



Malnutrition in Yemen: Bleak Present and Dim Future

INTRODUCTION

Malnutrition has been a serious problem in Yemen for decades, but now it has become a critical threat that exposes millions of Yemenis to famine and threatens the future of human and economic development. Almost 1 in 2 children under the age of five are irreversibly stunted and 16.3% suffer from acute malnutrition (wasting). These critical rates place Yemen among the seven worst states on the Global Malnutrition Map.

Malnutrition has several forms, including the transformation of people to skin and bones. It also blunts children growth and intellect, thus reflecting negatively on their productivity and income in the future. Acute malnutrition is increasing every day and pockets of hunger start to kill people in Tihama area (Hodeidah governorate and the western parts of Taiz and Hajja governorates), that is still awaiting relief.

In October 2016, preliminary estimates of the Nutrition Cluster revealed that 4.5 million people require malnutrition treatment or prevention services, with a 148% increase since late 2014.

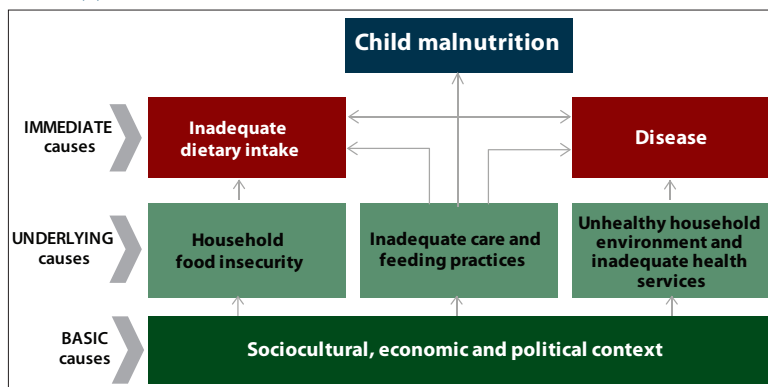
However, only 52% of the funding requirements for nutrition component in the revised 2016 Yemen Humanitarian Response Plan was met as of October 2016. Unless funding is mobilized urgently, hundreds of thousands of children and mothers will suffer complications from malnutrition including illness and death.

In recognition of these risks, we have contacted several development partners to mobilize support and, in response, the World Bank prepares for an emergency program in health and for maintaining key service deliveries by \$450 million and the European Union provided about \$38 million. From this rostrum, we call on our donors to urgently respond to the humanitarian crisis in Yemen to secure sufficient resources to encounter malnutrition.

First: Determinants of Child Malnutrition:

Malnutrition is part of a vicious cycle involving underlying causes that are related, not only to biological, but also to social, economic and political factors. Immediate causes of malnutrition include suboptimal dietary intake and disease incidences. There are also other factors that are socioeconomic in nature and have impact on children's nutritional conditions. For example, poverty can result in low levels of parental education, inadequate availability and poor quality of food and limited access to water and sanitation services and adequate health care, all of which raise the risks of diseases and malnutrition. The fragile political situation and cycles of conflict create an enabling environment for the exacerbation of all forms of malnutrition.

Figure(1): Conceptual Framework of the Determinants of Child Malnutrition



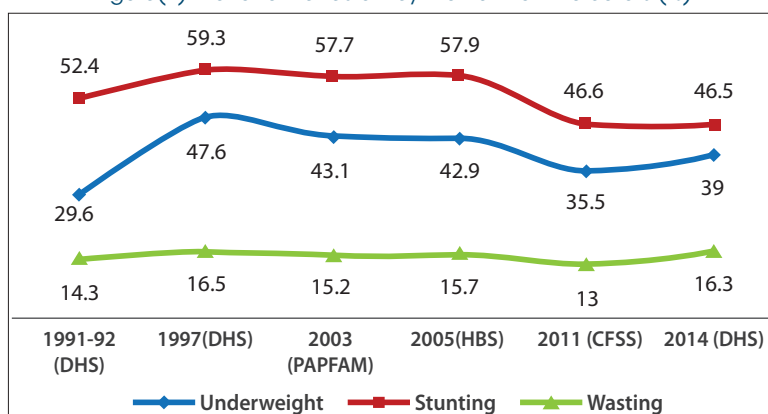
Source: UNICEF. (1998). *The State of the World's Children 1998*. Oxford University Press, New York, USA.

Second: Malnutrition Situation (Pre-conflict):

The nutritional status of children affects their growth during childhood and their mental capacities, reflecting on individuals' health, productivity and income in the future. According to the Global Nutrition Report (GNR) 2016, the economic losses due to nutritional negligence are estimated at about 10% of Gross Domestic Product (GDP) every year.

The figure (2) indicates a relative decrease in prevalence of stunting and underweight in children under five years during 1997-2014, while acute malnutrition (wasting) has remained almost unchanged. However, these rates remained among the highest in the world with nearly half of the children (46.5%) under five chronically malnourished (stunted), 16.3% wasted and 39% underweight in 2014. This proves that child malnutrition rates in Yemen represent a chronic challenge to human and economic development.

Figure(2): National Trends of Key Malnutrition Indicators (%)



FACTS AND FIGURES

YER 305 / USD

The exchange rate in the parallel market has been fluctuating around YER305/USD during Mid Oct. - Mid-Nov., 2016.

YR 544.7 billion

The public budget deficit during Jan.-June 2016, compared to YR278.7 billion during the same period in 2015.

21.2 million

82% of the population in need of humanitarian assistance, including 9.9 million children.*

34.6%

Is the estimated decline in GDP, while the inflation rate rose by over 30% in 2015.

1.5 million

beneficiary cases have been awaiting the cash assistance of the Social Welfare Fund since early 2015.

