

Briefing Note – 27 March 2017

YEMEN

Food Security and Nutrition



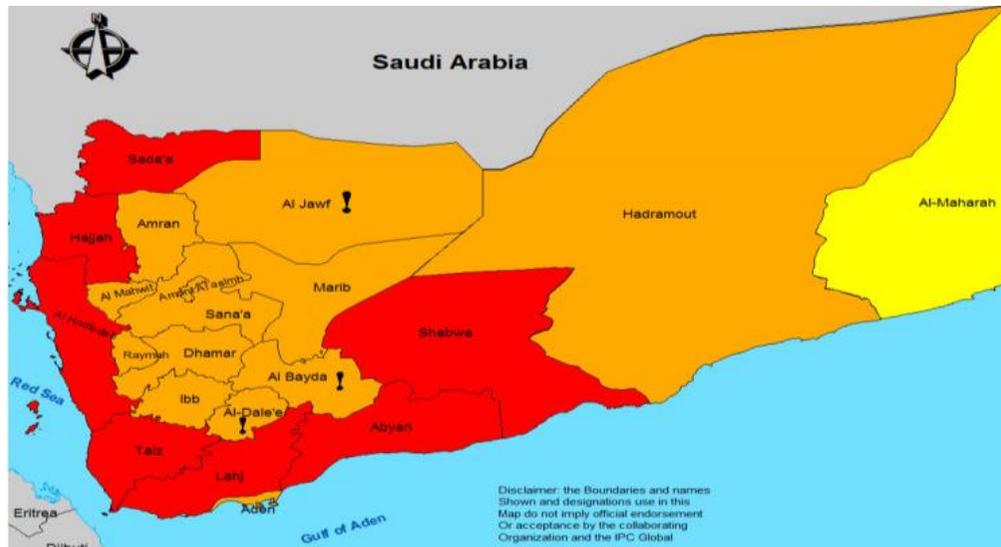
Need for international assistance	Not required	Low	Moderate	Significant	Major
					X
Expected impact	Very low	Low	Moderate	Significant	Major
					X

Crisis overview

The UN has warned that Yemen is at risk of falling into famine if the international community does not take immediate steps to address the severe food and nutrition crisis. 6.8 million people (25% of the population) are facing Emergency (IPC Phase 4) levels of food insecurity, only one phase before the declaration of famine. A further 10.2 million (38% of the population) are facing Crisis (IPC Phase 3). The population in Crisis and Emergency has increased by 20% compared to June 2016.

Projected food insecurity in Yemen, March–July 2017

(See page 8 for full map)



Key findings

Anticipated scope and scale Without a significant upturn in the food security situation, 6.8 million people are in danger of falling into famine, and 10.2 million people are at risk of falling into IPC Phase 4.

- Priorities for humanitarian intervention**
- **Food security** is rapidly deteriorating and the situation is now close to famine, with 17.1 million people in need of urgent life-saving assistance.
 - **Nutrition** levels are critically low, particularly in the west and south of the country. 4.5 million people need assistance to treat or prevent malnutrition, including 2.2 million children suffering from acute malnutrition, 462,000 of whom are suffering from severe acute malnutrition (SAM).
 - **Health** services severely weakened by conflict are struggling to provide treatment for malnutrition, feeding centres are under-resourced. Cholera, diarrhoea, measles, malaria and other diseases are present, and treatment is often unavailable and hard to access due to widespread damage to infrastructure and insufficient medical supplies coming into the country.

- Humanitarian constraints**
- Damage to infrastructure is severe and widespread, and therefore many areas are difficult to access, particularly in the south and west where humanitarian needs are the most severe. Humanitarian workers face insecurity and movement restrictions.
 - Getting a sufficient amount of aid into the country is very challenging due to the blockade on imports and conflict in port areas, as is the distribution of aid once it has entered the country.

Limitations

This report focuses only on needs related to food security and nutrition. Access to and therefore information availability on many areas is severely limited, particularly those hit hardest by fighting such as al Mokha and al Hudaydah; deaths/casualties are underreported and it is difficult to track the severity of diseases such as cholera and dengue.

