YEMEN: IPC Acute Food Insecurity and Malnutrition Snapshot

Acute Food Insecurity: January - December 2023; Acute Malnutrition: October 2022 - September 2023

IPC Integrated Food Security Phase Classification
Evidence and Standards for Better Food Security and Nutrition Decisions

Overview: Acute Food Insecurity

Despite some improvement in food security, Yemen slides back to increased severe food insecurity starting June.

This Integrated Food Security Phase Classification (IPC) analysis covers 118 districts and areas under the control of the Government of Yemen, for which new food security and nutrition evidence was available. The results show a reduction in the level of food insecurity compared to 2022. However, the number of people facing severe acute food insecurity remains very high and of great concern in majority of the analyzed districts. At the same time, the population with severe needs is projected to increase starting June through December 2023, with Yemen remaining one of the most food-insecure countries in the world. Despite the slight improvement in food security, malnutrition deteriorated further during 2023 compared to 2022. The reported positive developments during the current period (January - May 2023) should, therefore, be viewed as a temporary reprieve as the major drivers of food and nutrition security are projected to deteriorate or remain severe through the end of 2023. The majority of the analyzed districts (102 out of 118) are in IPC Phase 3 or above (3 districts in IPC Phase 4 and 99 districts in IPC Phase 3).

Between January and May 2023, 3.2 million people (one third of the population are in IPC Phase 3 or above (Crisis and Emergency). A total of 781,000 people are in IPC Phase 4 (Emergency), and 2.45 million people in IPC Phase 3 (Crisis). This represents a 23 percent reduction in the number of people in IPC Phase 3 or above compared to the October - December 2022 period, and a 13 percent drop compared to January - May 2022.

Food insecurity is projected to worsen during June - December 2023, with the number of people in IPC Phase 3 or above forecasted to increase by 20 percent (638,500 additional people), reaching 3.9 million (41 percent of the population). Of these, about 2.8 million people are estimated to be in IPC Phase 3 and 1.1 million people in IPC Phase 4. In total, 117 of the 118 districts will be in IPC Phase 3 or above (16 districts in IPC Phase 4 and 101 districts in IPC Phase 3). Thirteen districts are expected to shift from IPC Phase 3 to Phase 4, while 15 districts shift from IPC Phase 2 (Stress) to Phase 3.
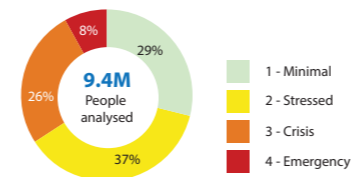
The main drivers of the deterioration include: projected 20 percent shortfall in humanitarian assistance, anticipated increase in food and fuel prices to about 30 percent above the average levels, and continuation of conflict in frontline districts.

Districts projected in IPC Phase 4, Emergency, Acute Food Insecurity | June - December 2023

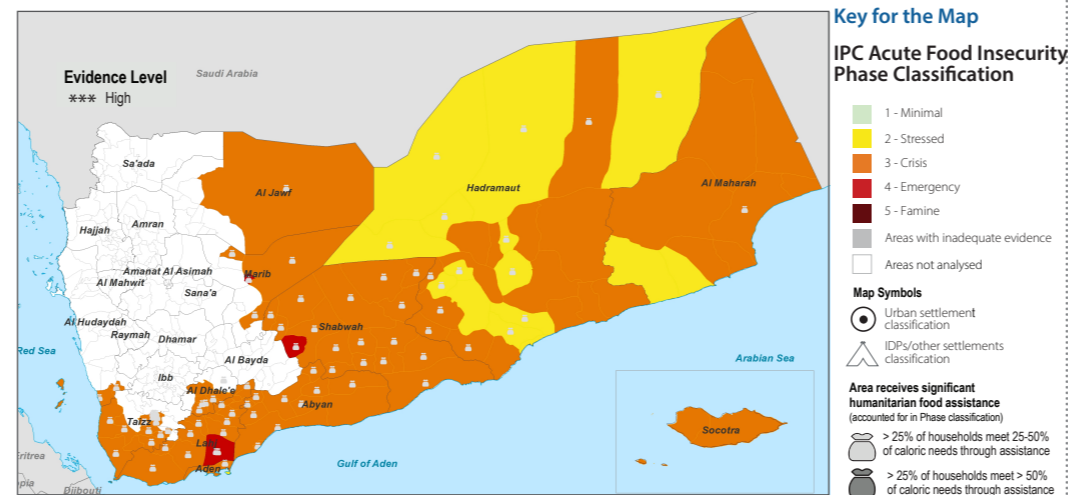## Current Acute Food Insecurity | January - May 2023

3.2M

Over 3.2* million people in Yemen experienced high levels of acute food insecurity (IPC Phase 3 or above) between January and May 2023.