24.3 million

90% of the population lack access to electricity through the public grid.**

14.1 million

51% of the population are food insecure. 7 million severely food insecure.*

2.18 million

of IDPs in September 2016.*

Sources: *UN agencies and IOM, June, 2016. ** WB, June, 2016.

1.25 million public employees are awaiting their salaries

By **topography**, findings of the fourth round of the National Social Protection Monitoring Survey (July-September 2013) indicate that the prevalence of underweight among children under five years of age varies from one area into another. It's highly concentrated in the Red Sea area (Tihama) that includes most of Hodeidah governorate and the western parts of Hajja and Taiz governorates, as follows:

Figure(3): Prevalence of underweight among children under five years of age by topography areas (July-September 2013)



Source: National Social Protection Monitoring Survey, 2012-2013.

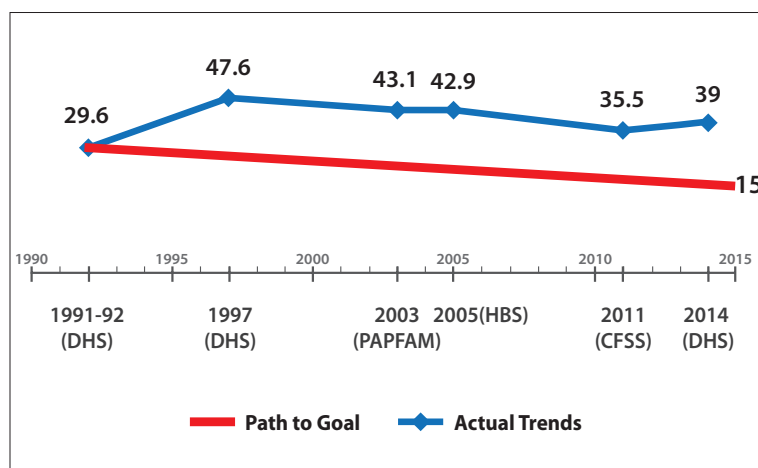
MDGs 2015 – Nutrition .. Going Backwards

The Millennium Development Goals (MDGs) include eight goals. Each MDG has targets set for 2015 and indicators to monitor progress. Target 1.C. of the first goal aims to halve, between 1990 and 2015, the proportion of people who suffer from hunger. Two indicators have been set to monitor progress towards the achievement of this goal, including underweight prevalence among children under 5 years of age.

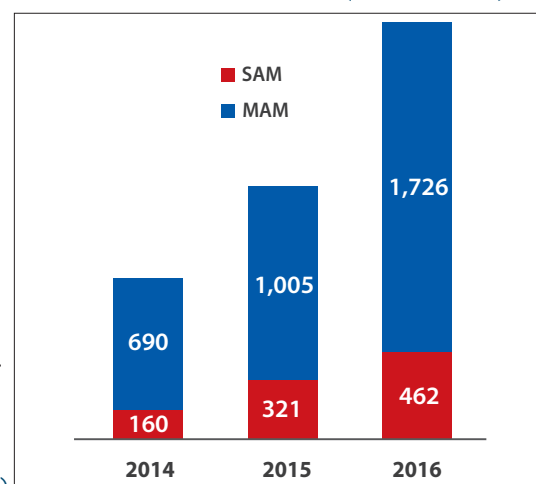
The figure (4) indicates that the prevalence of underweight children under-five years of age increased from 30% in 1992 to 39% in 2014. This demonstrates a weakness in the benefits that children have gained from development programs over the past two decades, where the actual value veered away from the target value (15%) in 2015.

This is attributed to several factors, including the high population growth, decline in purchasing power, poor access to adequate water and health care services, lack of public spending on nutrition, low levels of female education and poor infant and young feeding practices, especially in rural areas.

Figure(4): Prevalence of underweight children under-five years of age
Actual and Desired Trends in the MDGs



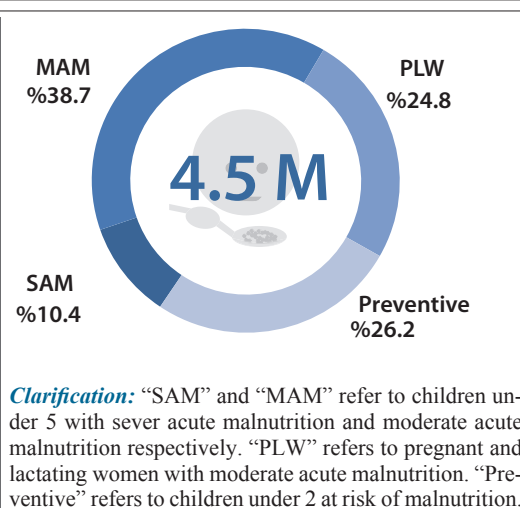
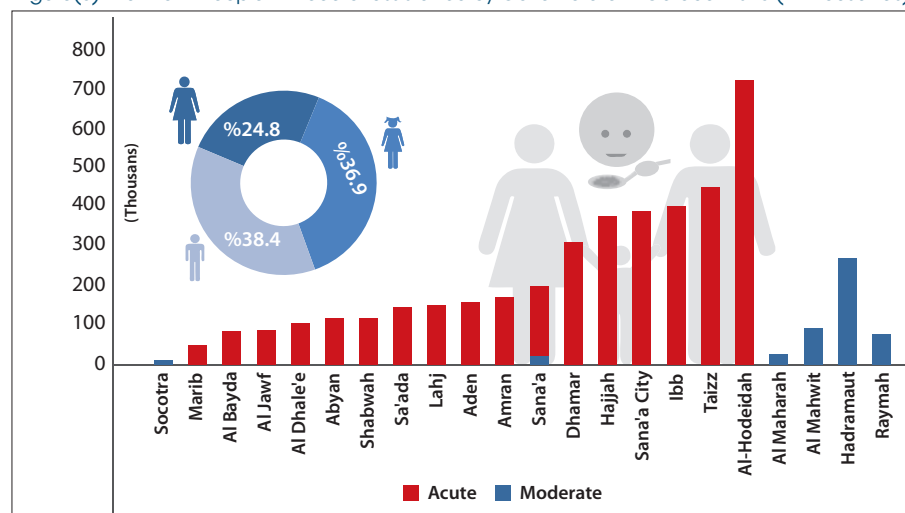
Figure(5): No. of Children under Five-Years at risk of Acute Malnutrition (in Thousands)



