



Ayana Ali is a three-month-old girl recovering from malnutrition after being admitted to MSF ITFC and receiving high-quality health care. Wednesday, March 4, 2025. Majdi Al Adani/MSF

YEMEN'S RISING TIDE OF MALNUTRITION

Seasonal Trends 2022-2024

MSF Report - March 2025



أطباء بلا حدود

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Contents

Introduction	2
• What we are witnessing	2
• Boxed text: Measles	3
• Key drivers	3
• Withdrawal of funds, withdrawal of actors	4
Background	5
• Boxed text: The acute watery diarrhoea/cholera-flooding-poor sanitation nexus	6
MSF in Yemen	7
• Boxed text: Data highlights	9
• Maps – Admission trends	10
MSF Data	12
• Al-Salam Hospital, Khamer district, Amran governorate	12
• Haydan Hospital, Haydan district, Saada governorate	13
• Abs General Hospital, Abs district, Hajjah governorate	14
• Taiz Houban Mother and Child Hospital, Taiz district, Taiz governorate	16
• Ad Dahi ITFC, Ad Dahi district, Hudaydah governorate	17
• Al Qanawis Hospital, Al Qanawis district, Hudaydah governorate	19
Cross-cutting challenges for malnutrition treatment	22
MSF Calls To Action	23
• The Humanitarian Funding Crisis	23
• Health and Nutrition	24
• Food Assistance	25
• Insecurity and Humanitarian Space	25

YEMEN'S RISING TIDE OF MALNUTRITION Seasonal Trends 2022-2024

Admissions of malnourished children to MSF-supported facilities in Yemen are alarmingly high. Over 35,000 children were treated between January 2022 and December 2024; an overwhelming demand that MSF has tried to respond to by expanding treatment capacity.

******* In response to malnutrition needs, MSF opened an inpatient therapeutic feeding centre (ITFC)¹ in Ad Dahi, Hudaydah governorate, in October 2022, which has now become the largest and busiest ITFC in Yemen,² treating over 10,000 children in just two years. *******

******* Overloaded during peak malnutrition season, Abs Hospital ITFC³ in Hajjah governorate recorded a staggering 200% bed occupancy rate in September 2024, followed by 176% in October – the highest levels in the last six years. *******

Note: MSF only reports on data collected from activities at health facility level where it has operational presence, hence cannot make claims that such data is necessarily indicative of trends countrywide.

Yemen risks slipping into a deep hunger crisis. In view of the alarmingly high number of children suffering from malnutrition⁴ that Médecins Sans Frontières (MSF) has been treating in MSF-supported health facilities in Yemen year after year, MSF is calling for immediate and renewed efforts to address this protracted malnutrition situation. Enhanced prevention and treatment initiatives are required in addition to collective cooperation to ensure the access and safety of humanitarian actors. The situation in Yemen is expected to rapidly deteriorate amid the current global humanitarian donor funding crisis, along with continued donor hesitancy, ongoing detention of aid workers, and the drastic disinvestment from Yemen's humanitarian response observed this year. From March 2025, **over a dozen major international humanitarian organisations have begun abruptly scaling down their activities, with some withdrawing from Yemen entirely.** Some of these organisations had been supporting vital nutrition, cash, and water and sanitation programmes across Yemen, mainly funded by the US.

What we are witnessing: Data from MSF-supported facilities over the past three years reveals increases in hospital admissions of malnourished children under the age of five (0-59-month-olds) in most MSF-supported facilities, with longer seasonal peaks and overwhelming caseloads during peak months. In 2024 the malnutrition peak season pushed MSF-supported ITFCs beyond limits. **With the capacity to expand to 120 beds during peak malnutrition season, Abs Hospital ITFC recorded a staggering 200% bed occupancy rate (BOR) in September 2024, followed by 176% in October – the highest levels in the last six years.** Between January 2022 and December 2024, nearly **35,500 malnourished children** were admitted and treated in MSF-supported facilities in total. **Nearly 14,000 and over 13,500 children** were admitted into MSF-supported facilities for treatment in 2023 and 2024, respectively. Note that these

¹ Malnutrition cases treated in MSF inpatient therapeutic feeding centres (ITFCs) in Taiz, Saada, Amran, Hajjah, and Hudaydah governorates. Note: The Ad Dahi ITFC in Hudaydah opened in October 2022, and the Al Qanawis paediatric department treating malnutrition opened in May 2023. Data from all other facilities covers January 2022-December 2024. 'ITFC' is the term used by MSF; many other service providers instead use the term 'stabilisation centres' to refer to the same thing.

² Ad Dahi ITFC treatment for malnutrition has the capacity to expand to 120 beds in peak malnutrition season, with decentralisation of care to MoPH.

³ Abs Hospital 55-bed ITFC in Hajjah can expand to 120 beds in peak malnutrition season.

⁴ Acute malnutrition occurs when inadequate nutrients are consumed to satisfy the body's need for growth and maintenance, resulting in severe wasting and/or nutritional oedema/swelling. For WHO's definition of malnutrition, please refer to: <https://www.who.int/news-room/questions-and-answers/item/malnutrition>

concerning figures do not include the thousands of children that MSF has treated for malnutrition as outpatients – who did not require hospitalisation.

Due to the high demand for malnutrition care in northern Yemen, MSF expanded its nutritional programmes in 2022 and 2023 to try to respond to this need. With six MSF-supported facilities now offering inpatient nutritional stabilisation since 2023, MSF hospitalised nearly 5,900 more children with complicated malnutrition in 2024 than in 2022.

Key drivers: Yemen's countrywide economic downturn, lack of employment opportunities, and high levels of food insecurity are coupled with considerably low vaccination rates,³ low levels of education, including poor understanding of health, and a weak, poorly functioning healthcare system. These factors are exacerbating the health vulnerabilities of communities, and increase people's susceptibility to cyclical malnutrition seasons, especially when combined with **Yemen's surge in infectious diseases, including measles, acute watery diarrhoea, malaria, and dengue fever.** With sudden and dramatic drops in humanitarian funding to Yemen, the ability of actors to both stay and scale up is reduced; prevention of outbreaks through vaccination and health promotion is therefore key.

MEASLES

MSF is seeing a worrying increase in measles cases, and an increase in unvaccinated children suffering from measles:

1. Data from MSF-supported facilities in Amran and Saada governorates show a **338.5% increase** in measles cases over three years, from 851 in 2022, to 2,790 in 2023, to 3,732 in 2024.
2. Data from MSF-supported facilities in Hudaydah governorate show a **90% increase** in measles cases over two years, from 584 in 2023 to 1,109 in 2024.
3. In Ad Dahi healthcare facility in Hudaydah governorate, the number of children under five years old admitted with measles rose sharply between 2023 (98 cases) and 2024 (375 cases). The proportion of children presenting in Ad Dahi with *unvaccinated* measles cases has increased from **69% of cases in 2023 to 79% in 2024 to 93%** in the first two months of 2025, signalling a rapidly growing gap in vaccination coverage.

In the first two months of 2025:

- In Al Qanawis healthcare facility in Hudaydah governorate, severe acute malnutrition (SAM) was seen in **9.7%** of all children treated with measles, and moderate acute malnutrition (MAM) in **6.5%** of all children with measles.
- In Abs healthcare facility in Hajjah, SAM was seen in a striking **48.5%** of all children treated for measles, and MAM in **9.1%** of all measles cases.

MSF emergency response activities have increased in scope to respond to measles outbreaks, with high caseloads treated providing further evidence that **low vaccination coverage is a key driver of outbreaks.**

"We are receiving a lot of malnourished children with complications. Some of the major reasons for these complications are lack of immunisation and lack of ability to buy food. This situation needs

⁴ According to the Yemen MICS 2022-23: *Among children aged 12-23 months only 38.3% had received all basic vaccinations (BCG, OPV3, DTP3, and Measles 1) at any time before the survey. About 3 of every 10 children (29.3%) aged 24-35 months had received all vaccines scheduled in the first two years of life, according to the national vaccination schedule. Children of mothers with higher education and those living in the richest households are almost 2 times more likely to have received all/basic vaccinations than children of mothers with no formal education and those whose households are poorest, respectively. Vaccination coverage is lowest for Measles 2, Polio at birth and OPV3 & IPV with more than half of the children not receiving these antigens.* <https://www.unicef.org/yemen/documents/yemen-mics-multiple-indicator-cluster-survey>

immediate attention... We need access to communities at primary healthcare level to understand better.” MSF staff in Hudaydah governorate.

Access barriers to the humanitarian response, insecurity in both the north and south of Yemen, and drastically reduced investment from donors – including the latest ‘Stop Work Orders’ and freeze of US funding – in addition to a volatile political climate and the wider regional conflict in the Middle East, are further exacerbating Yemen’s already critical humanitarian and malnutrition situation, pointing to a very worrisome outlook for 2025 onwards.

Withdrawal of funds, withdrawal of actors: US donor funding contributed a striking \$768 million to Yemen’s Humanitarian Response Plan in 2024 – accounting for 51% of all donor funding to Yemen last year,⁵ followed second only by the United Kingdom, with \$140 million (9.4%). This US Stop Work Order is concurrent with the designation of Ansar Allah (AA) authorities in the north of Yemen as a Foreign Terrorist Organisation (FTO) by the new US administration on 4 March 2025.⁶ The absence of a humanitarian exemption under US law to fully protect humanitarians against the risk of liability for deemed provision of “material support” to the AA, as a newly designated FTO, as well as the associated banking restrictions that are expected, are resulting in further donor hesitancy. Combined with the devastating US funding cuts and the unpredictability of waivers, the downscaling and even departure of over a dozen organisations from Yemen has already begun, as the context becomes too complex and insecure for organisations to operate in. Not only does this reduce direct access to assistance, but it diminishes capacities for needs assessments, monitoring, oversight and on-the-ground presence. **The less humanitarian presence, coverage and data available, the more invisible the humanitarian needs become, increasing the likelihood of Yemen slipping into a neglected, silenced humanitarian situation.**

Reprioritisation of activities, humanitarian access and security, flexibility in funding and implementation, the stepping up of other donors, including Gulf states and the EU, and reversals to anti-humanitarian narratives are urgently needed.



