

WFP - Yemen

Key Figures

2,542 Households surveyed

41 Average respondents age



In addition to being food insecure, around 47% of sampled households reported severe constraints in access to health or education

Key Points

- Households continue to have poor access to food in Yemen. Despite increased assistance, the percentage of households with adequate food consumption did not improve over the last six months.

- Dietary diversity of women is exceptionally low and worse than for the rest of the population. The majority of women report eating mainly grains and pulses.

- Food insecurity measured by food consumption score and reliance on food coping strategies is worse in households with poor access to education, that lack sufficient income sources, that are displaced, or that host displaced individuals.

- Marib governorate depicted a significant increase in percentage of households reporting inadequate food consumption. In Marib has the highest IDP population.

- We included violence, hosting displaced individuals, access to education for school-aged children, and access to health services for the first time in the survey. Large shares of the population are deprived in each of these dimensions, and half the respondents report experiencing more than one deprivation at a time.

mVAM Methodology for Yemen



-In its latest Yemen Economic Monitoring Brief, the World Bank stated that Yemen's economic and social fabric continues to disintegrate.

- According to the World Bank report, available information and anecdotal evidences suggest that since 2014 Yemen's GDP has contracted by 39 per cent and the poverty rate, defined using the World Bank's International Poverty Line of a daily per capita consumption of \$US1.90 PPP, is projected to have increased since 2014 by 33 percentage points, to approximately 52 percent of the population in 2019.

- In March, the value of the Yemen rial (YER) had decreased from YER575/US\$ to about YER579/US\$ over the previous month.

- According to WFP price monitoring, the price of petrol increased from YER293 to YER315 per litre and diesel from YER323 to YER358 per litre compared to February.

- Suspected cases of cholera have spiked in recent weeks. Data collected by the Ministry of Public Health and Population with the support of WHO indicates that 108,889 suspected cases and 190 associated deaths were recorded between 1 January and 17 March.

- Following the results of the latest IPC, WFP is scaling-up its assistance reaching in Febraury 9.3 beneficiaries with general food assistance, a 1.7 million increase compared to December 2018.

Yemen Economic Monitoring Brief, World Bank

Situation Update

- In March, fighting continues to displace people in Hajjah Governorate, already one of the most food insecure areas of Yemen. Humanitarian partners estimate that the number of displaced people in Hajjah Governorate has doubled in the last six months from 203,000 to around 420,000 people.

Yemen Humanitarian Update, March 2019 | Issue 5

8 Women and Dietary Diversity

-The Minimum Dietary Diversity for Women (MDD-W) provides a simple tool to measure an important aspect of diet quality and nutrition of women of reproductive age (15-49 years). When women consume foods from five or more food groups, i.e. reaching a minimum dietary diversity, they have a greater likelihood of meeting their micronutrient requirements compared to women who consume foods from fewer food groups.

-In March 2019, we interviewed 480 women with the MDD-W module. 94 percent of the surveyed women did not reach the MDD-W and consumed only three food groups or less during the day before the survey (Figure 1)

-Figure 2 shows the percentage of women who consumed the different food groups in the day before the survey. Women with below the MDD had a diet based on only starchy staples, pulses and dairy products. Less than 10 percent of the women in this group consumed nutrient-rich foods groups such as Vitamin A rich fruits and vegetables, eggs, nuts, seeds and other fruits.

-The analysis of disaggregated data by displacement, physiological status (pregnancy, lactating) and education level did not show any significant association with the MDD-W outcome.

households who did not respond to MDD-W module.







Additional Deprivations and Multidimensional Poverty Analysis

-Traditional monetary measures of poverty are insufficient to fully describe the consequences of the conflict in Yemen and measure the many non-monetary deprivations currently being felt by individuals. To better capture these realities, the Yemen mVAM has been revised to include indicators of deprivation from a number of different welfare dimensions that are being affected by the conflict. The degree to which respondents are deprived in each individual dimension can be informative of the needs of the population, and furthermore, the degree to which multiple deprivations overlap in the same household can illustrate the added amount of stress being faced by households in such tumultuous circumstances.

-Dimensions that are salient to the conflict have been selected, including food security, displacement, health, education, and violence. For each dimension, indicators have been selected that help to capture the main impacts of the conflict and that can change rapidly as conditions on the ground change. Figure 4 demonstrates that deprivation across the country is widespread, with violence, inadequate food consumption, and poor access to health services being the most prevalent. Figure 4 further demonstrates that all indicators have increased dramatically since the last population estimate from the 2014 Household Budget Survey, which was conducted prior to the escalation of the conflict.

