



YEMEN'S RISING TIDE OF MALNUTRITION

Trends in Malnutrition Admissions at MSF-Supported Facilities in Yemen. Seasonal Patterns 2022-2024

Executive Summary

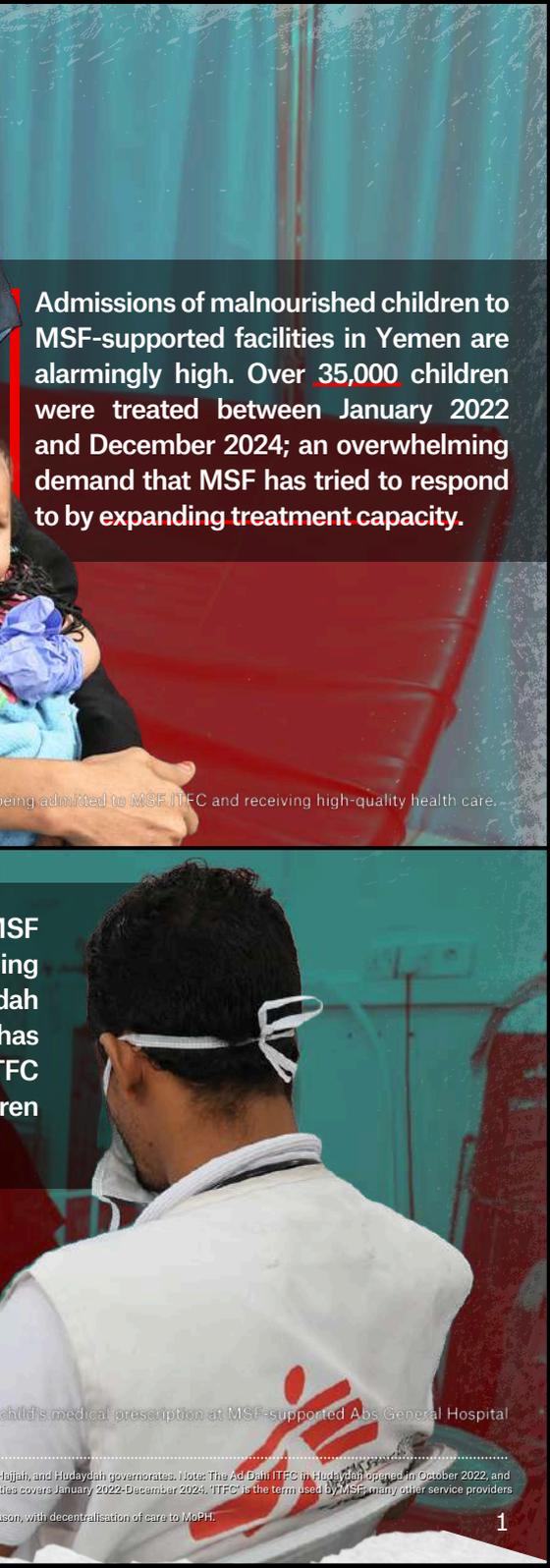


HIGHLIGHTS



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**.

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



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.