34% of the analysed population of 9.4 million in Yemen are experiencing high acute food insecurity (IPC Phase 3 or above) between January and May 2023.

9.4M People analysed
- 29% — 1 - Minimal
- 37% — 2 - Stressed
- 26% — 3 - Crisis
- 8% — 4 - Emergency

Current Acute Food Insecurity Situation | January - May 2023

Key for the Map

IPC Acute Food Insecurity Phase Classification
- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas with inadequate evidence
- Areas not analysed

Map Symbols
- Urban settlement classification
- IDPs/other settlements classification

Area receives significant humanitarian food assistance (accounted for in Phase classification)
- > 25% of households meet 25-50% of caloric needs through assistance
- > 25% of households meet > 50% of caloric needs through assistance

Acute Malnutrition | October 2022 - September 2023

456,000

Nearly 456,00 children under the age of five in Yemen will likely suffer from acute malnutrition over the course of 2023 and will need treatment. Of these, over 97,000 children are likely severely malnourished.

456,000 Global Acute Malnutrition
- 21% — Severe Acute Malnutrition (SAM)
- 79% — Moderate Acute Malnutrition (MAM)

260,000

Nearly 260,000 pregnant and lactating women are acutely malnourished and in need of treatment.

Current Acute Malnutrition Situation | October 2022 - May 2023

Key for the Map

IPC Acute Malnutrition Phase Classification
- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed

Map Symbols
- Urban settlement classification
- IDPs/other settlements classification

Key Drivers of Acute Food Insecurity

Conflict
Conflict has been the primary driver of acute food insecurity and malnutrition since 2015 when active fighting broke out. However, the 2022 UN brokered truce brought some stability, reduced conflict incidents and access constraints, increased fuel imports and led to the re-opening of Hodeida port. Furthermore, economic activities increased, market functioning and access to humanitarian assistance improved, reducing its negative impacts. Nonetheless, active fighting continues in the frontline districts, leading to increased displacement and disruption of the provision of and access to basic services.

Economic decline:
The loss of foreign exchange earnings following cessation of oil exports, decline of foreign currency reserves, coupled with reduction in remittance inflows and monetization of the fiscal deficit led to the depreciation of the Yemeni Rial (YER) and general economic slow-down. This has decimated household purchasing power and led to modest price increases for essential food and non-food items. However, the external financial support to the government improved the regularity of public and non-public sector wages and salaries in the short-term, which has helped economic activities to improve.

Improved humanitarian food assistance
Food assistance in Yemen is critical in mitigating the severity of food insecurity of the population in need. Because of improved funding in the last quarter of 2022 and increased humanitarian access, there was a relative increase in the level of humanitarian food assistance, both in terms of coverage, frequency and predictability. This led to slight decrease in food insecurity, which nevertheless remained high. Humanitarian food assistance is projected to decline by 20 percent during the projection period which will erase the marginal gains so far achieved.
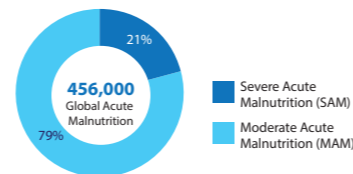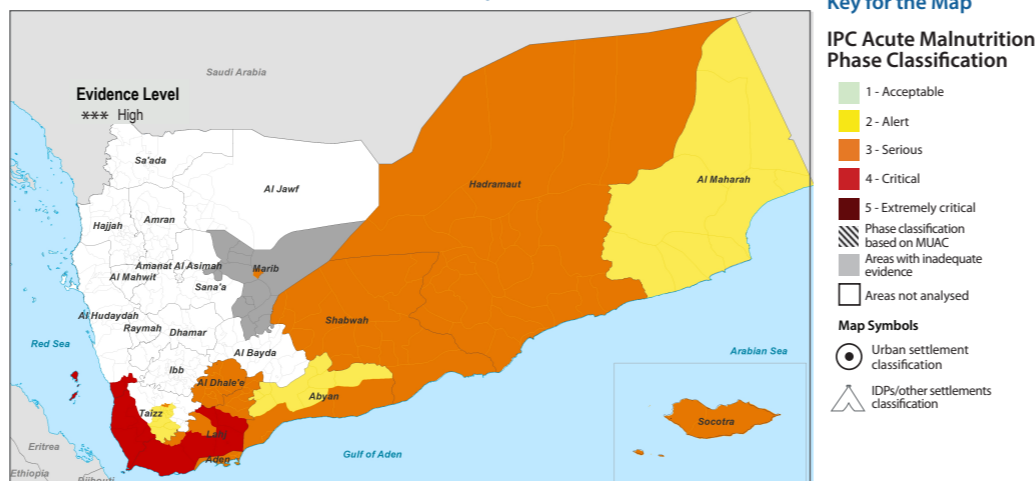
Reduced access to basic services:
The combined effect of inadequate access to health, nutrition, W ASH and other child and maternal health support services, low immunization coverage along with poor child-feeding practices have led to high prevalence of diseases (such as diarrhea, measles, and Acute Respiratory Infections) and consequently elevated acute malnutrition levels. Service delivery on Health, WASH and Nutrition is heavily dependent on humanitarian support given the complete breakdown of the government support system including delay or non-payment of salaries.

