-saving HFA
Referrals, Response Sequencing and Deduplication	• Referrals for shock-responsive HFA are informed by first-line response data and rapid assessments shared through ICCG coordination channels, which may include RRM information. • Referrals of MPCA/HFA beneficiaries to other sectorial services will be based on intervention specific vulnerability and targeting criteria. • In sub-districts where regular MPCA and regular MPCA overlap, MPCA should be sequenced as the initial rapid response if resources have been secured. Where MPCA is delivered in areas facing acute multidimensional vulnerability, HFA beneficiaries should not be excluded by default. • Household-level de-duplication between MPCA and HFA responses applies only if overlaps persist after 5W coordination at sub-district level (admin level 3) and should be jointly resolved. Duplication only counts if food assistance and MPCA overlap in the same month. Whilst partners are currently assessing the feasibility of an encrypted hash solution that would allow deduplication without PII sharing, de-deduplication currently remains based on 8 mandatory data points.	
Collective anticipated outcomes of the programmatic articulation strategy	• Fair and equitable MPCA and HFA responses that improve beneficiaries' satisfaction by utilizing clearly defined, evidence-based, and coordinated response strategies. • Enhanced impact and coverage of MPCA and HFA responses through stronger complementarity and a collaborative deduplication initiative. • Improved humanitarian situation in Yemen.	

Table 1: Overview of MPCA and HFA in Yemen

3.1. Multi-Purpose Cash Assistance

A. Objective

The main goal of Multi-Purpose Cash Assistance (MPCA) in Yemen is to support vulnerable households in meeting their basic needs across multiple sectors, including shelter, health, transportation, food and water, while promoting dignity, choice, and flexibility through a single transfer. It aims to reduce reliance on negative coping strategies, decrease debt, and improve living conditions by giving families the financial power to prioritize their own needs and support the local economy. MPCA addresses basic needs in a multi-sectoral manner by enabling households to allocate resources according to their priorities, including food, rent, health, and water. MPCA therefore complements food assistance and strengthens household resilience across multiple sectors. In addition, MPCA actors have established strong de-duplication systems through inter-agency data sharing arrangements (DSAs) to ensure resources are efficiently targeted and households do not receive overlapping assistance.

B. Pathways for delivery of Multi-Purpose Cash Assistance

There are two established pathways for MPCA in Yemen;

a) **Emergency Shock Responsive MPCA** is delivered immediately to households following an emergency or displacement caused by conflict, climate-related shock, or other types of natural or man-made disasters, to meet their critical basic needs in the timeliest manner.

b) **Regular MPCA** is delivered to the most vulnerable households (both displaced and host communities). It is intended for households where cash assistance can help overcome barriers to accessing critical services; and/or address underlying socio-economic conditions that exacerbate household vulnerability and needs.

C. Targeting

Whilst MPCA and HFA have differences in the overall targeting approach, both assistances modalities will use Food Consumption Score and Livelihood Coping Strategy Index as two of the core household level selection indicators, among others.

a) **Emergency Shock Responsive MPCA:** In most cases, an in-depth vulnerability assessment is not operationally feasible during a sudden onset of a shock in Yemen. However, through first-line emergency response mechanisms such as the Rapid Response Mechanism (RRM), a minimum level of household verification is required before emergency MPCA is provided. Eligibility for emergency MPCA is often determined through rapid assessments, commonly using shelter damage status as a key indicator, though other forms of evidence may also be considered.

b) **Regular MPCA:** A set of categorical and socio-economic vulnerability criteria are recommended to determine eligibility for MPCA to cover basic needs and improve access to essential services. This includes social and demographic indicators, shelter and living conditions, nutrition, health and food security indicators, as well as economic vulnerability indicators. Eligibility for regular MPCA cannot be determined by a sole indicator; a combination of indicators from each category is needed to identify the most vulnerable households through a scoring system.