Crisis impact

22 March marks two years since the first escalation of conflict in Yemen. At the end of 2016, it was estimated that 18.8 million people (70% of the population) were in need of humanitarian assistance, including 10.3 million (38%) in acute need. Food access is the most pressing need, as many companies have stopped importing food to Yemen as the government has insufficient funds to make payments, exacerbating food insecurity (FEWS NET 01/03/2017). Other priority needs are nutrition, health, WASH, and protection. Humanitarian needs are most severe in the west and south, where fighting has been concentrated. These areas, as well as the northeast, have largely been controlled by al Houthi–Saleh forces, although the south is now under the control of Hadi forces, and have been heavily targeted by the Saudi-led coalition's airstrikes in support of President Hadi.

The economic crisis has undermined income opportunities, while prices have increased. As a result households are increasingly unable to meet their basic needs. Low levels and blockages of imports as well as damage to infrastructure have led to a scarcity of essential goods (WFP 15/03/2017). Conflict has led to economic crisis, meaning that much of the population cannot afford to purchase food available through local markets. As a result of economic deterioration, the government has failed to pay public sector salaries to 1.2 million workers since August 2016 and suspended social safety net programmes, affecting more than 7 million people (OCHA 08/02/2017; FEWS NET 01/03/2017). The country's infrastructure has been devastated by airstrikes, primarily in the south and west.

A de facto blockade on goods coming in and out of the country by air and sea has had a devastating effect on the economy as a whole and food security specifically. Prior to the conflict, Yemen was already in a protracted crisis situation, characterised by widespread poverty, poor governance, and weak rule of law.

Food security

17.1 million people are food insecure, which is equivalent to over 60% of the Yemeni population, and require urgent humanitarian assistance. Among those, approximately 10.2 million people are in IPC Phase 3 'Crisis' and 6.8 million are in IPC Phase 4 'Emergency'. Nationwide, the population in IPC Phases 3 and 4 has increased by 20% since the last IPC assessment was conducted in June 2016, highlighting continuing deterioration (FEWS NET 01/03/2017). Seven governorates are in IPC Phase 4: Lahj, Taiz, Abyan, Sa'ada, Hajjah, Al Hudaydah, and Shabwah. 13 governorates are in IPC Phase 3: Aden, Amran, Dhamar, San'a Governorate, San'a City, Ibb, Marib, Raymah, Al Mahwit, Hadramout, Al Jawf, Al Dale'e and Al Bayda (FEWS NET 01/03/2017). Only two

governorates in the far east of the country are not affected by food insecurity – Soqatra and al Maharah.

Food insecurity in Yemen is driven by three key factors: scarcity of basic commodities on the markets due to trade constraints and insecurity, high prices of essential commodities that are available, and low income opportunities of the population at large.

The Saudi-led coalition has implemented a de facto blockade on the movement of goods, including food, in and out of the country since the beginning of the conflict, as a means to control the flow of weapons to al Houthi fighters. Yemen is a net-food-importing country and highly reliant on imports for its two main staples – wheat and rice. More than 90% of food staples were imported pre-crisis (OCHA 23/11/2017). Imports have deteriorated further in recent months due to heavy conflict in port areas such as Taiz and al Hudaydah, causing imports to be very low since August 2016 (WFP 23/02/2017). Market monitoring has shown that the availability of goods has significantly decreased over the last three months (WFP 15/03/2017).

Prior to the conflict, 60% of households practiced agriculture on a small scale (crop and livestock production) and considered it a main source of income, with households selling crops to pay for basic needs such as chase imported staple foods. The conflict has caused significant disruptions to in-country food production. Annually, agricultural production contributes 25-30% of the country's food requirements. The southern uplands and the western coast are the core areas for production of sorghum, millet, vegetables, fruits and other cash crops and they are among the most conflict-affected areas. Scarcity and therefore high prices for fuel have increased the costs of irrigation, transportation, and marketing of agricultural products, and increased prices. Low availability of agricultural inputs has significantly diminished agricultural output which is now minimal.