Despite being the largest and busiest ITFC in Yemen at 73 beds, with capacity to expand to 120 beds with the decentralisation to MoPH in peak season, this ITFC corridor space in Ad Dahi, Hudaydah governorate had to be turned into a treatment ward full of beds for malnourished children during the malnutrition peak in 2024. Meanwhile, tents were set up outside to handle the overflow of cases of acute watery diarrhoea during the large cholera outbreak last year. ©MSF / Leah Cowan. March 2025

⁵ OCHA Financial Tracking Service: <https://fts.unocha.org/plans/1193/summary>

⁶ US Dept. of State, Statement: [Designation of Ansarallah as a Foreign Terrorist Organization - United States Department of State](#)

Background

Over the past decade, Yemen has endured one of the world's most devastating humanitarian crises. This has been deepened by the country's economic collapse, which has pushed 83% of the population into multidimensional poverty.⁷ Since 2015, years of violent conflict have destroyed essential infrastructure and left the **healthcare system depleted, underfunded, and struggling to function**. Of Yemen's population of 39 million people, an estimated 17.1 million are projected to face food insecurity in 2025.⁸ According to multi-sectoral surveys, some 2.2 million children are already acutely malnourished, with 48% of children under five stunted and chronically malnourished.⁹

The destruction of vital civilian infrastructure, including the latest strikes on the shipping port of Hudaydah and on Sana'a International Airport, and the volatile political climate and ongoing regional tensions have derailed Yemen's roadmap to peace, and continue to fuel instability. Tensions in the Red Sea remain connected to the very fragile situation in Gaza.

Non-functional primary healthcare facilities continue to result in preventable deaths and complicated comorbidities among mothers and children, especially when combined with the lack of ante- and postnatal care (ANC and PNC). The UN has projected that 19.7 million people across Yemen will need healthcare assistance this year, as many grapple with food insecurity, communicable diseases and the economic impacts of conflict and climate change.¹⁰ However, almost a fifth of the country's 333 districts have no doctors, and reportedly 46% of all healthcare facilities across Yemen are only partially functioning or are completely out of service.^{11,12} Healthcare facilities suffer from a lack of financial investment, an absence of qualified healthcare staff, unpaid salaries, and a lack of essential medical equipment, medication and supplies.¹³ Reportedly, only 20% of functional healthcare facilities offer maternal and child health services countrywide, which is critically low given the urgent and neglected needs of mothers and children, especially those suffering from malnutrition and those living in more isolated and hard-to-reach areas. Regarding sexual reproductive health, **Yemen has one of the highest maternal death rates in the world**; reportedly a woman dies every two hours during pregnancy or childbirth, and six out of 10 births occur without a skilled midwife, which increases the risk of complications and death.¹⁴ Another key barrier to preventing and treating malnutrition is the **lack of affordability and high transport costs** in accessing care. Patients typically pay to access primary healthcare, and often face drastically increased costs for specialised secondary healthcare services, such as those received in intensive care units and prolonged admission periods in hospitals.¹⁵ **Restrictive policies and anti-vaccination narratives**, which are particularly prevalent in the north of Yemen, also negatively affect access to vaccination initiatives, family planning and health education efforts, while a lack of staff retention and training impacts the availability and quality of care.

"We travelled over two hours and spent 15,000 Yemeni riyals [about \$61 US] to get here. With only one breadwinner in our family of twelve, we can barely meet our daily needs" 22-year-old Aisha who brought her five-month-old daughter to Haydan Hospital in Saada governorate for lifesaving care.

⁷ <https://www.undp.org/arab-states/news/roadmap-recovery-addressing-poverty-yemens-ongoing-conflict>

⁸ <https://reliefweb.int/report/yemen/yemen-joint-monitoring-report-bimonthly-update-food-and-nutrition-security-crisis-risks-november-2024-report-6>

⁹ <https://reliefweb.int/report/yemen/joint-ngo-briefing-note-humanitarian-situation-and-funding-yemen-occasion-79th-united-nations-general-assembly-enar>

¹⁰ <https://reliefweb.int/report/yemen/yemen-humanitarian-needs-and-response-plan-2025-january-2025#:~:text=In%202025%2C%20an%20estimated%2019.5,the%20voices%20of%20affected%20communities>

¹¹ WHO, <https://www.ungeneva.org/en/news-media/news/2023/04/80305/yemen-health-system-edging-closer-collapse-warns-who>

¹² <https://www.emro.who.int/yemen/priority-areas/support-to-health-facilities.html>

¹³ <https://www.worldbank.org/en/results/2024/04/19/-yemen-building-and-preserving-human-capital-during-prolonged-conflict>

¹⁴ <https://www.ungeneva.org/en/news-media/news/2024/07/95498/world-news-brief-bangladesh-student-protests-yemens-maternal-deaths>

¹⁵ <https://www.msf.org.za/our-work/where-we-work/yemen>

The acute watery diarrhoea/cholera-flooding-poor sanitation nexus

2023 and 2024 saw Yemen grappling with an especially large outbreak of acute watery diarrhoea (AWD) and cholera. The Ministry of Public Health and Population reported some 219,000 suspected cases by mid-October 2024 across all 22 governorates of Yemen. Between April and May 2024 alone, MSF [treated more than 10,500 patients](#) in different parts of the country, and urgently scaled up an emergency response of cholera treatment facilities. From March to end-2024, MSF had treated nearly 53,000 cases of AWD/cholera over the course of the year, with teams working beyond capacity to respond and meet the needs.

Contamination of food and water drove the latest outbreak, with especially high caseloads in the governorates of Al Baydah, Ad Dali, Hudaydah and Hajjah. Outbreaks of waterborne diseases severely affect the most vulnerable, especially malnourished children under five years old. For example, of the 4,666 malnourished children treated in Ad Dahi ITFC in Hudaydah in 2024, 25% were suffering from AWD or cholera. **Of all the children being treated for AWD or cholera in Ad Dahi 2024, over 54% were malnourished.** Acute watery diarrhoea and other illnesses can easily contribute to malnutrition.

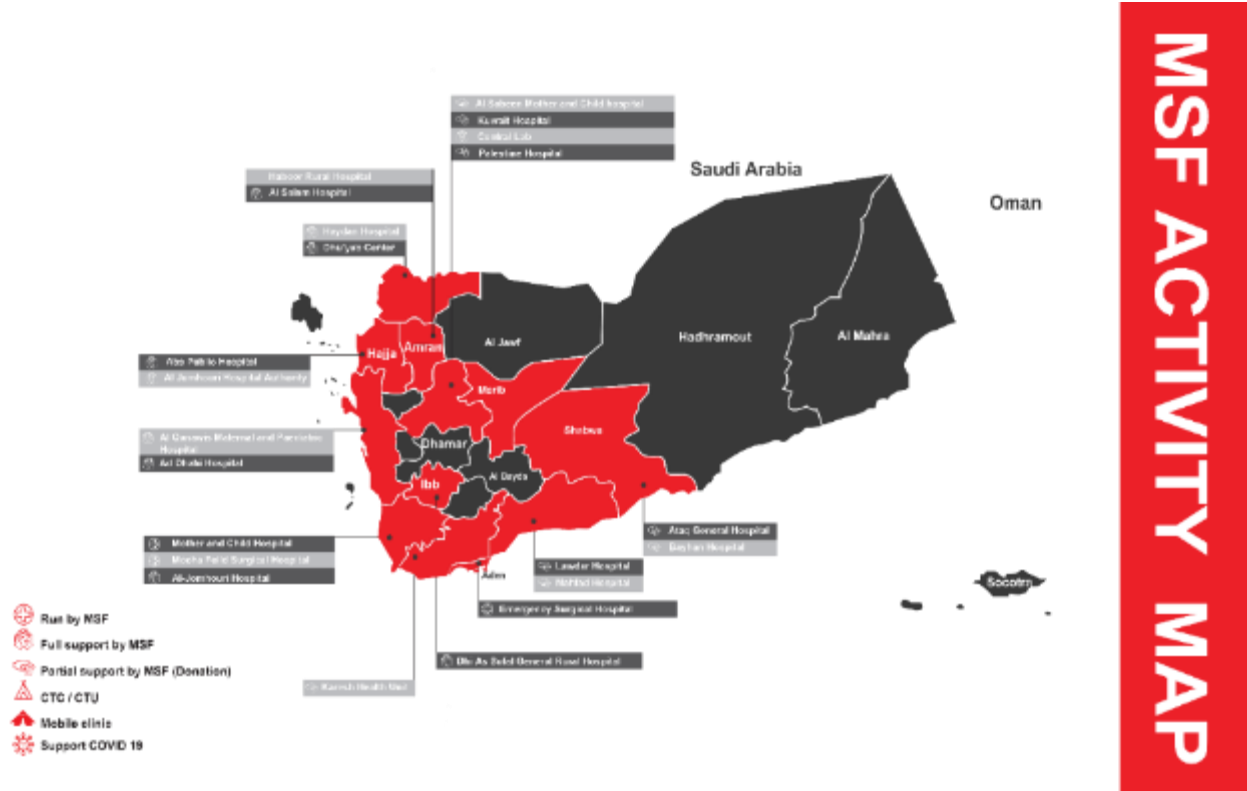
In August 2024, unusually heavy rains and flooding further exacerbated the cholera situation, directly affecting over 560,000 people and causing significant damage to homes, shelters, and infrastructure, including healthcare facilities. Water and sanitation infrastructure across Yemen remains woefully inadequate, reducing resilience to flooding and increasing the likely spread of waterborne diseases, including acute watery diarrhoea.

Without wide-scale water and sanitation activities in the most affected governorates, and in the absence of community outreach activities for sensitisation on proper hygiene practices and early detection and treatment, **the cyclical surge of acute watery diarrhoea cases is expected to return in waves in the coming rainy season, which starts around April each year.** However, MSF anticipates a dramatically reduced scale-up and response capacity of other actors in view of the cuts to US funding, which accounted for millions of USD to water and sanitation projects in both north and south Yemen before the executive orders were announced. While MSF relies on independent funding, it cannot tackle countrywide cholera outbreaks in Yemen alone.

“During peak malnutrition season we have to put people in the corridors, using these corridors as wards! During the outbreak of acute watery diarrhoea in 2024 we had to put the men in tents outside as we ran out of space in the hospital. It was 45oC, so hot! ... but there were so many sick patients we had no choice.” MSF staff in Ad Dahi ITFC, Hudaydah governorate.

MSF in Yemen

MSF has been working in Yemen since 1986 and continuously since 2007. MSF is present in 13 governorates, treating patients suffering the long-term effects of war and conflict, including malnutrition, child and maternal care, and mental health services. We also respond to emergencies and disease outbreaks, including measles, cholera and diphtheria.