Third: Current Malnutrition Status:

Preliminary estimates of the Nutrition Cluster in October 2016 indicate that 4.5 million children and pregnant and lactating women require malnutrition treatment or preventive services. The number of people in need of assistance increased by 148% compared to late 2014, of whom 2.2 million children under five years of age require urgent humanitarian assistance to avoid further deterioration in their nutritional status. SAM blunts children intellect and makes them nine times more likely to die compared to their healthy peers. This poses a serious risk to the future of human development in Yemen. Figure (5) illustrates the number of children and women in need of humanitarian assistance to counter the risk of malnutrition at the governorate level. The highest number of people in need of assistance was recorded in Hodeidah, Taiz and Ibb governorates respectively.

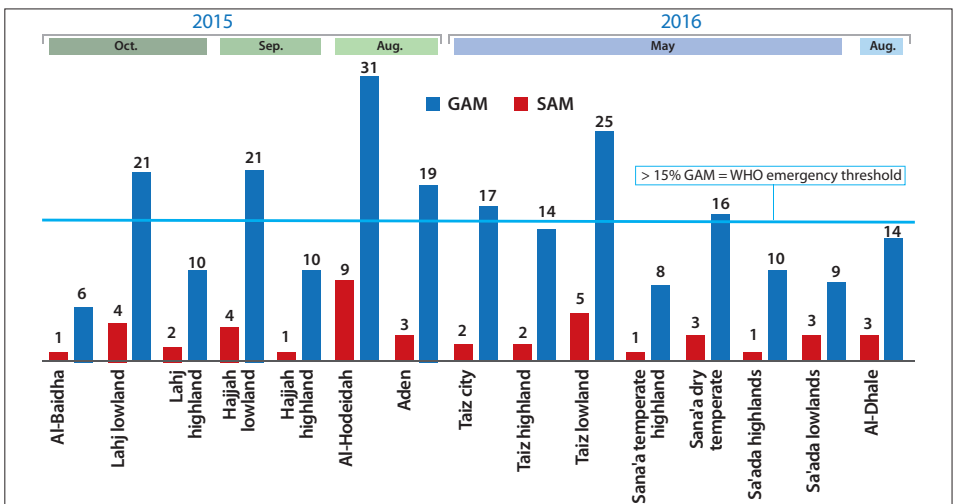
Figure(6): Nutrition - People in Need of assistance by Governorate in October 2016 (in thousands)



Source: HNO, November, 2015. And UNICEF, SitRep, November/December 2015. And Nutrition Cluster, October 2016.

Nutritional status surveys (SMART) conducted by UNICEF and the Ministry of Public Health and Population (MoPHP) in nine governorates during 2015-2016 revealed alarming levels of malnutrition among children under five years of age. The highest malnutrition prevalence was in Hodeidah, where the Global Acute Malnutrition (GAM) reached 31%, and then the lowland in Taiz (25%), Hajjah (21%) and Lahj (21%) governorates. In general, the figure (7) indicates that malnutrition prevalence rates in some governorates are above the emergency threshold of 15%, according to the World Health Organization. This calls for emergency support and assistance to the most affected areas.

Figure(7): Prevalence Rates of Acute Malnutrition - Results form 2015-2016 SMART Surveys



Source: UNICEF, SMART Surveys, 2015-2016.

Hodeidah Governorate Awaits Relief

Hodeidah is the second largest populous governorate in Yemen. It boasts a population of about 3.1 million people in 2016, making up 11.5% of the total population. It's situated on the Red Sea and its residents are characterized by simplicity in their living and residences. Many families live in cottages and struggle to get a daily income to secure their daily food needs. They have a high level of patience but the successive crises and long war period made them lose their resilience.

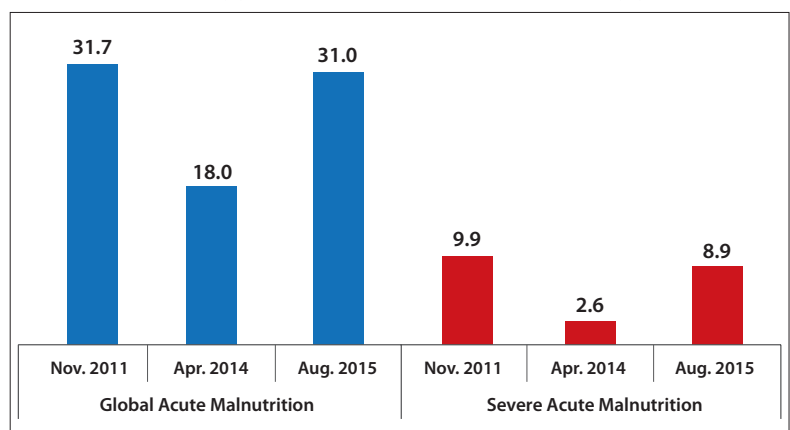
Some sources indicate the presence of pockets of acute food insecurity and acute malnutrition in some districts of Hodeidah, particularly in At Tuhayata, Al Khawkhah and Al Mighlaf districts, which can develop to famine and have disastrous effects on the humanitarian situation. This is attributed to several factors, mainly the suspension of the Social Welfare Fund's cash assistances since early 2015. These assistances cover 144,143 cases (households) in Hodeidah by YR2.1 billion (equivalent to \$8.2 million) each three months. Other reasons include depriving the townspeople of their prime livelihood from fishing, exhaustion of savings and prevalence of illiteracy and poverty.

