2018

HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

22.2M

DEC 2017

YEMEN

Giles Clarke/UNOCHA

FAMINE PREVENTION

Heightened Risk of Famine

Famine is a catastrophe exhibited when substantial deaths have occurred due to a lack of food consumption on its own or by its interaction with disease. A famine situation is a sequential and causal series of events between severe food deficits (20 per cent of the households in the area face an extreme and severe scarcity of food); acute malnutrition (famine thresholds for Global Acute Malnutrition (GAM) using weight for height z-score and/or oedema is 30 per cent); and the final expression of deaths (more than 2 deaths per 10,000 people per day).

Increasing number of districts in Yemen are facing potential risk of sliding into famine as the situation rapidly deteriorates aggravated by the protracted conflict, severe economic decline, loss of livelihoods, and collapsing basis services.

A total of 107 districts[21] (32 per cent of all districts) are currently estimated to be at heightened risk of famine[22] - a 13 per cent increase since mid-2017. The majority of the 10.4 million individuals living in these 107 districts do not know where their next meal will come from, lack access to safe water for drinking and basic sanitation and hygiene facilities, require assistance to ensure adequate access to health care, and need nutrition assistance, in particular children under age five and pregnant or lactating women (PLW). Large segments of the population in these districts face extreme and severe deficits of food, have surpassed emergency malnutrition rates, and are at potential risk of death by starvation or due to the interaction of malnutrition and disease.

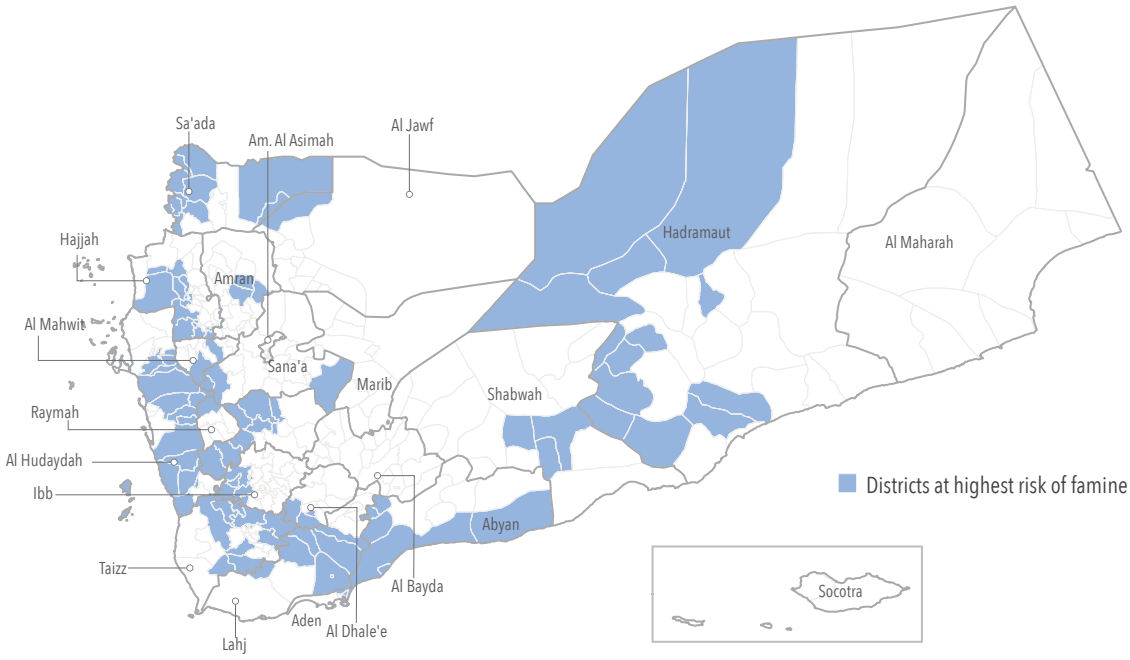
An estimated 70 per cent of the population (7.3 million individuals) in these 107 districts need urgent life-saving food and livelihoods assistance; 5.9 million people are in need of WASH support; 7.4 million people are in need of health services; and 2.4 million children under the age of five and PLW need nutrition assistance. To effectively address these needs, it is imperative to design integrated, coherent, and well-coordinated approaches that combine interventions from the Food Security and Agriculture Cluster, the Water, Sanitation and Hygiene Cluster, Nutrition Cluster and Health Cluster. Integrated interventions are critical to comprehensively address the threat of famine, while addressing underlying determinants, such as access to nutritious foods, health and sanitation environments, and child care practices.

Associated Factors and projections

The three main underlying causes of malnutrition[23] in Yemen are (i) inadequate access to food and or/poor use of available food (ii) inadequate child care practices (with exclusive breastfeeding rates as low as 10 per cent nationwide) and (iii) poor water and sanitation (50 per cent of under nutrition is associated with infections caused by poor WASH[24]); and inadequate access to health. Only 50 per cent of health facilities are fully operational, and only 46 per cent provide treatment for both severe and moderate acute malnutrition). The protracted conflict in the country has exacerbated existing underlying conditions. An estimated 15 per cent of children nationally are acutely malnourished[25].

