

Highlights	Methodology	Food Consumption Score	reduced Coping Strategy Index	In the words of the respondents
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Food security deteriorates in governorates worst hit by cholera

Key points



Food consumption remains poor across Yemen; the highest prevalence of food insecurity is in Amran, Ibb and Hadramut.



More than 70 percent of households are eating less expensive food and smaller quantities.



Households led by women report poorer food consumption and dietary diversity than those led by men.



Respondents are concerned about salary cuts and the spread of diseases.



Situation update

Yemen is facing the world's largest cholera outbreak. Between 27 April and 21 July, the number of suspected cholera cases in Yemen rose to 372,900, including 1,837 cholera-associated deaths in over 91 percent of Yemen's governorates. The five worst-hit governorates are Sana'a City (Amanat Al Asemah), Al Hudaydah, Hajjah, Amran and Ibb, which account for almost 54 percent of the total cases reported. There is a high risk that the cholera epidemic will continue to spread, because of the crippled health, water and sanitation sectors; the ongoing conflict that prevents millions of people from accessing clean water; the onset of the rainy season; and people's weak immunity levels due to food insecurity. The land preparation and cropping season is underway, but the spread of cholera among the population, including the agriculture labour sector, will most probably have future implications on agriculture activities.

The crisis now requires much more assistance from the international community. Humanitarian organizations continue to face restrictions on the movement of supplies and people to and from Yemen. Al Hudaydah port – the main entry point for humanitarian supplies – is operating at reduced capacity because of damage sustained from attacks. In Sana'a, the main airport is closed to commercial traffic, thus preventing people from travelling abroad for medical treatment that is not available in Yemen. Access constraints in conflict area such as Taiz, Al Jawf and Marib impact on delivery of humanitarian assistance in some districts.

<http://www.un.org/apps/news/story.asp?NewsID=57231#.WXWsMoSGPIV>

<http://www.unocha.org/story/yemen-68-million-people-brink-starvation-240000-suspected-cholera-cases>

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In July 2017, mVAM conducted the 23rd round of household food security monitoring in Yemen via live telephone interviews. The data were collected during the first two weeks of July. Responses are likely to be biased towards younger, somewhat better-off households who live in urban areas and have better access to electricity and phone-charging services. In March 2016, a question on the number of active mobile phone owners per household was introduced to the questionnaire to adjust for the fact that households with more phones are more likely to be selected. The findings of this report are weighted by the number of SIM cards held by households and the population estimates for IDPs and non-IDPs. The maps present a snapshot of household food consumption patterns at the time of data collection and do not represent the prevalence of food insecurity at population level (as is the case for IPC maps). Details on methodology and aggregate data tables are available online.



2,430 Households Surveyed



39 Average age of respondents



Displacement status

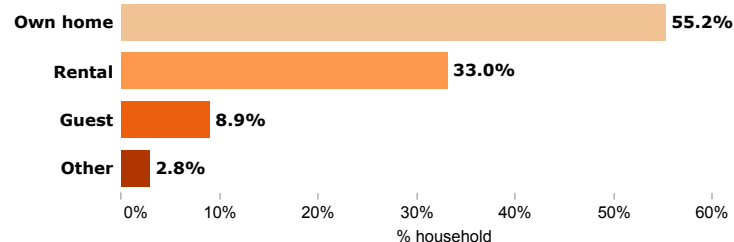
31.7% IDP
68.3% Non-IDP



Gender Head of Household

3.5% Female
96.5% Male

Residence Type



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Food consumption deteriorates in the governorates most affected by cholera

In July, the national mean food consumption score (FCS) remained similar to that of May (Figure 1). In governorates where cholera prevalence is highest – such as Hadramut, Ibb, Amran, and Al Hudaydah – the number of people with poor or borderline food consumption rose between May and July (Figure 2). In Hadramut, the share of the population with poor food consumption rose from 3 percent in May to 14 percent in July (Figure 2); almost 80 percent of the respondents received no food assistance in July. Similarly, in Ibb, Amran and Al Hudaydah almost two thirds of the population reported not receiving food assistance in July. However, the situation has slightly improved in governorates such as Al Mahwit, Dhamar and Shabwah. The mean FCS in Al Mahwit rose from 41.4 in May to 48.1 in July, and in Dhamar it rose from 37.8 to 42.0 (Figure 1). These increases are in line with the significant increases in food assistance received in both governorates compared to May.