Treating malnutrition in Yemen:

In Ad Dahi healthcare facility, Hudaydah governorate, MSF supports a 73-bed ITFC, with the capacity to expand to 120 beds during malnutrition peaks through decentralisation of care to MoPH.

In Al Qanawis Hospital, Hudaydah governorate, MSF supports a five-bed stabilisation centre.

In Abs Hospital, Hajjah governorate, MSF supports a 55-bed ITFC, expanding to 120 beds in peak season.

In Al-Salam Hospital, Amran governorate, MSF supports a 23-bed ITFC, expanding to 51 in peak season.

In Haydan Hospital, Saada governorate, MSF supports an 11-bed ITFC, expanding to 22 beds in peak season.

In Taiz Mother and Child Hospital in Taiz governorate, MSF supports a 22-bed ITFC.

MSF admission criteria for ITFCs also includes severe acute malnutrition and moderate acute malnutrition cases with medical complications, and infants (children less than six months old), which is not the case for the Ministry of Health (MoH) admission criteria for ITFCs in the country.

MSF has made the difficult decision to end its presence in Taiz City and Marib and is handing over its activities in early 2025.

This MSF report analyses admission data from MSF-supported inpatient therapeutic feeding centres (ITFCs) across Yemen from January 2022 to end-December 2024, revealing overwhelmingly high cases of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) with medical complications being treated. Consistent peaks of acute malnutrition are observed from June to September, indicating a critical seasonal trend. **MSF-supported facilities in the governorates of Amran, Saada, Hajjah, Taiz, and Hudaydah have reported growing caseloads of patients with malnutrition during the summer months**, when food scarcity, the rainy season and ensuing disease outbreaks exacerbate vulnerability among children and other at-risk populations. While mortality rates in MSF-supported ITFCs have generally improved or stabilised, **the overwhelmingly high admissions treated by MSF indicates worsening malnutrition conditions, and necessitates enhanced medical and nutritional interventions.**

“We don’t have the means to support ourselves...I am doing small bits of work to support my family but it is never enough. We eat everyday, but we can only eat meat twice a year, during Eid, when it is given to us.” 40-year-old mother of malnourished child in Ad Dahi ITFC, Hudaydah governorate

These trends underscore the need for a targeted and adaptable response that can address the seasonal spikes and area-specific needs, with adequate on-the-ground supervision and support for primary healthcare staff and facilities. **With admissions consistently high and overstressing MSF capacity during peak and prolonged malnutrition seasons, Yemen’s malnutrition crisis demands urgent and sustained allocation of resources, improved supply mechanisms and oversight to ensure quality of care, in addition to the strengthening of routine immunisation and community awareness programmes to meet the prevention and treatment needs of the rising number of vulnerable populations. This cannot be realised without operational security facilitated by all actors, in addition to sustained engagement with the authorities in Yemen to facilitate improved services, humanitarian access and operational security, buttressed by adequate financing of the healthcare response.**



A mother with her child at the MSF-supported ITFC in Ad-Dahi hospital in Al Hudaydah. Yemen, February 2025.
© Konstantinos Psykakos/MSF

Data highlights

Increased admission trends in MSF-supported facilities

- In Khamer district, Amran governorate: Al-Salam Hospital reported a **56% increase** in admissions from 2022 to 2024.
- In Abs district, Hajjah governorate: Abs Hospital reported a **27% increase** in SAM admissions from 2022 to 2024.
- In Al Qanawis district, Hudaydah governorate: Al Qanawis Hospital reported a **74% increase** in MAM cases and **204% increase** in SAM cases in its paediatric ward, and a **126% increase** in MAM cases in maternity wards in 2024, compared to 2023.
- In Haydan district, Saada governorate: Haydan Hospital reported a **33% increase** in inpatient therapeutic feeding centre (ITFC) admissions in the September 2023 peak, compared to September 2022.
- In Ad Dahi district, Hudaydah governorate: Ad Dahi's ITFC has **treated over 10,000 malnutrition cases** since it was opened in October 2022. This 73-bed ITFC is the largest and busiest malnutrition facility countrywide. It treated 4,818 children in 2023, and 4,666 in 2024, peaking at 781 admissions in September 2024. Some people travel as long as three to four hours to reach the facility, which can expand to maximum 120 beds during malnutrition peak season.

Bed Occupancy Rates (BOR)

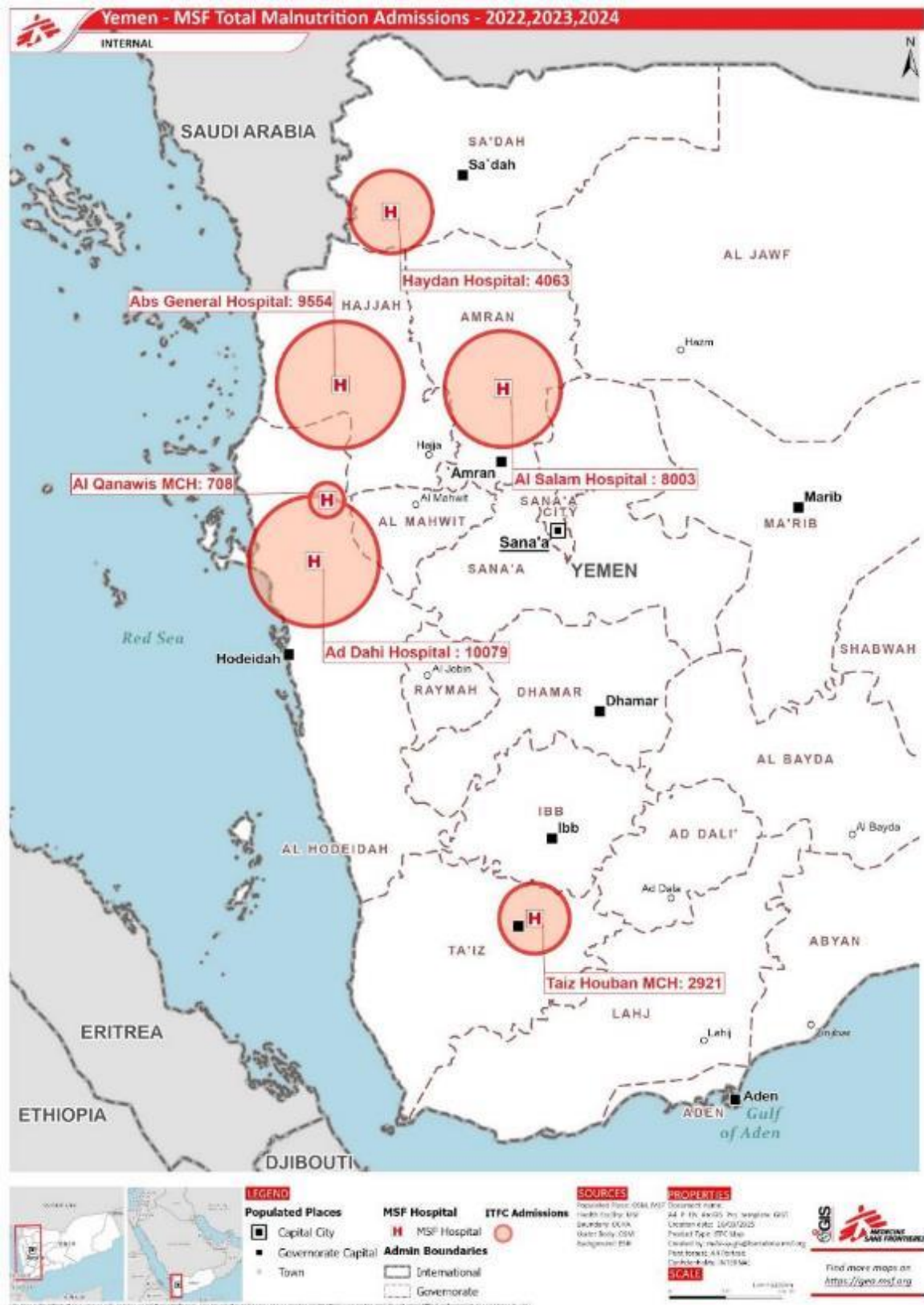
During the malnutrition season peaks, MSF-supported facilities are becoming overwhelmed with patients each year, with Bed Occupancy Rates (BOR) **often exceeding full capacity** and treatment wards overflowing into inappropriate spaces, such as corridors and emergency tents, even on top of hospital rooftops.

- In Ad Dahi ITFC in Hudaydah, BOR averaged **84%** in 2023 and **75%** in 2024.
- In Al Qanawis Hospital in Hudaydah, BOR increased from **73%** in 2023 to **95%** in 2024, indicating increased demand in a facility that is not an official ITFC.
- In Abs Hospital ITFC in Hajjah, BOR surged from **64%** in 2023 to **96%** in 2024.
- In Al-Salam Hospital in Khamer, Amran, BOR reached **191%** in 2023 and **254%** in 2024, with teams battling extreme overcapacity, pointing to an urgent need for expanded facilities or referrals.
- In Haydan Hospital ITFC in Saada, BOR decreased from **108.4%** in 2023 to **78.1%** in 2024. Project teams shared that due to unaffordable transportation costs, people are unable to reach healthcare.
- In Taiz Houban Mother and Child Hospital in Taiz, the BOR reached over **95%** in 2023 and **over 100%** full capacity in 2024.