- As shown in Figure 5, households are experiencing multiple deprivations simultaneously. Approximately half the respondents report experiencing more than one deprivation, and 20 percent report experiencing three or more. Map 1 demonstrates that a subset of the regions with the least adequate food consumption simultaneously experience other shortfalls and have a high prevalence of overlapping deprivations. Furthermore, it is important to note that different combinations of deprivations are contributing to stress in different regions (Figure 6).



Figure 4: Dimensions and indicators selected for the analysis

Dimension	Deprivation	March 2019	Pre-conflict 2014	80%
Food Security	Household has inadequate food consumption	34%	8%	60%
Displacement	Household hosts IDP's	25%		40%
	Household is displaced themselves	14%		20%
Health	Any member cannot receive needed medical care	27%	20%	0%
Education	Any schoold-aged child not attending school	17%	8%	
Violence	Any violent incidents in the past month in district	40%	2%	

Figure 5: Percentage of households experiencing deprivations in March 2019 comparing to pre-conflict (2014)



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Food consumption

click on one or more governorates to get the correspondent figure 7 and figure 9

-In March, the national mean food consumption score (FCS) did not improve compared to February 2019. Despite the increased assistance, dietary diversity of households remains very low. As shown in Map 3, only in four governorates, proteins are consumed more than twice a week.

-The highest percentage of households reporting inadequate (poor and borderline) food consumption was recorded in Ad Dali and Al Jawf, where 56 percent of the surveyed households reported inadequate food consumption in March. A significant increase in the share of households reporting inadequate food consumption was recorded in Marib, where 25 percent reported poor food consumption compared to 10 percent in February and 30 percent reported borderline food consumption compared to 25 percent the previous month.

-IDP households depict higher levels of inadequate food consumption compared to non-displaced households particularly in Marib (58 percent), Amran (49 percent), Taizz (44 percent) and Sana'a City (30 percent). Very high percentages of inadequate food consumption among displaced households were also recorded in Al Jawf (63 percent) and Al Bayda (60 percent).

-The data shows also that inadequate food consumption is connected with a lack of access to adequate services, including health care facilities and education. Among the households with inadequate food consumption, nearly two in three families don't have access to medical facilities. In addition, around 46 percent of the households who reported not being able to send their children to school have a poor (16 percent) and borderline (30 percent) food consumption.

Map 3: Average weekly consumption by governorate for

Proteins



Map 2: Percentage of hosueholds by governorate with

Poor and Borderline Food Consumption



2018 - Mar 2019





ē **Coping strategies**

Click on one or more governorates on the map to get the correspondent Figure 11

-March mVAM data found that the national rCSI is 20.2, which is almost unchanged since November 2018.

-Among all the governorates in the country, the highest average rCSI reported in March was recorded in the neighbouring governorates of Al Mahwit and Hajjah (24) followed by Marib and Raymah (23). In these governorates, the most severe food based coping strategies borrow food and restrict consumption are used by households on average three and two times a week, respectively.

-The level of coping and access to food is linked to households' source of income. The households with the poorest food consumption are unemployed or live out of irregular incomes and unskilled jobs such as casual labor and assistance from family/friends.

-Households without regular income source or relying on support from family, apply coping strategies more often than households with a regular salary from government (figure 10).

Figure 10: National average of rCSI according to households main income source

Regular Private Agricultural Wage **Support From Family** Unregular Sector Salary Self Government Employed Salary Non Agricultural Wage Driver No Income Source **Regular Government Salary**

Map 3: Average of rCSI per governorate (March 2019)



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Figure 11: Average of rCSI (Oct 2018 - Mar 2019)



For Further Information



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	Figure 12: Percentage of households adopted food based coping strategy by			
	Displacement status			
		Borrow or Asking for Help	70%	
		Less Expensive Food	85%	
	Displaced	Limit Portion Size	83%	
		Reduce Number of Meals	75%	
		Restrict Consumption	74%	
20.2		Borrow or Asking for Help	56%	
		Less Expensive Food	74%	
	Non Displaced	Limit Portion Size	71%	
<u> </u>		Reduce Number of Meals	60%	
Mar		Restrict Consumption	61%	

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