The percentage of displaced households who reported poor food consumption fell from 42 percent in May to 34 percent in July (Figure 3). This improvement may reflect the increase in the share of IDP households receiving food assistance from 15 percent in May to 39 percent in July. Even so, resident households continue to exhibit better food consumption than IDP households, especially in terms of protein consumption. In July, households led by women reported higher levels of food insecurity than those led by men. Households led by women also recorded a poorer daily intake of dairy products, fruit and protein.

Figure 3. Households with poor and borderline food consumption by: Displacement Status

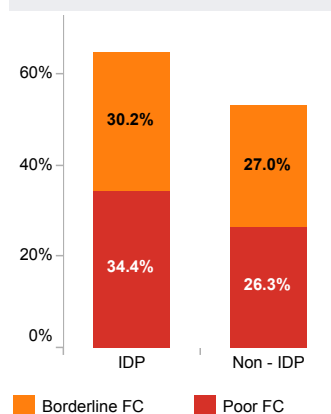
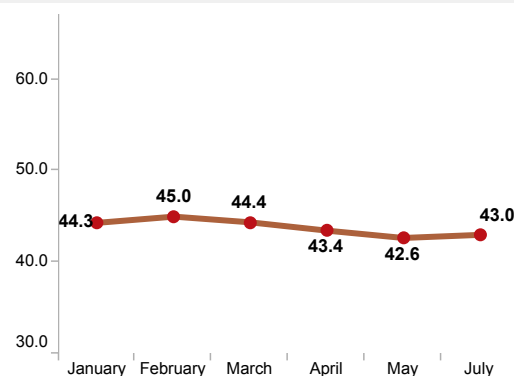


Figure 1. Mean FCS, January–July 2017



Map 2: % of households with Poor or Borderline Food Consumption

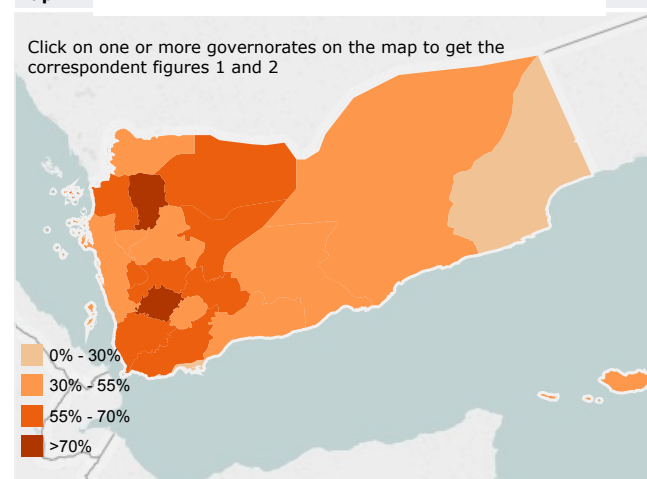
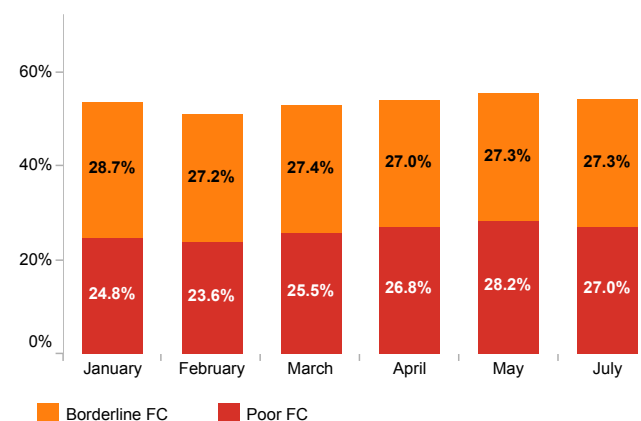


