

Overview of the Situation

The acute food insecurity and malnutrition situation in Yemen has deteriorated further in 2022, with 17.4 million people (IPC Phase 3 and above) in need of assistance as of now, increasing to 19 million starting June to the end of the year. Of greatest concern is the 31,000 people facing extreme hunger levels (IPC Phase 5 Catastrophe) now, rising to 161,000 by June. In addition, approximately 2.2 million children under the age of five, including 538,000 severely malnourished, and about 1.3 million pregnant and lactating women are projected to suffer from acute malnutrition over the course of 2022. The severity increases dramatically in the projection period for both food insecurity and acute malnutrition, with 86 districts moving to higher IPC Phases, 82 of which move from Phase 3 to Phase 4.

Conflict and economic crisis remain the main drivers of acute food insecurity and malnutrition in Yemen, further exacerbated by the instability of humanitarian assistance. The outlook for 2022 indicates that both features will continue, with a likelihood of further escalation of fighting in critical hotspots, thereby leading to further displacement. In addition, as a result of the protracted conflict, access to public services has been brought to a near-halt resulting in delays/cuts of salaries, poor access to health services, inadequate access to water, and other services such as education, energy, etc. remain severely compromised.

At the household level, primary underlying causes of acute food insecurity and malnutrition include increased food prices amidst reduced incomes and labour opportunities, contributing to poor diet in terms of quantity and quality, as well as low coverage of sanitation facilities and poor hygiene practices, which have led to a high disease burden. As the economic crisis rages, more households are coping through erosion of their livelihoods (such as the sale of productive assets) and the adoption of crisis strategies (mainly a high reliance on assistance). Furthermore, households are increasingly experiencing a vicious debt cycle. They are taking on higher debt levels every month and maxing out their credit levels to cover basic needs. With such levels of negative coping strategies, many households are precariously exposed, and any sudden shocks at unprecedented levels would further worsen food insecurity and acute malnutrition to extreme levels.

Due to insufficient evidence and unclear population figures, two districts in Hajjah, Midi and Haradh, are not classified. The IPC Technical Working Group (TWG), the Global Support Unit (GSU) and the Famine Review Committee (FRC) advocate for immediate unimpeded access to these areas to conduct an assessment to determine the levels of food and nutrition insecurity.

Increased Burden and Severity

Acute Food Insecurity: 151 of the 333 districts (45 percent) are currently classified in IPC Phase 4 (Emergency), representing a staggering 5.6 million people in the same phase. This increases to 233 districts (70 percent) in the projection period, representing 7.1 million (an increase of 1.6 million) starting June. In addition, three districts are currently identified to have pockets of population in IPC phase 5 (Catastrophe), totalling 31,000 people, increasing to 161,000 people in 23 districts during the second half of 2022.