Peak malnutrition season – overflowing facilities

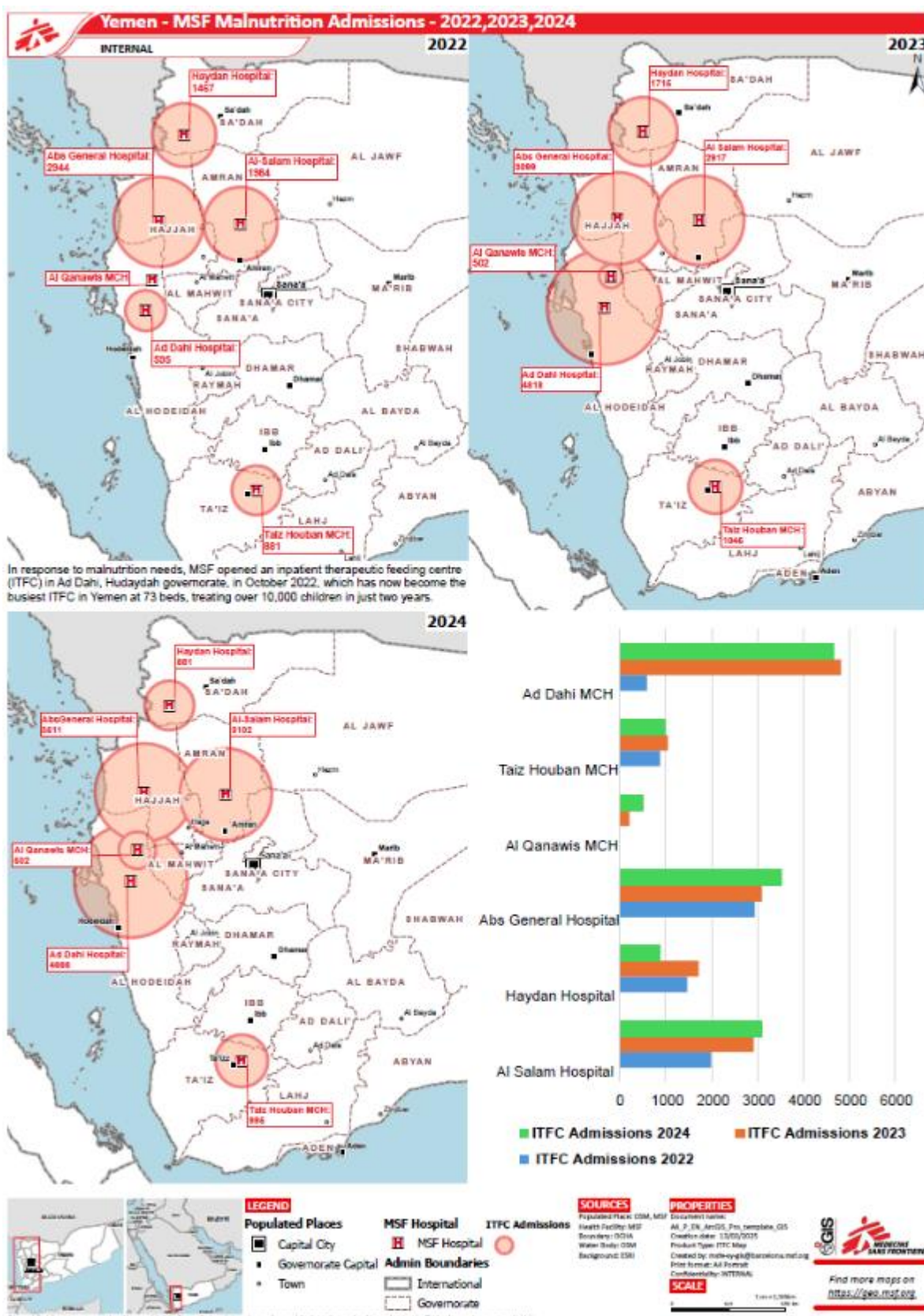
In 2024 the malnutrition peak season pushed MSF-supported ITFCs beyond limits. In September 2024, the 120-bed capacity Abs Hospital recorded a **staggering 200% bed occupancy rate**, followed by **176%** in October - **the highest levels in the last six years**. The crisis extended across other facilities, with Ad Dahi's 73-bed capacity surging to **141%** in September, and Al Salam's 51-bed capacity peaking at **254%** in September. Earlier in 2024, 23-bed Haydan reached over full capacity at **136%** in July. 22-bed integrated services at Taiz Houban recorded 88% capacity in January 2024.

These alarming figures highlight a rapidly growing crisis, where *the needs are far outstripping the existing treatment capacity*, yet other response actors are currently downscaling and even leaving Yemen.



Total number of malnutrition cases treated in MSF inpatient therapeutic feeding centres (ITFCs) in Taiz, Saada, Amran, Hajjah, and Hudaydah governorates, 2022-2024

Note: The Ad Dahi ITFC in Hudaydah opened in October 2022 and Al Qanawis malnutrition treatment in Hudaydah began in May 2023. Data from all other facilities covers January 2022-December 2024.



Yearly malnutrition cases treated in MSF inpatient therapeutic feeding centres (ITFCs) in Taiz, Saada, Amran, Hajjah, and Hudaydah governorates in 2022, 2023, 2024

Note: The Ad Dahi ITFC in Hudaydah opened in October 2022 and Al Qanawis malnutrition treatment in Hudaydah began in May 2023. Data from all other facilities covers January 2022-December 2024.

MSF DATA

Key insights and admission trends at MSF malnutrition treatment facilities in Yemen January 2022-December 2024

Al-Salam Hospital (Amran governorate)

Admission growth in Al-Salam Hospital ITFC (2022-24): Total admissions rose from 1,984 in 2022 to 3,102 in 2024, a 56.35% increase.

Mortality rate: The mortality rate dropped from 0.6% in 2022 to 0.2% in 2023, and remained at 0.2% in 2024.

Admission trend in Al-Salam Hospital ITFC (2022-24):

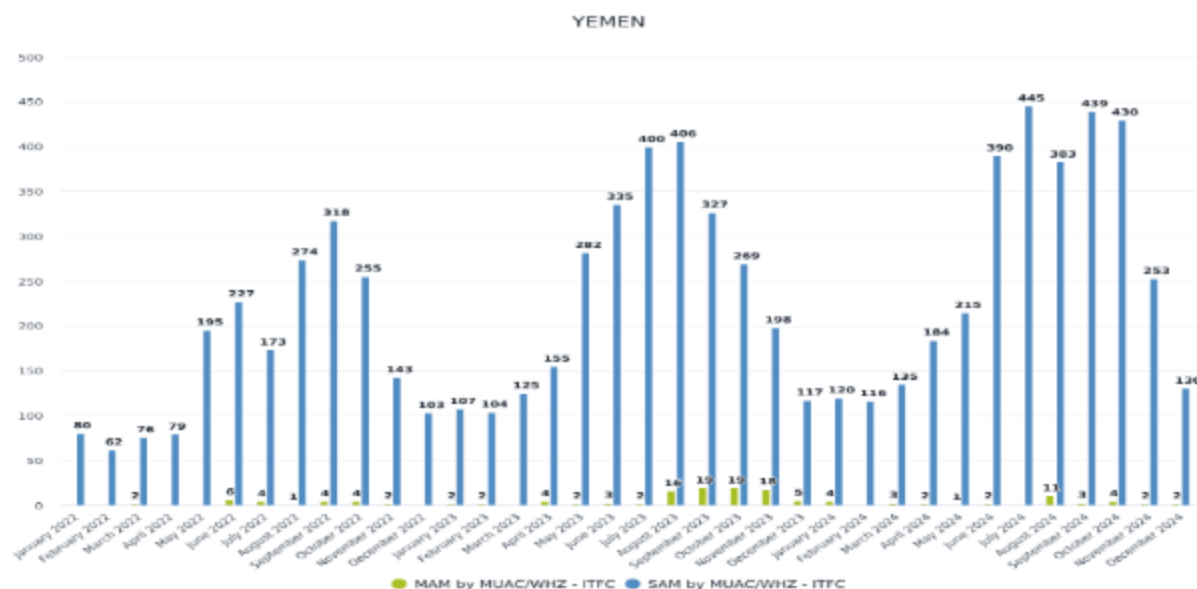
- Admissions consistently peak around mid-year across all years, likely due to seasonal factors that exacerbate malnutrition rates, such as food insecurity or disease prevalence.
- In 2024, admissions have reached notably high levels, especially in September, with a peak at 358 admissions, surpassing previous years.

Yearly comparisons of admission at Al-Salam ITFC:

- 2024** shows the highest admission rates, particularly in the mid-year months (June to September). This may indicate worsening food security or health crises compared to prior years.
- 2023** also experienced elevated admissions, but had lower peaks than 2024. Still, it generally surpasses previous years, such as 2022, 2021, and 2020, in most months.
- 2022** saw a slight increase in admissions in the mid-year months, but lower overall compared to 2023 and 2024.

Notable monthly patterns in Al-Salam Hospital ITFC (2022-24):

- July and September** have historically high admissions, with 2024 seeing substantial increases in these months (345 in July and 358 in September), indicating that this period is particularly challenging for malnutrition.
- February and October** consistently have lower admissions across years, suggesting that seasonality might influence the caseload, with fewer cases after the summer months.



These trends from Amran governorate illustrate a clear upward drift in admissions, especially in 2023 and 2024, which could imply escalating malnutrition crises in the region. This trend emphasises the need for increased medical and nutritional interventions, particularly in the high-admission months of June through September. Furthermore, the sharp increase in 2024 could indicate that conditions are worsening or that more cases are being detected and referred to the facility.

Major gaps in malnutrition treatment in Amran governorate

- **Non-functional therapeutic programmes:**
In discussions with MoH officials in Khamir district, Haydan, Al Qanawis, and Abs, many outpatient therapeutic programmes (OTPs) are underperforming or entirely inactive. This stems from barriers and extensive delays to importing the nutritional supplies of UNICEF and WFP, as well as significant shortages of healthcare workers at primary healthcare level, largely due to lack of funding. These inefficiencies leave families in remote areas unable to access essential malnutrition treatment.
- **Insufficient post-discharge support:**
Patients discharged from Al-Salam Hospital receive only two weeks of ready-to-use therapeutic food (RUTF), despite needing sustained treatment to fully recover. RUTF is often not available at OTPs.
- **Follow-up limitations:**
There is no mechanism to monitor discharged patients outside of Khamir district. Consequently, there is little data to assess whether treatment continuity is being maintained.

Haydan Hospital (Saada governorate)

Admission growth in Haydan ITFC (2022-24): Total admissions increased from 1,467 in 2022 to 1,715 in 2023, reflecting a 16% increase. However, admissions in 2024 were lower than the previous year (881 compared to 1,714). Worryingly, MSF project teams and MoH staff explain this decline in admissions through the unaffordability of increased costs of fuel and transportation in the governorate, alluding to a concerning lack of access to healthcare facilities.

Mortality rate: The mortality rate decreased to 1% in 2023 from 2% in 2022, and stayed constant in 2024, showing stabilised mortality rates despite fluctuating admission numbers.