The figure (8) shows that the global acute malnutrition among children under five years of age has increased from 18% in April 2014 to 31% in August 2015 due to the seasonal changes and the aforementioned factors. The GAM rate is more than double the emergency threshold of 15 percent as determined by the World Health Organization.

In October 2016, preliminary estimates of the nutrition cluster revealed that 718,287 children and mothers in Hodeidah governorate require malnutrition treatment or preventive services, making up 16.1% of the total number of people in need of urgent humanitarian assistance to encounter malnutrition in Yemen.

To gain a vivid picture of the suffering, the senior staff of the World Food Program team, which recently visited slums in the Hodeidah governorate, spoke about the existence of a dramatic situation. The team visited hospitals, nutrition and health centers and saw many cases of malnourished children arriving from remote areas. The team spoke to families in Hodeidah. "I borrowed money from my neighbors and family to be able to bring my son from Tuhayta district to the hospital here in Hodeidah to get treatment for malnutrition," said Ihsan, a 26-year-old mother. "I am breastfeeding him but he is slipping away from us and losing more weight every day. I hardly have food to feed my children, let alone to eat well⁽¹⁾."

Figure(8): Acute Malnutrition in Hodeidah (%)



Source: UNICEF, SMART Surveys, November 2011 and August 2015.

Credit: unicef Yemen
Al-Hodeidah, October 2016.

(1) <http://reliefweb.int/report/yemen/wfp-alarmed-growing-rates-hunger-and-malnutrition-war-torn-yemen>

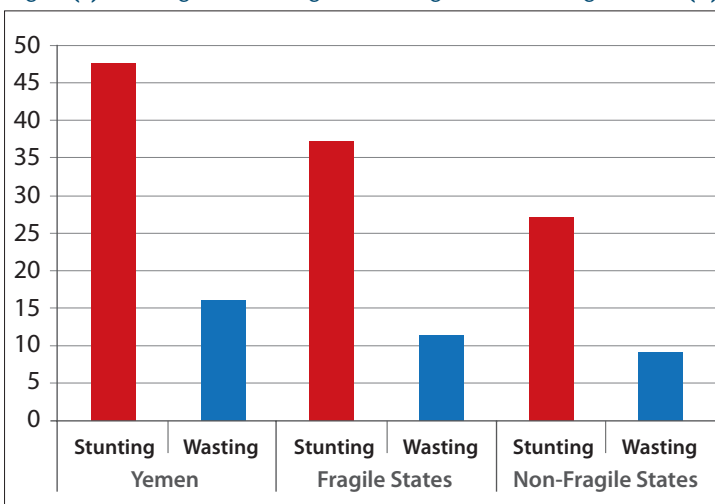
Yemen on Global Malnutrition Map 2016:

According to the 2016 Global Nutrition Report (GNR) issued by the International Food Policy Research Institute (IFPRI), Yemen is placed among the worst seven countries, out of 132 countries worldwide, in the chronic malnutrition indicator (stunting) in children under five. Moreover, Yemen is classified among the worst six countries, out of 130 countries worldwide, in the severe acute malnutrition indicator (wasting).

On the other hand, the figure (9) indicates that the prevalence of stunting and wasting is higher in the 50 countries classified by the Organization for Economic Co-operation and Development (OECD) as “fragile states” compared to other non-fragile states. Yemen is characterized as a fragile state where stunting and wasting rates among children are higher than the average fragile states.

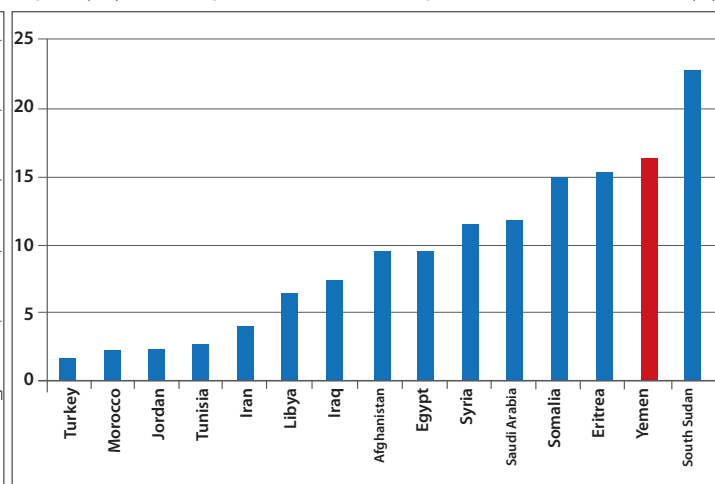
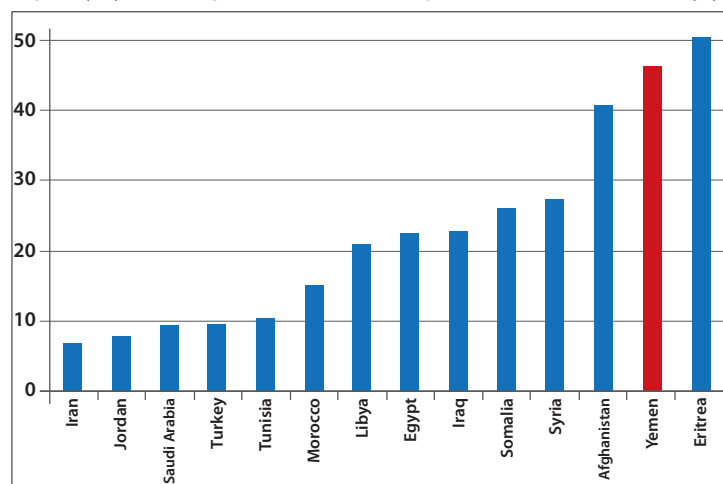
Compared with a selected group of countries, the 2016 GNR shows that Yemen is placed in a rank lower than states that have undergone more severe and longer conflicts. For example, Yemen's situation is more severe compared to Somalia, Syria, Iraq and Afghanistan (see Figures 10+11). This undoubtedly demonstrates the seriousness of the nutritional and humanitarian situation in Yemen.