Widespread displacement, market disruption, and currency devaluation have also contributed to reduced output (FEWS NET 01/03/2017). Fishing is also a key food source among coastal communities in the Red and Arabian Sea areas. Due to conflict the majority of fishermen lost their fishing capital such as boats and nets and essential infrastructure has been damaged. In the hardest hit areas production has completely stopped, and this may expand further along the western coast.

Reduced agricultural output has diminished income opportunities for the 60% of the population reliant on agriculture for their livelihood. Food and commodity prices continued to escalate in February 2017. The cost of the minimum food basket stood at 31% higher than the pre-crisis period, driven by low imports and a reduced level of informal cross border overland import of commodities (WFP 15/03/2017).

Table 1: Governorates and Percentage of Population in IPC Phase 4

Governorate	Total Population (CSO projection 2017)	IPC Level	Population in IPC Phase 4	% of Total Population
Lahej	983,000	4	442,350	45%
Taiz	3,182,000	4	1,113,700	35%
Abyan	568,000	4	255,600	45%
Sa'ada	1,078,000	4	485,100	45%
Hajjah	2,129,000	4	958,050	45%
Al Hudaydah	3,189,000	4	797,250	25%
Shabwah	632,000	4	252,800	40%
Al Jawf	589,000	3!*	88,350	15%
Al Dale'e	720,000	3!*	129,600	18%
Al Bayda	760,000	3!*	129,200	17%

3!* Indicates that this governorate is in danger of falling into IPC Phase 4, and would likely do so without current food assistance levels.

Source: FEWS NET 01/03/2017.

Nutrition

Around 4.5 million people require services to treat or prevent malnutrition, of whom 4 million are in acute need (OCHA 23/11/2016). The prevalence of acute malnutrition has been rising in recent years, but has peaked in the last two years. An estimated 462,000 children – an all-time high - are suffering from Severe Acute Malnutrition (SAM), almost a 200% increase since 2014. In addition, at least 1.7 million children and 1.1 million pregnant and lactating women are suffering from moderate acute malnutrition (MAM). Saa'da, Al Hudaydah, Taiz, Hajjah, and Lahej are among the worst affected governorates (OCHA 23/11/2016).

As of 1 March, four out of 22 governorates have Global Acute Malnutrition (GAM) prevalence above the WHO critical threshold of 15%: Abyan, Taiz, Al Hudaydah, and Hadramout. Seven governorates have GAM levels of 10-14.9% and eight 5-9.9% (FEWS NET 01/03/2017). Surveys have been conducted on eight governorates since August 2015, and GAM rates as high as 31% were reported in some districts of al Hudaydah (OCHA 23/11/2016).

Poor food security, high level and long-term displacement, and the presence of diseases such as malaria, measles, and diarrhoea have exacerbated the impact of malnutrition. In addition, chronic malnutrition has been an issue in Yemen since long before this escalation in conflict, and has been exacerbated by the lack of access to food, and poor availability of treatment for malnutrition and related diseases.

Health:

Food insecurity and malnutrition increases susceptibility to diseases and infections, and the health sector is ill-equipped to manage disease outbreaks. An estimated 14.8 million people lack access to basic healthcare, including 8.8 million people living in severely underserved areas (OCHA 23/11/2016). Around 55% of the population cannot access services to treat malnutrition and related diseases.

Cholera: Since the cholera outbreak began in October 2016, there has been a total of 22,181 suspected cases, including 103 associated deaths countrywide. The case fatality rate is 0.45% (WFP 07/03/2017). The trend of suspected cholera cases per week appears to be in decline in most areas, but the poor state of the healthcare system makes it very difficult to track and verify cases. It is likely that the number of cases is much higher than reported.

Dengue is present in at least 13 governorates, and continues to spread due to the favourable climate and lack of medicines (Middle East Monitor 21/10/2016).

Measles: At least four outbreaks of measles have been declared since January 2016 in Hadramaut, Sa'ada, Amran and Al Maharah (Health Cluster 31/12/2016). A study conducted in July 2016 suggested that vaccination rates against measles and rubella may have fallen to as low as 41%, well below the herd immunity threshold (The Lancet 07/2016).

WASH

Poor sanitation and unsafe drinking water cause diarrhoeal diseases, which can inhibit nutrient absorption and therefore worsen malnutrition. An estimated 14.4 million people require assistance to ensure access to safe drinking water and sanitation, 8.2 million of

whom are in acute need. Needs are most acute in Taiz, Al Jawf, Hajjah Sana'a and Marib governorates, particularly in urban areas, which are particularly affected by food insecurity and malnutrition.

Access to safe drinking water is a major priority need for both IDPs and host communities. Issues include high prices, poor quality and long distances to water sources (OCHA 23/11/2017).

Outlook

Without immediate suspension of the blockade and a significant increase in the level of humanitarian assistance, food security is likely to deteriorate further, especially in governorates with active conflict such as Taiz and al Hudaydah. Following the escalation of fighting around al Hudaydah port, there are concerns that access to the port will be further restricted and commercial shipping to the port will be stopped. This would negatively affect the delivery of humanitarian supplies in to the north, aggravating food insecurity and malnutrition further (WFP 15/03/2017).

Agricultural production for the following season will be impacted, as planting of most crops occurs over March–June, and agricultural inputs are unavailable or inaccessible to the majority of the population (FEWS NET 01/03/2017).

Fighting is likely to continue for the foreseeable future as a political agreement to end the conflict has not been reached, and there is little prospect of a military victory by any party.

Vulnerable groups affected

Children: Children are particularly vulnerable to malnutrition, particular those under 5. It can result in long-term effects such as poor physical and mental development, stunting, and wasting. At the end of 2016, malnutrition among children in Yemen is at an all-time high (UNICEF 12/12/2016).

IDPs and returnees: An estimated total of 3.3 million people have been displaced since the start of the conflict, of which 2 million remain displaced as of January 2017. The food security and nutrition status of displaced persons is worse than non-displaced (FEWS NET 01/03/2017). According to the recent Emergency Food Security and Nutrition Assessment, the prevalence of households with poor Food Consumption Score (FCS) is higher among IDPs (38.6%) than it is among refugees (30.5%) and non-IDPs (26.6%) (EFSNA 26/01/2017). The majority of IDPs have lost or sold their livelihood assets and have limited opportunities for employment and other forms of income generation, which severely compromises their access to food and therefore their nutritional status (OCHA 27/01/2017).

Population in al Houthi held areas: Al Houthi-Saleh held areas are most severely affected by the conflict due to air and drone strikes by the Saudi-led coalition and landmines used by al Houthi forces (Human Rights Watch 08/09/2016). Fighting and infrastructure damage means that it is difficult to transport food and aid around these areas and as a result they are facing mounting shortages of much needed food and assistance (OCHA 10/03/2017).

Migrants and refugees: Despite the conflict, 111,000 migrants and refugees arrived in Yemen in 2016 (UNICEF 25/02/2017). These groups are highly vulnerable and have very limited resources and access to food.

Humanitarian and operational constraints

Ongoing conflict and damage to roads, bridges and other critical infrastructure is restricting the movements of humanitarian workers, and creating difficulty in procuring and transporting the necessary food and other assistance.

Infrastructure damage is causing delays at ports and ongoing fighting in surrounding areas is making it extremely difficult for aid organisations to import enough food, medical supplies, and other goods to meet needs (The Independent 01/03/2017). Save the Children has reported that in the first two months of 2017 the organisation was forced to redirect three shipments carrying medical supplies for up to 300,000 people coming in to the port of Al Hudaydah due to conflict in the area, delaying their arrival by up to three months. (The Independent 01/03/2017).

Air travel has been severely restricted by the Saudi-led coalition. The UN is permitted to fly goods in to Aden only once per week as of March 2017. (USAID 13/03/2017).