Major gaps in malnutrition treatment in Saada governorate

- **Lack of access to primary healthcare:** Many primary healthcare facilities in the areas surrounding the district are in a state of disrepair and have been forced to operate at minimal capacity or to close entirely, due to a lack of funding and widespread shortage of supplies required to support malnourished patients, including pregnant and breastfeeding women and girls (PBWG). The situation is exacerbated by the fact that medical staff in the remote primary healthcare centres (PHCC) often go unpaid for extended periods, leading to frequent absenteeism. As a result, pregnant and breastfeeding women and girls (PBWG) and newborn children face significant barriers to accessing urgent medical care and support, leading to increased morbidity and mortality from malnutrition. In Haydan and the surrounding districts, SAM cases have increased, yet SAM treatment services remain unavailable at the primary healthcare level across Haydan and the whole of Yemen. This further limits people suffering from severe and complicated malnutrition from accessing timely and affordable treatment, particularly in rural and underserved areas.
- **Economic situation of Haydan, Saada governorate:** The economic situation of many families in Saada keeps them trapped in a cycle of malnutrition. As observed by the MoH in Haydan, “many families depend on Plumpy Nut (RUTF) to survive in the absence of food basket distributions. For some, the Plumpy Nut (RUTF) provided to malnourished children upon hospital discharge has become a primary means of sustenance.” When Plumpy Nut is redirected or shared with others in the family or community, the child affected by malnutrition will not recover. The nutritional needs of the child and household overall must be sustainably addressed.
- **Lack of community health education:** MSF teams in Haydan observe that a lack of health education on pre- and postnatal care is also contributing to the rising rates of malnutrition in the district. MSF medical teams in Haydan explain that without such services, complicated pregnancies are more common, resulting in adverse outcomes for both mothers and babies, including increased vulnerability to malnutrition.

- **Gaps in the humanitarian response:** MoH officials shared with MSF that funding cuts have forced many primary healthcare facilities to discontinue services. Those that remain open often have insufficient supplies. In addition, gaps in nutrition and food assistance programmes and inadequate water, sanitation and hygiene services due to lack of resources have increased the risk of malnutrition and related complications. **These systemic deficiencies highlight the urgent need for a more comprehensive and adequately resourced humanitarian response.**

Abs General Hospital (Hajjah governorate)

Admission growth in Abs ITFC (2022-24): From 2022 to 2024, admissions increased from 2,944 to 3,511 – an increase of 19% – and SAM cases increased by 26% in 2024 as compared to 2022.

Mortality rate: Despite the increasing rate of admissions, improved outcomes overall were reported, with the mortality rate decreasing from 4.5% in 2022 to 2.9% in 2023, before rising again to 3.7% in 2024. Despite an overall improvement in the mortality rate since 2022, there has been an 83% increase in the number of deaths within the first 48 hours of admission, with over 50% of all nutrition-related deaths occurring within the first two days of hospitalisation, compared to only 26% of deaths in 2022, indicating a concerning trend that malnourished children are arriving later for care and in more critical condition.

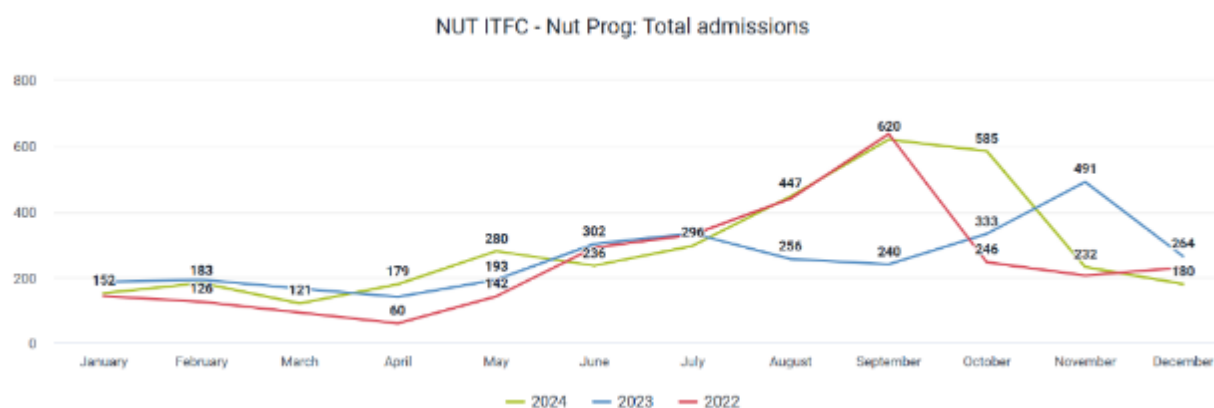
Admission trend in Abs Hospital ITFC (2022-2024):

Admissions show a strong seasonal pattern, with significant increases from June to September every year. This is likely linked to seasonal food insecurity (lean season) and seasonal illnesses during this period, such as diarrhoea, which most severely affects the under-five population.

Yearly admissions to the ITFC unit in Abs General Hospital (2022-2024):

- **2024:** Admissions peaked in September, with 620 admissions, representing a 39% increase compared to the prior month (447 admissions). Bed occupancy in September 2024 reached a staggering 200%, followed by 176% in October 2024, the two highest occupancy recordings observed over the last six years at Abs Hospital. 2.5% of all admissions in 2024 were classified as re-admissions, compared to only 0.03% of admissions in 2022, indicating that children may not have obtained the appropriate outpatient nutritional care before falling back again into a state of severe medical complications requiring re-hospitalisation.
- **2023:** Admissions increased gradually from the beginning of the year, peaking in November, with 498 patients, a 46% increase compared to October (341 admissions). This peak was later in the year compared to 2024 and 2022, suggesting that factors contributing to malnutrition, such as food insecurity and healthcare access challenges, may have persisted longer in 2023.
- **2022:** Similarly to 2024, admissions peaked in September, with 664 patients, a 46% increase compared to the previous month (455 admissions). In October, admissions declined sharply by 61% (257 admissions), indicating a shorter period of high malnutrition admissions relative to the other two years.

Admissions to the ITFC unit of Abs General Hospital by month and year (2022-2024)



Monthly admissions to the ITFC in Abs General Hospital (2022-2024):

- **January to April:** Admissions started relatively low across all three years.
- **May to July:** Admissions began rising in all three years.
- **August to September:** 2022 and 2024 experienced peak admissions during this period.
- **October to December:** Admissions declined post-September in 2022 and 2024. However, in 2023, peak admissions were recorded in November.

The increased admissions in 2024, compared to prior years, suggest worsening conditions, highlighting an urgent need for increased resources during the peak malnutrition season, particularly around September, where peak admissions were recorded for both 2022 and 2024. The secondary peak in November 2023 indicates that malnutrition challenges persisted for longer, suggesting either delayed seasonal recovery or ongoing issues affecting nutritional stability. This comparative data underscores the need for adaptive response planning, with a focus on peak months (June-September) and extended support for cases that continue late into the year, particularly in challenging years like 2023 and 2024.

Major gaps in malnutrition treatment in Hajjah governorate

High burden of malnutrition in infants under six months old (<6 months):

- Infants under six months old accounted for 21% of ITFC admissions in 2024 (688 children), with this age group registering a higher mortality rate of 5.6% in 2024, versus 3.64% and 2.37% mortality rates in the 6-23 months and 24-59 months age groups, respectively.

Breastfeeding practices:

- Cultural and economic factors complicate infant feeding practices in the area, with poor community awareness of recommended feeding practices for infants. Formula or mixed feeding (formula and breastfeeding) is common practice over exclusive breastfeeding in the first six months of life. Common cultural beliefs in the area include formula feeding as a superior feeding method, along with formula feeding being perceived as a status symbol at the community level.
- Very alarmingly, a MICS UNICEF survey identified a 0% exclusive breastfeeding rate in Hajjah for infants of 0-5 months (along with five other governorates: Ibb, Taiz, Sana'a, Al Mahrah and Lahij), and an average 2% exclusive breastfeeding rate across governorates for 0-5-month-olds.¹⁶
- The UNICEF survey also highlighted that only 43% of newborns are breastfed within the first hour of birth,¹⁷ despite this being a crucial step for successful lactation and fostering both physical and emotional bonding between mother and baby.

Maternal health challenges:

- **Poor maternal nutrition is linked to breastfeeding difficulties:**
- Moderate malnutrition: 60% of pregnant and breastfeeding women and girls (PBWG) suffered from MAM.
- Severe malnutrition: 6% of PBWG presented with SAM.

Food insecurity:

- The ending of general food distributions by WFP since December 2023¹⁸ undermines household health, nutrition, and resilience to external shocks.¹⁹
- ITFC peak month admissions in 2024 were 26% higher than in 2023, reflecting deteriorating conditions during the lean season.

High mortality rates in ITFCs:

- 50% of ITFC deaths occurred within 48 hours of admission in 2024, indicating that patients are arriving at health facilities later. This is a multifaceted issue, and multiple access factors are at play, including the economic barrier of affording transportation to the health facility. The mortality rate increased from 2.9% in 2023 to 3.6% in 2024, which can be linked to the late detection of malnutrition at community level, and delayed presentation to facilities.

¹⁶ <https://www.unicef.org/yemen/documents/yemen-mics-multiple-indicator-cluster-survey>

¹⁷ <https://www.unicef.org/yemen/documents/yemen-mics-multiple-indicator-cluster-survey>

¹⁸ <https://www.wfp.org/news/wfp-pauses-food-distributions-northern-areas-yemen>

¹⁹ <https://www.aljazeera.com/news/2023/12/5/wfp-suspends-food-distribution-in-houthi-controlled-areas-of-yemen>

Cessation of community health worker activities:

- In 2023, MoH community health workers facilitated 503 ITFC admissions through early detection and referral.
- Unfortunately, without these activities in 2024, the malnutrition burden is likely underestimated, and hospitalisations continue to rise.

Mother and Child Hospital – Taiz Houban ITFC (Taiz governorate)

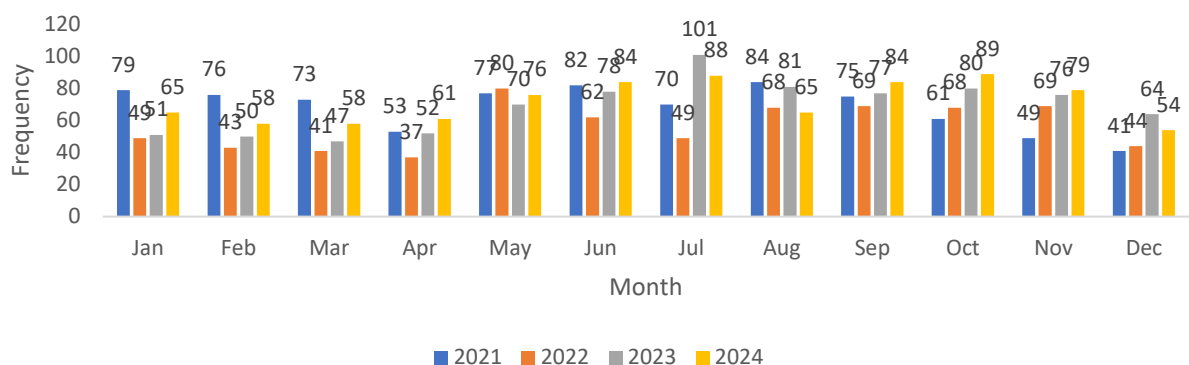
Admission growth in Taiz ITFC (2022-24): Total admissions increased from 881 in 2022 to 995 in 2024, a 12% increase.