Figure(9): Stunting and wasting rates in fragile and nonfragile states (%)



Source of data: IFPRI, Global Nutrition Report, 2016.

Figure(10): Stunting prevalence among children under 5 years (%) Figure(11): Wasting prevalence among children under 5 years (%)



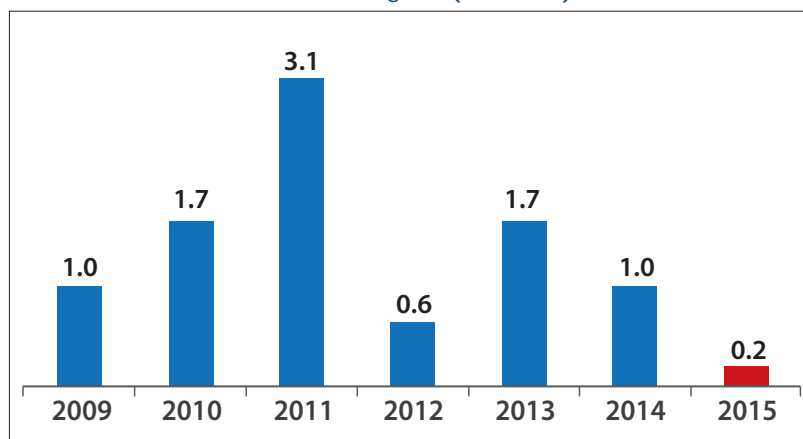
Source of data: IFPRI, Global Nutrition Report, 2016.

Public Spending on Nutrition:

Public spending is the practical tool that translates the seriousness of governments in achieving the goals of national development plans. Figure (12) reflects the existence of a nutrition program in the public budget in order to reduce the prevalence of malnutrition but the annual expenditures were scant, totaling YR1.3 billion (Equivalent to \$5.3 million) on average during 2009-2015. The program's total reliance on external financing draws attention.

Figure (13) asserts that Yemen's public budget doesn't allocate direct resources to nutrition unlike many other countries worldwide, which has reflected negatively on nutrition situation in the country. However, the public budget allocates expenses to nutrition-related sectors such as water, social protection and health but these expenses remain insufficient. For instance, the health expenditures accounted for less than 2% of GDP on average over the past period, whereas the achievement of the Health for All goal requires spending 5% of GDP⁽²⁾. However, the public budget expenditures, including government staff salaries, are suspended at the time being, which requires increasing the donor support to nutrition programs, especially in malnutrition-stricken areas of Tehama.

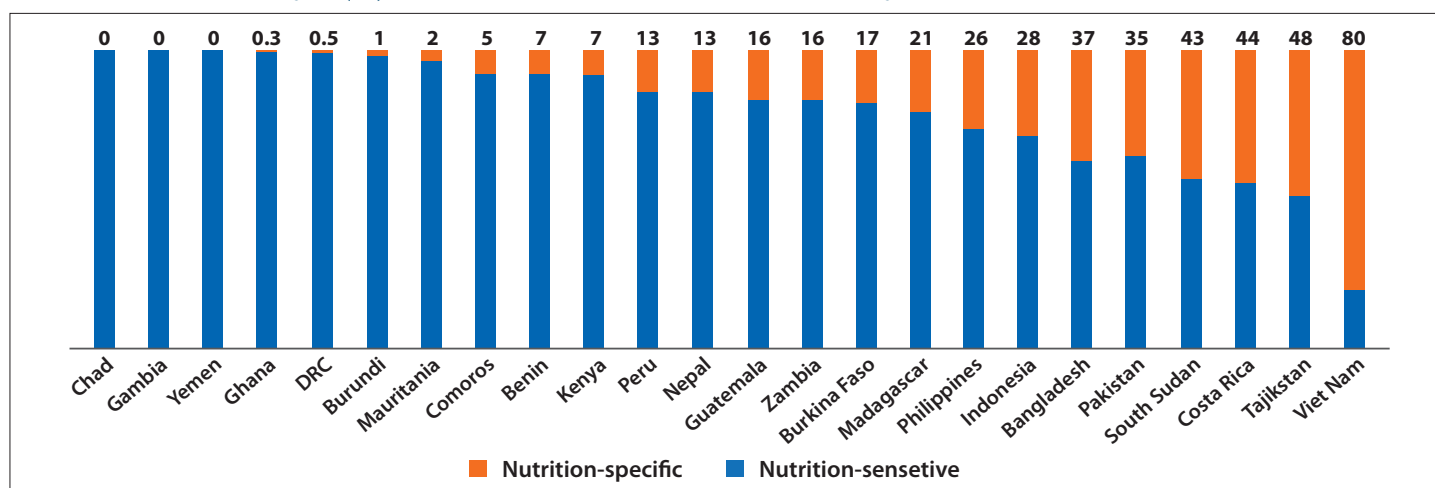
Figure(12): Public Budget Expenditure (External Funding) on Health Nutrition Program (Billion YER)



Source: Ministry of Finance, state final accounts, several years.

(2) Ministry of Planning and International Cooperation and UNICEF, Child Budget Analysis in Yemen 2015

Figure(13): Nutrition-specific and nutrition-sensitive budget allocation, 24 countries



Source: IFPRI, Global Nutrition Report, 2016.