D. Duration of Multi-Purpose Cash Assistance

a) **Emergency Shock Responsive MPCA**: The package of assistance includes a one-off cash distribution.

b) **Regular MPCA**: The minimum package of assistance includes three (03) cash distributions, delivered on a bi-monthly basis, for a minimum duration of six (6) months.

E. The Minimum Expenditure Basket

- The Minimum Expenditure Basket (MEB) represents the monthly cost of essential goods and services a household requires to meet its basic needs across key sectors, including food, shelter, WASH, health, transport, and communication. Developed in consultation with relevant clusters, it is used by CMWG partners to estimate household needs and guide the determination of MPCA transfer values (currently set at 80% of the MEB). The MEB does not cover all essential needs but captures the minimum basic needs that households can meet fully or partially through the market.
- The MEB remains constant regardless of program objectives, while transfer values are ideally defined through a gap analysis that estimates the portion of needs households cannot meet through their own income or available services.
- The CMWG recommended setting MPCA transfer values at 80% of the total MEB, taking into account sectoral assistance provided by other actors, available funding, identified needs, and findings from partner assessments and monitoring. Transfer values differ between GoY and DFA areas due to variations in exchange rates, market prices, and monetary policies.
- The last full MEB revision was conducted in August 2024, with the next update planned for December 2025. The timeline was adjusted to reflect changes in funding for REACH market monitoring, limited data access in northern areas, and broader resource constraints affecting data collection and analysis. An interim transfer value was set by the Yemen CMWG in September 2025 for GoY areas to account for fluctuations in the exchange rate.

- The MEB is periodically updated in line with the evolving market dynamics. As of 1 October 2025, the recommended MPCA transfer values set by Yemen CMWG are:
  - DFA MEB: **YER 106,000 / USD 200**
  - GoY MEB: **YER 242,000 / USD 150**

3.2. Humanitarian Food Assistance

A. Objective

The objective of Humanitarian food assistance (HFA) in Yemen is to avert the worst forms of food insecurity and malnutrition. HFA can also be used to protect and strengthen the livelihoods of a crisis-affected population, to prevent or reverse negative coping mechanisms (such as the sale of productive assets, or the accumulation of debts) that could result into either short-term or longer-term harmful consequences for their livelihood base, their food-security status or their nutritional status. There are two approaches for HFA delivery in Yemen.

a) **Emergency shock responsive lifesaving HFA** is short-term support to meet immediate food needs of a displaced population.

b) **Regular life-saving HFA** has a longer duration, and is provided to food insecure populations (displaced, marginalized, and host population) as stipulated in the humanitarian need and response plan or FSAC hyper-prioritized plans, the latter is developed as the needs and response evolve, factoring the funding and prevailing operational environment.

B. Humanitarian food assistance response modalities

HFA is delivered through three primary modalities: in-kind food assistance, cash transfers, and voucher transfers. These modalities are designed to ensure that food-insecure households receive adequate support to meet their food and nutritional needs, based on market functionality, operational feasibility, and beneficiary preference.

a) **In-kind assistance** involves the direct distribution of food commodities stipulated in the FSAC minimum food basket, covering 80% of monthly food requirements.

b) **Unconditional cash transfers** provided to cover the equivalent cost of the in-kind MFB in the local market (see section 3.1.E.) allow beneficiaries to purchase food from local markets, offering more flexibility and dignity.

c) **Voucher transfers** enable beneficiaries to access the food commodities stipulated in the FSAC minimum food basket from designated vendors.

C. Targeting approaches for humanitarian food assistance

a) **Emergency shock responsive lifesaving HFA** as a second-line response to emergency situations which require HFA support.

b) **Regular life-saving HFA**, geographical targeting at district or livelihood zone is used as an entry point for targeting to ensure locations selected are the most vulnerable in line with FSAC geographical prioritization. Due to increasing scale and depth of food insecurity in the country, amidst a declining funding landscape, districts facing the highest forms of food insecurity and malnutrition are prioritized first for the delivery of HFA as outlined in table 2. As a second stage, household targeting, encompassing both host and displaced population, is informed by a set of criteria outlined in the FSAC vulnerability and targeting guidance note[3], which includes food security vulnerabilities based on key food consumption and livelihood indicators, social and demographic status, nutrition and health status, disability status, WASH (Water, Sanitation, and Hygiene) and living conditions and economic vulnerability. The household re-targeting process in ongoing in GoY areas, but challenges in DFA areas due to constrained operational environment. The weighting and scoring of household vulnerabilities allows for the ranking of household vulnerabilities, where those households with the highest vulnerability scores are identified as the most at risk and are given priority for assistance, based on the resources available to the partner organization.