Mortality rate: The rate has shown a notable decrease from 6.4% in 2022 to 4.6% in 2023, further improving to 3.2% in 2024.

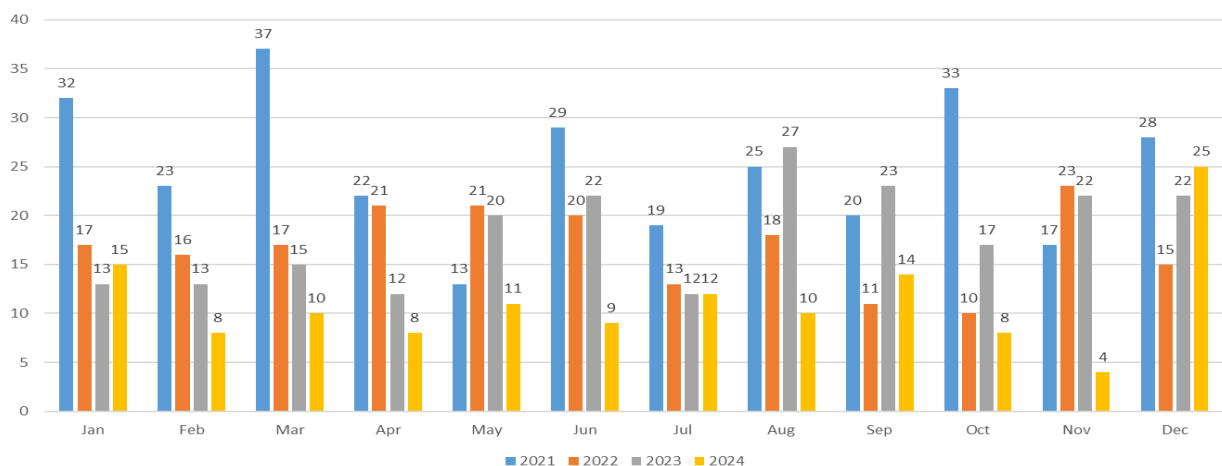
Admission trends in Taiz ITFC (2022-24):

Monthly SAM admissions fluctuate across all years, with higher numbers often in the mid-year months (June to September). MSF admission criteria in Taiz only include MAM with comorbidities. In 2024, 335 children with SAM or MAM without complications were redirected to the nearest ambulatory therapeutic feeding centre (ATFC) for further treatment in Taiz. However, some 10% of redirected SAM cases returned with medical complications, indicating limited access to ambulatory therapeutic care. MaM admissions also varied, showing some consistency in lower numbers, but occasional spikes in certain months.

SAM cases admitted to ITFC in Taiz Houban Mother and Child Hospital 2021-2024



MAM cases admitted to ITFC in MCH-THB, 2021-2024



Yearly comparison of admission in Taiz ITFC

- **2024:** There was a slight decrease in both SAM and MAM admissions in most months, but in June and September during the peak season, SAM admissions increased as compared to 2023.
- **2023:** SAM admissions increased significantly in July (101 cases) and stayed relatively high in most months compared to 2022, suggesting a deterioration in malnutrition factors or better detection.
- **2022:** Both SAM and MAM admissions decreased; however May had a notable rise in SAM admissions (80 cases).
- **2021:** This year shows some of the highest SAM admissions (e.g. June at 82, August at 84), indicating potentially limited malnutrition intervention or higher baseline malnutrition levels.

Notable monthly patterns of admission in Taiz ITFC

- Each year shows higher SAM admissions during mid-year months.
- In previous years, SAM and MAM cases tended to reduce in late-year months (October to December), however data in the past two years now show higher SAM and MAM during these end-year months.

Major gaps in malnutrition treatment in Taiz governorate

- **Resource constraints:**
 - Funding shortages in the Humanitarian Response Plan (HRP) have severely impacted food, health, and nutrition programmes.
 - WFP's suspension of General Food Assistance in the north of Yemen since December 2023 due to challenges with authorities on the beneficiary lists and target population²⁰ has left critical gaps in nutrition support.
- **Barriers to healthcare access:**
Many facilities lack essential supplies, trained personnel, and adequate funding. These barriers limit the availability of SAM treatment and broader healthcare services.
- **Monitoring and coordination failures:**
Minimal oversight and lack of direct supervision from NGOs working with UNICEF have resulted in inadequate implementation of malnutrition programmes in practice. Unfortunately, collaboration with the Ministry of Health is reportedly also often weak, leading to ineffective follow-up on cases referred from hospitals to OTPs.
- **Community health awareness gaps:**
A lack of community-level awareness about the relationship between malnutrition, vaccination, and preventive healthcare plays a significant role in compounding malnutrition rates.
- **Maternal and child nutrition gaps:**
Major gaps in addressing the nutritional needs of infants (under six months old), adolescent girls, pregnant and breastfeeding women and girls (PBWG), and the elderly at hospitals and primary healthcare levels remain.

Ad Dahi ITFC (Hudaydah governorate)

Admission growth in Ad Dahi (October 2022-December 2024):

Ad Dahi's Charity Centre ITFC has treated over 10,500 malnourished children since it was opened in October 2022. This 73-bed ITFC is the largest and busiest MSF malnutrition facility countrywide, with the capacity to expand to 120 beds during malnutrition peaks.

Mortality rate: The mortality rate has shown a decreasing trend each year, starting from 2.2% in the partial year of 2022, dropping to 1.3% in 2023, and further decreasing to 1.2% by September 2024. This reduction in mortality, alongside the increase in total admissions in 2023, indicates improvements in patient outcomes and programme stability, as well as greater awareness of assistance available among the community.

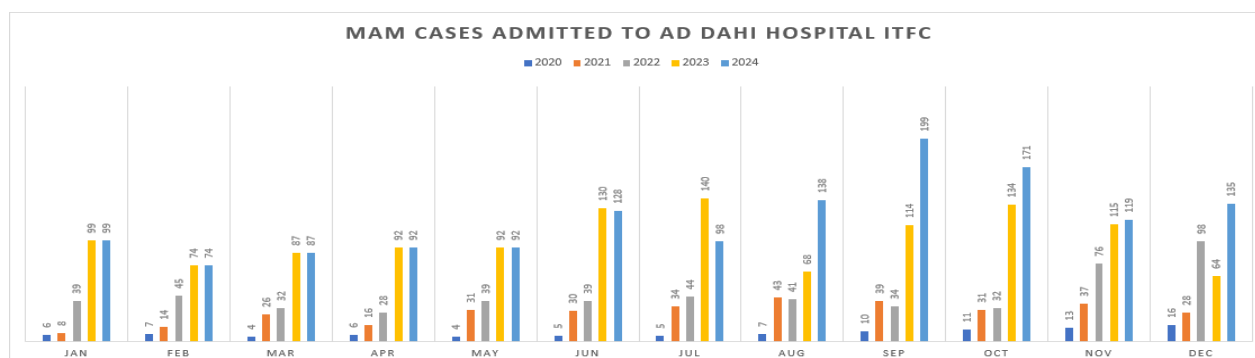
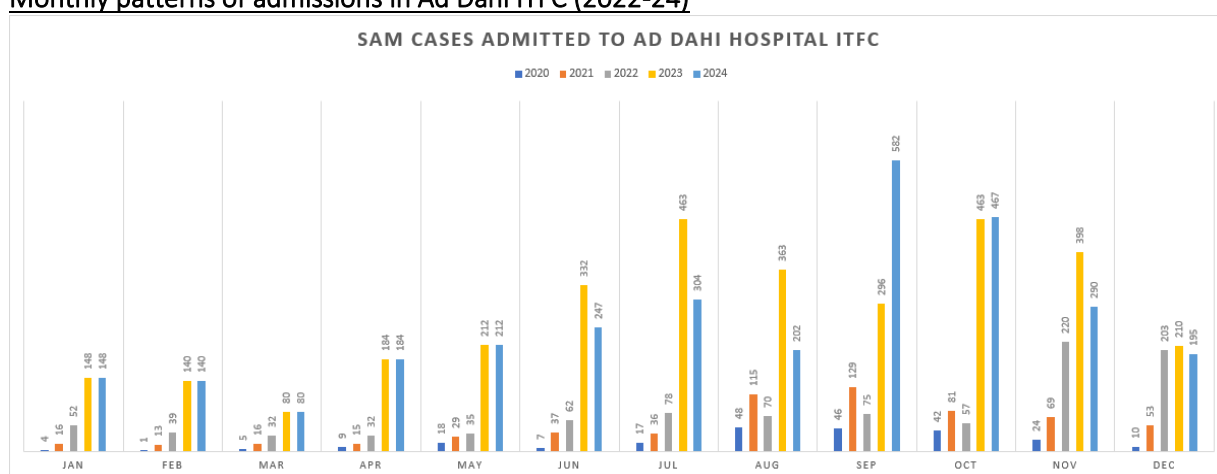
General admission trend in Ad Dahi with project start in October 2022

- **2022:** Ad Dahi ITFC treated 595 malnourished cases from its opening in October 2022 to year-end.

²⁰ <https://www.wfp.org/news/wfp-pauses-food-distributions-northern-areas-yemen>

- **2023:** A total of 4,818 cases were treated in 2023. The highest peak for 2023 occurred in October, with 608 admissions.
- **2024:** A total of 4,666 cases were treated in 2024, with a substantial peak at 781 admissions in September 2024 (averaging over 600 admissions for both September 2023 and 2024). This 2024 peak is the highest observed since its opening in October 2022, suggesting a growing demand and possible worsening of factors leading to malnutrition and changing health-seeking behaviour. Origins of MSF patients indicate that often healthcare facilities in their areas were entirely dysfunctional or only partially functional, forcing them to travel to Ad Dahi instead. During the peak month of September, there have consistently been over 600 patients admitted, reflecting the dire malnutrition situation and ongoing need for malnutrition treatment. Ad Dahi is the largest and only fully functioning ITFC in the area with adequate bed space, yet staff are forced to turn corridor areas into malnutrition wards to treat children during the peak months.

Monthly patterns of admissions in Ad Dahi ITFC (2022-24)



Seasonal vulnerability: All three years exhibit higher admissions from June to September, making it a typical cyclical malnutrition season in Ad Dahi, when food insecurity and malnutrition rates often rise. During the same period, MSF has also witnessed increases in acute watery diarrhoea (AWD) and measles outbreaks, further exacerbating the health crisis. Admissions drop in November and December each year, mirroring trends observed in other MSF operational locations in Yemen.

Increased admissions in 2024: The substantial rise in admissions, especially in September, suggests a longer malnutrition season and an urgent need for additional resources and support during peak months. MSF increased its treatment capacity from end 2022, enabling more data and understanding on the challenging malnutrition situation.

Prolonged malnutrition season in 2023: High admissions are continuing beyond the typical peak malnutrition season into October, partly linked to the extended rainy season and floods in 2023, and associated cases of

acute watery diarrhoea. These trends highlight the need for sustained support through late autumn, as well as improved water and sanitation facilities more resilient to extreme weather and heavy rains.

Al Qanawis Hospital (Hudaydah governorate)

In Al Qanawis, MSF has five beds dedicated to ITFC management within the paediatric ward. In 2024, 31% of all paediatric admissions were children with complications related to malnutrition. Data from paediatric and maternity wards from 2022 to 2024 shows worrying trends. Below is a combined analysis from the paediatric and maternity ward:

Paediatric ward (nutrition surveillance, observation room):

Complicated malnutrition cases:

- **Moderate acute malnutrition (MAM):**
 - Increase from 95 cases in 2023 to 165 cases in 2024 (74% rise).
- **Severe acute malnutrition (SAM):**
 - Significant rise from 111 cases in 2023 to 337 cases in 2024 (204% increase).

Observation: The increase in complicated cases highlights a worsening health situation for children requiring more intensive care. This increase is compounded by the suspension of community activities this year, which meant that early detection of malnourished children and efficient referrals and access to care was reduced.

Maternity ward:

1. **Non-complicated malnutrition cases:**

- **Moderate acute malnutrition (MAM):**
 - Increase from 2,781 cases in 2023 to 3,502 cases in 2024 (126% rise over two years).
- **Severe acute malnutrition (SAM):**
 - Fluctuates: increase from 278 in 2022 to 330 in 2023 (+18.7%), then a decrease to 288 in 2024 (-12.7%).

Observation: Despite a reduction in the total number of SAM cases, proportionally the percentage of pregnant and breastfeeding women and girls (PBWG) with global acute malnutrition (GAM: SAM plus MAM) increased from 46% in 2023 to 58% in 2024. These figures stem from passive screening at the maternity triage, and do not represent GAM and SAM percentages in the community. However, a rise in MAM cases indicates a worrying trend of undernutrition in pregnant women and girls, which can have a crossover impact post-partum in the growing number of nutritionally at-risk children we are seeing in the under-six-months age group.

Key insights:

Shifts in case distribution:

- **Paediatric ward:** Complicated cases have significantly risen. It is important to note that 2023 figures only represent May 2023 onward, as the department opened at this time. Despite this, we see a worsening severity among children, likely due to worsening access (no active case detection, no referral system from community level), and compounding factors such as infections, lack of health promotion activities, limited functionality of PHCs with poor follow-up programme and coordination between ATFCs and ITFCs, and at community level with no community health workers (CHWs) due to a lack of motivation (no incentive payment) to the PHCs staff, and comorbidities (sickle cell).
- **Maternity ward:** Non-complicated MAM cases show steady increases, indicating sustained or growing malnutrition among women.

Possible contributing factors:

- **Paediatric ward:** Rising severity in children's cases may be due to inadequate community-level interventions, late hospital presentations, or poor follow-up care. In theory, complicated cases in Al Qanawis should be stabilised at the MSF hospital and subsequently transferred to Ad Dahi ITFC or to the MoH-TFC Al Qanawis, supported by UNICEF. We are often confronted with challenges regarding an inability to refer cases, due to the inability to handle complicated cases, such as those that require oxygen or blood transfusions, at the MoH ITFC and MoH and Ad Dahi ITFCs, often at maximum bed capacity in the past year. There are also challenges in the referral of children under

six months, due to the fact that management of this age-group is not considered in the national therapeutic feeding centre programmes.

- **Maternity ward:** The consistent increase in MAM among women could stem from maternal malnutrition, poor dietary intake, or a broader crisis affecting food security. In the maternity ward, these cases often come for delivery or pre-term with a pathology, the main one of which is anaemia.

Major gaps in malnutrition treatment in Hudaydah

1. Challenges in early detection and referral system:

- a. Absence of community-based screening: The lack of a community-based early warning or screening system for malnutrition leads to many MAM cases progressing to SAM before detection.
- b. Lack of formal referral systems: There is no formal referral system between ITFCs and ATFCs, excluding MSF-supported facilities. Patients discharged from ITFCs while stabilised but not fully cured still require ongoing monitoring and follow-up at ATFCs to ensure complete recovery. This lack of coordination increases the risk of relapse and hampers consistent tracking of patient progress.

2. Socioeconomic and environmental factors

- a. Access to food: Many families may lack the financial capacity to purchase food. Additionally, floods significantly exacerbate food insecurity and disrupt agricultural production and access, particularly during the rainy season, leading to an increase in the number of children suffering from malnutrition. For instance, following the floods in Ad Dahi, there was a dramatic decrease in attendance at nutritional centres. This decline highlights not only the disruption to food access for many families, but also potential road issues that may hinder transportation to these essential services.
- b. Transportation barriers: The high transportation costs often delay children's access to care, resulting in more severe health conditions upon arrival at nutritional centres.

3. Healthcare access and infrastructure:

- a. Inadequate healthcare services: Access to healthcare facilities is severely limited in Hudaydah, especially in remote rural areas. Many health centres lack the necessary resources and services to effectively treat malnutrition.
- b. Humanitarian funding cuts: Cuts in humanitarian funding for primary and secondary healthcare facilities in Ad Dahi and surrounding districts leave vulnerable populations, particularly mothers and children, without essential services. In 2024, 28 health facilities in the Hudaydah Hub were directly impacted, comprised of 70 districts and four governorates (Hajjah, Hudaydah, Al Mahwit, Raymah).

4. Health complications and diseases outbreaks:

- a. High rates of acute malnutrition: Hudaydah has one of the highest rates of acute malnutrition in Yemen, with over 27% of children in certain areas affected.²¹ This situation is exacerbated by a fragile healthcare system, ongoing conflict, and worsening economic conditions.
- b. Outbreaks of communicable diseases: Hudaydah governorate is prone to epidemics such as cholera, acute watery diarrhoea (AWD) and measles, which are linked to increased malnutrition rates. Poor water, sanitation, and hygiene (WASH) conditions, especially in rural areas, heighten the risk of waterborne diseases.

5. Maternal and child health:

- a. Maternal malnutrition: Pregnant and breastfeeding women and girls (PBWG) are also significantly affected by malnutrition, which adversely impacts their children. The lack of pre- and postnatal care further complicates the situation.
- b. Continuity of treatment challenges: The lack of follow-up and ongoing support for children discharged from ITFCs poses a significant barrier to effective treatment. Proper follow-up is essential to ensure access to the nearest ATFC or outpatient therapeutic programme (OTP).

²¹ <https://www.unicef.org/press-releases/malnutrition-surges-among-young-children-yemen-conditions-worsen>

6. Community engagement and education:

- a. Lack of health education and support: The absence of health education programmes and mental health support compromises parents' ability to provide appropriate care for their children. Many mothers, due to poverty and lack of education on best practices, feed their babies and young children inappropriate diets (such as replacing breastmilk with animal milk), exacerbating malnutrition.

"The traditional practice of 'cuttery' is very common, we see it a lot. The idea is: burning the skin of the baby diverts the pain away from malnutrition, creating a secondary pain. Unfortunately, infection of these burn wounds is very common. Health education is very important to change this."

MSF staff in Ad Dahi ITFC



Health promotion messages outside MSF Ad Dahi ITFC in Hudaydah governorate, promoting healthy nutritional practices.
©MSF / Leah Cowan. March 2025

"It is rare to find a family in Abs that can have three meals a day. Children get treated at ITFCs but when they go back, they don't have any complementary food back home."

MoH staff in Abs, Hajjah governorate.

Cross-cutting challenges for malnutrition treatment in MSF operational areas in Yemen

1. Funding deficits:

Chronic underfunding of health, nutrition, and WASH sectors is limiting both the scope and the quality of humanitarian assistance programmes. Yemen HRP funding has declined steadily, from \$2.3bn in 2022 to \$1.3bn in 2024, a 43% drop over two years. In 2024, YHRP coverage improved slightly to 47%, but this is only because the overall requested budget was reduced. This is not a sign of improved funding, but rather reduced operational ambition.

2. Lack of food assistance:

WFP's general food assistance programme was supporting 9.5m people in north Yemen before its suspension in November 2023 due to significant challenges, which resulted in negative impacts on food security.²² While the recent launch of targeted food distributions in priority districts is welcomed, the broad lack of availability of general food assistance remains sharply felt across Yemen.

3. Dysfunctional primary healthcare system:

Estimates indicate that around half of Yemen's healthcare facilities are closed or dysfunctional, with many being understaffed and poorly equipped, especially primary healthcare facilities and those in remote areas. This has greatly reduced access to care, as well as community trust in primary healthcare services, leading to delays in seeking treatment, and causing many secondary healthcare facilities to become overwhelmed with patients.

4. Supply chain breakdowns:

Inconsistent delivery of therapeutic foods (e.g. RUTF) and essential medicines disrupts treatment continuity. MoH across all areas where MSF operates have consistently reported this challenge.

5. Lack of follow-up care:

Malnutrition patients, including those with SAM and measles cases who are discharged from inpatient care, often lack follow-up care and are challenged by persistent economic hardship and high transport costs, frequently leading to high relapse rates.