Overview: Acute Malnutrition

The worsening acute malnutrition situation in 2023 is expected to lead to an estimated 500,000 children being acutely malnourished, including nearly 100,000 children who are likely to be severely malnourished and up to a quarter million Pregnant and Lactating Women and Girls (PLW&G) acutely malnourished. Child stunting levels are also very high. Critical levels of acute malnutrition (IPC AMN Phase 4) persist in Al Hodeida Southlands, Ta'iz and Lahj Lowlands during the current classification. Acute malnutrition levels are expected to deteriorate further during the projection period, with all 16 analysis zones classified in IPC AMN Phase 3 (Serious) and above, including seven zones in IPC AMN Phase 4 (Critical). Overall, the most vulnerable areas are in lowlands of Abyan, Hodeidah, Lahj, Al Dali and Ta'iz, where wasting for children under five years.

Contributing Factors for Acute Malnutrition

Suboptimal childcare practices
Poor quality of childcare and the high disease burden among children under five demonstrated through frequent exposures to diarrhea, fever, and Acute Respiratory Infection (ARI), continue to affect nutrition status of children in almost all the zones. In nearly two-thirds of the analyzed zones only 2 out of 10 children are exclusively breastfed in the first six months of life. Infant and young child feeding (IYCF) practices directly affect the health and nutritional status of children.
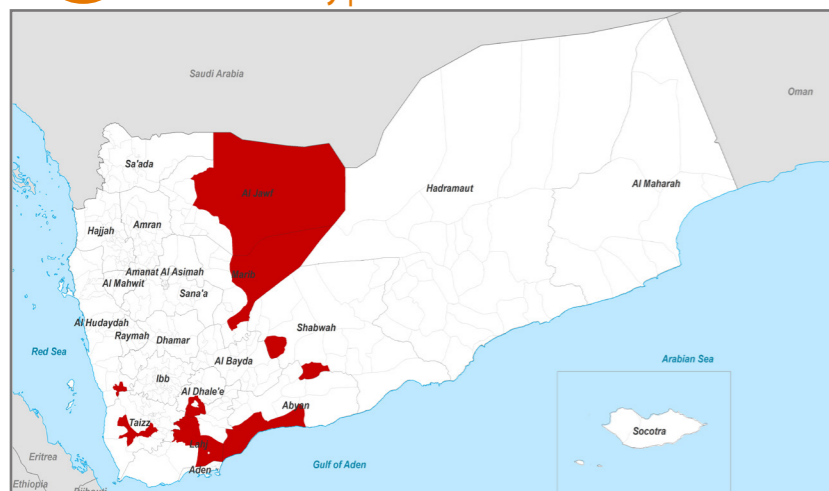
Morbidity
The outbreak of measles since 2022 continues to compromise the nutrition status of the most vulnerable since it is strongly associated with acute malnutrition among children under five. In the first eight weeks of 2023, a total of 2,810 suspected measles cases have been reported with 27 deaths . This is a significant increase compared to the 1,396 measles cases reported during the first 12 weeks of 2022 with 13 deaths.
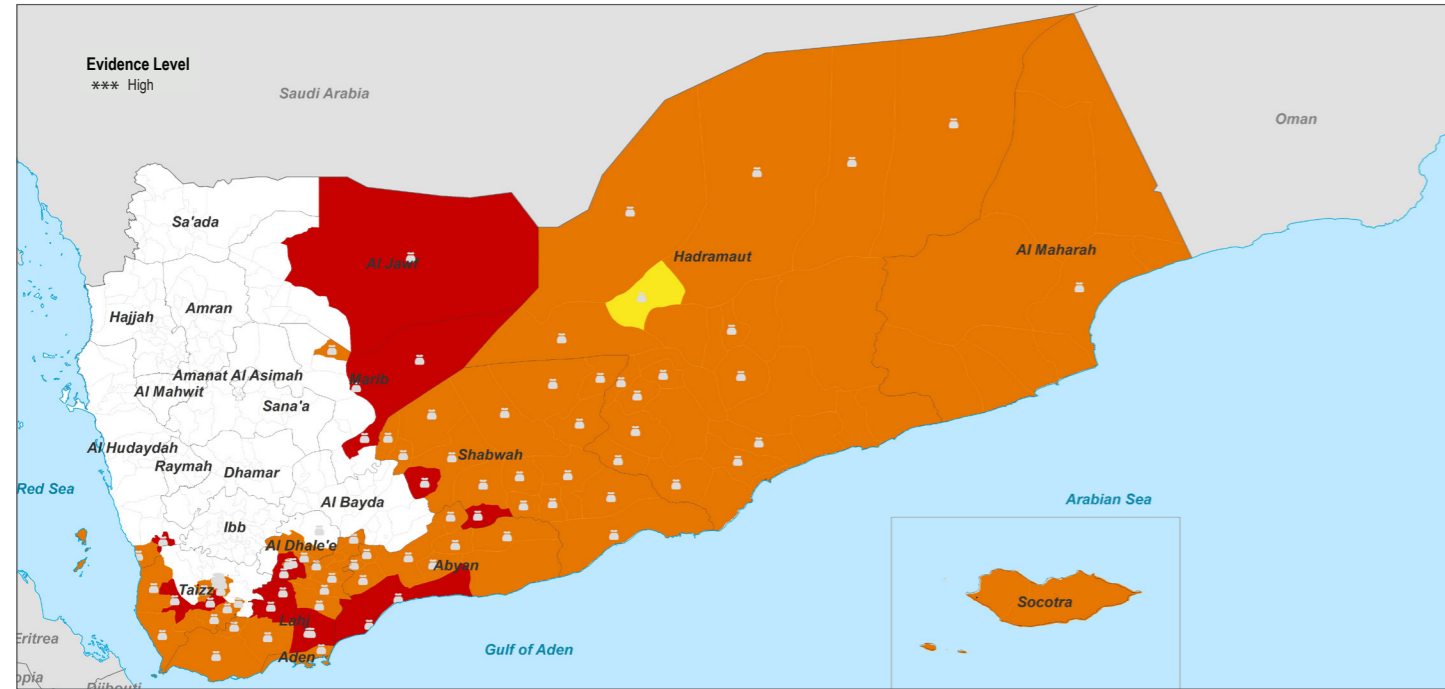
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Projected Acute Food Insecurity Situation | June - December 2023

