International Medical Corps

SITUATION UPDATE

Yemen Emergency Response
Situation Report #6
November 5, 2026



A doctor from the mobile medical team we support provides medical care to children at Umm Zaini and Al Abqar Camp in Khanfar district.

Since the beginning of 2026, an estimated 319,356 people from 53,226 households have been displaced in western Yemen, representing an increase of 68,231 people (27%) since our last situation report. From October 25 to 31 alone, 13,764 people from 2,294 households were newly displaced. Taiz received the largest share of newly displaced households (52%), followed by Lahj (30%) and Shabwah (7%).[1] The continued pace of displacement indicates that population movements have not yet stabilized and that demand for essential health and nutrition services in receiving areas continues to increase.

Health authorities have recorded 9,072 conflict-related casualties, including 7,395 injuries and 1,677 deaths. Movement restrictions and shortages of medicines, nutrition supplies, fuel, water and health workers continue to disrupt essential services, particularly in Taiz and along the west coast. Suspected cholera cases have declined to 447 in epidemiological week 42, although reduced reporting and care-seeking in conflict-affected areas may partly explain the decline.[2] Food insecurity is also worsening across government-controlled areas, where roughly 75% of households are unable to meet minimum food needs and 41% are experiencing severe food deprivation. Conditions are particularly acute in Taiz, where road closures, rising transport costs and disrupted supply routes are reducing access to food and increasing nutrition risks among children, pregnant and breastfeeding women, and other vulnerable groups.[3]

FAST FACTS

- 319,356 people from 53,226 families have been displaced across Yemen—an increase of approximately 27% from our last situation 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' programming serves approximately 3.3 million people 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

- Our mobile medical response has expanded to Abyan and Lahj, where two teams have provided 1,219 medical consultations, screened 444 children and 118 pregnant and lactating women for acute malnutrition, delivered 258 immunization services and conducted 67 antenatal care consultations.
- Our supported health facilities have provided 23,347 medical consultations to people on the west coast.
- We have provided 56 metric tons of essential medicines and medical supplies across Aden, Al Dhale'e, Lahj and Taiz and facilitated the transfer of 120 cartons of ready-to-use therapeutic food (RUTF) to Al Mudarabah and Ras Al Arah districts to address critical nutrition needs among displaced children.

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. We continue to maintain a presence on the west coast of Yemen, with 18 of 19 static primary healthcare

[1] IOM Yemen DTM, Rapid Displacement Tracking Update, 25–31 October 2026, published November 1, 2026.
[2] World Health Organization, Conflict Escalation in Yemen: Situation Report #9, reporting period October 20–25, 2026, issued October 28, 2026.
[3] World Food Programme, Yemen Country Brief, October 2026, published October 26, 2026.

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.

In response to increased displacement-related needs, a second mobile medical team was deployed to Abyan on October 26, expanding access to mobile services beyond those provided by the team deployed to Lahj since September 17. Together, the teams have provided 1,219 medical consultations, including 478 consultations for children under 5 (39%). They also provided antenatal care, immunization, nutrition and MHPSS services, demonstrating sustained demand for integrated mobile outreach, particularly among children and women in displacement-affected locations. Across the two teams, diarrheal diseases represented 16% of the combined morbidity profile, followed by upper respiratory tract infections at 11%. The prominence of diarrheal and respiratory illnesses is guiding the teams' focus on early identification, treatment and referral, alongside hygiene awareness on handwashing, safe water handling and food hygiene.

The two mobile medical teams screened 444 children under 5 for acute malnutrition, identifying 42 children with severe acute malnutrition (SAM), 197 with moderate acute malnutrition (MAM) and 205 with normal nutritional status. Overall, 54% of the children screened were identified with acute malnutrition. As the teams targeted high-risk, displacement-affected locations, this proportion should not be interpreted as a population-level prevalence estimate; however, it confirms substantial nutrition needs and is guiding early identification, referral and follow-up. The teams also screened 118 pregnant and lactating women, registered 76 for nutrition treatment and follow-up, and provided 121 individual infant and young-child feeding counseling sessions that integrated hygiene awareness.

The MHPSS caseload indicates substantial demand for child-focused psychosocial support in the emergency context, with children accounting for 76% (244) of the 320 new consultations. Among adults, women had higher utilization for new consultations (72%). The increase in follow-up consultations toward the end of the reporting period suggests a growing need for continued psychosocial care and monitoring of beneficiaries experiencing psychological distress.

Eighteen static health facilities reported 11,512 medical consultations in October, including 8,215 outpatient consultations for people aged 5 and older, and 3,297 consultations for the integrated management of childhood illness for children under 5. Consultations had declined by 31.6% from August to September, before decreasing by only 2.7% in October. The stabilization in October may reflect the continued operation of most supported facilities, the resumption of services at one previously disrupted facility and the adaptation to ongoing access constraints of service-delivery arrangements. However, consultations remained approximately 33% below the August level, indicating that staffing gaps, medicine and supply shortages, and restricted community access continued to limit service availability and care-seeking. Facilities also provided 493 antenatal care visits and supported 99 deliveries attended by skilled health personnel.

In addition, participation in group psychoeducation sessions increased from 32 to 78 people (144%) in the last two weeks, reflecting strengthened community engagement in promoting adaptive coping mechanisms, managing psychological distress and enhancing resilience to conflict-related stressors. Access to specialized mental health services, including psychotropic medications, remains limited due to road blockages, insecurity and disrupted referral pathways, affecting continuity of care for patients requiring specialized interventions. Despite these constraints, individual psychosocial support continues to demonstrate positive outcomes. Feedback received through our Community-Based Feedback and Response Mechanism (CBFRM) from Al-Saba'a Health Facility in Hays district, Al Hodeidah, highlighted significant improvements in beneficiaries' psychological well-being following psychosocial interventions without pharmacological treatment, demonstrating the value of accessible, non-specialized MHPSS services in mitigating psychological distress amid ongoing conflict.

Cases of acute watery diarrhea increased by 34% (1,293) in October. Although the October caseload remained 34% below the August level, the renewed increase, together with three cases of cholera confirmed by rapid diagnostic tests, indicates that waterborne-disease risks require continued attention. In October, respiratory tract infections represented 55% of the 3,753 cases recorded across the three leading disease categories, followed by acute watery diarrhea at 34% and malaria at 11%. These findings are guiding intensified disease surveillance, timely case management and referral, and the integration of hygiene-awareness messages on handwashing, safe water handling, food hygiene and early care-seeking into routine services.

Since the start of the emergency, International Medical Corps has provided 56 metric tons of essential medicines and medical supplies to health facilities across Aden, Al Dhale'e, Lahj and Taiz, supporting the continuity of primary healthcare, emergency obstetric care and referral services. The transfer of 120 cartons of ready-to-use therapeutic food (RUTF) to Al Madaribah and Ras Al Arah provided immediate support for critical nutrition needs in a district hosting an estimated 15,000 displaced households. Limited access to safe drinking water, sanitation and hygiene supplies is compounding nutritional needs and increasing the risk of acute watery diarrhea among displaced families. International Medical Corps continues to coordinate with the relevant authorities to obtain the approvals required to transport the broader three-month requirement of 968 RUTF cartons to supported west-coast facilities and the mobile medical team. Until adequate supplies are replenished, limited RUTF availability will continue to constrain the admission and treatment of children with both SAM and MAM, as well as continuity of care for children already enrolled in treatment.