D. Duration of humanitarian food assistance

a) **Emergency shock responsive lifesaving HFA** is a short-term response provided for three (03) monthly distributions.

b) **Regular lifesaving HFA** is provided for a minimum of eight (08) monthly distributions annually.

E. The Minimum Food Basket Computation

- **The Minimum Food Basket (MFB)** is a tool used by the FSAC to calculate the cost of nutritious, basic and culturally appropriate food set for a household to meet their food and nutritional needs, resulting in the unconditional cash transfer value (UCT). [4]The MFB is based on a food gap analysis, for a household consisting of seven (07) members, the average household size in Yemen. It constitutes 80% of the average daily caloric requirements according to the sphere standards reference food basket (2,100 kilocalories per individual per day).

[3] Yemen FSAC Vulnerability and Targeting Guidance Note
[4] FSAC Unconditional Cash Transfer Guidance

- The pricing information for food products in the MFB is derived from the monthly price and market monitoring analysis carried out by FSAC partners across the country. The FSAC routinely reviews and, when necessary, updates the transfer value of UCT on a quarterly basis. Due to the discrepancies in the value of the Yemeni Rial (YER) between the Government of Yemen (GoY) and De-facto Authorities (DFA) regions, as well as differing monetary policies and market prices, the transfer values vary accordingly. These transfer values provide the best trade-off between impact on food security and maximizing coverage. The UCT value is periodically updated based on exchange rate and MFB price.

  The UCT guidelines (approved in March 2025[5] with an interim update for GoY approved in September 2025[6]) specify harmonized UCT transfer values for a household consisting of seven members as follows:

  - GoY Controlled Areas: **145,000 YER or 95 USD**
  - DFA Controlled Areas: **53,000 YER or 100 USD**

4. Optimizing MPCA and HFA

4.1. Response Prioritization

Regular MPCA contributes to overall regular HFA response reach and should therefore be systematically considered in FSAC response planning, including gap analysis, prioritization and targeting decisions. **When regular HFA and regular MPCA are delivered in the same areas, the longer-term HFA beneficiaries should not be excluded from MPCA by default**. However, in areas where multiple actors are present and operational footprints intersect despite 5W coordination, household-level deduplication will be applied using the agreed eight mandatory data points to ensure that no household receives overlapping MPCA and HFA assistance within the same month, while maximizing coverage and safeguarding equitable access to assistance.

Intersectoral Severity Ranking and IPC AFI Classification	Priority Rating (1-3 with 1 being the highest priority)	Remarks (Regular MPCA and regular lifesaving HFA)
Intersectoral Severity 5 & IPC AFI 5	Priority 1 for HFA Priority 1 for MPCA	**Full prioritization by both modalities**. 5W coordination; response sequencing and de-duplication to be undertaken

[5] Yemen Unconditional Cash Transfer Guidelines
[6] Interim Guidance on Unconditional Cash Transfer for MFB in GoY Areas

