



Starving in Silence: Surging Food Insecurity in Yemen

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Executive Summary

Yemen is entering its most dangerous food security phase in years. The latest IPC projections for September 2025–February 2026 show that over half the population - **18 million people** - are expected to experience worsening levels of food insecurity by early 2026. An additional **one million people** face life-threatening hunger. Malnutrition among children and pregnant and lactating women is also rising rapidly.

This deterioration is not driven by large-scale conflict escalation. It is the result of a **collapse of household purchasing power and the sharp decrease of humanitarian assistance in 2025**, which has dismantled food security, nutrition, and surveillance systems just as needs are peaking. By the end of 2025, the humanitarian response was **less than 25% funded**, with the Nutrition Cluster at **less than 10%** and the Food Security and Agriculture Cluster at **15%**, effectively paralyzing lifesaving services.

While the hunger crisis is nationwide, evidence from IRC-supported districts in southern Yemen shows its consequences clearly. Following major donor funding withdrawals in early 2025, **nutrition service reach declined by 63% within one year**. Health facilities and therapeutic feeding centers closed, mobile teams were overstretched, and admissions for severe acute malnutrition fell—not because children were healthier, but because fewer who were sick could access services. Nearly **80% of households** assessed by IRC reported severe hunger, and half of households with children under five reported at least one malnourished child.

At the same time, **food security and nutrition surveillance systems are collapsing**, masking the true scale of hunger. As data gaps widen, needs go undocumented, assistance is not triggered, and preventable deaths risk going unseen.

Without **immediate donor action to restore and scale integrated food security and nutrition assistance**, famine-like conditions are expected in multiple districts by early 2026. Timely funding in the next **three to six months** can still prevent mass loss of life, protect recent humanitarian gains, and stabilize the most at-risk communities.

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People still remember when they didn't know where their next meal would come from. The fear is that we are returning to this dark chapter again.

Caroline Sekyewa, IRC Yemen Country Director

Crisis Overview: A Rapidly Worsening Outlook

Yemen ranks as one of the most food-insecure countries globally. However, what distinguishes the current crisis is its **speed and trajectory**. IPC analysis indicates a surge in people facing emergency food insecurity,¹ with the country now carrying the **highest burden of IPC Phase 4 globally**². Pockets of famine affecting over 40,000 people are also expected in four districts within the next two months – **the worst outlook for the country since 2022**.

Assessments conducted by the IRC in **Taiz, Al Dha'e, Abyan and Al Hodeidah** in August 2025 back up these indicators, revealing that half of all households with children under five had at least one malnourished child during the previous three months, while 1 in 4 households had at least one malnourished pregnant or breastfeeding woman. Cumulatively, **nearly 97% of respondents cited food security as their number one need**. Families are resorting to crisis, and increasingly, emergency-level coping strategies, with 1 in 2 respondents borrowing food, taking on more debt, begging, skipping meals and selling off assets to survive.

Years of conflict and displacement have contributed to these conditions, destroying livelihoods and limiting access to basic health and nutrition services. **Despite efforts over the years to address drivers of food insecurity, rising food prices, currency depreciation, and economic fragmentation are pushing millions more to the brink**. Climate shocks have become the new normal, with droughts and floods destroying farmland which many Yemenis rely on for their livelihoods, while poor natural resource governance fails to drive investment in critical water and agricultural infrastructure.

¹ The IPC Acute Food Insecurity (AFI) scale classifies food insecurity into five phases. Phase 4 (or emergency-level) indicates very high levels of acute malnutrition driven by widespread loss of access to food. Negative and often irreversible coping strategies (ie. selling assets, taking out loans, skipping meals, etc.) are employed to ensure basic food needs are met.

² [IPC INFO Dashboard](#).

Those who will face severe hunger first are often displaced, marginalized and low-income families. Women and girls are especially at risk. Safeguards put in place to help them restore their lives after past crises – food and cash assistance, mobile health teams, surveillance systems – are deteriorating and are now insufficient to prevent a relapse of famine-like conditions experienced in 2017 and 2022.

Key Nutrition Challenges (IRC Assessment - Sept 2025):

- 1. Insufficient and poor-quality food due to high prices and low incomes**, limiting access to a diverse and nutritious diet *(reported by 40% of households)*.
- 2. Widespread lack of awareness about malnutrition causes and consequences**, leading to preventable cases of malnutrition and delayed treatment.
- 3. Limited access to health services due to long distances**, high transportation costs and limited malnutrition programs, particularly in remote areas *(reported by 60% of households)*.