Figure 2. Percentage of households with poor and borderline food consumption, January–July 2017



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Negative coping levels are highest in Hajjah, Al Jawf and Amran

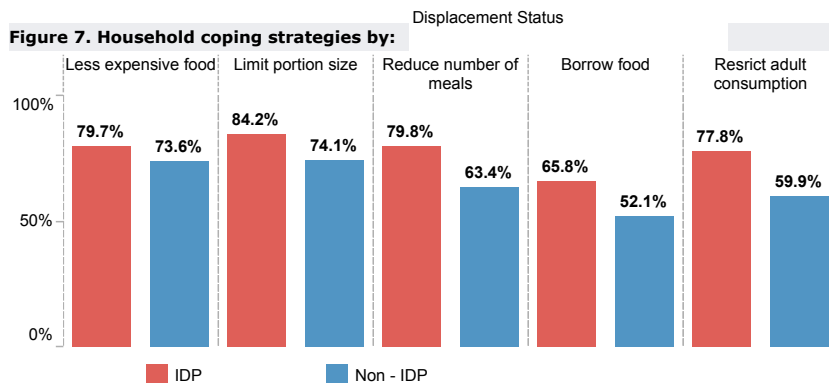
The overall use of negative food-related coping strategies was slightly lower in July than in May, with the national mean reduced coping strategies index (rCSI) standing at 20.9 (Figure 5).

As in the previous round, the coping strategies most frequently employed by households across Yemen were to "limit meal portion sizes" and "buy less expensive food," both of which were used by more than 70 percent of surveyed households.

In line with the spread of cholera, households in Amran and Ibb seem to show higher rates of negative coping in July: more than half the population reported resorting to severe levels of negative coping (rCSI > 20). The mean rCSI for Amran was 22.9 and that of Ibb was 22.8.

mVAM data show that households in Hajjah and Al Jawf have the highest rates of negative coping: almost 60 percent of the population in these governorates have a severe rCSI score. The mean rCSI in Al Jawf for July was 26.8 and that of Hajjah was 25.5 (Map 3).

As in previous rounds, displaced households are resorting more frequently to negative coping strategies than non-displaced households (Figure 7). The mean rCSI for IDPs in July was 25.9, compared with 20.4 for non-IDPs. According to mVAM respondents, access to food assistance in most governorates increased in July (to an average 37 percent) compared with May (17 percent). Almost 80 percent of the food assistance received during July was in-kind. Two-thirds of respondents in Sa'dah and half of respondents in Shabwah reported receiving food assistance.