Financing Requirements:

According to the Revised 2016 Yemen Humanitarian Response Plan (YHRP), the financing requirements for nutrition component response are estimated at about \$102.9 million in 2016, but the lack of funding for nutrition programs has been, and is still, a major challenge. As of October 2016, the nutrition cluster partners had mobilized only \$53 million (52% of the financing requirements). This reflects the obvious deficiencies in response to the growing needs of malnutrition crisis in Yemen.

Acute malnutrition and pockets of hunger are increasing day by day, and unless the remaining funding shortfall is urgently mobilized, hundreds of thousands of children and mothers will face a greater

risk of long-term complications from consequences of malnutrition including illness and death.

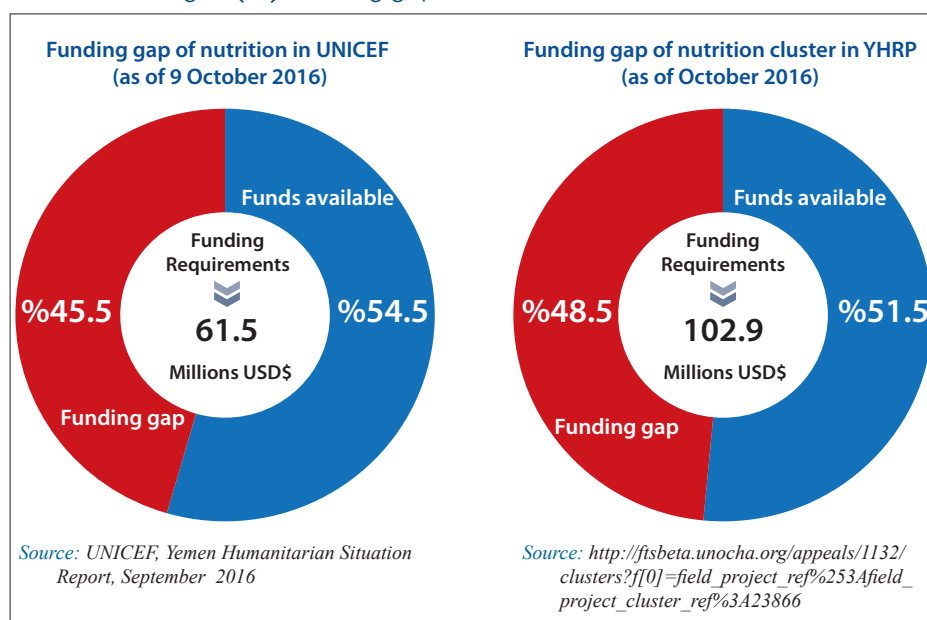
UNICEF is a leading organization fighting child and mother malnutrition through a package of interventions, including vitamin A supplements, micronutrient powders and iron/folate supplements for pregnant and lactating women, as well as screening and treating child malnutrition. As of October 9, 2016, the funding shortfall for the UNICEF's nutrition activities reached \$28 million (45.5% of the funding required to provide nutrition interventions in 2016).

Fourth: Emerging Challenges of Malnutrition:

There are many emerging challenges and obstacles contributing directly or indirectly to the exacerbation of child malnutrition, most notably:

1. **Unprecedented exacerbation of food insecurity**, estimated at about 51% of the total population (14.1 million people) in June 2016 due to the negative repercussions of the ongoing war, accompanied by economic, social and humanitarian crises. This undoubtedly reflects negatively on the nutritional status of children.
2. **Deterioration of the health system**, where the Health Resources Availability Mapping System (HeRAMS) evaluation indicates that the health system in 16 out of 22 governorates is functioning at less than half capacity. Out of 3,507 health facilities, only about 45% is functioning at full capacity, whereas the rest are partially or totally not working. Additionally, 6 out of 10 health facilities are unable to provide nutrition and child health services.

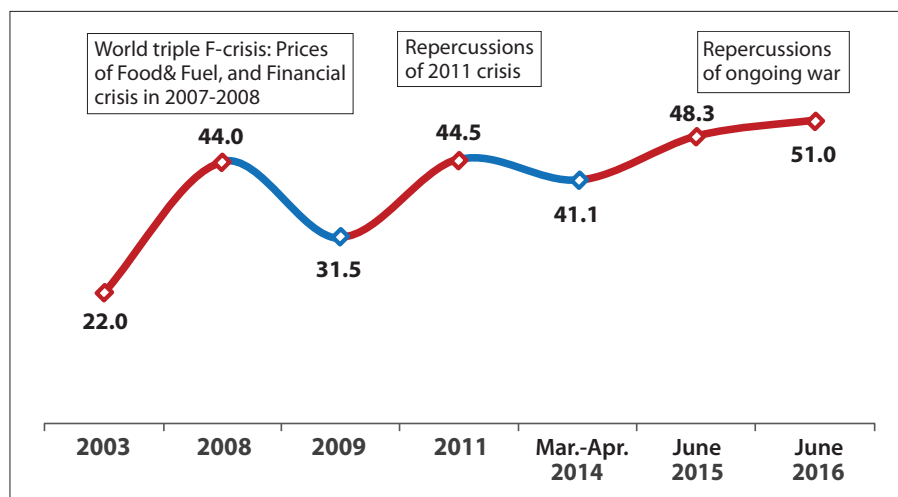
Figure(14): Funding gap of nutrition in UNICEF and YHRP



Source: UNICEF, Yemen Humanitarian Situation Report, September 2016

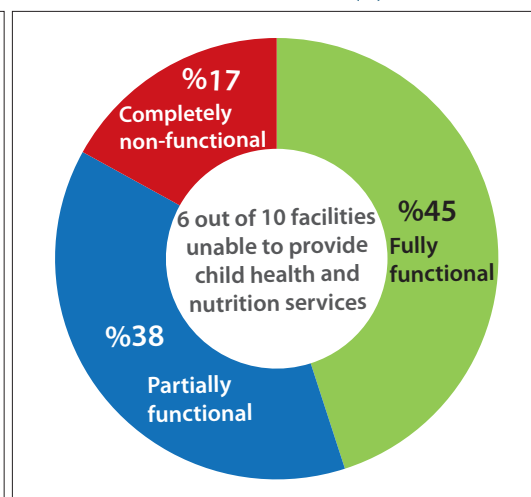
Source: [http://ftsbeta.unocha.org/appeals/1132/clusters?f\[0\]=field_project_ref%253Afield_project_cluster_ref%3A23866](http://ftsbeta.unocha.org/appeals/1132/clusters?f[0]=field_project_ref%253Afield_project_cluster_ref%3A23866)