Aggravating factors

Economic crisis

Yemen is experiencing an economic crisis which is aggravating all dimensions of food security, especially availability and access. Oil and gas exports declined by 86% in 2015 caused by a drop in foreign exchange reserves, destabilising the Yemeni riyal, which continues to depreciate (FEWS NET 01/03/2017). In September 2016 President Hadi announced a move of the Central Bank from al Houthi-Saleh controlled capital, Sana'a, to the government's temporary base, Aden, on the southern coast (International Crisis Group 29/09/2017). This move worsened the pre-existing liquidity crisis, and marked a significant economic downturn for the whole country. By December 2016, the average exchange rate on the parallel market reached YER 315/USD, while the official rate stood

at YER 250/USD (WFP 01/12/2016). Continued depreciation of the currency gravely affects the country's ability to import basic items and increases the price of staple goods, affecting availability and therefore price of food commodities.

Pre-existing instability

Prior to the conflict, Yemen was already one of the Arab world's poorest countries and was facing challenges on several fronts – governance was very weak, more than 50% of the Yemeni population was living under the national poverty line, population growth was high, urban-rural imbalances were high, food and water were scarce, female illiteracy was very high, and the economy was weak (World Bank 01/10/2016). WASH needs were also high prior to the conflict, as Yemen is the world's seventh most water-scarce country, however both the number of people in need and the severity of needs increased over the crisis period (OCHA 23/11/2017).

Contextual information

Drivers of the current conflict

The Yemeni crisis began in 2011 with an uprising against President Ali Abdullah Saleh who had led the country for more than two decades. Saleh left office in 2012 as part of a mediated agreement between the government and opposition groups led by Saleh's former vice president, Abdrabbuh Mansour Hadi. Hadi became president but struggled to unite the country and to fend off threats from Al Qaeda in the Arabian Peninsula (AQAP). Al Houthi fighters, a group that had been waging a protracted war in the north of the country for years, began advancing in the south (BBC 14/10/2016). In February 2015, al Houthis, in alliance with Saleh, declared that they had taken control of the government, dissolved parliament and installed an interim revolutionary committee. Hadi fled to Aden, which he declared the temporary capital. He continues to operate as the legitimate president (BBC 14/10/2016).

Hadi government and pro-government forces

The president and his allies control the eastern region and much of the south, although AQAP are present in pockets of the south (ECFR 02/2017). The Yemeni army is deeply divided, but several units are loyal to and fighting on behalf of Hadi. Support among the rest of the population is limited. Pro-government forces aim to re-take control of al Houthi controlled areas with Operation Golden Arrow launched in January 2017 (Stratfor 09/01/2017). As of the beginning of March pro-government forces have recaptured at least 75km of coastline, including the ports of al Mokha and Dhubab and continue to advance (Doha Institute 09/03/2017).

Saudi-led coalition

This is a coalition that began airstrikes in support of Hadi in March 2015. It is made up of the UAE, Kuwait, Bahrain, Qatar, Senegal, Jordan, Morocco, Sudan, and Egypt. An estimated 10,000 troops have also been deployed. The coalition has enforced naval and air blockades. Saudi Arabia is thought to have significant influence on the Hadi government (International Crisis Group 09/02/2016)

Several international actors including the US, UK and France have been supplying weapons to the Saudi-led coalition, which have been used in unlawful airstrikes. Additionally, they have been training pilots and facilitating aircraft refuelling. The US has been conducting raids, air and drone strikes against AQAP (Human Rights Watch 23/12/2017; Critical Threats 27/12/2016).

Al Houthi-Saleh alliance

Saleh and the al Houthi forces are aligned, although the relationship is fractious (Al Monitor 04/01/2017). Al Houthi forces (about 20,000–30,000) control the capital and most of the west of the country. Saleh is closely affiliated with the General People's Congress (GPC) political party. Combined, they established a new government and assigned Abdul Aziz Bin Habtoor as the head. Factions of the Yemeni army are loyal to Saleh/al Houthis, and include members of the former Republican Guard (Chatham House 25/05/2016)

Iran

Iran is supporting the al Houthi movement with weapons and military advisors, and is thought to have increased support since February 2017. However, Iran officially rejects accusations of material support. (Reuters 22/03/2017).