Map 3. rCSI by governorate, July 2017

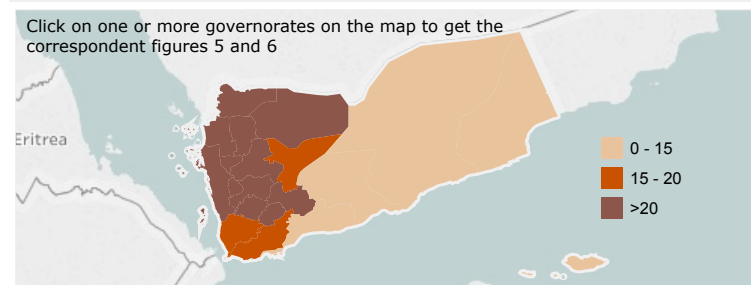


Figure 5. Mean rCSI, January–July 2017

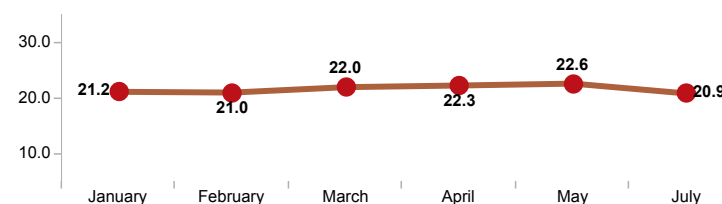
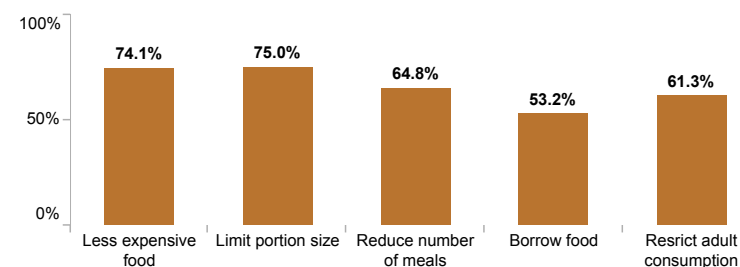


Figure 6. Percentage of households using negative coping strategies in July 2017



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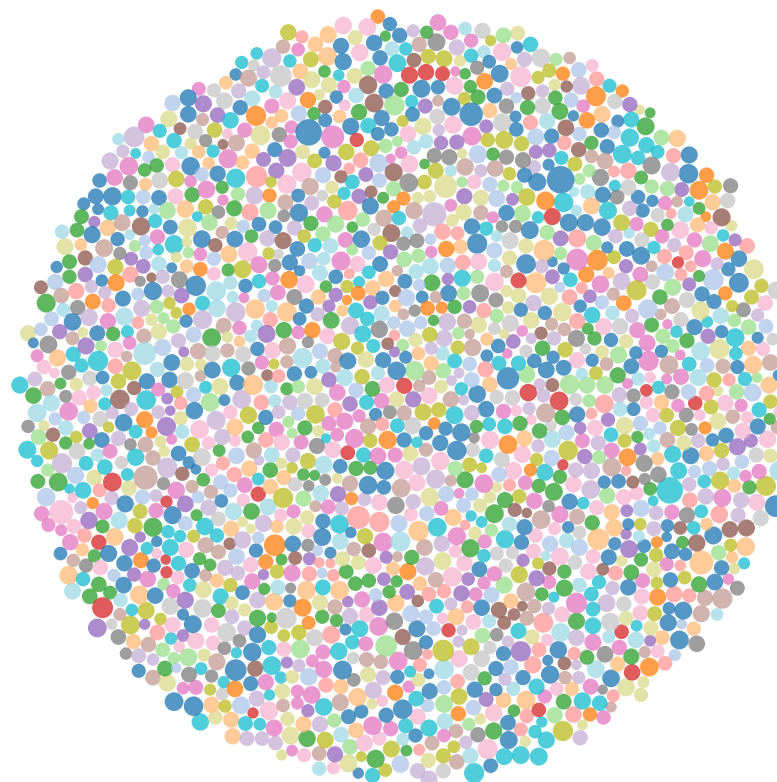


Respondents concerned about salary cuts and the spread of diseases

At the end of the questionnaire, participants were asked to report "the main problems that your household is facing in terms of food security." Most respondents said that they need food and financial assistance. Many of them, particularly households led by women and non-IDPs, complained about prolonged salary cuts stretching over several months and said that it is becoming more difficult for them to provide food and medical services to their families. Several respondents mentioned not receiving food assistance regularly. IDPs mostly cited difficulties in finding adequate housing for their families. Participants also said that it is difficult to access clean water. The spread of diseases within families was widely reported, particularly linked to cholera and malnutrition.

In the visualization on the right, responses are viewable by hovering over the circles. Responses can also be filtered by one or more of the following criteria: head of household sex, displacement status, food assistance received, governorate, and/or keywords.

The colour of the circle represents the governorate and the size represents the respondent's age. To undo a filter, click on the icon again.



Filters

HoH Sex



Displacement status



Received food assistance?



By governorate

All

By keyword (ex: water, food ..)

All

For further information

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