Figure(15): Prevalence of Food Insecurity %



Source: CFSS, 2014. And FSIS, IPC 2015-2016

Figure(16): Functional and non-functional health facilities (%)



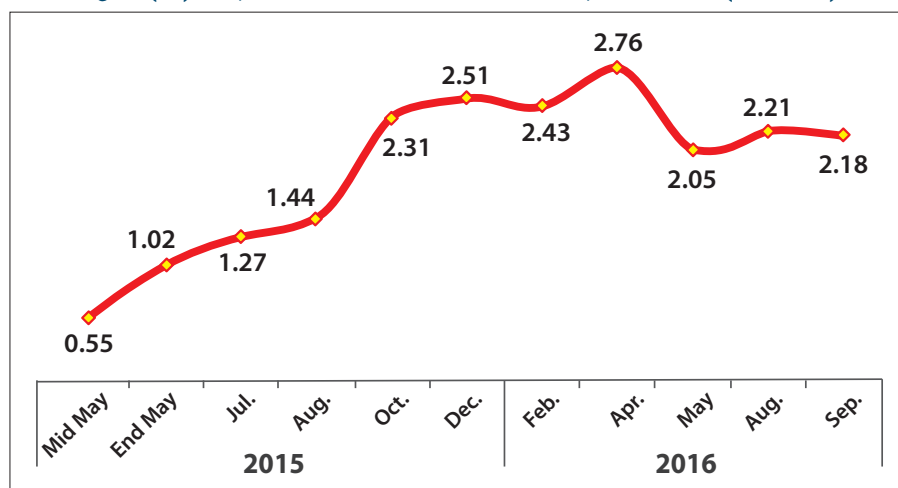
Source: WHO and MoPHP, Preliminary Findings, September 2016.

3. Worsening liquidity crisis, that resulted in the suspension of the public budget expenditures. The most prominent impacts of liquidity crisis on malnutrition include:

- **Affecting around 3.3 million children under 18 years, including 1.2 million children under five years of age, due to the non-payment of state employees' salaries for months and suspension of incentives.** This exposes the children of those households to risk of malnutrition, particularly as 32% of the households that rely on government salary as a main source of income are already food insecure (Comprehensive Food Security Survey (CFSS), 2014). The total bill of salaries and wages is around YR75 billion per month.
- **Depriving 413,696 cases of orphan children and mothers without breadwinners of cash assistances** of the Social Welfare Fund (SWF) since early 2015. These cases make up 27.5% of the total 1.5 million beneficiary households of the SWF. This makes more women and children at risk of malnutrition, especially as 63% of the total cases are already food insecure (CFSS, 2014). The total funding requirements for cash assistances provided to the poor amount to YR22.7 billion every three months (YR7.57 billion per month).
- **Disrupting the remaining basic social services**, including health care, water and education due to the suspension of operational expenses and non-payment of salaries for months. This affects the quality and continuity of essential services. Thus, contributes to the spread of diseases (including cholera) and deterioration of child health.
- **Deepening the economic downturn and scarcity of employment and income opportunities, resulting in the exhaustion of savings.** This comes after people have been exposed to successive shocks, including the devaluation of the Yemeni riyal against US dollar, upsurge in prices of food, medicine, fuel and water. As a result, the cycle of poverty and malnutrition has expanded.

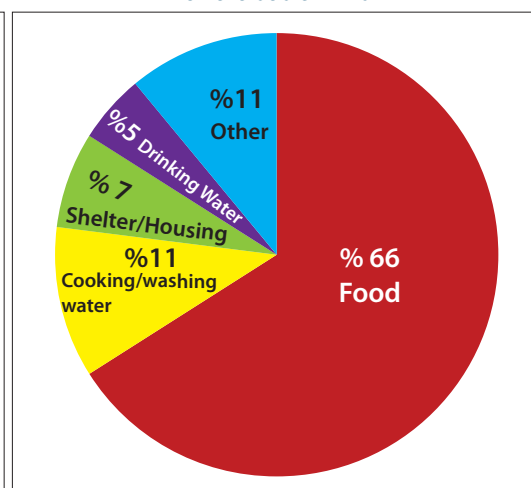
4. Internal displacement: the number of Internally Displaced People (IDPs) due to the ongoing war is estimated at about 2.18 million people in September 2016. Most of these IDPs (51%) are in Hajja, Taiz and Sana'a. By priority, 66% of the IDPs need food as a first priority, 16% need drinking and washing water and 7% are in need of shelter (see figure(18)). 85% of the IDPs were forced to leave their areas for over a year. IDPs are exposed to the loss of their livelihoods and this exposes them to the risk of food insecurity and malnutrition.

Figure(17): Displacement trends of conflict displaced IDPs (in million)



Source: Protection Cluster Yemen, TFPM, 11th Report executive summary, October 2016.

Figure(18): Top (priority) needs amongst conflict and disaster IDPs



Fifth: Looking Ahead:

Scaling Up Nutrition Movement —Nutrition Plan (2015 - 2019) Lacks Funding

Malnutrition is one of the critical issue that has been shortlisted in the Priority Policy Reforms of the Mutual Accountability Framework between the Yemeni government and donors 2012-2014. Yemen joined the global Scaling Up Nutrition movement (SUN MOVEMENT) in November 2012. The movement aims to unite all efforts of stakeholders to respond to malnutrition in the most comprehensive manner possible. For this purpose, a multi-sectoral steering committee and a technical committee were established under the leadership of the Ministry of Planning & International Cooperation and membership of relevant government agencies, civil society, the private sector, academia, UN agencies and donors.