Intersectoral Severity Ranking and IPC AFI Classification	Priority Rating (1-3 with 1 being the highest priority)	Remarks (Regular MPCA and regular lifesaving HFA)
Intersectoral Severity 5 & IPC AFI 4		where overlaps occur
Intersectoral Severity 4 & IPC AFI 4		
Intersectoral Severity 5 & IPC AFI 3	Priority 1 for MPCA Priority 2 for HFA	**MPCA to be optimized to the best extent possible.** HFA can be implemented selectively in high-risk IPC Phase 3 districts not covered by MPCA, conditional on funding availability.
Intersectoral Severity 4 & IPC AFI 3		
Intersectoral Severity 3 & IPC AFI 4	Priority 1 for HFA Priority 2 for MPCA	**HFA to be optimized for acutely food insecure households.** Prioritization of MPCA at inter-sectorial severity 3 will only be considered if resources allow.
Intersectoral Severity 3 & IPC AFI 3	Priority 3 for HFA Priority 3 for MPCA	**Low priority**: HFA and MPCA only considered if resources allow and upon attaining a meaningful reach (>50%) in priority 1 and 2 locations.
Below Intersectoral Severity 3 & IPC AFI 3	Not prioritized for both HFA and MPCA responses.	

Table 2: Response prioritization of regular MPCA and regular lifesaving HFA.

4.2. Response sequencing, coordination flow and de-duplication

I. Shock Responsive MPCA and Shock-Responsive lifesaving HFA

Shock-responsive MPCA and shock-responsive HFA are designed as mutually exclusive interventions, delivered sequentially at different phases of response. A one-round shock responsive emergency MPCA serves as a first line response following a sudden onset shock (either as part of or complementary to RRM).This is followed by three monthly rounds of shock responsive HFA, delivered as the second line response once the first line response is concluded. This response sequencing represents a deliberate transition from a multisectoral first-line response (MPCA) to a sector specific follow-up (HFA), maintaining linkages with other multi-sectoral services to address persistent and overlapping needs. Second-line shock-responsive HFA is implemented by HFA actors in coordination with OCHA and the Inter Cluster Coordination Group (ICCG), based on data shared through Rapid Response Mechanism (RRM) and other rapid assessments.

II. Regular MPCA and regular lifesaving HFA (DFA/North Areas)

a) Given the limited coverage of both the regular MPCA and regular HFA in these areas, efforts should prioritize maximizing overall response coverage. In sub-districts where the two modalities overlap, MPCA should be sequenced as the initial rapid response, provided that MPCA resources are secured and sub-agreements have been authorized by the relevant authorities to avoid response delays. HFA and MPCA partners should therefore consider the below;

- Maximize coverage in priority and hunger hotspot districts by promoting geographic complementarity at sub-district level.
- Where regular MPCA is being delivered, regular HFA should not be provided within the same period and should instead be sequenced following MPCA distributions.
- Where regular MPCA and regular HFA are not delivered in the same locations, no response sequencing or de-duplication is required.

III. Regular MPCA and regular lifesaving HFA (GoY/South Areas)

a) GoY/South areas have significant coverage of HFA in high priority districts. Therefore, MPCA and HFA partners should consider the below;

b) Regular MPCA delivered alongside household level livelihood support can be provided as part of a transition approach out of humanitarian assistance for households with demonstrated capacity, including through referrals and phased reduction of regular HFA.

c) Where MPCA is delivered in areas facing acute multidimensional vulnerability and where regular lifesaving HFA is ongoing (e.g. an IDP camp in IPC Phase 4 district), then HFA beneficiaries should be included in MPCA. In such cases;

- MPCA transfer values should be adjusted net of the food component transfer value; OR;
- HFA may be temporarily suspended during MPCA distributions to avoid duplication and resumed once MPCA distributions are completed. This might require negotiations on no-cost extension depending on the HFA project timelines.

d) Where MPCA is delivered in areas with no regular lifesaving HFA (e.g. an IPC Phase 3 area with intersectoral severity 4+), no de-duplication or response sequencing is required.

IV. Cross-Cutting Considerations for response sequencing in both GoY and DFA areas:

a) Regular life-saving HFA should be integrated with sectoral responses in nutrition, WASH, health, and protection to address multi-dimensional needs.

b) Partners should consider seasonal factors (lean and harvest seasons) when planning sequencing to ensure assistance is prioritized during periods of highest vulnerability.

c) MPCA and HFA partners should deliver the recommended communication messages outlined in Section 6 once sequencing is agreed and before distributions begin.

