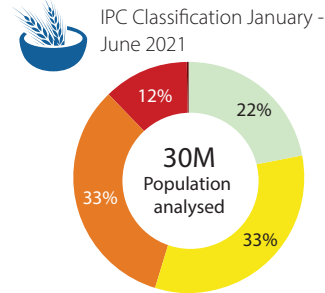


Projected Acute Food Insecurity January - June 2021



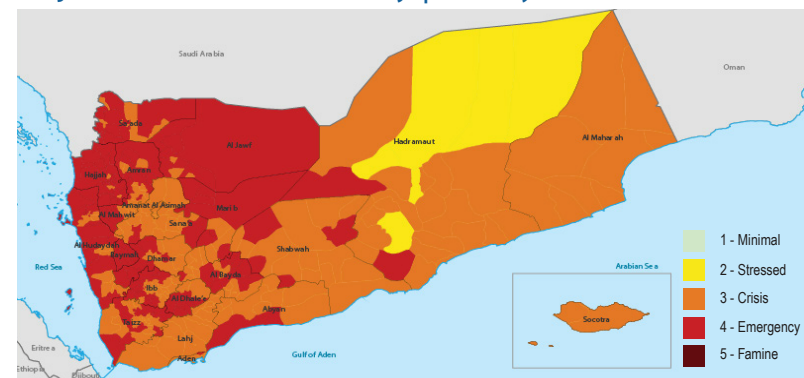
16.2 million people are expected to face high levels of acute food insecurity (IPC Phase 3 or above) between January and June 2021. 47,000 of these people will likely be in Catastrophe (IPC Phase 5).



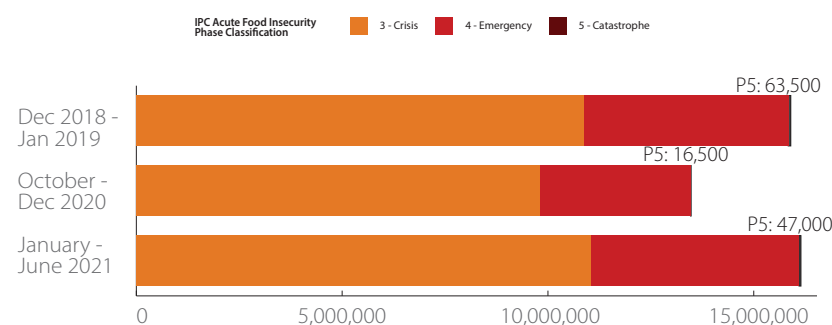
Acute Food Insecurity Key Drivers

- Conflict**
Conflict is the principal driver of food insecurity in Yemen leading to widespread displacement, humanitarian access constraints, disruption of public services, ports blockades and restrictions, the fuel crisis and economic disruption. Without a permanent solution, it is unlikely that all other mitigation measures will have long lasting effects
- Economic Shocks**
COVID-19, high food prices, unaffordable minimum food basket and increasing depreciation of the Yemeni rial against the US dollar has impacted nearly all households, as the country relies mainly on imports. As the cost of food becomes unreachable, many households adopt negative coping strategies to access food.
- Reduced Foreign Reserves**
Reduced direct foreign investments, a shortfall in humanitarian funding and a pause in remittances has led to a liquidity crisis and depreciation of the rial to unprecedented levels. Reductions in humanitarian food assistance, due to funding shortfalls, has led to increased levels of vulnerability for the majority of the population, who rely on humanitarian assistance.

Projected Acute Food Insecurity | January - June 2021



Population in IPC Acute Food Insecurity Phase 3, 4, 5 | 2018 - 2021



Publication date: April 14, 2021 *The population estimates are based on official figures provided by the Central Statistical Organization based on a projection for 2019. As such, the accuracy of the estimation of population in need of urgent action in 2021 might be affected by these estimates. **Displacement data is from UNOCHA Yemen. Disclaimer: The information shown on this map does not imply official recognition or endorsement of any physical and political boundaries.

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 greatest concern, 47,000 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 26 in Serious (IPC AMN Phase 3). The situation was projected to deteriorate further from August to December 2020, with the number of zones in IPC AMN Phase 4 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 Serious (IPC AMN Phase 3) and the remaining 15 zones in Critical (IPC AMN 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 flaring up again in 2020 and 2021, causing displacement, further exhaustion of coping capacities 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 depreciation of the rial to YER 1,000/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, manifest through increased costs of the minimum food basket.