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Evidence Level
*** High

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Recommended Actions

Peace solution

Being the key driver of food insecurity and malnutrition, an end to the conflict is a prerequisite for durable solutions. Ongoing efforts to broker a peace agreement should be sustained. The warring factions should cease fighting to protect lives and livelihoods. There is an urgent need to guarantee uninterrupted flow of humanitarian assistance and commercial imports from the ports to all parts of the country to lower transaction costs along the marketing corridors and stabilize prices. Ending the war in Yemen is critical to more long-term development goals by both state and non-state actors in the country.

Continued provision of the critical humanitarian assistance

To sustain the temporary gains realized in reduced food insecurity levels, there is an urgent need to provide resources to enable sourcing and delivery of critical life-saving food assistance to populations facing large food consumption gaps. Scaling down humanitarian assistance levels will lead to food security deteriorating, as depicted in the IPC projection analysis.
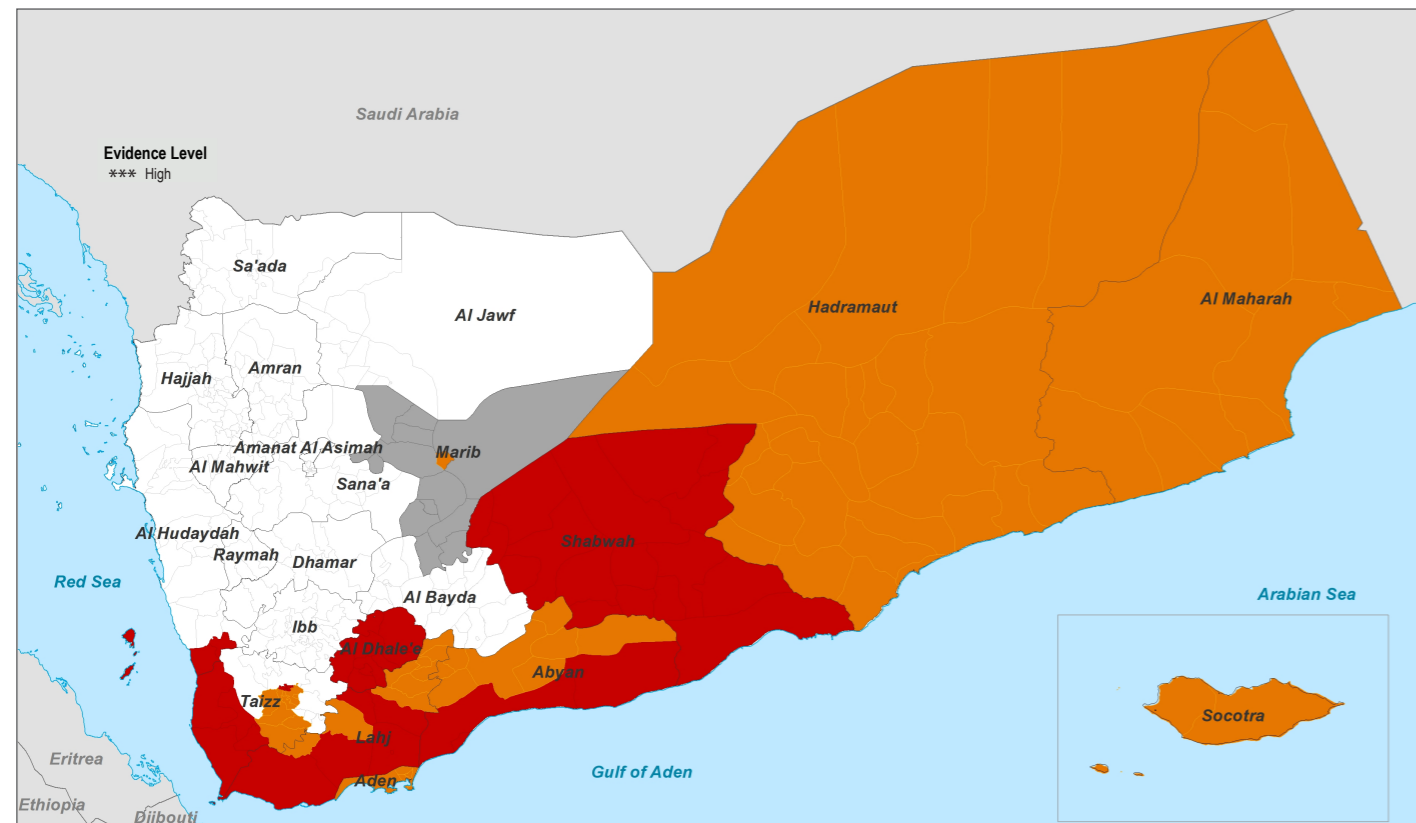
Livelihood support

The protracted nature of the crisis has led to exhaustion of assets and livelihood coping options, limiting people's resilience, and increased their exposure and vulnerability to shocks. Close collaboration between humanitarian and development actors is needed to support diverse livelihood-based interventions that enhance the population's resilience to shocks. Sufficient investment in livelihood and resilience building programs is, therefore, necessary.