The famine-like conditions in 107 districts have led to heightened vulnerability levels: Out of a total of 7.3 million individuals requiring immediate food assistance in these

DISTRICTS AT HIGHEST RISK OF FAMINE



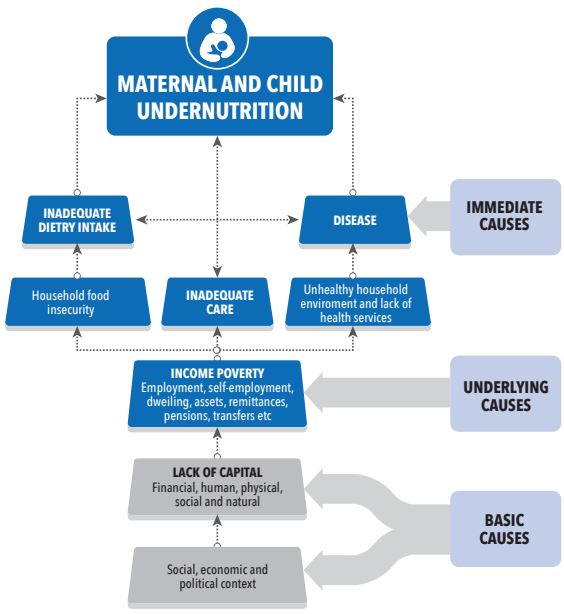
Source: FSAC, Nutrition, WASH and Health Clusters (Oct. 2017).

districts, 4.1 million individuals do not know where their next meal will come from and are at risk of starvation. In tandem with this is the fact that most vulnerable households' livelihood assets are near collapse, and coping strategies are almost exhausted. This is leading to extreme coping behaviours like sale of houses, land, productive assets, and livestock, which greatly compromises household food security. To access food, households purchase food on credit, borrow, or receive food as gifts, leading to high levels of household debt accumulation. The precarious situation has been further exacerbated by the large IDP caseloads that have stretched the coping mechanisms of host communities.

Access to improved water has significantly decreased and many people resort to unimproved water sources: many water systems within high-risk districts that depend on electricity or fuel are no longer functioning, or depend on humanitarian support. Access to improved water has significantly decreased and many people resort to unimproved water sources due to the lack of means to purchase trucked or bottled water. Drinking water from an unimproved water source carries a high risk of diarrheal disease which subsequently leads to deterioration of nutritional status and increased risk of mortality. The large-scale displacement within these high-risk districts puts additional pressure on scarce water sources and sanitation services.

Only an estimated 50 per cent of health facilities are fully functional in the high-risk districts[26]. The decline in the public health sector is attributable to the lack of salaries for health personnel and difficulties importing medicines and other critical supplies. Private sector health services (where they exist) are beyond the means of millions of vulnerable individuals due to high prices. The situation has led to increased mortality of patients suffering from communicable disease, malnutrition, non-communicable diseases.

UNICEF CONCEPTUAL FRAMEWORK FOR MULNUTRITION



Related Protection Needs

Despite mainstreaming protection throughout the humanitarian response, protection risks still exist, including during food security and agriculture interventions e.g. inappropriate or distant locations of distribution sites, not ensuring distributions are undertaken during day light hours or during hours which suit women's responsibilities at home, tensions created between host communities and IDPs, necessitating a need for empowering and supporting vulnerable populations to protect themselves. Interventions are hampered by access constraints, both security and bureaucratic related, including interference by authorities by imposing their own beneficiary criteria or insist on publication of beneficiary lists in public places. For those families with individuals at risk of malnutrition, women and the elderly are more likely to reduce their food intake and skip meals.

In most households in Yemen, women and children are responsible to fetch water. For many people, their primary water source has stopped functioning, which means they must walk a longer distance to collect water, posing additional threats on their lives and dignity, including gender based violence. Children may also drop out of school because they are tasked with fetching water.

Methodology For Estimating The Number Of Affected People

The selection of high priority districts is guided by international emergency standard thresholds of food insecurity using the IPC Phase Classification procedures, and WHO's classification thresholds (i.e. >=20 per cent SFI & >=15 per cent GAM).

The district level percentage of severely food insecure (SFI) populations was based on the October 2017 district level famine risk monitoring data collected by FSAC partners in 84 out of the 107 high priority districts. The SFI rates for the remaining 23 high priority districts were extrapolated based on the March 2017 Integrated Food Security Phase Classification (IPC), EFSNA 2016, and the Comprehensive Food Security Survey (CFSS) 2014 data. As no recent data for mortality existed for majority of the districts, it was not used for prioritisation.

The GAM prevalence was based on the Standardized Monitoring and Assessment of Relief and Transitions (SMART) 2016-2017 survey and the Emergency Food Security and Nutrition Assessment (EFSNA) 2016. Due to a lack of representative district level data, districts were clustered by livelihood zone/agro-ecological zone/elevation with the proportion of GAM cases within new clusters re-calculated. The percentages used for the classification do not provide GAM prevalence rates for the high priority districts, instead they represent the proportion of children with GAM from the total number of children measured in the districts, providing an indication of the severity of the situation in that area.