With a strong participation of the Ministries of Health, Water, Agriculture, Fisheries and education, and in close co-operation with UNICEF and the Nutrition Cluster of the UN agencies, preparation of the national, multi-sectoral nutrition plan (MSNAP) has been concluded, covering five years (2015-2019) at a cost of \$1.1 billion. The plan focuses on three main working areas, namely promotion of best health and nutrition practices and health services, diversification and strengthening livelihoods of vulnerable people and strengthening the monitoring and evaluation capacities of the Yemeni government on food and nutrition security. However, those efforts have stalled due to the political and security developments in the country and lack of funds required for the plan. Therefore, it would be appropriate at the time being to absorb activities of the plan in programs of the Humanitarian Response Plan for the coming years.

Annual Cost of the Multi-Sectoral Plan, by Sector (USD '000)

Sector	Total Cost of Expansion, by Year (USD '000)					Total Cost of Expansion (USD '000)
	2015	2016	2017	2018	2019	
Health	87,197	103,080	119,045	135,020	150,580	594,922
WASH	28,640	28,638	28,637	28,637	28,637	143,190
Education	27,357	47,750	64,943	77,423	71,879	289,352
Fisheries	10,802	10,742	9,233	8,506	8,566	47,848
Agriculture	5,112	7,019	9,000	12,750	3,012	36,893
TOTAL	159,107	197,228	230,859	262,336	262,675	1,112,205

Source: MQSUN, May 2014.

SDGs 2030— Ending Malnutrition is an Elusive Goal

By the end of 2015, the world leaders adopted the 2030 Sustainable Development Goals (SDGs). The SDGs form a reference framework for the preparation of national development plans and a basis for donor support mobilization to developing countries. The SDGs include 17 goals, the second of which aims to end malnutrition in all its forms by 2030. Nutrition is a cross-cutting issue that affect and get affected by progress in the achievement of other goals. At least 12 of the 17 SDGs contain indicators that are highly relevant for nutrition (Global Nutrition Report, 2016). This reflects nutrition's central role in achieving the SDGs and, at the same time, constitutes a formidable challenge to Yemen if it's business as usual.

Yemen has failed to achieve the MDGs despite the relative stability in the last period. However, the ongoing war has taken the country several years backwards but the horrific nutrition indicators should stimulate us to protect the present and future of our children and make progress (Albeit partially) towards the goal of ending malnutrition by 2030. This requires a rapid increase in spending on nutrition, considering it a highly profitable investment to achieve economic growth— \$16 for every dollar invested (Global Nutrition Report 2016). However, before that we need to achieve a sustainable peace, learn lessons from the past to make a better future where children and adults can enjoy wellbeing and security.

Priorities for mitigation of malnutrition:

Key Issues	Immediate priorities		Concerned Agencies
Financing requirements	Direct	<ul style="list-style-type: none"> - Bridging the funding gap (\$49.9 millions) of nutrition component in the Revised 2016 YHRP, as well as increasing the nutrition component allocations in 2017. - Providing operational expenses to facilities that provide nutrition and child health services, giving priority to Tihama area. 	Ministry of Planning & International Cooperation (MOPIC), donors, humanitarian Agencies, the Social Fund for Development
	Highly relevant	<ul style="list-style-type: none"> - Increasing allocations of the nutrition-sensitive programs, such as health care, WASH, livelihood and cash-for-work, as well as the income-generating activities that are related to the production of food. - Paying salaries of state employees (YR75 billion monthly) and mobilizing donor support for the YR22.7 billion cash assistances provided to the SWF's beneficiary cases each three months (including YR2.1 billion to Hodeidah governorate). 	
			Central Bank of Yemen, Ministry of Finance, MOPIC and donors
Advocacy and awareness		<ul style="list-style-type: none"> - Mobilizing official support and the support of local and foreign private sector to households most affected by malnutrition. - Providing sufficient space in media for critical humanitarian and economic issues in a continuous basis, including pockets of famine in some districts of Hodeidah governorate. - Raising awareness about proper infant and young feeding practices. 	Media outlets, MOPIC, Ministry of Foreign Affairs, Ministry of Industry and Trade and Chambers of Commerce
Scaling up nutrition interventions, with focus on Tihama area		<ul style="list-style-type: none"> - Increasing the number of mobile teams' campaigns to provide health and nutrition integrated package of services to the hard to reach population and IDPs. - Providing a sectoral integrated package of interventions (including WASH, education, health and proper child nutrition practices) with focus on Tihama areas that have been worse affected by malnutrition. - Giving priority to the provision of supplements feeding for children of 6-24 months and pregnant and lactating mothers. - Reopening the closed health facilities to treat malnourished children. - Expanding coverage of the existing nutrition programs, giving priority to areas of high malnutrition in Tihama. 	Nutrition Cluster, Food Security Cluster, particularly UNICEF, WHO and WFP.
		<ul style="list-style-type: none"> - Reconsidering the donor support programs, giving priority to the affected areas in Hodeidah governorate and other areas of Tihama on the Red Sea coast. 	Local and foreign humanitarian and development NGOs
In the medium term		<ul style="list-style-type: none"> - Allocating direct and sufficient resources in the public budget to implement integrated interventions in nutrition and related sectors. - Integrating the nutrition indicators with the government programs to allow citizens to hold it accountable for their outcomes. - Adopting a balanced food insecurity and malnutrition-sensitive strategy. - Reconsidering the development programs in the future, giving priority to areas of Tihama. 	State and donors

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