Implementation of fiscal and monetary policies

The government with support of multilateral donors to proceed with implementation of various fiscal and monetary policies that will help stabilize the Yemeni rial (YER) and ease pressure on foreign currency demands to finance imports. More stability in the local currency will have spill-over effects on the prices of essential food and non-food commodities and ease headline inflationary pressure, ultimately boosting affordability of food for vulnerable Yemenis.

Improve infant and young child nutrition

Promote evidence-based interventions that support, protect, and sustain appropriate child feeding and care through facility and community-based approaches. This includes social behavior change communication strategies to improve exclusive breastfeeding, timely initiation of complementary feeding and young children's diets.

Scale up treatment and prevention of malnutrition interventions

Inter-sectoral/cluster programming is vital to prevent and manage all forms of malnutrition in Yemen, given the projected worsening of an already precarious situation. Integrating health, livelihoods, WASH and cash/voucher programs into the multi sectoral nutrition response actions to improve nutrition outcomes.

Strengthen routine and mass vaccination

Vaccination campaigns targeting children under five for polio and other vaccine preventable diseases such as measles should be continued and intensified, prioritizing zones of low Expanded Programme Immunization (EPI) coverage and high morbidity. The campaigns should be carried out alongside vitamin A supplementation to reduce child morbidity and mortality in the long term.

IPC Analysis Partners: