



A midwife from the mobile medical team we support provides individualized nutrition counselling to a caregiver from a displaced family at Al Imam Al Ouzai School in Lahj Governorate.

The ongoing escalation of conflict across Yemen's west coast continues to drive displacement, disruption of essential services and an increase in humanitarian needs across Hodeidah and Taiz governorates. Local authorities have appealed for urgent humanitarian assistance, as 70% of displaced populations remain within their governorate of origin and facilities continue to serve displaced and crisis-affected host communities.

Since the beginning of the escalation, 197,906 individuals from 29,519 households have been displaced across 10 governorates. Government-controlled areas of Taiz host 47% of all displaced families, followed by Lahj at 24% and Aden at 13%.¹

Health and nutrition needs are expected to continue rising. From October 2026 to March 2027, the Nutrition Cluster estimates that the response will need to screen approximately 310,000 children under 5 and 72,500 girls and pregnant and breastfeeding women for acute malnutrition across 23 priority districts.² The response aims to treat 48,994 and 113,409 children with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM), respectively, including 39,495 high-risk children aged 6–23 months, and 62,810 acutely malnourished girls and pregnant and breastfeeding women. The growing shortages of therapeutic and supplementary nutrition commodities, alongside access constraints and increasing disease risks, threaten the continuity and scale-up of lifesaving nutrition services.

International Medical Corps Response

International Medical Corps continues to adapt our integrated health, nutrition, mental health and psychosocial support (MHPSS), and maternal, newborn and child health (MNCH) programming to respond to the rapidly evolving humanitarian

FAST FACTS

- 197,906 people from 29,519 families have been displaced across 10 governorates, approximately a 10% increase from the last report.
- Eighteen of 19 International Medical Corps-supported health facilities remain operational across the west coast despite continuing access constraints.

OUR FOOTPRINT

- Across Yemen, International Medical Corps supports 63 health facilities, with an estimated coverage of 3.3 million people across seven governorates: Aden, Al Dhale'e, Al Hodeidah, Ibb, Lahj, Sana'a and Taiz.
- Our lifesaving multi-sectoral assistance prioritizes active conflict zones and high-risk environments. In 2025, we helped more than 400,000 people.

OUR RESPONSE

- A mobile medical team we support has provided 475 medical consultations, screened 106 children under 5 and 38 pregnant and lactating women for acute malnutrition, provided immunization services to 31 women and 36 children, and conducted 50 antenatal care consultations.
- Our supported facilities have provided 11,835 medical consultations to people on the west coast.
- We have provided 26 metric tons of essential medicines and medical supplies to six health facilities in Aden and Lahj that will help sustain critical health, emergency obstetric and referral services amid increasing needs and ongoing supply constraints.

¹ WHO Yemen, Conflict Escalation Situation Report #6

² Yemen Nutrition Cluster, Six-Month Emergency Nutrition Response Strategy for Conflict-Affected and Displaced Populations, October 2026–March 2027, Version 1.1.2, October 2026

situation in Yemen. International Medical Corps has maintained a presence on the west coast of Yemen, with 18 of 19 static primary healthcare facilities and one mental health hospital currently functional and serving conflict-affected, displaced and vulnerable populations across affected areas in Al Hodeidah and Taiz governorates.

Since September 17, an International Medical Corps-supported mobile medical team serving displaced populations has provided 475 medical consultations, including 197 consultations related to integrated management of childhood illness (IMCI) for children under 5 and 278 outpatient consultations for people aged 5 and above. The team also provided immunization services to 31 women and 36 children, and conducted 50 antenatal care consultations. Of the 31 women vaccinated, 26 received a first dose and five received a second dose; 48 of the antenatal care consultations were first visits, and two were follow-up visits. The team screened 106 children under 5 for acute malnutrition, identifying 14 cases (13%) of SAM, 60 cases (57%) of MAM and 32 children with normal nutritional status. The team also screened 38 pregnant and lactating women, registering 19 for nutrition treatment and follow-up. These results demonstrate the importance of integrated mobile services in identifying unmet needs and linking displaced families to timely care.

Despite significant access and operational constraints, International Medical Corps has been able to maintain integrated health and nutrition services across the west coast since the escalation in hostilities. Eighteen static health facilities reported 11,835 medical consultations, including 7,779 outpatient consultations for people aged 5 and above, and 4,056 IMCI consultations for children under 5. The supported facilities also provided 1,198 antenatal care consultations and 76 births, including 38 facility-based births and 38 skilled home births. Nutrition services admitted 98 children with SAM, 129 children with MAM, and 151 pregnant and lactating women with acute malnutrition, while 319 caregivers received individual IYCF counselling. These achievements underscore the critical role of that International Medical Corps-supported facilities play in sustaining access to essential health and nutrition care across the west coast, despite restrictions on field movement, onsite monitoring and the transportation of medicines and medical supplies. Total consultations reduced by 31.6% in the last month—before the conflict escalation—which may be linked to the functional interruptions and displacements that occurred in September. International Medical Corps will continue monitoring functionality and stock levels in the health facilities we support.

International Medical Corps provided 26 metric tons of essential medicines and medical supplies to six health facilities in Aden and Lahj, including emergency obstetric, maternal-health, and referral facilities. This included 8 metric tons for Al Buraiah Emergency Obstetric Care facility and Al Sadaqah Hospital in Aden, and 18 metric tons for Ibn Khaldoun Hospital, Radfan Hospital, Tur Al Bahah Hospital and the Maternity and Childhood Center in Al Houtah, Lahj. However, needs remain high. As of October 6, seven supported west coast health facilities had exhausted their stocks of ready-to-use therapeutic food (RUTF), while stocks at the remaining facilities were rapidly declining with no confirmed replenishment solution. The unavailability of RUTF also threatens the continuation of MAM services. Without additional humanitarian support and improved access, health facilities and mobile teams will face growing challenges in maintaining essential health, nutrition, MNCH, MHPSS and acute watery diarrhea/cholera response services.

International Medical Corps continues to engage with health authorities at the local, subnational and national levels, and actively participates in humanitarian coordination efforts to support a coordinated response and sustain access to essential healthcare services for displaced populations and host communities across the west coast.

Since 2012, International Medical Corps has provided integrated health, nutrition, protection, cash and voucher assistance, and water, sanitation and hygiene services in Yemen, addressing immediate humanitarian needs while strengthening resilience and supporting the continuity of essential services. With a strong presence in the country, we provide direct services while working with community-based organizations, women-led groups, and government institutions to expand access to quality services. By helping local actors, we strengthen communities' resilience, self-reliance and capacity to withstand recurrent shocks and vulnerabilities in a protracted crisis.