Al Qaeda in the Arabian Peninsula (AQAP)

AQAP, based in the south and east, has grown in strength in recent months and is the main target for US air and drone strikes. AQAP did exist in Yemen before the conflict began, but had limited local appeal and focused primarily on Western targets (International Crisis Group 02/02/2017). They have capitalised on the power vacuum created by fighting between Hadi/pro-government forces and the al Houthi-Saleh alliance (Critical Threats 27/12/2016). They have, at times, controlled territory in the south, due to their ability to work within local norms and form alliances with Sunni allies. AQAP are ideologically opposed to the Houthis (International Crisis Group 02/02/2017).

Islamic State (IS)

IS has a small presence in Yemen and has also profited from the security vacuum. They are based in the south, although fighters carry out attacks in different parts of the country. In 2016 only two cells claimed attacks, although it had eight active cells in 2015 (Stratfor 14/03/2016). IS has been less successful than AQAP in gaining territory and support (International Crisis Group 02/02/2017).

Key characteristics

- **Demographic profile:** The estimated population of Yemen is 27 million (WHO 23/03/2017). Of this, 18.8 million are in need of assistance. An estimated 54% are living under the national poverty line (AI Monitor 06/01/2017)
- **WASH:** 54.9% of the population have access to improved water sources (World Bank 2012).
- **Health:** Life expectancy at birth is 63.8 (World Bank 2014); the under 5 mortality rate is 41.9 per 1,000 live births; the infant mortality rate is 33.8 per 1,000 live births; the maternal mortality rate is 385 per 100,000 live births (World Bank 2015).
- **Literacy:** The literacy rate varies significantly for men and women; in 2015 the literacy rate for women stood at 54.8%, and for men at 85% (World Bank 2015).
- **Cooking sources:** Gas is the most commonly used cooking fuel, but has become scarce and expensive (WFP 15/03/2017).

Response capacity

Local and national response capacity

Yemen has long been a fragile state: central authority has always been weak, and therefore the national capacity for humanitarian response is extremely low. National actors have less capacity to navigate challenges such as blockades and travel bans than large international organisations.

International response capacity

The UN has called Yemen one of the worst hunger crises in the world and called for USD 2.1 billion to address the crisis. As of 16 March 2017, only 7.7% of the required funding

has been raised (OCHA 16/03/2017). In 2016 humanitarian response was significantly underfunded, with only 60.5% of the requested USD 1.63 billion reached by the year's end. The US, UK, Saudi Arabia, Germany and the EU made the largest contributions (OCHA 25/01/2017). However, with famine declared in South Sudan and severe food security crises in Nigeria and Somalia, it is likely that there will be fewer resources available for this crisis (Reuters 16/02/2017).

The UN has a strong presence in the bigger cities in Yemen, as do most large INGOs, but access to more remote communities and heavily conflict affected areas is much more difficult. Several international actors are engaged in projects to enhance the capacity of local actors on the ground (ACTED 24/11/2016; UNDP 10/11/2017).

Population coping mechanisms

The use of negative coping strategies is widespread. More than 60% of households are employing negative consumption-related coping mechanisms, such as eating less preferred foods, reducing portion size or skipping meals altogether (FAO 10/02/2017). More than 80% of Yemenis are in debt, and more than 50% of households are buying food on credit. Those with assets remaining are selling them off in order to generate money for food. However, this coping strategy is quickly exhausted and exacerbates long-term poverty (Reuters 16/02/2017).

Information gaps and needs

- There is very limited access to some areas of the country meaning that up-to-date information on the severity of needs is not always available, making it even more difficult to appropriately plan humanitarian response. In particular, gender-sensitive needs assessments are very difficult to carry out.
- Virtual collapse of the healthcare system means that it is very difficult to understand the extent of malnutrition and the prevalence of certain diseases such as cholera, dengue, measles and others that can have a severe impact on a malnourished population.

