

YEMEN mVAM Bulletin no.52 (Mar - Apr 2020)

Highlights

COVID-19 Situation Overview I

COVID-19 Situation Overview II

COVID-19 Situation Overview III

Food Consumption

Coping Strategies



4,290
Monthly Completed Surveys



39
Respondents' Average Age



51%
Staying Home Permanently After COVID-19
Pandemic



42%
Displaced Households



Highlights

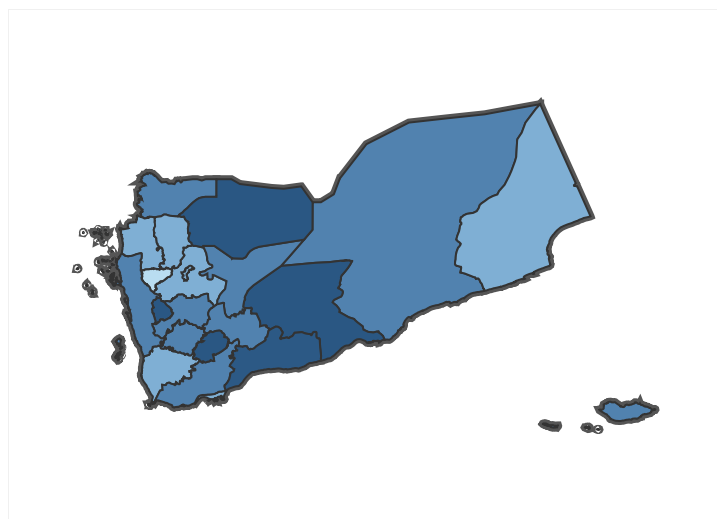
- Even though the spread of COVID-19 in Yemen has been limited relative to other countries through April 2020, the crisis has affected households across the entire country through the social distancing measures enacted to protect against the spread of the virus. Households lost income, had a more difficult time reaching markets, and children were no longer attending school.
- Approximately 31 percent of households who were working prior to the crisis either were not receiving salaries or were receiving less than they were before the outbreak.
- Around 35 percent of respondents reported difficulty accessing markets mainly due to reasons related to the COVID-19 crisis. This is concerning given that more than 50 percent of the households rely on market as primary source of food.
- Approximately 28 percent of all households who were receiving some sort of assistance before the crisis started reported difficulty in receiving humanitarian assistance; around 28 percent of the surveyed households are relying on food assistance as their primary source of food.
- Food consumption and dietary diversity of Yemeni households deteriorated in March mainly in Marib, Raymah and Al Jawf but improved in April likely due to Ramadan.
- In April, poor food consumption is more prevalent amongst non-assisted households (13%) compared to those assisted (8%). Unsurprisingly, it is highest amongst non-assisted IDPs (17%). In Raymah, around one third of the displaced people have a poor food consumption.
- Food-based coping strategies remain widely adopted across the country with peaks in Al Jawf (rCSI 23), Al Mahwit and Raymah (rCSI 22), and among displaced households (rCSI 21).

Situation Update

- Heavy fighting continued throughout March on the Al Jawf – Marib fronts, forcing about 7,500 families to flee in Marib, Al Jawf and Sana'a governorates. Many of those, who are being displaced for the second time and have exhausted assets, are in urgent need of assistance.
- In the first quarter of 2020, economic forecasts indicate that macro-economic conditions are likely to continue deteriorating. Recent data indicate that increments in food prices are a result of the depreciating currency. The exchange rate affects the price of imported staple commodities – Yemen is largely dependent on food imports, and wheat import dependency currently stands at 95 per cent and rice at 100 per cent.
- COVID-19 is spreading in Yemen: as of 20 May, 167 cases were officially confirmed. In March and April, the measures introduced by the authorities against COVID-19 have not yet disrupted trade or humanitarian operations severely. However, disruptions are becoming likely as screening and quarantine measures could delay the movement of goods. The situation is exacerbated by lack of humanitarian access to people in urgent need of food assistance, and a shortage of funding. This could reduce food availability, increase food prices, and further restrict food access for millions of people.
- According to OCHA, nearly 150,000 people have been affected by flooding in 13 governorates since mid-April, including in Marib, Sana'a, Hajjah, Aden, Lahj, Abyan, Taizz, and Shabwah; in addition 4,625 households suffered from floods in late March, including in Al Dhale'e and Hadramaut governorates.



mVAM coverage by governorate



300 480

[Yemen Humanitarian Update – March 2020](#)

[Yemen: Flash Floods Flash Update No. 3](#)

[Yemen - COVID-19](#)



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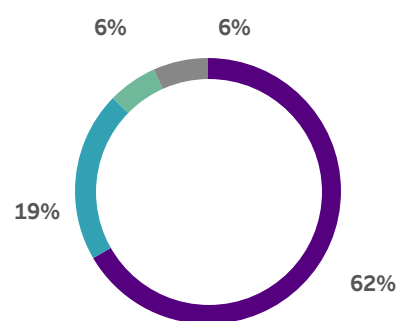
COVID-19 Situation Overview III

Food Consumption

Coping Strategies

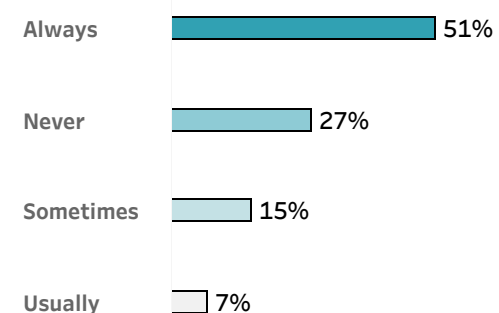
OVERVIEW

Fig1: Households Main Source of Information About COVID-19



■ News Organizations
■ Social Media
■ UN sources
■ Government

Fig2: Households Adopting Preventive Measures Against COVID-19



ACCESS TO MARKET

Fig3: Access to Markets

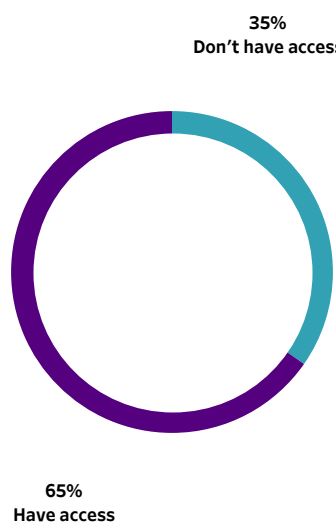
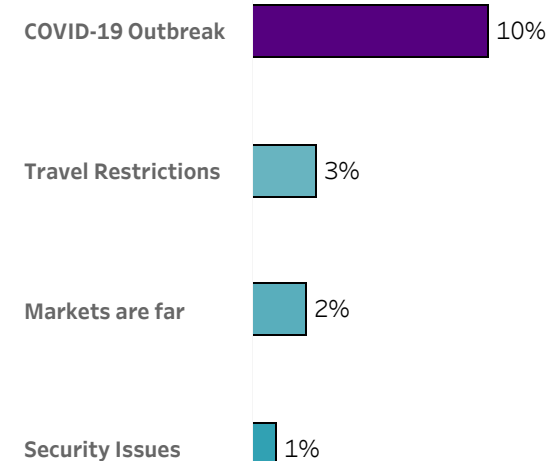
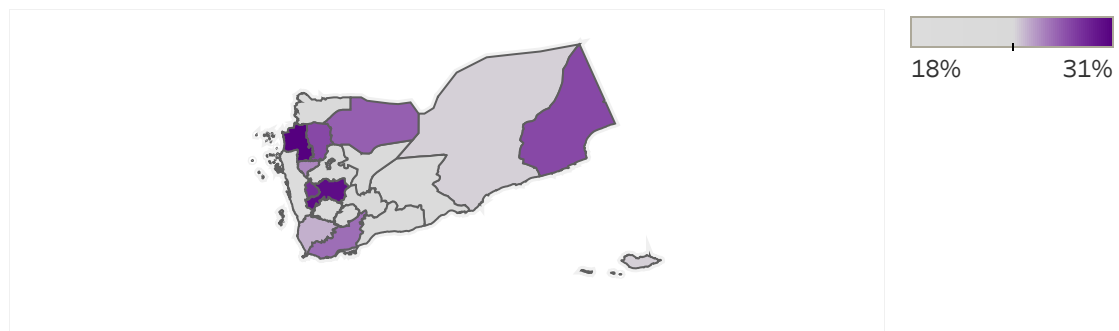


Fig4: Reasons Why Markets Access Was Challenging



Map 1: Households with No Access to Markets by Governorate



ACCESS TO HEALTH SERVICES



20%
Have Elderly with a Chronic Disease

Fig5: Access to Health Care

■ have challenge to access
■ Have no challenge
■ No need to access

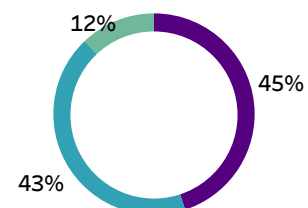
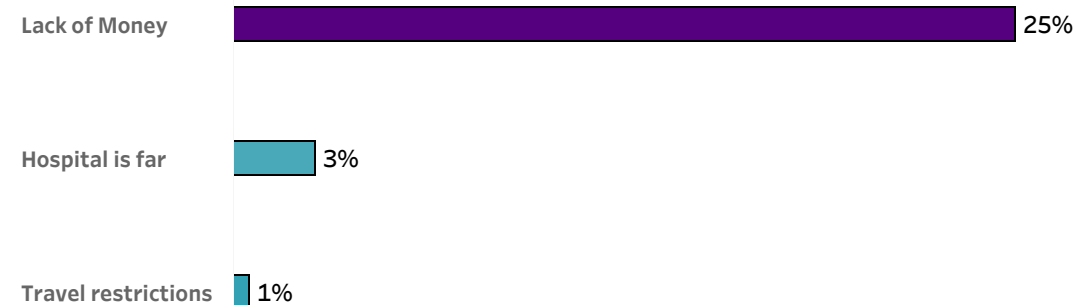


Fig6: Reasons Why Access Health Care Was Challenging



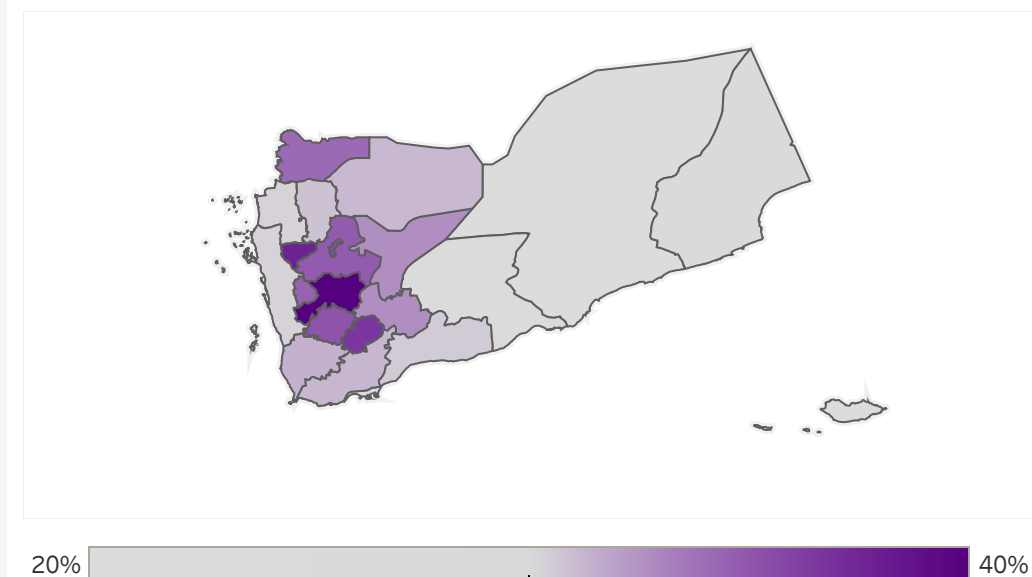
Welfare Changes Following the Start of the COVID-19 Crisis in Yemen

Beginning in March 2020, Yemen began taking measures to limit the potential spread of COVID-19 even prior to the first official case announced in the country. Authorities cancelled international flights, closed schools, and put restrictions on social gatherings. Although there were only few officially confirmed infections over the course of April, these social distancing measures significantly affected household wellbeing.

Slightly over half of all respondents in April reported that household members always practiced social distancing guidelines and tried to stay home as much as possible. This has further impeded access to some basic services. Figure 1 demonstrates that approximately 35 percent of respondents reported difficulties in accessing markets, and the reason most often cited was related to the COVID-19 crisis. The majority of those citing COVID-19 related issues reported concerns about leaving the household due to the outbreak as opposed to official mobility restrictions.

However, less than two percent of households reported that COVID-19 restrictions and social distancing prevented them from receiving adequate medical care. Rather, the lack of financial resources and the distance to medical facilities were primary hindrances to receiving medical care (see Figure 6).

Map 2: Households with No Access to Health Care by Governorate



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IMPACT ON ASSISTANCE

Fig7: Access to Humanitarian Assistance

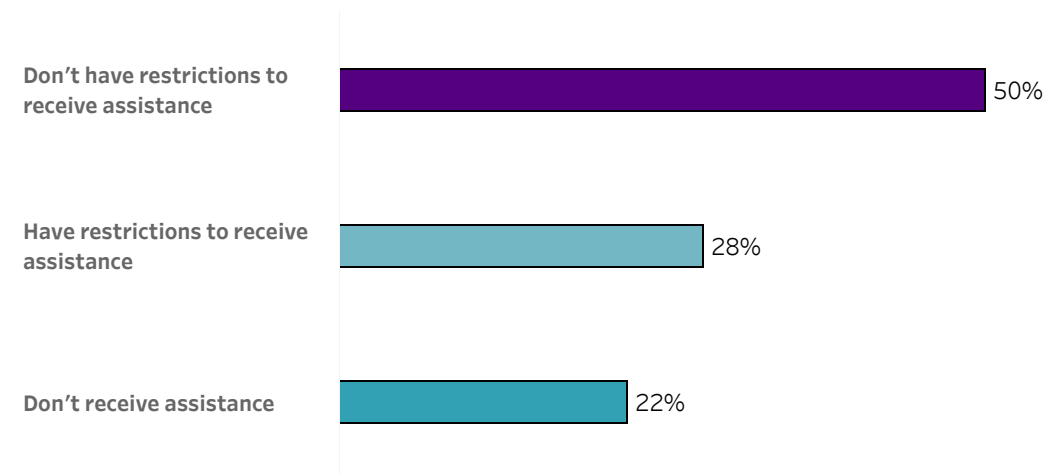
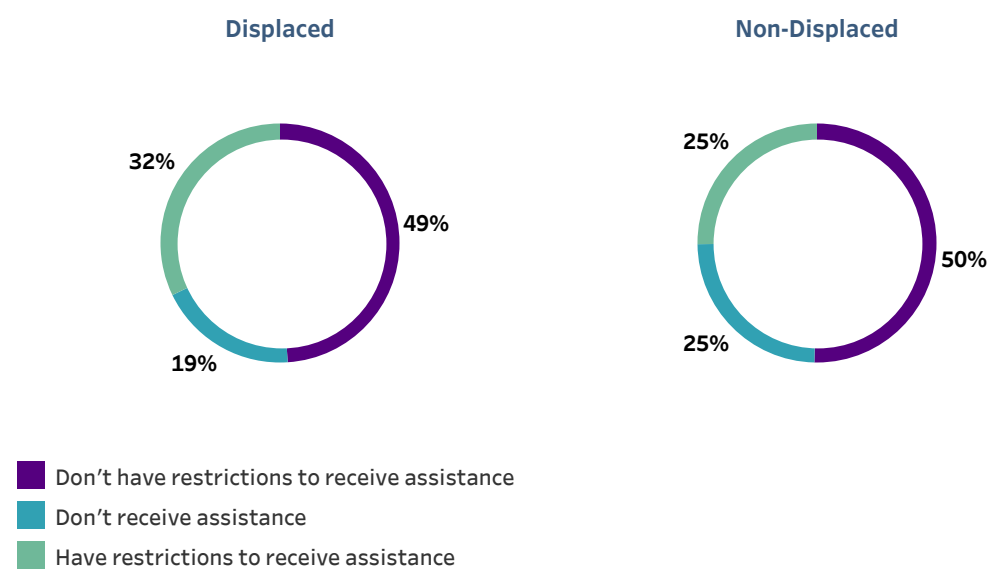


Fig8: Access to Assistance By DISPLACEMENT STATUS



Map 3: Households With No Access to Assistance By Governorate



IMPACT ON INCOME AND LIVELIHOOD

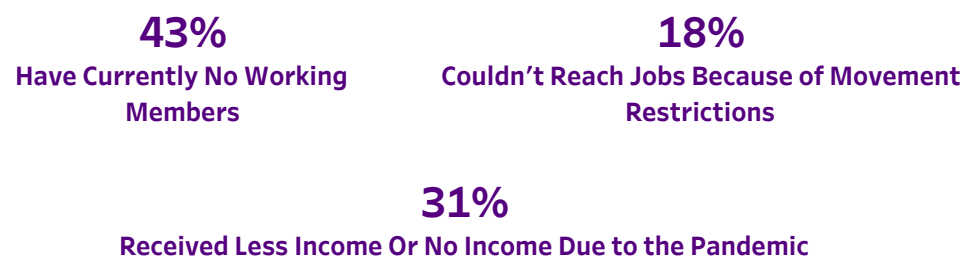
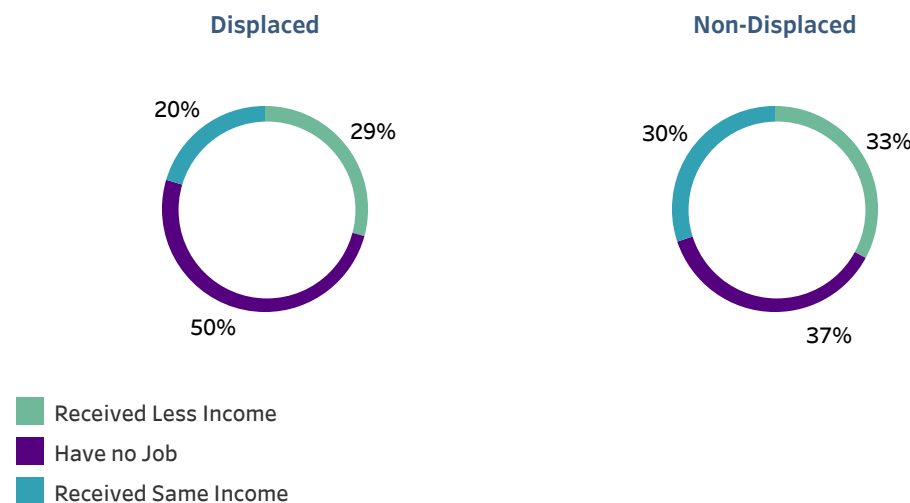


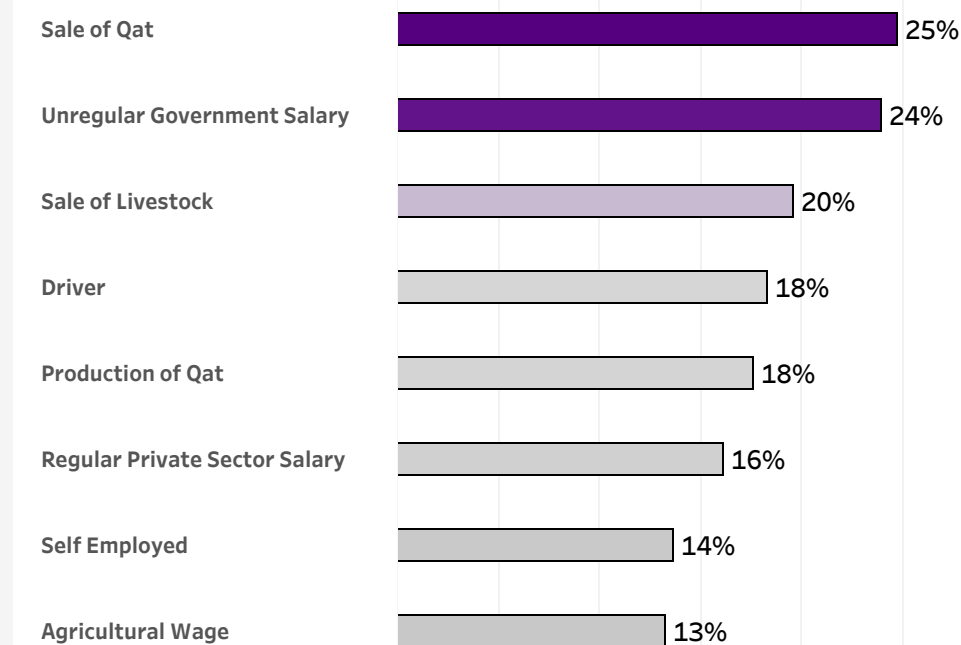
Fig 9: Impact of COVID-19 on Income By DISPLACEMENT STATUS



Approximately 18 percent of households could not reach their jobs in April. Approximately 31 percent of the households were either not receiving salaries or less than before the outbreak. Even households who would be willing to leave the household for work have faced income losses; these losses were nearly identical for households that reported to never practice social distancing. Consistent with this decline in income, the share of households that cited low wages or unemployment as the most difficult problem in the past month increased from 45 to 49 percent.

The crisis affects households' access to humanitarian assistance on top of compromised access to some basic services or facing income losses. Approximately 78 percent of households were receiving some sort of humanitarian assistance prior to the crisis. In the first month of the crisis, approximately 28 percent of all households reported difficulties in receiving humanitarian assistance. Given the importance of humanitarian assistance – particularly food and health - in supporting basic household needs, even small disruptions in delivery can have large impacts on households.

Fig10: Impact Of COVID-19 On Income By Main Source Of Income



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Fig 11: Responses by Rural/Urban

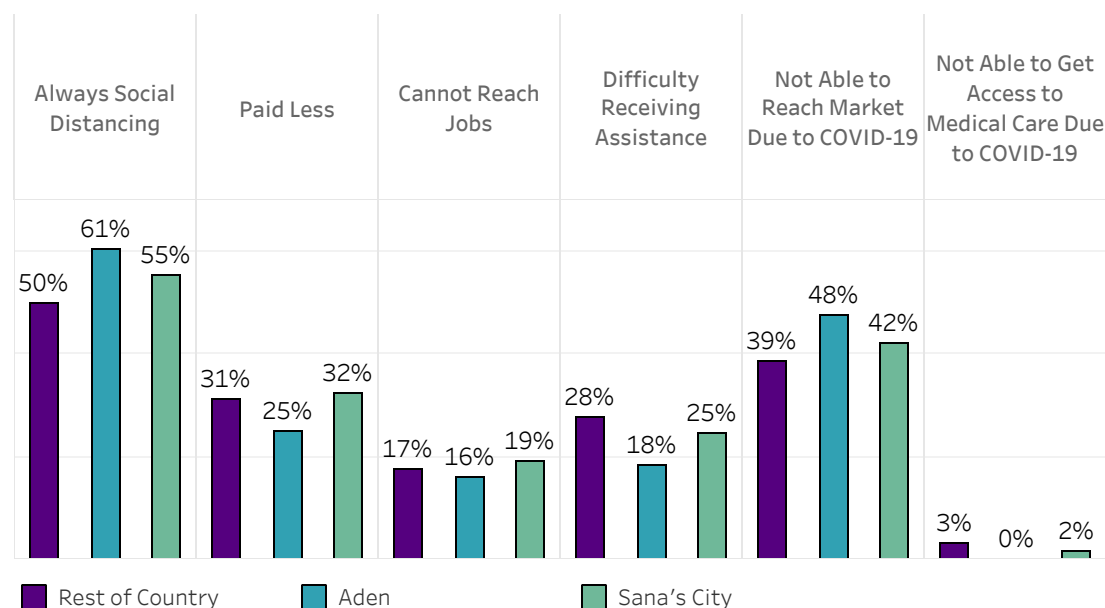


Fig12: Responses by Region

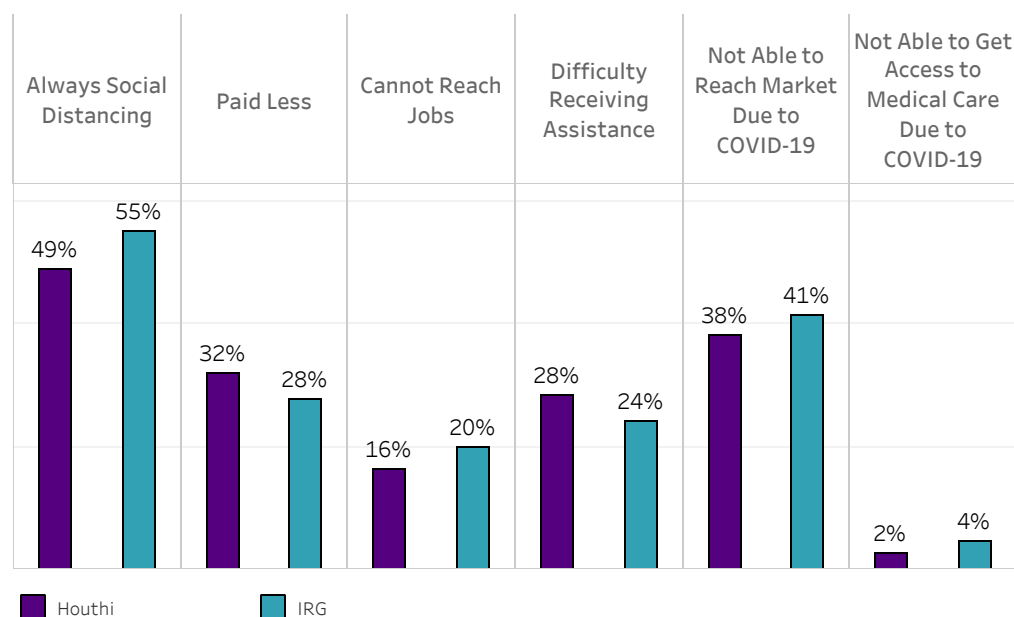


Table1: Welfare Indicators Collected in the Monthly Survey

	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020
Conflict	21%	24%	28%	24%	26%	22%
Displacement	19%	17%	38%	42%	40%	40%
Hosting Displaced Households	27%	28%	31%	33%	31%	27%
Inadequate Food Consumption	37%	35%	32%	30%	32%	32%
Have No Access to Education	17%	19%	21%	23%	29%	61%
Have No Access to Health Care	35%	29%	28%	26%	38%	42%

Fig13: Responses by Week of Survey in April

	Week 1	Week 2	Week 3	Week 4
Always Social Distancing		52%	53%	51%
Paid Less	30%	31%	33%	30%
Cannot Reach Jobs	19%	16%	20%	16%
Difficulty Receiving Assistance	25%	26%	27%	29%
Not Able to Reach Market Due to COVID-19		38%	40%	39%
Not Able to Get Access to Medical Care Due to COVID-19		5%	3%	2%

Importantly, all the changes described earlier seem to be similar across the country and stable across time. First, given the very different risks posed by COVID-19 in rural versus urban areas, and also given significant differences in welfare and access to basic services, one might expect significant differences in the impact of COVID-19 on rural versus urban areas. However, figure 11 demonstrates that for all the key COVID-related information tracked in the survey, there are not significant changes between Aden and Sana'a city, the most urban regions, and the rest of the country.

Additionally, Aden and Sana'a city results are fairly similar (Figure 11). Figure 12 further shows that this similarity continues to hold when comparing all responses from regions controlled by the De-Facto Authorities (DFA) to regions controlled by the Internationally Recognized Government (IRG). This similarity between northern and southern governorates of the country is also surprising. Given the differences in port blockages supplying each region, and given differences in the government, one might expect there to be strong differences in the response between both the population and the government to the crisis.

Lastly, there was also little difference in the changes over the course of the entire month. A sample of almost 4,300 households interviewed in April, between 141 and 145 households were surveyed on each day of the month. This sample size and the distribution over time allow a comparison of the response over time to understand whether the changes are evolving. However, Figure 13 demonstrates there is little variation in any of the key COVID-19 information collected in the survey over time.

Despite the strong changes in household income, access to food markets, and access to humanitarian assistance, Table 1 demonstrates that households were able to cope with these changes well in April. Aside from a universal drop in school attendance due to school closures across the country, the month-to-month change in deprivations tracked by the survey showed an increase of two percentage points in the share of households with poor food consumption. In addition, there was a small decline in the share of households hosting displaced individuals and a decline in households living in districts with at least one conflict fatality. These small declines are potentially due to social distancing norms and the announced ceasefire, but neither figure is out of line with estimates over the course of the past year.

Combined, these results suggest that the COVID-19 crisis has affected households across the entire country through the social distancing measures enacted to protect against the spread of the virus, but households have thus far been able to maintain access to health care at pre-crisis levels. However, over the majority of the time period under analysis, there were no new officially confirmed infections. Only at the very end of the month and in the beginning of May were infections beginning to increase. It is unclear how well households might be able to cope with the potential of increasingly severe shocks to income, mobility, and access to humanitarian assistance as new infections mount. Thus, there could be significant worsening of access to food and medical care as the crisis continues. Furthermore, there could be significant challenges in receiving care for COVID-19 related symptoms and the many other health issues prevalent in the country as new infections continue to increase and the already over-stretched health care systems might rapidly become overwhelmed.

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click on one or more governorates to get the correspondent figure 14 and figure 16

During the reporting period, the share of households with poor food consumption increased from 9 percent in February 2020 to 11 percent in March and April 2020. As a consequence, the dietary diversity of households with poor food consumption deteriorated during April 2020. The share of households with poor food consumption who also consume three or less food groups (very low dietary diversity) is up from 22 percent in February to 30 percent in April. This group mainly relies on cereals, fats and sugar, rather than other macro and micro-nutrient rich foods.

In March, we recorded a severe deterioration in households' food consumption in some governorates; while poor and borderline food consumption increased in almost all the governorates compared to February, the largest changes were recorded in Marib and Raymah (+9%) and Al-Jawf and Lahj (+8%). Increases in the share of households with poor food consumption were observed in Lahj (+ 8%), Al Dali, Ta'iz, and Mahwit (around + 6%) and Al Jawf (+5%).

This trend reversed in April when following the beginning of Ramadan, the overall share of households with inadequate diet decreased both at national and at governorate level compared with March. Even though Ramadan is a fasting month, food consumption during the time of "eating" tend to exceed normal consumption. However, some changes in the share of household with inadequate diet were reported mainly in Amran from 37 percent in March to 51 percent in April and in Ibb from 39 to 45 percent respectively, while shares of poor food consumption increased significantly in Raymah from 18 to 28 percent. In April the highest share of households with poor and borderline food consumption was in Raymah at 57 percent.

Looking at the food consumption patterns of displaced households, the share of households with poor consumption continues to increase since February reaching 14 percent in April versus 9 percent of resident households. In April, displaced households in Al Bayda and Raymah witnessed around 10 percentage points increase in the share of households with poor food consumption reaching 29 percent and 33 percent respectively compared to March. These two governorates recorded the highest percentage of displaced households with inadequate diet standing at 67 percent in Al Raymah and 62 percent in Al Bayda.

In April, poor food consumption remains more prevalent amongst non-assisted Households (14%) compared to those assisted (9%). Unsurprisingly, it is highest amongst non-assisted IDPs (18%). Food assistance and other support systems in place during Ramadan are likely to have mitigated the impact of increasing cost of food on households.

Map 4 : Percentage of households by governorate with

Poor or Borderline Food Consumption

April 2020

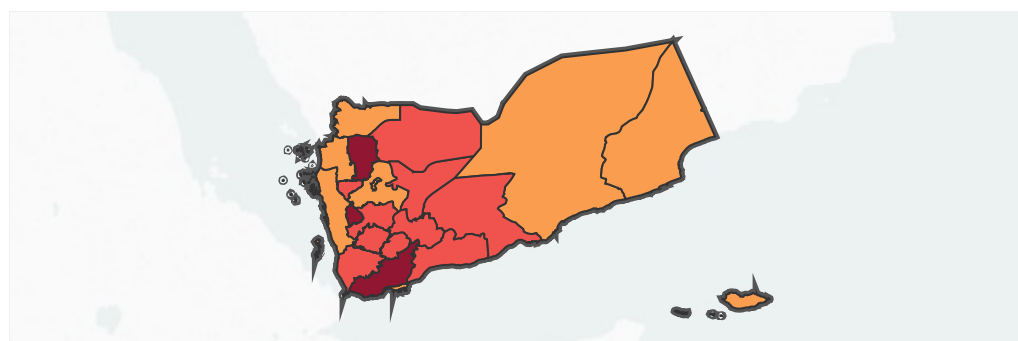


Fig14: The trend of households with inadequate food consumption

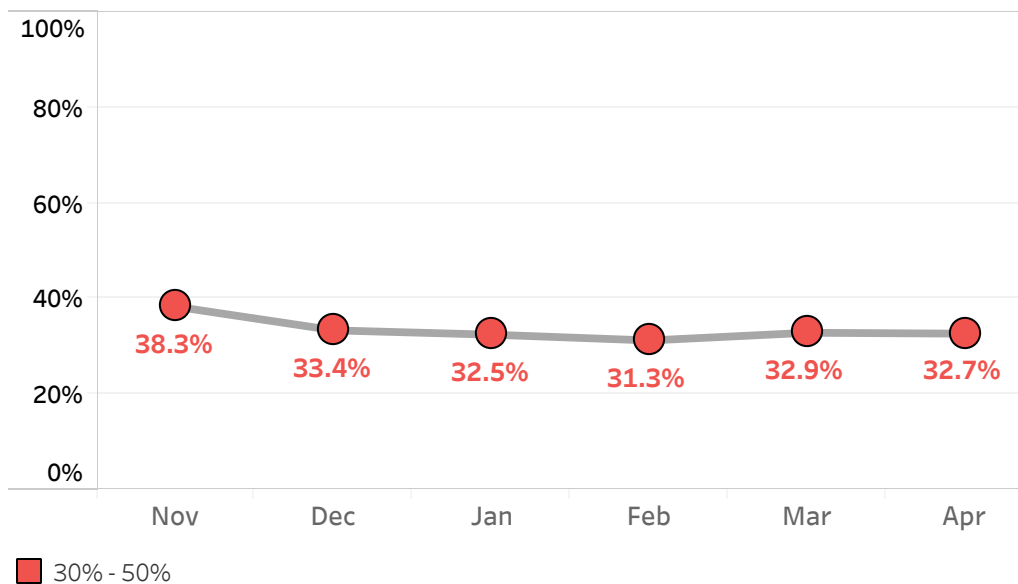


Fig15: Households main food source according to

Displacement status

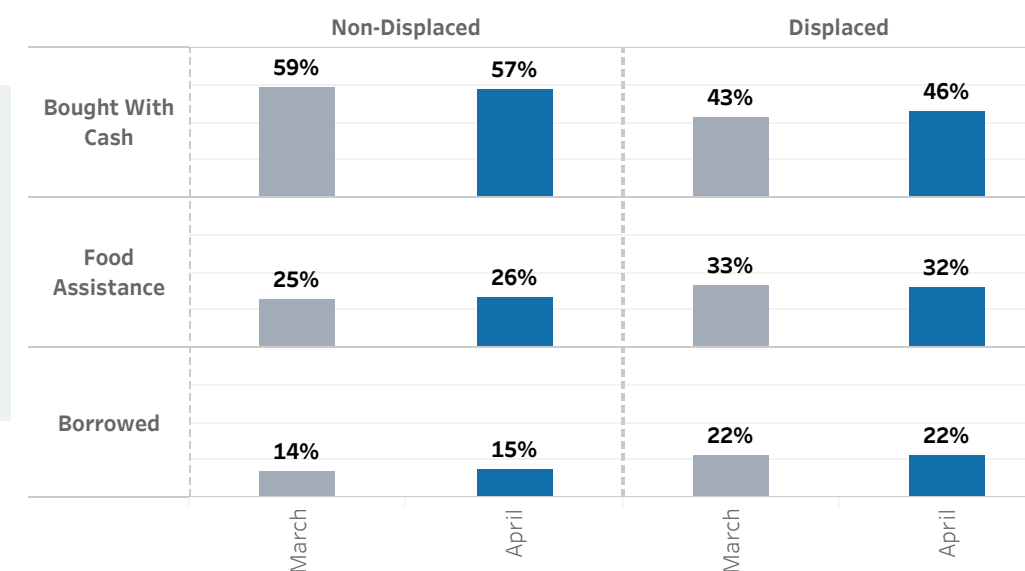
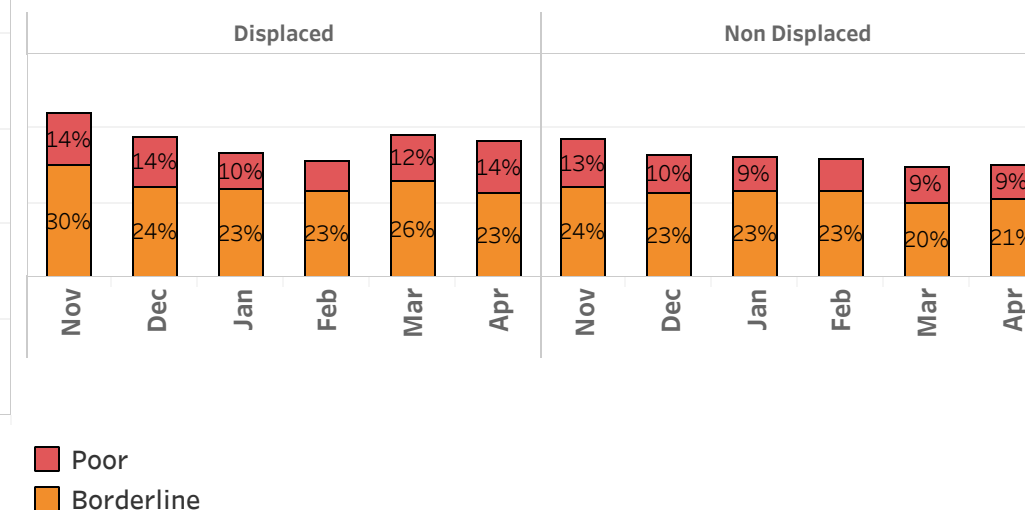


Fig16: Percentage of households with inadequate food consumption according to

Displacement status



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Click on one or more governorates on the map to get the correspondent Figures 17,18

In March, food-based coping strategies remain widely adopted across the country and are more prevalent in the northern governorates; in Hajjah (rCSI 23) the highest use of coping strategies has been recorded since December 2019 suggesting the persistence of a dire situation.

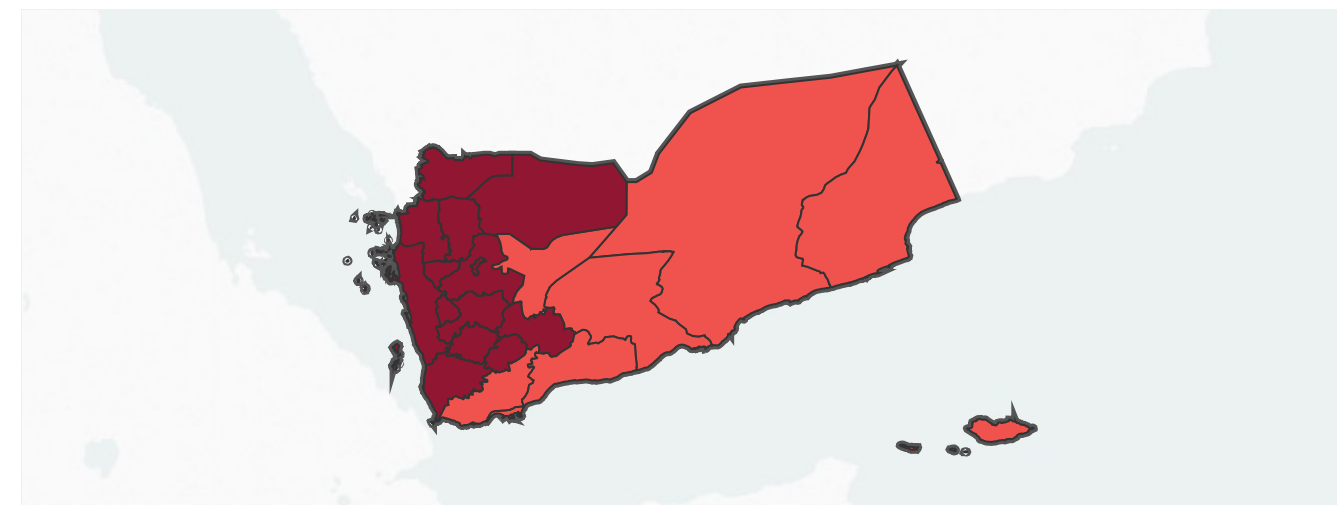
In April, the share of households adopting food-based coping strategies reached 44 percent almost every day. Overall, limiting the portion of meals is increasingly becoming the most widely implemented coping strategy (used by 70% of households), with peaks among IDPs (77%) and female head of households (80%). Increases in the use of food coping strategies have been recorded mainly in Al Jawf (rCSI 23), Al Mahwit and Raymah (rCSI 22), where the use of coping strategies is beyond the national average (rCSI 20). In Al Jawf, households reported adopting all the five coping strategies on average three days a week.

IDPs face worse food security outcomes than other sections of the population due to exhausted coping strategies, limited social networks support and disrupted livelihoods. Displaced households continued to report extremely high levels of coping strategies; in Raymah, Al Jawf and Al Hudaydah (rCSI 24) and Al Bayda (rCSI 25) displaced households reported the highest reliance on food based coping strategies. The average rCSI for IDPs reached 22.4 in April (against the rCSI 17.7 of non-displaced households) as approximately three quarters of the displaced households reported consuming less preferred and less expensive food and limiting the portion of their meals. In addition, two third of the displaced households reported having either reduced the number of meals consumed in a day or restricted consumption of food, with higher proportions among displaced in Ad Dali (78 percent), Al Mahwit (79 percent) and Al Bayda (81 percent).

Households with poor food consumption are highly vulnerable to livelihood shocks and further increases in the cost of living; more than 80 percent of them are limiting the portion size, buying less expensive and preferred food and borrowing money on average four days a week. Around 26 percent of the households with poor food consumption confirmed relying on food assistance as their primary source of food and another 30 percent get food mainly as a gift or they borrow it from other families

Map 5 : rCSI average by governorate during

April 2020



4 - 18 >=18

Fig18: National rCSI average trend in the past six months.

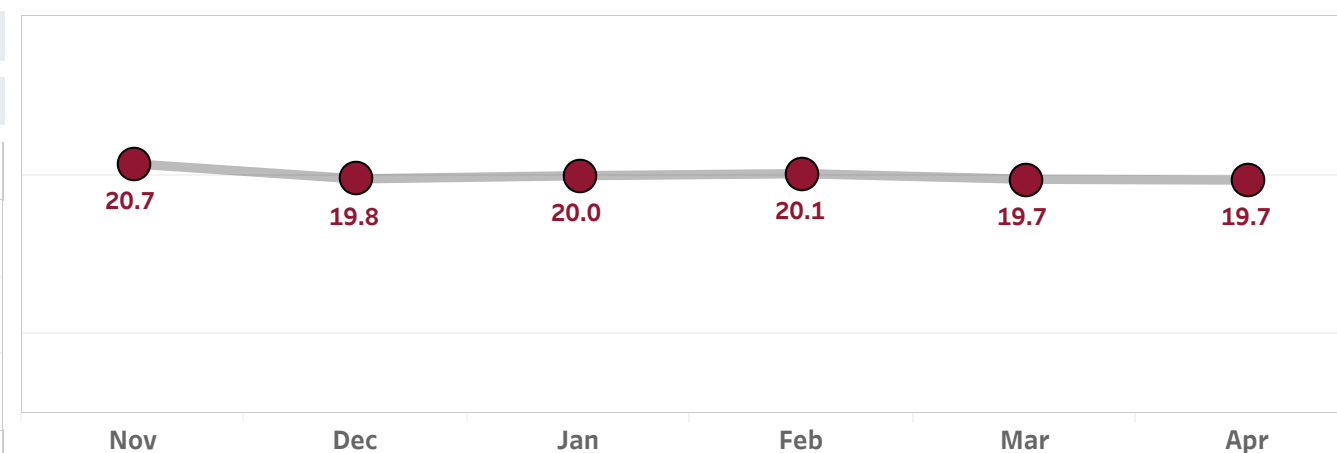
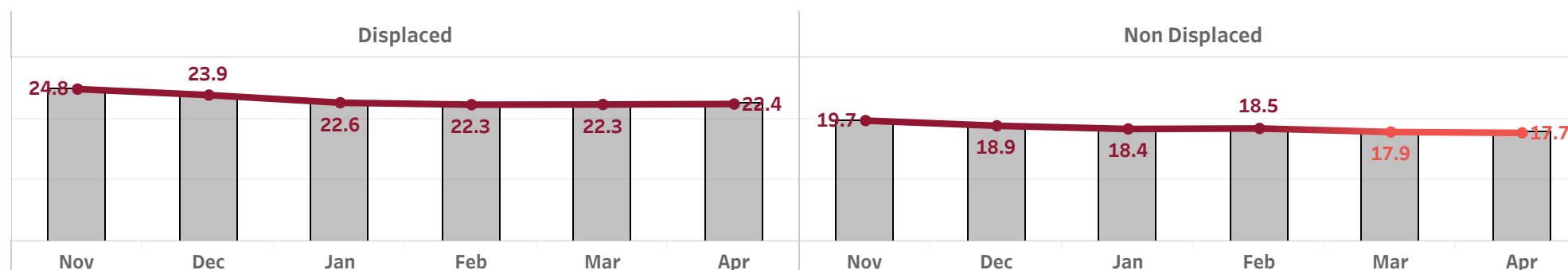


Fig 17: National rCSI average in the past six months according to

Displacement status



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