4.3. Coordination flow and de-duplication between MPCA and HFA

- Duplication of assistance occurs only if MPCA and HFA are provided to the same household in the same month, covering the same needs (i.e. MFB component). HFA and MPCA partners should apply response sequencing or adjustment options stipulated in section 4.2 of this document to prevent an immediate need for household de-duplication. While the long-term objective remains the establishment of a centralized household-level de-duplication system where duplication exists, current operational constraints, varying data protocols, and the absence of unified data governance limit the immediate feasibility of a full household-level matching process across FSAC and MPCA partners. For instance, WFP is exploring the possibilities for an encryption-based deduplication mechanism that does not require PII sharing.
- **5W coordination serves as the primary and immediate tool to prevent overlaps, with household-level de-duplication applied only where overlap persists**.5W mapping enables partners to visualize operational footprints, assess the feasibility of concurrent modalities, and determine sequencing approach. The 5W mechanism functions as a transitional coordination step. It is recommended that partners deliver recommended messages outlined in section six (06) of this document before the distribution process to smoothen the de-duplication process, ensure a wider coverage of vulnerable households, resources permitting, as well as minimizing tensions and other issues associated.

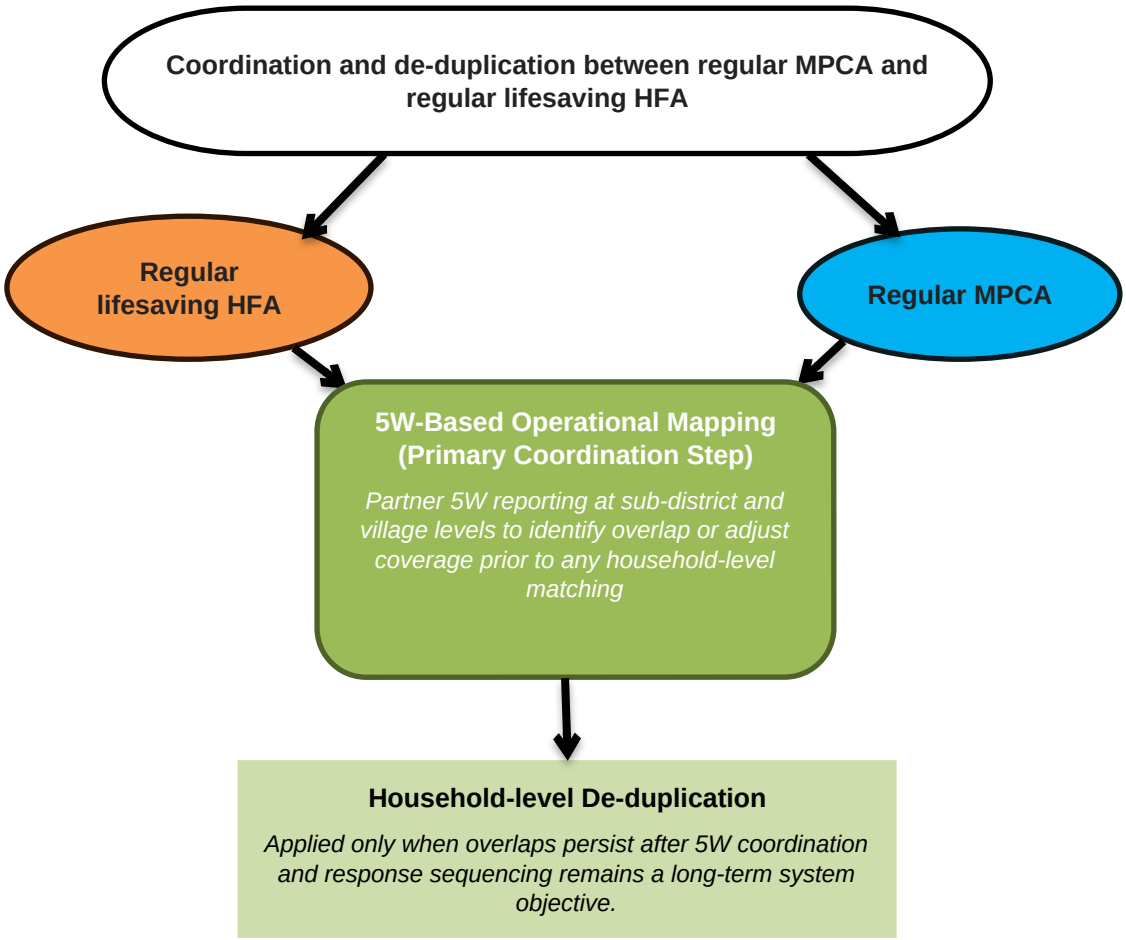

Figure 1: Coordination Flow and De-Duplication for MPCA and HFA

In the interim, current efforts prioritize bilateral agency de-duplication arrangements, which include:

a) Collection of eight (08) mandatory data points. These data points are used to timely cross-check beneficiary lists across MPCA and HFA partners to ensure unintended overlaps are timely flagged and resolved. This includes;

1. **Full name of the household head**	2. **Gender of the household head**
3. **National ID Number of the household head or any other ID number**	4. ID type of the household head
5. **Date of birth of the household head (Day/Month/Year)**	6. Phone Number of the household head (Primary and secondary)
7. **Full name of the spouse**	8. Location where assistance is provided (Governorate, District, Subdistrict, and Village).

Table 3: Eight (08) mandatory data points for household level de-duplication

b) CMWG and FSAC National Coordination teams will regularly update and share on a quarterly basis MPCA and HFA response coverage through information provided by partners in the 5Ws and intervention planning tools.