What is Driving the Crisis?

1. Funding collapse

Food insecurity is surging hand-in-hand with unprecedented humanitarian funding cuts in 2025. While Yemen has weathered funding fluctuations before, the current contraction is historic in scale - with less than 25% of the Humanitarian Needs and Response Plan (HNRP) funded as of December 2025 - **the lowest levels of funding in a decade**. As a result, critical nutrition and food security pipelines have been heavily disrupted, removing the last safety net for millions of people.

2. Economic shock

In addition to the impact of the sharp aid cuts, this shock also coincides with severe economic decline across the country. Currency depreciation, inflation, reduced remittances, and banking disruptions have **sharply eroded purchasing power in a country that imports most of its food**. Even households that briefly stabilized after the 2022 truce are now resorting to crisis-level coping strategies such as skipping meals and selling productive assets.



*I work herding goats or running errands for people, just so I can buy bread or flour. But price increases don't allow even that anymore. **Now our main source of food is the milk our goats produce.***

Ghuzlan Ali, an 18-year-old mother with a child suffering from SAM in Al Dhale'e

3. Climate change and infrastructure breakdown

Yemen ranks as the world's third most climate-vulnerable country, a reality which directly affects millions of people's access to food. **Flooding in August 2025 affected nearly half a million people, destroyed homes, farmland, water systems and health facilities** across 20 governorates.³ With temperatures set to rise by up to 3.3°C in the next 40 years, these climate shocks are becoming the new normal,⁴ damaging vital crops, livestock and fisheries as well as critical infrastructure such as shelters, roads, irrigation and sewage systems. The importance of natural resources for sustaining livelihoods and food production amplifies the effect of climate shocks on food insecurity,⁵ particularly in the climate vulnerable governorates of Al Dhale'e, Taiz, Shabwah and Al Hodeidah.⁶ Amid deepening food insecurity, the most vulnerable will be forced to flee in search of safety and better economic prospects, driving increased displacement and humanitarian needs in 2026.

4. Fragmented governance

The ongoing conflict has eroded state capacities to enforce laws regulating land, water and natural resource management, making **fragmented governance a core driver of Yemen's persistent food insecurity**. Endorsement of multiple global agreements on climate action and sustainable food systems have failed to translate into action,⁷ with fractured governance, resource constraints and a lack of technical capacity limiting implementation. This also results in a lack of access to international climate finance - **Yemen receives 80 to 90 percent less climate finance⁸ than the average for countries with the lowest climate vulnerability despite high needs**. An institutional vacuum has fueled unsustainable practices such as over-extraction of scarce groundwater and unregulated land use, while stalling investment in critical agricultural and water infrastructure. Low productivity and a lack of climate-smart frameworks have left most of Yemen's population, who depend on agriculture for their livelihoods, highly exposed to shocks.

Humanitarian Response

1. Impacts of funding cuts on affordable and accessible nutrition services

Following the withdrawal of Bureau of Humanitarian Affairs (BHA) funding in March 2025, **IRC's ability to reach people with nutrition assistance in areas under the control of the Internationally Recognized Government of Yemen (IRG) fell by 63% within one year**. Health facilities closed, mobile teams were overstretched, and children stopped visiting health clinics not because malnutrition declined, but because services disappeared.

³ [UNFPA Yemen Sitrep July 2025](#).

⁴ [Norwegian Institute of International Affairs Yemen Factsheet](#).

⁵ Over 80% of respondents considered natural resources as essential for sustaining their livelihoods in a study conducted by the European Institute of Peace (EIP), across nine governorates. [European Institute of Peace](#)

⁶ IRC Assessment, Sept 2025.

⁷ Yemen has ratified the UN Framework Convention on Climate Change (UNFCCC) (1992), Kyoto Protocol (2004) and has endorsed the Paris Agreement (2015). Yemen has also established Action Plans on Biodiversity, Desertification, Agricultural and Natural Resources Management and a National Strategy for Environmental Sustainability.

⁸ [World Bank Country Climate and Development Report](#)

Public Health Consultations (PHCs)—a key proxy for access to health services and referrals to nutrition programs—reveal a stark shift in care-seeking. Over a six-month period, April–September 2024, 60% of IRC’s consultations took place at health facilities (HFs) and 40% through Mobile Health Teams (MHTs). Over the same period in 2025, this trend reversed: MHTs accounted for 64% of consultations, while HF use fell to 36%, reflecting **a 25% drop in access to fixed health facilities**. This shift occurred alongside a sharp overall decline in consultations due to service closures and barriers—particularly **distance, limited access to modes of transportation, and affordability**—preventing communities from accessing essential care at primary health facilities, forcing patients to rely on limited services closer to home.

These challenges are compounded by bureaucratic impediments, including administrative restrictions, delays in approvals, and movement constraints, which **further limit humanitarian access** and disrupt the ability of organizations to maintain, scale, or deliver timely health and nutrition services where needs are greatest.

From Recovery to Relapse: Aisha’s story

Aisha*, a 28-year-old mother from a rural village in Al-Dhale'e Governorate, Yemen, had fought hard to nurse her one-year-old son, Ahmed*, back to health after he was diagnosed with Severe Acute Malnutrition (SAM). Following months of treatment under the IRC's nutrition program, Ahmed regained his strength and weight. As part of Ahmed's post-treatment support plan, Aisha was set to receive cash assistance to purchase nutritious food for Ahmed. However, just as she began planning her food purchases, the program was abruptly terminated due to the US withdrawal of funding. The impact has been immediate and devastating. Due to her family's low income, and now without assistance, she was forced to revert to serving Ahmed meals made up mostly of rice and bread—foods that are cheap but lack the vital nutrients needed to sustain Ahmed's recovery. As a result, it is very likely that his condition will regress back to one of acute malnourishment.

2. The Severity of Needs

In 20 districts, across 7 governorates (Aden, Lahj, Taiz, Al Dhale'e, Abyan, Shabwa, Al Hodeidah) where IRC had to withdraw or severely shrink nutrition programming due to funding cuts, **levels of food insecurity have climbed on average by over 7 percent, with over 148,000 people moving into crisis or worse levels of food insecurity in 2025 alone.**⁹ The situation is particularly critical in the districts of Hays, Al Khukhah, Mocha and Mawza, in the South Hodeidah and Taiz lowlands, where the rate of general acute malnutrition (GAM) risks further deterioration without urgent support to restart nutrition interventions.

3. Key Gaps and Risks

Despite the severity of the crisis, the nutrition response remains gravely underfunded leaving millions of people without life-saving support.¹⁰ This means **pipelines of nutrient-rich peanut**

⁹ Data extracted from IPC AFI analyses in 2024 and 2025.

¹⁰ The Nutrition sector is funded 9% funded as of Dec 2025.

pastes used to treat the most severe forms of malnutrition are running empty; cash assistance to allow families to provide their children with a diverse diet will be discontinued; and mobile teams which screen communities for malnutrition in the least accessible areas will cease their operations.

Weakened food security and nutrition surveillance – particularly the absence of population-based surveys - is obscuring the true magnitude of hunger. As funding gaps shut down monitoring systems, needs go unrecorded, response funding is not triggered, and preventable deaths go unseen, creating a self-reinforcing cycle of neglect.

Calls to Action

Yemen's food security crisis is not inevitable. It is the result of solvable policy and funding decisions. Immediate, targeted donor action in the coming months can prevent widespread loss of life, protect children's futures, and stabilize communities before emergency conditions escalate further. **It is not too late to prevent an even greater tragedy.**

Donors should:

1. **Restore and scale integrated food security and nutrition funding**, prioritizing IPC 4 hotspot districts and governorates where services have collapsed to prevent famine-like conditions from taking hold.
2. **Fully fund lifesaving nutrition** treatment for children and pregnant and breastfeeding women, including uninterrupted supply of Ready to Use Therapeutic Food (RUTF) and Ready to Use Supplementary Food (RUSF) and the reopening of closed treatment sites.
3. **Re-establish joint food security and nutrition surveillance systems** by funding IPC analyses, SMART surveys, and monthly food security and market monitoring to enable early warning and rapid response.

In parallel, donors and development partners should:

1. **Improve access to climate adaptation finance and invest in climate-resilient livelihoods and early recovery**, including social transfers, agricultural recovery, and disaster risk reduction in highly climate-vulnerable districts.
2. **Support economic stabilization measures** that protect household purchasing power, including market functioning and basic service restoration.
3. **Strengthen local civil society organizations** that work with climate-smart food and water security initiatives.

Yemeni Authorities should:

1. **Facilitate safe, principled, and unhindered humanitarian access**, protect humanitarian workers, and enable the continuity of lifesaving operations.
2. **Support local mechanisms for land, water, and natural resource governance** to reduce conflict and protect livelihoods.

3. **Prioritize economic relief efforts**, including resuming public-sector salary payments, restoring banking operations and continuing to curb currency depreciation, to ensure families can afford their basic needs.