A decline in remittances, because of COVID-19 related impacts in countries providing labour opportunities, further compounded the situation. In areas with populations in Phase 5 (Catastrophe), that is Al Jawf, Hajjah and Amran, conflict, displacement and limited humanitarian access are the main drivers of food insecurity and malnutrition. The marginalisation 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 activities 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 unimpeded flow of humanitarian and commercial imports that serve essential needs into and within the country.
- Life-saving Humanitarian Assistance**
To stop and reverse inexorable 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 IPC Phase 5 Catastrophe conditions as a priority receive immediate life-saving food assistance and strategic inter-sectoral responses.
- Fast-track the necessary Fiscal and Monetary Policies**
To halt and reverse the accelerated depreciation of the Yemeni rial, thereby easing the import constraints and related pressure on food prices and the economy in general, there is a need to urgently explore opportunities to effectively support the foreign currency reserves in the Central Bank of Yemen, which will also facilitate food imports and stabilize the economy.
- Livelihood Diversification**
Considering 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 population resilience and livelihood means. This will ensure that livelihoods are protected, and people prevented from sliding into worse off conditions.
- Strengthen information and monitoring systems**
Continue and strengthen regular and elaborate food security and nutrition monitoring given the fragile situation. The main risk factors/ key drivers should be closely monitored to ascertain if they have reached the relevant threshold/trigger levels.
- 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: continuing integrated 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 assistances (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 for Communication (SBCC) to improve home diets, infant and young child feeding as well as proper use of nutrition products and hygiene promotion.

Acute Malnutrition January - December 2021



The number of 0-59 months children acutely malnourished IN NEED OF TREATMENT

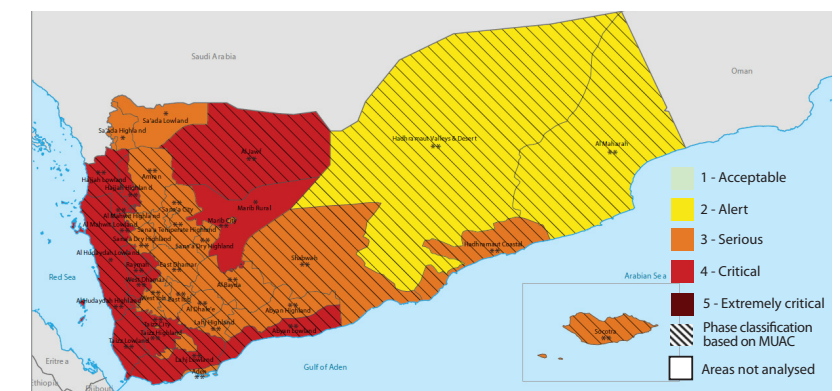


Pregnant or lactating women acutely malnourished IN NEED OF TREATMENT

Acute Malnutrition Key Drivers

- High Prevalence of Communicable Diseases**
2 in 5 children in the north and 1 in 4 children in the south suffer from diarrhoea. About 3 in 5 children in the north and 1 in 4 children in the south are affected by malaria.
- High Acute Food Insecurity**
All 22 zones in the North are projected to face high levels of acute food insecurity (IPC AFI Phase 3 or above) in the North, and 17 of the 19 zones in the North are expected to be classified in IPC AFI Phase 3 or above.
- Poor Infant and Young Child Feeding Practices**
Only about 40% in the North and about 50% in the South are meeting minimum dietary diversity requirements, and the exclusive breastfeeding prevalence is less than 35% in the North and less than 25% in the South.
- Poor Access to Nutrition and Health Services**
Limited access due to conflict in several zones and decline in access and utilization of health and nutrition services as a result of COVID-19. Poor water, sanitation and hygiene (WASH) services are a major concern in all zones.
- The Direct and Indirect Effects of COVID-19**
Reduction in remittances, reduced access to markets, difficulty maintaining employment and delayed salary payments have a compounding effect on acute malnutrition.

Acute Malnutrition | August - December 2020



Projected Acute Malnutrition | January - March 2021