6. Vaccination gaps, outbreaks and poor water and sanitation infrastructure:

Large gaps in vaccination, lack of vaccination acceptance, infectious disease outbreaks of measles, AWD, malaria, dengue, recurrent flooding, and Yemen's inadequate water and sanitation (WASH) infrastructure all worsen malnutrition risks.

7. Socioeconomic barriers:

Families living in poverty are often misusing therapeutic treatment by redirecting it to other family members or selling their treatment to meet other basic needs, undermining recovery outcomes, including those of children. Many struggle to provide their families with an adequate and nutritious diet.

8. Lack of community-based activities:

Lack of access to communities and lack of health education efforts hamper early detection and prevention efforts. Positive healthcare practices, including breastfeeding awareness and good nutrition, must begin with health education and community outreach.

9. Access and insecurity:

Humanitarian space continues to shrink as health and humanitarian actors are confronted by the complex operational environment that increasingly marks Yemen.

²² WFP Yemen – Assessing the Impact of the General Food Assistance Pause in Northern Yemen, April 2024:
<https://reliefweb.int/report/yemen/yemen-assessing-impact-general-food-assistance-pause-northern-yemen-april-2024>

MSF CALLS TO ACTION

MSF recognises the complex operational environment that increasingly marks Yemen as one of the most challenging contexts in which to deliver humanitarian assistance. However, when looking at the needs of people in Yemen, the politicisation of humanitarian funding must be reversed, and separated from the humanitarian situation on the ground where **millions of people are in urgent need of assistance**. However, investment in nutritional support and programmes offering basic assistance are alarmingly inadequate compared to the level of need, and these programmes are set to dramatically downscale with the anticipated reduction/departure of over a dozen humanitarian organisations from Yemen this year. Not only does this reduce direct access to assistance, but it reduces capacities for needs assessments, monitoring, oversight, and on-the-ground presence. **Reprioritisation of activities, humanitarian access and security, flexibility in funding and implementation, the stepping up of other donors, including Gulf states, and reversals to anti-humanitarian narratives are urgently needed.**

Following MSF's advocacy efforts in 2022 and 2023 on malnutrition in Yemen, MSF is reiterating its calls for action to address dysfunctional primary healthcare and vaccination gaps; namely through direct support and oversight to enable the early prevention, detection and treatment of acute malnutrition and its comorbidities. Critical gaps in community-level health promotion, routine vaccination, nutritional and disease surveillance and response must also be addressed if malnutrition is to be effectively tackled.

At a time when funding is at an all-time low and insecurity remains high, MSF is also calling on Yemeni authorities, donors and humanitarian actors to redouble efforts to engage with all stakeholders. A collaborative and constructive approach is required to encourage principled humanitarian assistance, provide access to those most in need, and increase the acceptance and safety of humanitarian actors in Yemen at this critical time.

The Humanitarian Funding Crisis

The international humanitarian funding crisis falls during an already protracted situation of donor fatigue in Yemen and the newly announced 2025 funding cuts that emanate from the USAID funding freeze and funding reductions recently announced by other major donors, such as The Netherlands, Belgium, Germany, France and the UK. This trajectory jeopardises crucial interventions in one of the world's worst humanitarian crises, as handfuls of organisations are leaving Yemen. To mitigate these impacts and avert catastrophic needs in Yemen, immediate, flexible and sustained donor support is crucial, including by EU and Gulf countries.

To emerging and existing donors, including EU and Gulf countries, seeking to step up their commitments in view of dramatic new funding gaps:

- **Address the impact of USAID suspension:** The US funding freeze has disrupted services for vulnerable populations. US donor funding contributed a striking \$768 million to Yemen's Humanitarian Response Plan last year (51% of all donor funding to Yemen).²³ Donors with available resources, such as Gulf states, are strongly encouraged to step up to fill this gap and support critical programmes in health, nutrition, and WASH.
- **Reverse trends in funding cuts:** At a time when extreme challenges are facing the humanitarian sector worldwide, MSF calls on other donor countries to show collective international solidarity, rather than following suit with new cuts to funding as recently announced by The

²³ OCHA Financial Tracking Service: <https://fts.unocha.org/plans/1193/summary>

Netherlands, Belgium, Germany, France and the UK. Political agendas must be de-linked from humanitarian crisis response and overseas development assistance.

- **Flexibility and predictability in funding allocations:** International donors must allow flexibility in funding, prioritising high-risk areas and sustaining critical interventions amid the funding shortfall. Malnutrition seasons and rainy seasons in Yemen are *cyclical and predictable*; funding should match these realities. Prevention is always preferable to emergency response.
- **Strengthen regional coordination:** Donors, UN agencies, and regional stakeholders must work together to ensure that the restructuring of the Humanitarian Response Plan (HRP) does not reduce essential assistance, particularly for the most vulnerable populations in Yemen.
- **Depoliticise humanitarian action:** MSF calls for all states, donors, and national authorities to ensure that humanitarian aid remains neutral and independent, operational in both north and south Yemen, with access granted to all populations in need, free from political agendas.

Health and Nutrition

Immediate investment is required to strengthen Yemen's healthcare system – especially primary healthcare – and address food insecurity, with a focus on malnutrition prevention and treatment, including at community level.

To donors, implementing actors, and MoH seeking to strengthen primary health and nutrition services:

- **Expand malnutrition services, including at community level:** MSF calls for the reinstatement and expansion of outpatient therapeutic programmes (OTPs) to improve early detection and treatment of malnutrition, especially at the community level. This must include health education to improve the understanding and detection of early-onset malnutrition.
- **Tackle weak primary healthcare:** Immediate investment and strengthened collaboration between the MoH, donors, and implementing partners is essential to ensure quality and effective nutrition services and improved functionality and trust in primary healthcare centres.
- **Scale up integrated health, nutrition and WASH programmes:** There is a need for a coherent rapid outbreak response integrated with nutrition, vaccination (including measles and cholera), and water and sanitation (WASH) programming, with special attention to remote communities, keeping in mind that 70% of Yemen's population live in rural areas.
- **Scale up vaccination campaigns:** Vaccination rates in Yemen are woefully low. MSF urges authorities in Yemen, in addition to the MoH, WHO, GAVI, and UNICEF, to redouble efforts to prioritise and expand community-based vaccination campaigns to curb the rise of preventable diseases like measles and cholera, which inevitably coincides with the annual rainy season. These efforts must be accompanied by outreach and sensitisation campaigns on the benefits of vaccination. With huge drops in aid funding, the ability of actors to scale up is reduced; outbreak prevention is therefore key.
- **Invest in maternal and child health:** Investment in maternal healthcare services, including ante- and postnatal care and exclusive breastfeeding awareness programmes, are essential components in reducing risks of malnutrition and improving health. This is all the more essential amid the current downscaling of support to sexual and reproductive health.
- **Invest in healthcare worker training and supervision:** MSF calls for increased investment in on-the-ground training and supervision of healthcare workers to improve treatment capacity at primary healthcare centres for outpatient therapeutic programmes (OTPs) and stabilisation centres (SCs).

Food Assistance

In parallel with donor fatigue, constraints to principled and accountable humanitarian action have resulted in the reduction and suspension of large-scale food assistance programmes in Yemen since end-2023. This has contributed to exacerbated cases of food insecurity and increased malnutrition in Yemen, and is a worrying and deteriorating trajectory that must be reversed.

To donors, WFP, FAO, MoH, the Nutrition and Food Security Clusters, and Yemeni authorities:

- **Increase targeted food assistance:** Looking at those most vulnerable to malnutrition, MSF emphasises the need for funding to support targeted food assistance for vulnerable groups, especially children under five and pregnant and breastfeeding women and girls (PBWG).
- **Restore General Food Assistance:** In northern Yemen where malnutrition rates are alarmingly high, MSF calls on authorities to foster accountability mechanisms and collective working with WFP to enable the restoration and expansion of general food distributions at scale, especially to rural areas.
- **Ensure unhindered food distribution:** Authorities must facilitate regular, safe, unhindered access for food distributions at scale, prioritising vulnerable communities.
- **Expand cash-based assistance:** Where appropriate and feasible, expanding cash-based assistance can provide more sustainable access to food for vulnerable communities, and can increase families' resilience to external shocks.

Insecurity and Humanitarian Space

Significant operational challenges include flare-ups in conflict, movement restrictions, insecurity, and the detention of humanitarian workers. Addressing these issues is crucial in ensuring that aid reaches those in need.

To national authorities, the diplomatic community, donors, and humanitarian actors in Yemen:

- **Protect humanitarian workers:** Regional instability, airstrikes on Yemen and ongoing arrests and detention of humanitarian and civil society workers in northern Yemen is impacting the willingness and ability of organisations to effectively operate. Insecurity also reduces movements and operational presence on the ground, limiting supervision, assessments and capacity building, while further entrenching the divisions between authorities and the international community – hampering collaborative efforts. Regarding counter-terrorism measures and FTO designations, explicit humanitarian exemptions *must* be established for humanitarian actors in Yemen.
- **Promote humanitarian access:** MSF urges authorities in Yemen to enable safe and unhindered access to communities, ensuring that vital healthcare services and assistance can reach those in need, including routine vaccination, health education, and early detection and response, which are essential. Across 2025 and beyond, flexibility in access is especially necessary as the number of humanitarian organisations reduces in Yemen, demanding more agility and access from the remaining responders, as well as more flexible and sustained funding from donors.
- **Respect International Humanitarian Law:** Civilians and healthcare and humanitarian workers must be protected from conflict, political retaliation, and the risks associated with the national and regional conflict. Ensuring compliance with International Humanitarian Law is non-negotiable. The targeting of any civilian infrastructure – including critical supply, fuel, and water

and sanitation infrastructure – must be avoided at all costs, and perpetrators must always be held to account.

- **Strengthen humanitarian notification systems:** Humanitarian actors must be able to operate in safety, even during times of conflict. Humanitarian notification systems must be responded to and respected by all implicated actors to guarantee the safety of humanitarian activities.

The less humanitarian presence, coverage and data available, the more invisible the humanitarian needs become, increasing the likelihood of Yemen slipping into a neglected, silenced humanitarian situation.

“Many mothers can’t even produce the milk to feed their children because they are malnourished themselves. Whenever a mother cannot produce their own milk due to lack of food, they replace it with cow’s milk and dilute it. This is contributing to malnutrition in their babies.” “Even if primary healthcare facilities are functioning, the patients have to pay for the services and they cannot afford it”
MSF staff in Ad Dahi ITFC, Hudaydah governorate



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