c) MPCA actors will consider applying a reduced transfer value (excluding the food basket component) for beneficiaries who are receiving HFA. This approach requires further consultation and endorsement by the Humanitarian Country Team.

d) MPCA and HFA actors are encouraged to establish formalized bilateral data-sharing agreements at agency level, to enable cross-checking and deduplication of beneficiary lists before assistance is delivered. These institutional agreements among agencies should respect humanitarian and agency specific data sharing protocols.

e) Flagged overlaps must be jointly resolved by the concerned agencies/ partners, with unresolved cases escalating to subnational or national CMWG and FSAC coordination team for further guidance.

f) The monthly 5W reporting for MPCA should be done through the CMWG whilst HFA should be done through the FSAC.

6. Communication and Community Engagement

A. MPCA and HFA partners must ensure inclusive, transparent, consistent, and proactive communication with affected communities and local authorities prior to and throughout assistance delivery. Effective communication is critical to manage expectations, reduce risks of social tensions and exclusion, enhance beneficiary satisfaction and uphold accountability to the affected people (AAP).

Partners are required to provide clear, accessible and timely information on; his includes simple but clear explanations on:

- Objective and rationale of assistance modality as outlined in section 3.1 (A) and 3.2 (A)
- Targeting and eligibility criteria, as outlined in sections 3.1 (C) and 3.2 (C).
- Distribution timelines, delivery mechanisms and duration of assistance outlined in sections 3.1 (B and D) and 3.2 (B and D)
- Response package as outlined in sections 3.1 (E) and 3.2 (E), including clear justification for any adjustment during implementation (e.g. changes in transfer value or modality due to market conditions, pipeline breaks or updated cluster/working group technical guidance).
- Geographical prioritization and locations covered by the project in line with section 4.1.

B. Communication must be two-way, continuous and adapted to local context, enabling affected people to seek clarification, raise concerns and provide feedback throughout the response cycle.

C. MPCA and HFA partners must ensure that feedback received through complaints and feedback mechanisms (CFM) is systematically analyzed and used to inform programmatic adjustments, with particular to protection risks, exclusion errors and potential duplication. CFMs must be accessible, confidential and include safe referral pathways, including for sensitive complaints.