



Jihan, a psychosocial support worker from the mobile medical team we support, engages with a group of children during a recreational and psychosocial support session at Al Imam Al Ouzai School in Lahj governorate.

Since the escalation of conflict in western Yemen began in August, an estimated 251,125 people from 41,853 households have been displaced—a figure that represents an increase of 53,219 people (27%) in the last two weeks. From October 11 to 17 alone, 30,756 people from 5,126 households were newly displaced. Aden (57%), Lahj (22%) and Taiz (16%) received the largest shares of newly displaced households.¹ The sustained pace of displacement indicates that population movements have not yet stabilized, and that demand continues to increase for essential health and nutrition services in receiving areas.

The escalation has displaced families from some of Yemen's most malnutrition-affected areas, particularly along the west coast. Overcrowding, outbreaks of disease, disrupted infant and young-child feeding practices, and interruptions to treatment are increasing malnutrition risks among children under 5, girls, and pregnant and breastfeeding women. As of last week, nutrition partners had screened more than 57,000 children under 5, and 9,800 girls and pregnant and breastfeeding women, identifying more than 2,200 children under 5 with severe acute malnutrition and 4,200 with moderate acute malnutrition, and more than 2,600 malnourished women and girls. Despite these efforts, more than 215,960 children and pregnant and breastfeeding women remain unreached, while insecurity, continued population movement and dwindling nutrition supplies increase the risk that treatment will be interrupted.²

International Medical Corps Response

International Medical Corps continues to adapt its integrated health, nutrition, mental health and psychosocial support (MHPSS), and maternal, newborn and child health (MNCH) programming to respond to the rapidly evolving humanitarian situation. International Medical Corps continues to maintain a presence on the west coast of Yemen, with 18 of 19 static

FAST FACTS

- 251,125 people from 41,853 families have been displaced across 10 governorates, an increase of approximately 27% 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 services cover approximately 3.3 million people in governorates across north and south Yemen.
- Our lifesaving multi-sectoral assistance prioritizes active conflict zones and high-risk environments, strengthening community resilience, self-reliance and capacity to withstand recurrent shocks and vulnerabilities in a protracted crisis.

OUR RESPONSE

- A mobile medical team we support has provided 691 medical consultations, screened 161 children under 5 as well as 47 pregnant and lactating women for acute malnutrition, provided immunization services to 31 women and 61 children, and conducted 69 antenatal care consultations.
- Our supported facilities have provided 16,046 medical consultations to people on the west coast.
- We have provided 25 metric tons of essential medicines and medical supplies to 13 health facilities in Al Dhale'e and Lahj governorates that will help sustain critical health, emergency obstetric and referral services amid increasing needs and ongoing supply constraints.

¹ IOM Yemen DTM, RDT Weekly Update, 11–17 October 2026

² Yemen Humanitarian Situation Update No. 5, Escalation of Hostilities and Displacement Across Yemen, as of October 15, 2026.

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 has provided integrated health and nutrition services at Al Imam Al Ouzai School and surrounding displacement-hosting locations in Lahj governorate. As of October 20, the team had provided 691 medical consultations, including 275 consultations for children under 5 and 416 outpatient consultations for people aged 5 and older. Women and girls accounted for 411 of the consultations (59%), indicating a particularly high demand for healthcare among female patients. The team also provided 69 antenatal care consultations, 142 MHPSS consultations, 61 routine childhood immunizations and 31 tetanus vaccinations for women.

Acute watery diarrhea was the most frequently documented condition among patients reached by the mobile medical team, accounting for 14% of the morbidity profile, followed by upper respiratory tract infections (10%), lower respiratory and chest infections, urinary tract infections (9% each) and anemia (8%). The predominance of acute watery diarrhea and respiratory infections indicates continued communicable-disease risks, potentially associated with displacement-related living conditions and limited access to safe water, sanitation and preventive healthcare. The team will continue monitoring these trends to identify affected locations and population groups, and guide targeted prevention and treatment.

In addition, the team screened 161 children under 5 for acute malnutrition, identifying 18 with severe acute malnutrition and 92 with moderate acute malnutrition. It also screened 47 pregnant and lactating women, 19 of whom were registered for nutrition treatment and follow-up, and provided 25 individual infant and young-child feeding counselling sessions. Overall, 110 of the 161 children screened (68%) were identified with acute malnutrition, highlighting substantial nutrition needs among the children reached as well as the importance of early identification, referral and uninterrupted access to treatment commodities.

Despite continuing access and operational constraints, International Medical Corps-supported health facilities recorded 4,211 medical consultations between October 1 and 19, bringing the cumulative total to 16,046 consultations. In addition, 58 patients received individual MHPSS support, while 32 people participated in group psychoeducation sessions. Shortages of medicines, medical supplies, and nutrition commodities, alongside transportation restrictions, continue to threaten service continuity.

Epidemiological surveillance data from International Medical Corps-supported health facilities on the west coast recorded 1,017 cases of upper respiratory tract infections during October. Facilities also reported 426 cases of acute watery diarrhea, including two suspected cases of cholera, as well as seven cases of bloody diarrhea; no cholera cases were confirmed. In addition, facilities reported 102 cases of malaria and 81 lower respiratory tract infections. These patterns may reflect a combination of seasonal changes, dust exposure, unsafe water, inadequate sanitation, food contamination, mosquito exposure and delayed care-seeking. International Medical Corps will continue analyzing facility-level trends to identify geographic concentrations and affected population groups, verify the main contributing factors and guide targeted prevention and response measures.

International Medical Corps has provided 25 metric tons of essential medicines and medical supplies to 13 primary health facilities in Al Dhale'e and Lahj governorates, helping to sustain essential primary healthcare, emergency obstetric care and referral services. International Medical Corps prepared a three-month requirement of 968 cartons of ready-to-use therapeutic food (RUTF) for supported primary health facilities and the mobile medical team on the west coast, but ongoing access and administrative constraints have prevented movement of RUTF from the warehouse in Aden to the targeted sites. While we are processing the required permits and approvals with relevant authorities, RUTF shortages will continue to threaten uninterrupted treatment for children with severe acute malnutrition. In the absence of commodities to treat moderate acute malnutrition (MAM), supported facilities will prioritize children with high-risk MAM for closer monitoring, counselling and referral, while International Medical Corps will continue coordination and advocacy activities to sustain essential nutrition services.

International Medical Corps will continue 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.