Overview of the Food Security and Nutrition Situation

Between January and June 2021, 16.2 million people are likely facing high levels of acute food insecurity (IPC Phase 3 or above), which reflects an increase of nearly 3 million compared to the October-December 2020 estimation (13.5 million). Out of these, an estimated 11 million people are likely in Crisis (IPC Phase 3), five million in Emergency (IPC Phase 4) and of greater concern, 4.7 million in Catastrophe (IPC Phase 5). During 2021, over 2.25 million children under the age of five are expected to suffer from acute malnutrition. These include nearly 400,000 children who are severely malnourished and could die if no action is taken. Over 1.15 million pregnant and lactating women are also expected to suffer from acute malnutrition. Between January and July 2020, two zones were classified in Critical (IPC, Acute Malnutrition Phase 4) and in Severe (IPC, Malnutrition Phase 5) food insecurity. The situation was projected through December 2020, with the number of people in IPC Phase 5 expected to increase to 13. An additional analysis of 22 zones in the northern part of the country shows that, from January – March 2021, seven zones are likely to be in Severe (IPC Phase 4 and 5) and the remaining 15 zones in Critical (IPC Phase 4).

Conflict remains the main driver of food insecurity and malnutrition in Yemen, and following a reduced intensity in 2019, hostilities and armed fighting have been flaming up again in 2020 and 2021, causing displacement, further exhaustion of coping strategies and limited access to basic services like health, nutrition and WASH. After over six years of conflict, the economy of the country is about to collapse. The exchange rate of the Yemeni rial to the US dollar in southern parts of the country exhibits historically low values. Further devaluation of the rial to YER 100/USD and beyond in southern areas is likely, because of diminished sources and reserves of foreign currency. This leads to accelerated increases in imported food commodity prices, manifested through increased costs of the minimum food basket.

A decline in remittances, because of COVID-19 related impacts in countries providing labour opportunities, further complicated the situation. In areas with populations in Phase 3 (Catastrophe), that is, Al Jawf, Hajjah and Amran, conflict, displacement and limited humanitarian access are the major drivers of food insecurity and malnutrition. The marginalization of a large population of highly vulnerable groups, in particular, the landless wage labourers who lack access to public services such as water, sanitation, health and nutrition, is an additional driver, particularly in Amran. Overall, there are more than four million IDPs in Yemen who face comparatively worse food insecurity and malnutrition conditions. An anticipated 2021 level of humanitarian food assistance of approximately 50 percent is also considered as an aggravating factor for food insecurity and malnutrition.

Yemen is also prone to disease outbreaks such as cholera, malaria, and Acute Respiratory Infections (ARIs), which further exacerbated an already greatly constrained health system in terms of skilled personnel, functionality, supplies, logistics, and poor health-seeking behaviour. Finally, the fuel crisis is further exacerbating the difficulties in nearly all sectors of the economy for rural farmers, the cost of irrigation is unattainable; traders have to absorb or pass the increased cost of transport to consumers; and businesses face increased running costs, eventually affecting household incomes.

Recommendations for Action

De-escalation of Violence and Ceasefire

Conflict has been cited as the primary driver of food insecurity and malnutrition in Yemen. Parties involved in the conflict to immediately cease armed clashes and hostilities to protect Yemeni lives and livelihoods. Relevant stakeholders to lift the blockade and restrictions of the ports to expedite the movement of much-needed goods and reduce their prices. There is a further urgent need to allow and advocate for an unrestricted flow of commercial and humanitarian imports that serve essential needs into and within the country.

Life-saving Humanitarian Assistance

To stop and reverse excessive deterioration and drift towards famine conditions, Member States and donors to provide urgently-needed resources to enable sourcing and delivery of critical life-saving food assistance to populations facing large food consumption gaps. To achieve this, there is an urgent need to integrate and coordinate actions to contain high rates of asset depletion and food consumption gaps through food and livelihood assistance for the populations classified in Emergency (IPC Phase 4) and Crisis (IPC Phase 3). Scale-up of life-saving nutrition interventions is crucial for pregnant and lactating women and children under five years of age. Enhance targeting to ensure that all households facing Phase 3-5 Catastrophe conditions as a priority receive immediate life-saving food assistance and strategic inter-sectoral responses.

Livelihood Diversification

Consider the diminished resilience of people, high level of vulnerability to shocks and the chronic nature of food insecurity, close collaboration between humanitarian & development programmes is needed to tackle the root causes of food insecurity and to enhance the ability of households to withstand and recover from shocks.

Strength information and monitoring systems

Continuous and strengthen regular and elaborate food security and nutrition monitoring given the fragile situation. The main risk factors/ key drivers should be closely monitored. If they have reached the relevant thresholds/trigger levels, proactively respond to their needs.

Advocate and support Inter-sectoral programming

Advocate for and support inter-sectoral programming focused on the four key sectors; food security, nutrition, health and WASH. These would include converging primary health care services including immunization, hygiene promotion and WASH interventions at facility and community level; supporting integrated livelihood and nutrition programming through general food assistance; food, vouchers and cash as well as supporting locally feasible livelihoods, promoting kitchen gardening at household & community level and supporting cash programming.

Support Social and Behaviour Change Communication

Support the Social Behaviour Change Communication (SBCC) to improve home diets, infant and young child feeding as well as proper use of nutrition products and hygiene promotion.