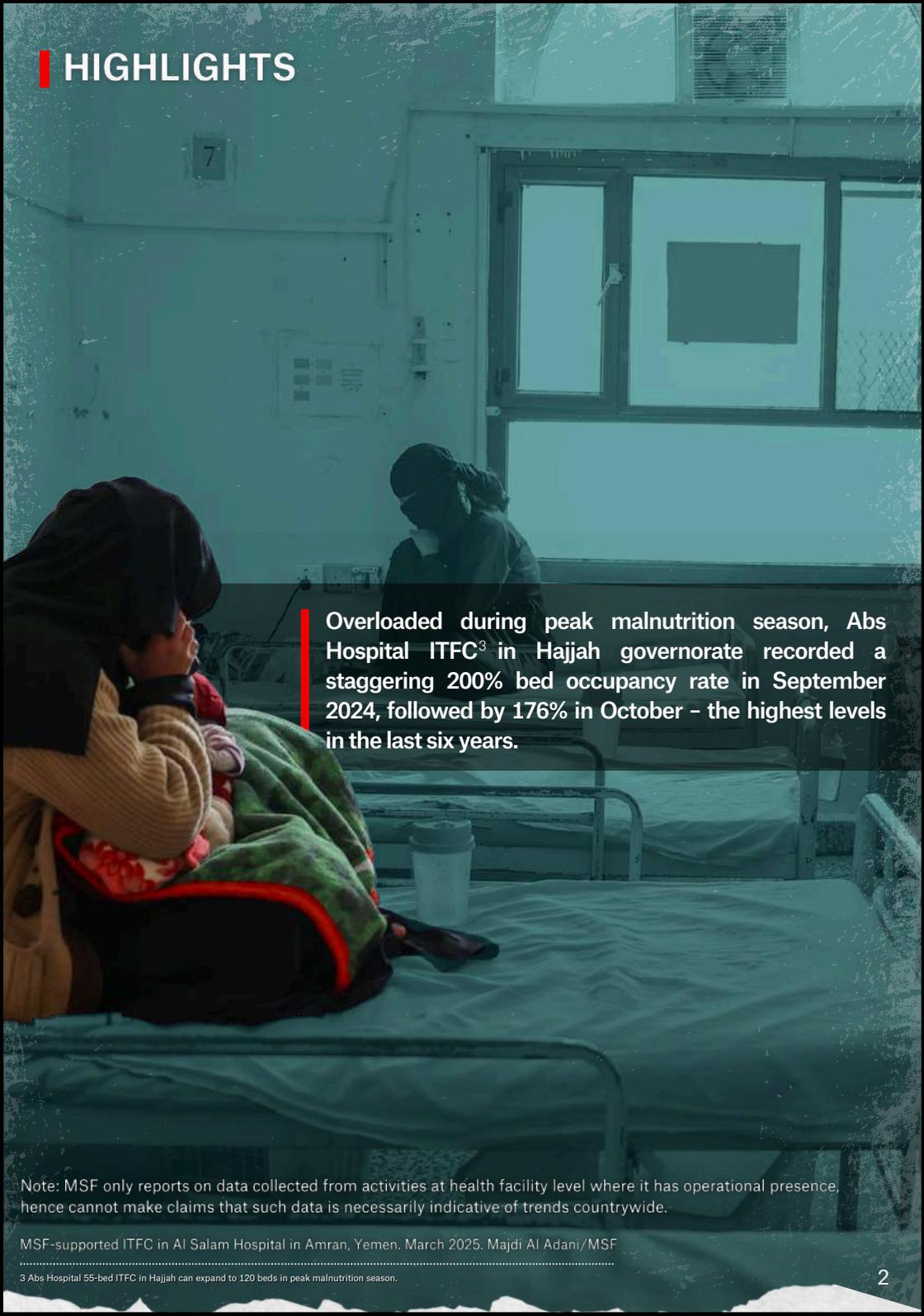
AMSF staff checks with a patient caretaker for the implementation of her child's medical prescription at MSF-supported Abs General Hospital ITFC, Wednesday, March 4, 2025. Majdi Al Adani/MSF

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 Ganawis 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.

HIGHLIGHTS



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.

MSF-supported ITFC in Al Salam Hospital in Amran, Yemen. March 2025. Majdi Al Adani/MSF

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

OVERVIEW



Mothers and grandmothers holding their babies outside the MSF-supported maternity department in Al-Qanawis mother and child hospital, Al-Hudaydah governorate. August 2022. Jihane Saad/MSF

Yemen risks slipping into a deep hunger crisis. Médecins Sans Frontières (MSF) has recorded alarmingly high numbers of children suffering from malnutrition⁴ requiring hospitalisation, with over 35,000 children admitted to MSF-supported facilities between January 2022 and December 2024. Note that these concerning figures do not include the thousands of children that MSF has treated for malnutrition as outpatients – who did not require hospitalisation. 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.

MSF has responded by expanding its treatment capacity, but Yemen's economic downturn, high food insecurity, and low vaccination rates, combined with poor health education and a weak healthcare system, are worsening community health vulnerabilities. Cyclical malnutrition seasons are intensified by flooding during the rainy season, and outbreaks of infectious diseases of measles, cholera, malaria, and dengue fever. With dramatic cuts in humanitarian funding by the US and other major donors, improving access to healthcare and sustaining and scaling-up humanitarian response efforts in Yemen will become increasingly difficult. The sudden downscaling of over a dozen aid organisations from Yemen comes at a very concerning time, with some actors announcing their withdrawal from Yemen entirely. Meanwhile, while prevention of malnutrition through health system strengthening, food assistance, vaccination and health promotion remains crucial.

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, they replace it with cow's milk and dilute it. This is contributing to malnutrition in their babies.

(MSF staff in Hudaydah governorate)

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>

Malnutrition admissions and treatment trends 2022-2024 in MSF-supported facilities in Yemen

A mother with her child at the MSF-supported ITFC in Ad-Dahi Hospital in Al Hudaydah, Yemen, February 2025. Majdi Al Adani/MSF

Between January 2022 and December 2024, MSF-supported facilities treated 35,442 malnourished children under the age of five (0-59-month-olds), with longer seasonal peaks and overwhelming caseloads during peak months. Around 14,000 cases were admitted in 2023, followed by over 13,500 in 2024. In an effort to respond to alarmingly high needs in recent years, MSF expanded its nutritional programmes in 2022 and 2023 by opening a 73-bed inpatient therapeutic feeding centre (ITFC)⁵ in Ad Dahi, Hudaydah governorate. This ITFC opened in October 2022 and has rapidly become the largest and busiest ITFC in Yemen, treating over 10,000 children within two years (2023 and 2024). This facility, along with five other MSF-supported inpatient centres, is regularly overwhelmed by increasing caseloads during the peak malnutrition seasons, which typically run from June to September each year, but are getting longer.



35,442

MALNOURISHED CHILDREN TREATED (JAN 2022 - DEC 2024)

189

INPATIENT THERAPEUTIC FEEDING CENTRE (ITFC)



14,000+

CASES ADMITTED IN 2023



10,000+

CHILDREN TREATED AT AD DAHI ITFC (2023-2024)



13,500+

CASES ADMITTED IN 2024



6

MSF-SUPPORTED INPATIENT CENTRES HANDLING PEAK CASELOADS

JUNE - SEPTEMBER: PEAK MALNUTRITION SEASON (GETTING LONGER)

⁵ Ad Dahi reaches a maximum 120 bed capacity with decentralised care to an MoPH facility. 'ITFC' is the term used by MSF; many other service providers instead use the term 'stabilisation centres' to refer to the same thing.

HIGH ADMISSIONS - OVERFLOWING FACILITIES



Karima holds her 6-month-old son Ahmed who is getting treatment at MSF's mother and child hospital in Al-Qanawis, Al-Hudaydah governorate. November 2023. Jinane Saad/MSF

► MSF Bed Occupancy Rates (BOR)

While MSF has scaled up treatment capacity, it is unable to meet all the needs, and each annual malnutrition season is leaving MSF treatment facilities overwhelmed with children in need of care, with many also suffering from measles and acute watery diarrhoea.

During the peak malnutrition season in September 2024, bed occupancy rates (BOR) in MSF-supported inpatient therapeutic feeding centres (ITFCs) reached extremely high levels in most facilities:

- **Abs Hospital (Hajjah)**, 55-bed ITFC peaked at 200% BOR in September 2024, the highest in the last six years, requiring a seasonal expansion to 120 beds.
- **Ad Dahi ITFC (Hudaydah)**, 73-bed ITFC surged to 141% BOR in September 2024, requiring a seasonal expansion to over 100 beds⁶.
- **Al Salam ITFC (Amran)**, 23-bed ITFC peaked at 254% BOR in September 2024, requiring a seasonal expansion to 51 beds.
- **Haydan ITFC (Saada)**, 11 bed ITFC peaked at 136% BOR in July 2024, requiring a seasonal expansion to 22 beds.
- **Taiz Houban Mother and Child Hospital (Taiz)**, 22 beds: 88% BOR in January 2024.

⁶ Ad Dahi reaches a maximum 120 bed capacity with decentralised care to an MoPH facility

HIGH ADMISSIONS – OVERFLOWING FACILITIES

► MSF Bed Occupancy Rates (BOR)

Yearly average bed occupancy rates (BOR) have significantly increased, underscoring the growing demand for malnutrition support:

- **Abs Hospital ITFC (Hajjah):** BOR surged from 64% in 2023 to 96% in 2024.
- **Ad Dahi ITFC (Hudaydah):** 84% average BOR in 2023, dropping slightly to 75% in 2024.
- **Al Qanawis Hospital (Hudaydah):** BOR increased from 73% in 2023 to 95% in 2024, highlighting growing demand.
- **Al-Salam Hospital (Amran):** Faced extreme overcapacity, reaching 191% BOR in 2023 and 254% in 2024.
- **Haydan Hospital (Saada):** BOR declined from 108.4% in 2023 to 78.1% in 2024, partially due to high transport costs limiting access to care.
- **Taiz Houban Mother and Child Hospital (Taiz):** BOR exceeded 95% in 2023 and reached full capacity in 2024.

These alarming figures highlight a rapidly growing crisis, where the needs are far outstripping the existing treatment capacity, yet most international donors are disinvesting from Yemen, and over a dozen response actors are currently downscaling and even leaving Yemen.

“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 45°C, so hot! ...but there were so many sick patients we had no choice.

(MSF staff in Hudaydah governorate)

► What is needed?

With admissions consistently high 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. Strengthening routine immunisation and community health awareness programmes to meet the prevention and treatment needs of the rising number of vulnerable populations is also key.

HIGH ADMISSIONS – OVERFLOWING FACILITIES

► What is needed?

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.

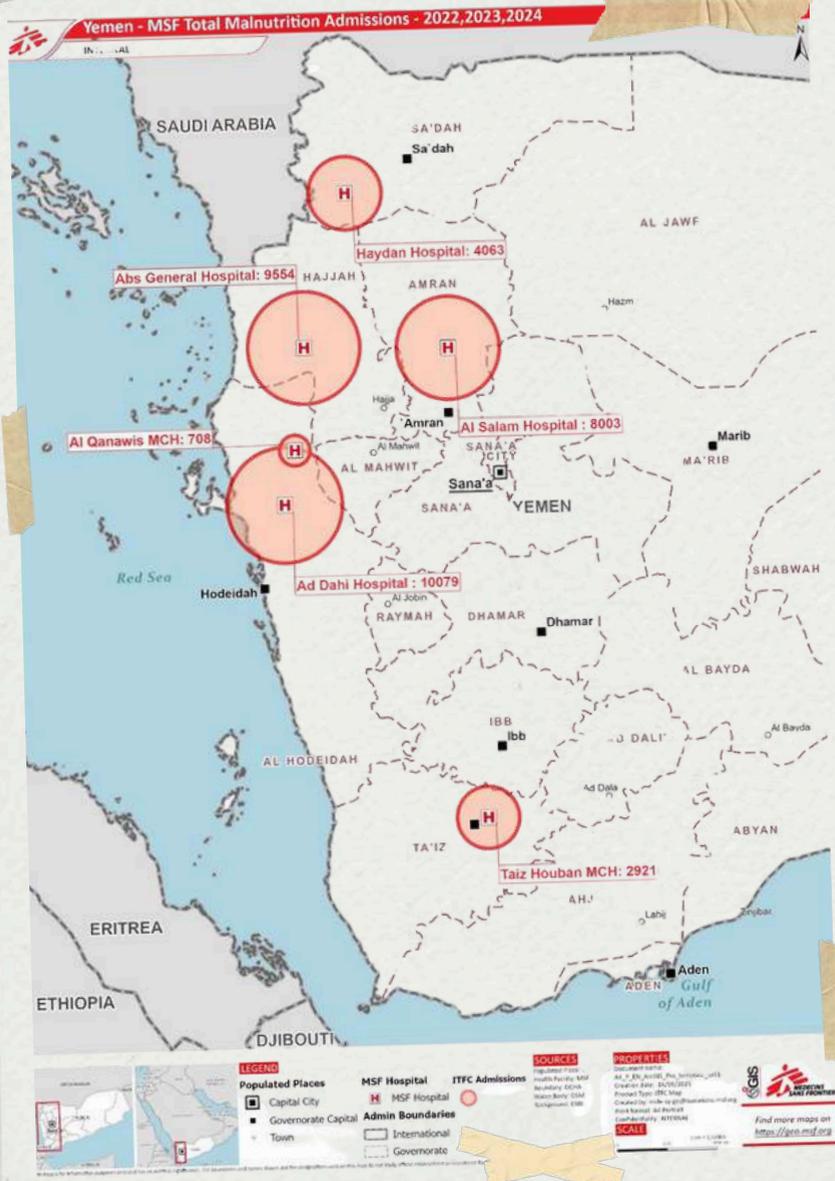
“We don’t have the means to support ourselves...I am doing small bits of work to support my family but it is never enough. We eat everyday, but we can only eat meat twice a year, during Eid, when it is given to us

(40year old mother of malnourished child in Ad Dahi ITFC, Hudaydah governorate)

MSF IN YEMEN

MSF has been working in Yemen 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. This MSF report analyses admission data from MSF-supported inpatient therapeutic feeding centres (ITFCs) across Yemen from January 2022 to end-December 2024.

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.



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.

↑ RISING MEASLES

A child suffering from measles is receiving treatment in the measles isolation unit inside MSF's mother and child hospital in Taiz Houban. March 2024. MSF

Measles cases treated in MSF-supported facilities have increased, which can be linked to declining vaccination coverage. Low vaccination rates are a key driver of outbreaks. The most alarming trends include:

- **Amran and Saada governorates:** Increase from 851 cases in 2022 to 3,732 in 2024 (338% increase in 2024 compared to 2022).
- **Hajja governorate:** Increase from 147 cases in 2022 to 707 in 2024 (380% increase in 2024 in compared to 2022).
- **Taiz governorate:** Increase from 76 cases in 2022 to 1,207 in 2024.
- **Ad Dahi facility (Hudaydah):** Increase from 98 cases in 2023 to 375 in 2024.
- **Unvaccinated children:** In Ad Dahi, Hudaydah governorate, unvaccinated children accounted for 69% of measles cases in 2023, rising to 93% by early 2025.
- **Malnourished measles cases:** In Hajjah's Abs facility, 48.5% of measles cases were associated with severe acute malnutrition (SAM) in early 2025.



We are receiving a lot of malnourished children with complications. Some of the major reasons are lack of immunisation and lack of ability to buy food. This situation needs immediate attention... We need access to communities at primary healthcare level to understand better.

(MSF staff, Hudaydah governorate)

THE CHOLERA OUTBREAK AND ITS IMPACT

Rawda, 27, sits beside her son Mohammed in a hospital bed at the cholera treatment center in Mokha, Taiz governorate. She traveled from Khoukha district in Al Hudaydah governorate, seeking treatment after Mohammed had been sick for weeks. Mokha, Taiz governorate. 6 May 2004. Photo credit: Mario Fawaz/MSF.

Yemen experienced a severe outbreak of acute watery diarrhoea (AWD) and cholera in 2023-2024:

- **Cholera cases:** 219,000 suspected cases reported by mid-October 2024.
- **MSF cholera treatment:** Nearly 53,000 cases treated between March and December 2024.
- **Ad Dahi ITFC (Hudaydah):** 1,176 malnourished children treated in 2024 also had AWD/cholera (around 25% of total admissions).
- **Floods and the annual rainy season:** Over 560,000 people were directly affected by heavy rains in August 2024, with poor water and sanitation infrastructure exacerbating the cholera outbreak.

CROSS-CUTTING CHALLENGES FOR MALNUTRITION TREATMENT IN MSF OPERATIONAL AREAS IN YEMEN

- **Funding deficits:** Chronic underfunding of health, nutrition, and WASH sectors has limited both the scope and quality of humanitarian assistance. The impacts of sudden cuts to US assistance and reductions from other major donors is already dramatic. Yemen Humanitarian Response Plan funding dropped 43%, from \$2.3bn in 2022 to \$1.3bn in 2024, and US funding was contributing to over half of the HRP.
- **Lack of food assistance:** WFP's General Food Assistance programme supported 9.5 million people in north Yemen, but was suspended in November 2023 due to significant challenges, worsening food insecurity.
- **Dysfunctional primary healthcare system:** Around half of Yemen's healthcare facilities are closed or dysfunctional, limiting access to care and overwhelming secondary healthcare centres.
- **Supply chain breakdowns:** Inconsistent delivery of therapeutic foods (e.g. RUTF) and essential medicines disrupts treatment continuity. The humanitarian funding crisis is exacerbating this.
- **Lack of follow-up mechanisms:** Discharged malnourished patients, including those with SAM and measles, face high relapse rates due to persistent economic hardships and lack of follow-up care.

CROSS-CUTTING CHALLENGES FOR MALNUTRITION TREATMENT IN MSF OPERATIONAL AREAS IN YEMEN

- **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 increase malnutrition risks.
- **Socioeconomic barriers:** Families facing extreme poverty often sell or redistribute therapeutic food, undermining malnutrition recovery outcomes.
- **Lack of community-based activities:** Limited community access and health education hinder early detection and prevention of malnutrition. This also reduces awareness of good health and breastfeeding practices.
- **Access and insecurity:** Humanitarian space continues to shrink as health and humanitarian actors struggle with Yemen's complex operational environment.



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 Hajjah governorate)

WITHDRAWAL OF FUNDS, WITHDRAWAL OF ACTORS

US donor funding contributed a striking \$768 million to Yemen's Humanitarian Response Plan (HRP) in 2024 – accounting for over 50% of all donor funding to Yemen last year, followed second only by the United Kingdom, with \$140 million (9.4%). The recent 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 2025.⁸ The absence of a safeguard under US law to fully protect humanitarians against the risk of liability for deemed provision of “material support” to 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.

⁷ OCHA Financial Tracking Service: <https://fts.unocha.org/plans/1193/summary>.

⁸ US Dept. of State statement: [Designation of Ansarallah as a Foreign Terrorist Organization - United States Department of State](https://www.state.gov/designation-of-ansarallah-as-a-foreign-terrorist-organization)

WITHDRAWAL OF FUNDS, WITHDRAWAL OF ACTORS

Not only does this reduce direct access to assistance, but it reduces 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.

Along with reversals to anti-humanitarian narratives, ensuring humanitarian access and security, increasing flexibility in funding and implementation, and securing support from other donors – especially EU and Gulf states – to help fill the gaps left by the USAID cuts are urgently needed.

MSF CALLS TO ACTION



Yemen's worsening humanitarian crisis is exacerbated by donor fatigue and drastic funding cuts, including the latest USAID suspension. Immediate, flexible, and sustained funding from alternative donors as well as EU and Gulf states is essential to moderate the impact.

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

- **Address USAID suspension:** Gulf states and other donors with available resources must step up to help cover at least part of the \$768 million gap to support critical programmes in health, nutrition, and WASH.
- **Reverse funding cuts:** Countries like The Netherlands, Germany, Belgium, France, the UK must reconsider recently announced reductions. Political agendas should be de-linked from humanitarian crisis response and overseas development assistance. Collective international solidarity is a must.
- **Ensure funding flexibility and predictability:** Align funding with predictable, cyclical needs for predictable, cyclical trends, like those of malnutrition, disease outbreaks and floods during rainy seasons. Prevention is always preferable to emergency response.
- **Strengthen regional coordination:** Amid restructuring of the Humanitarian Response Plan (HRP), donors, UN agencies, and regional stakeholders must not reduce essential assistance, and should target interventions to preserve lifesaving activities.
- **Depoliticise humanitarian aid:** MSF calls on all states, donors, and national authorities to ensure neutral, independent, and unhindered access to assistance in both north and south Yemen.

MSF CALLS TO ACTION

Franck Ngongne/MSF

► Health and Nutrition

The inadequacy of primary healthcare, low vaccination rates, and food insecurity demand urgent investment.

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

- **Expand malnutrition services at community level** through outpatient therapeutic programmes (OTPs) and early detection, especially at the community level and including health education.
- **Strengthen primary healthcare collaboration between the MoH, donors, and implementing partners** to rebuild functionality and community trust in primary healthcare.
- **Integrate health, nutrition, and WASH** responses to prevent disease outbreaks.
- **Scale up vaccination campaigns against measles, cholera and other preventable diseases**, supported by GAVI, WHO, and UNICEF, keeping in mind that 70% of people in Yemen live in remote areas.
- **Invest in maternal and child health, including ante- and post-natal care and exclusive breastfeeding awareness**, to prevent malnutrition and ensure continuity of reproductive health services.
- **Enhance healthcare worker training and supervision for better treatment capacity** at stabilisation centres, outpatient therapeutic programmes (OTPs), and primary healthcare facilities.

► Food Assistance

Cuts to food assistance since 2023 have worsened malnutrition and food insecurity.

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

- **Increase targeted food aid**, especially for children under five and pregnant/breastfeeding women and girls.
- **Restore General Food Assistance (GFA)** in northern Yemen where food insecurity is most severe. 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 where 70% of Yemen's population reside.
- **Ensure unhindered food distributions with safe and regular access**, prioritising vulnerable communities.
- **Expand cash-based assistance where feasible**, to enable sustainable access to food for vulnerable communities, and to increase families' resilience to external shocks.

► Insecurity and Humanitarian Space

Significant operational challenges include regional instability, airstrikes on Yemen, movement restrictions on aid workers, and the detention of humanitarian and civil society workers in northern Yemen, impacting the willingness and ability of organisations to effectively operate. Addressing these issues is crucial in ensuring that aid reaches those who are most in need.

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

- **Protect humanitarian workers** and facilitate the work of humanitarian actors, including legal protections of humanitarian responders against counter-terrorism measures.
- **Improve humanitarian access so that health, nutrition, and vaccination services reach those in need.** Authorities must prioritise the needs of the population, and all stakeholders must strive for collaborative access. In 2025 flexibility is key as the number of humanitarian organisations reduces in Yemen, demanding more agility from the remaining responders, and more flexibility and sustained funding from donors.
- **Ensure compliance with International Humanitarian Law** to prevent attacks on healthcare, humanitarian actors, civilians, and civilian infrastructure. IHL is non-negotiable.
- **Strengthen humanitarian notification systems** for safe operations during conflict.

Yemen's malnutrition and disease outbreak situation risks slipping into a neglected, silenced humanitarian situation. Coupled with a reduction in humanitarian response capacity, without collaborative efforts to improve the operational working environment in Yemen and without urgent international action from donors, the already fragile situation will only deteriorate further.

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