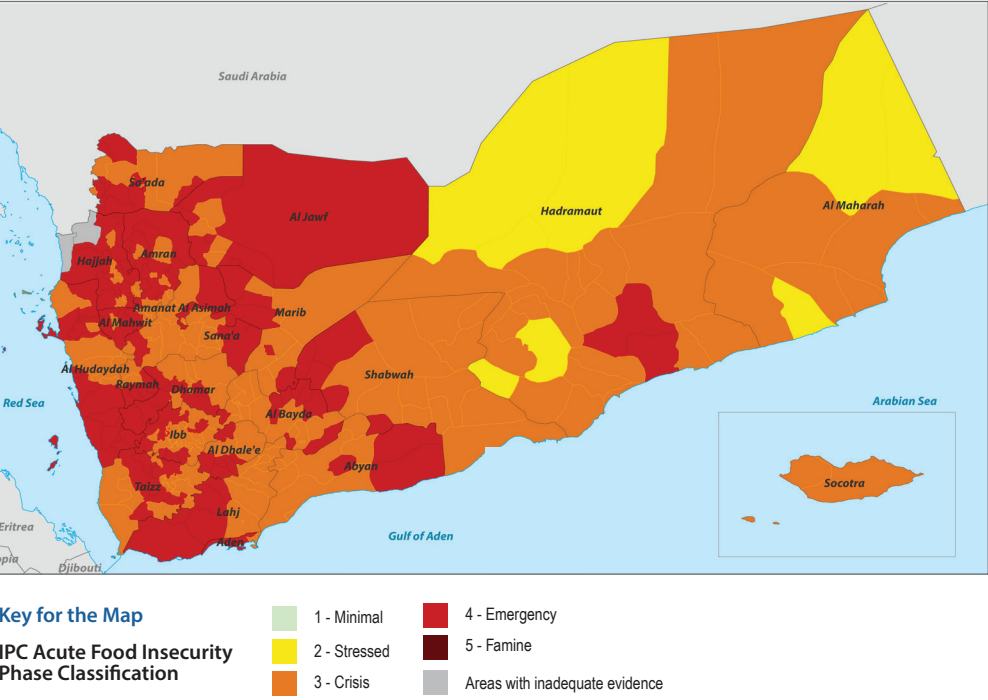
Acute Malnutrition Situation: Out of the 43 zones (333 districts) analysed, 40 districts (12 percent) are classified as *Critical* (IPC Phase 4) and 199 (60 percent) in *Serious* (IPC Phase 3), with the remaining 94 (28 percent) in *Alert* (IPC Phase 2). In the projection period, similar to food insecurity, there is a dramatic increase in severity, with 72 districts moving from *Serious* to *Critical* making up 108 districts (32 percent) and 66 districts moving from *Alert* to *Serious* making up 193 districts (58 percent). Of greatest concern are the two districts in Hajjah (Abs and Hayran) classified as *Extremely Critical* (IPC Phase 5) by June.

Publication date: March 14, 2022.
* IPC population data is based on population estimates by the Central Statistics Organisation of Yemen.
Disclaimer: The information shown on this map does not imply official recognition or endorsement of any physical and political boundaries.

Current Acute Food Insecurity | January - May 2022



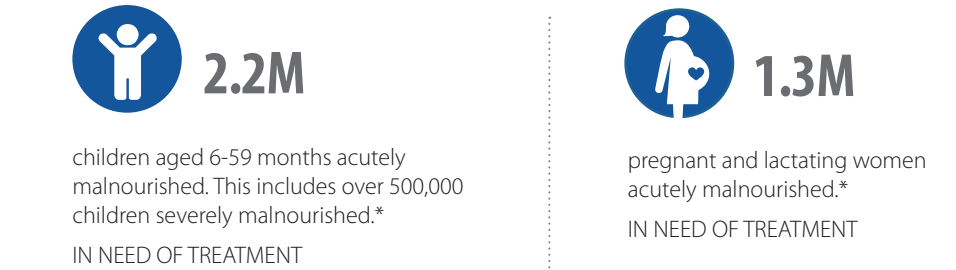
Current Acute Food Insecurity Situation | January - May 2022



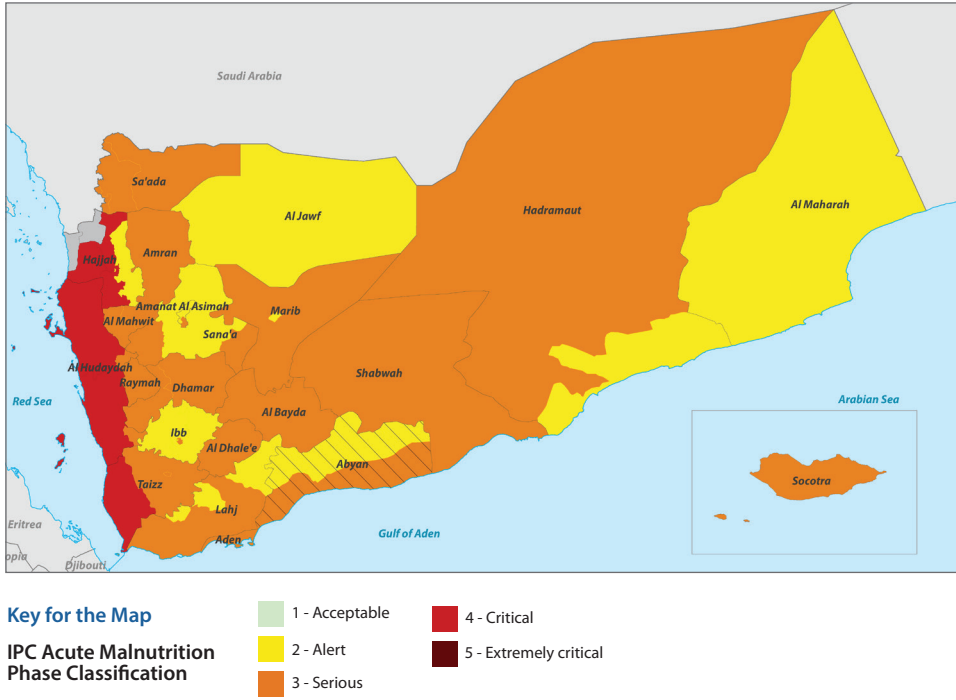
Key Drivers

- Conflict**
Conflict remains the primary key driver of acute food insecurity and malnutrition in Yemen. Port restrictions have led to severe fuel shortages and a further increase in the price of food and essential non-food items. Furthermore, the conflict has led to increased displacement (IDPs now stand at approximately 4.3 million) and disruption of public services. Civil unrest linked to the economic deterioration and the lack of public services is also rising. Without a permanent solution, it is unlikely that all other mitigation measures will have long-lasting effects.
- Economic shocks**
Several economic factors are at play, including the depletion of foreign reserves and the highly volatile exchange rate that has led the YER to depreciate, hollowing out household purchasing power and driving price increases of food and essential non-food items. The foreign currency crisis is compounded by increasing global food prices, shortages of fuel, and reduced household incomes. The Ukraine-Russia conflict will lead to further import and price shocks, given that more than 40 percent of Yemen's total imports of cereal is from these countries.
- Reduced funding for humanitarian assistance**
There is a high reliance on humanitarian food assistance in Yemen. Thus, acute food insecurity and malnutrition are highly sensitive to humanitarian funding. During the current analysis period (Jan-May), assistance levels are expected to cover 6.4 million people (50 percent of estimated beneficiaries). Starting June, planned assistance levels are expected to only cover 2.6 million people. These assumptions are based on funding estimates available at the time of analysis.
- Reduced access to basic services**
Limited access to health, nutrition, and WASH services due to conflict and low immunisation coverage (polio, measles, etc.), leading to high morbidity (diarrhoea, acute respiratory infections, fever). This, along with poor child-feeding practices, leads to high acute malnutrition levels.
- Natural hazards**
A combination of droughts, floods and cyclones expected this year, together with increased incidence of crop, pests, and livestock diseases, will impact the agriculture season and affect many livelihoods. Along the coastal areas, fishing activities are expected to be most affected. This will further reduce incomes and food availability.

Acute Malnutrition | January - December 2022



Current Acute Malnutrition Situation | January - May 2022



Risk of Famine

Given the current food insecurity and acute malnutrition levels, in four districts of Hajjah, namely Abs, Haradh, Hayran, and Midi, the Risk of Famine (RoF) is forecasted under the worst-case scenario.

The majority of the populations in these districts are displaced to the southern sub-districts of Abs, where IDPs reside in campsites or with host families. Should the conflict escalate and access to food assistance be further impacted by funding shortfalls, an already vulnerable large population would be displaced and impact the already stretched livelihoods of host families. The crude death rate would likely reach famine thresholds, exacerbated by a lack of humanitarian access and a collapse in health, nutrition and WASH systems.

Additionally, although Al Hali and Al Hawak districts in Al Hudaydah are not forecasted to be at Risk of Famine within the projection period (Jun-Dec 2022), the analysis determined that should a worst-case scenario apply for a protracted period beyond the projection period, these districts will likely shift into famine.

Population displacement | February 2022

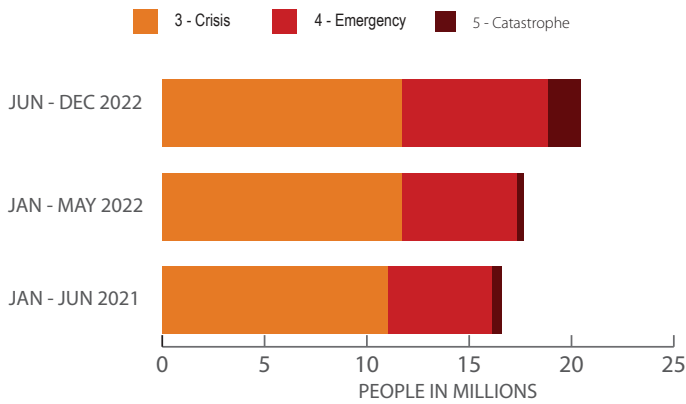
4.3M Yemen's conflict has had a devastating impact on the civilian population, with nearly 4.3 million** people displaced, about half of whom are women, with 27 per cent below the age of 18.

Acute Food Insecurity and Acute Malnutrition Projection Overview

Between June and December 2022, the number of people in Yemen likely to experience high levels of acute food insecurity (IPC Phase 3 or above) will increase by 1.6 million to 19.0 million (60 percent of the total population). Out of these, 11.7 million people are estimated to be in Crisis (IPC Phase 3), 7.1 million in Emergency (IPC Phase 4) and 161,000 in Catastrophe (IPC Phase 5).

For acute malnutrition, the situation is projected to deteriorate further from June to September 2022. Two districts in Hajjah (Abs and Hayran) are classified as *Extremely Critical* (IPC Phase 5). Approximately 2.2 million children under the age of five, including 538,000 severely malnourished, and about 1.3 million pregnant and lactating women are projected to suffer from acute malnutrition over the course of 2022.

People in IPC Acute Food Insecurity Crisis, Phase 3 or above



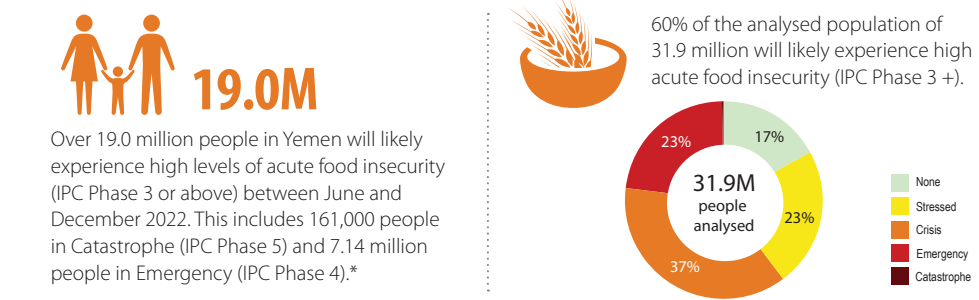
Humanitarian Food Assistance

Humanitarian assistance plays a vital role in Yemen, with a large proportion of the population relying on assistance as the primary source of staple foods. In 2021, 13 million people were reached with varying levels of humanitarian food assistance on a varying scale. Food assistance was significantly reduced in the first half of the year due to funding; however, in the second half of the year, a considerable scale-up reached more than three-quarters of the caseload with their monthly requirements.

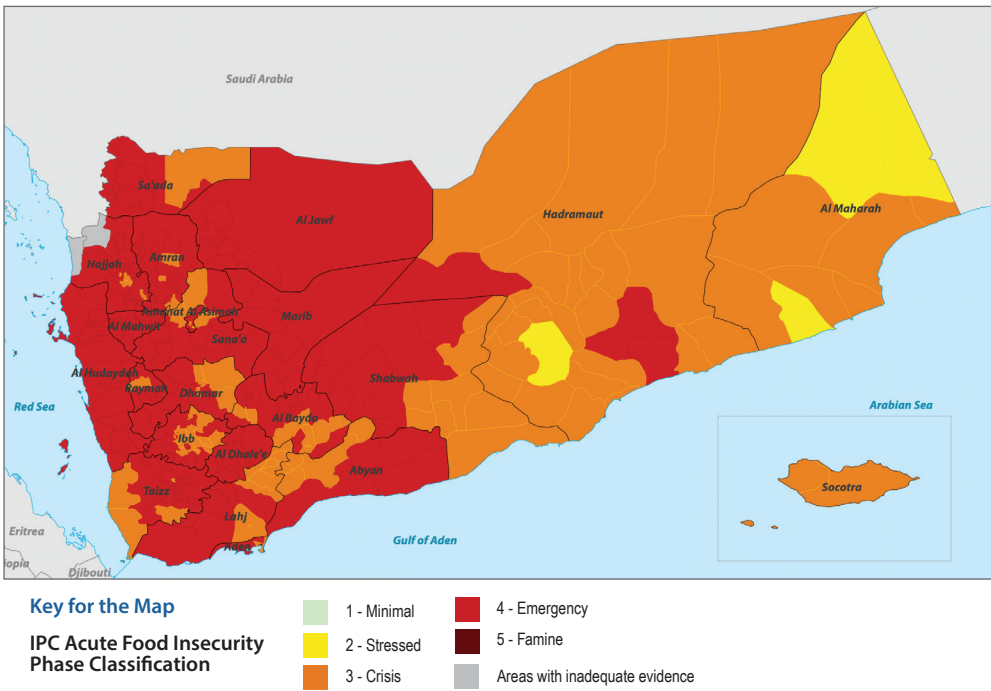
Different from the assumptions on levels of assistance at the time of analysis, additional contributions were confirmed at the beginning of March, which translated into likely continued support to 5 million people with full rations and 8 million with reduced rations per month until May. From June to December, anticipated resources are estimated to assist 5 million people per month. As these increased resource confirmations came after the completion of the analysis, they were not factored into the IPC results. It is important to note that without further resources, 8 million people of the current beneficiaries will not receive any assistance starting June.

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**Population displacement data is from OCHA Yemen.
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Projected Acute Food Insecurity | June - December 2022



Projected Acute Food Insecurity Situation | June - December 2022



Recommended Actions

Ending the war and economic stabilisation

Parties involved in the conflict to immediately cease armed activities and hostilities to protect Yemeni lives and livelihoods. All stakeholders to lift the restrictions on the importation and movement of much-needed goods which would result in lower prices. There is a further urgent need to allow and advocate for an unimpeded flow of humanitarian and commercial imports that serve essential needs into and within the country. Ending the war in Yemen will also pave the way to reconstruction and focus on longer-term investments to tackle the underlying causes of food and nutrition insecurity. Furthermore, an urgent review of the economic and fiscal policies is required to restore confidence and support the regeneration of the rial.

Provide life-saving humanitarian assistance

To stop and reverse inexorable deterioration, donors to provide urgently needed resources to enable sourcing and delivery of critical life-saving food assistance to populations facing large food consumption gaps.

Provide livelihood support and diversification

Considering the diminished resilience of people, the high level of vulnerability to shocks, and the chronic nature of food insecurity and malnutrition, close collaboration between humanitarian & development programmes are needed to tackle the underlying causes of food insecurity and malnutrition and enhance resilience.

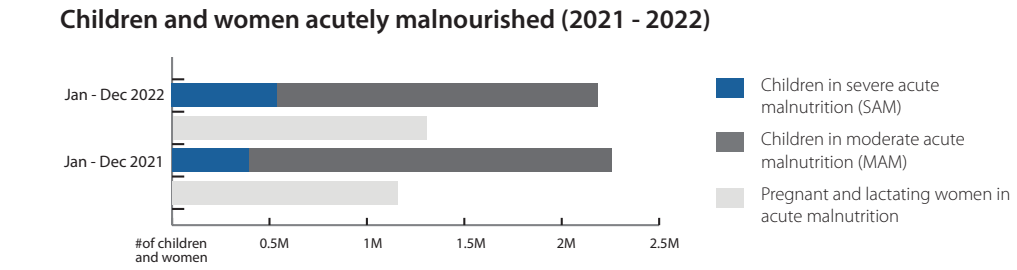
Improve inter-sectoral programming

Advocate for and support an integrated multisectoral approach for programming focused on the four key sectors; food security, nutrition, health and WASH. These would include: continuing integrated primary health care services including immunisation, hygiene promotion and WASH interventions at facility and community level; supporting integrated livelihood and nutrition preventive and curative programmes as well as programming through general food assistance (food, vouchers and cash) as well as supporting livelihoods, promoting kitchen gardening at household & community level and supporting cash programming.

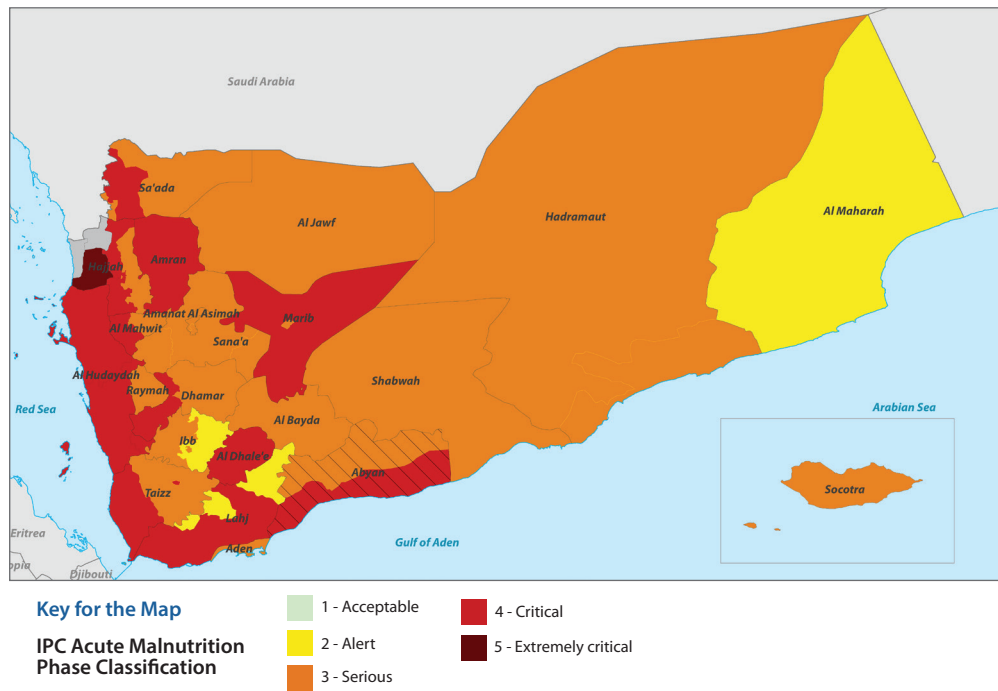
Strengthen monitoring and early warning systems

Joint and coordinated efforts in monitoring food security and nutrition indicators for early action/early warning are essential. Given the fragile context, the risk factors and key drivers of food insecurity and acute malnutrition should be monitored regularly. Relevant stakeholders should strengthen their monitoring systems in a coordinated manner, improve and expand data collection and sharing, and ensure timely analysis to comprehend the extent of the situation and ascertain when to trigger early action.

Acute Malnutrition | January - December 2022



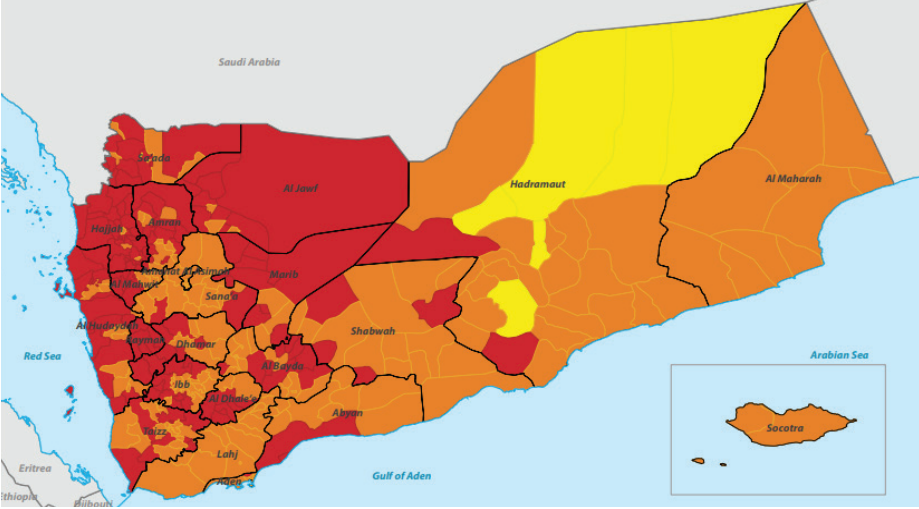
Projected Acute Malnutrition Situation | June - December 2022



ACUTE FOOD INSECURITY

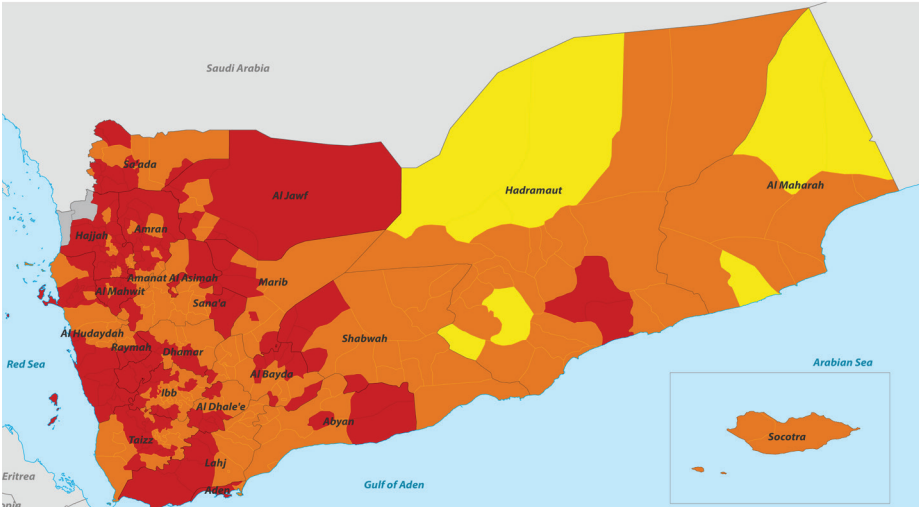
2021 PROJECTED Acute Food Insecurity January - June 2021

16.2M Nearly 16.2 million people (54% of the analysed population) in Yemen were projected to be in Crisis or worse (IPC Phase 3 or above) between January and June 2021.



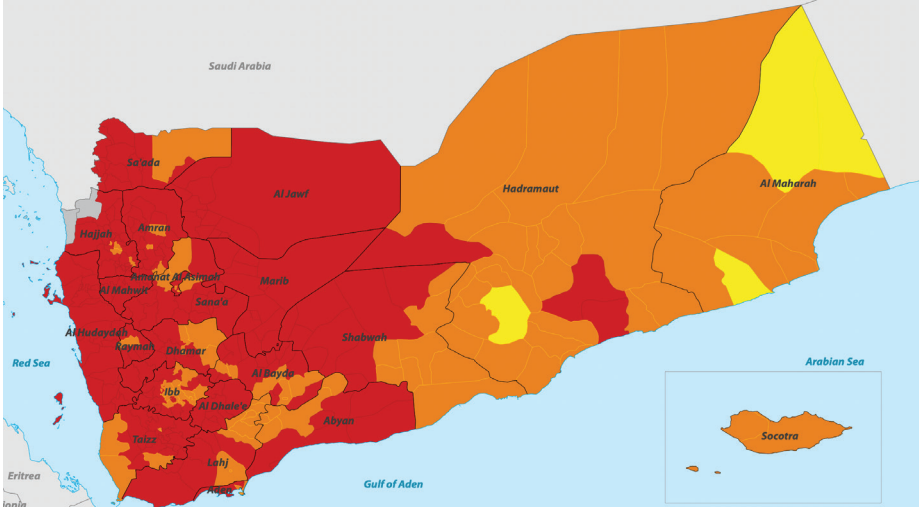
2022 CURRENT Acute Food Insecurity January - May 2022

17.4M Nearly 17.4 million people (54% of the analysed population) in Yemen will be in Crisis or worse (IPC Phase 3 or above) between January and May 2022.



2022 PROJECTED Acute Food Insecurity June - December 2022

19.0M Over 19 million people (60% of the analysed population) in Yemen will likely be in Crisis or worse (IPC Phase 3 or above) between June and December 2022.

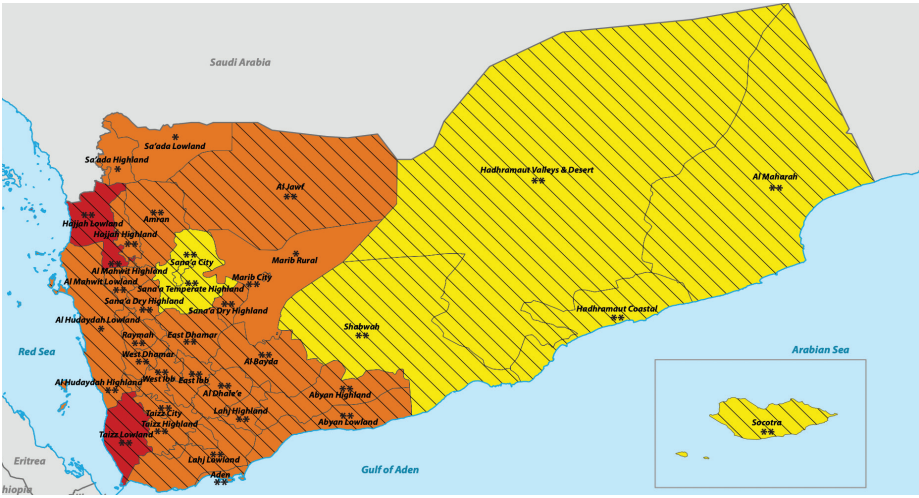


Key for the Map
IPC Acute Food Insecurity Phase Classification
1 - Minimal 2 - Stressed 3 - Crisis 4 - Emergency 5 - Famine Areas with inadequate evidence

ACUTE MALNUTRITION

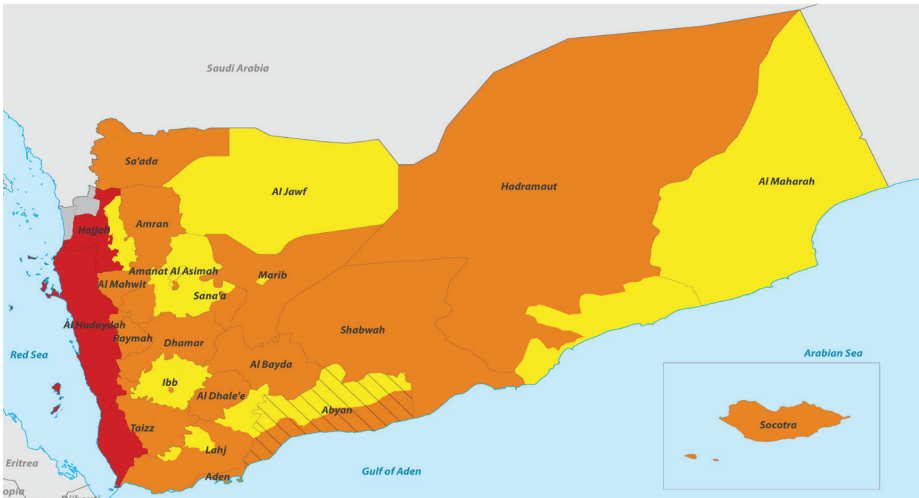
2021 CURRENT Acute Malnutrition January - December 2021

2.3M Between January and December 2021, 2.3 million children and 1.2 million women suffered from acute malnutrition; among those, 395,000 children suffered from Severe Acute Malnutrition.

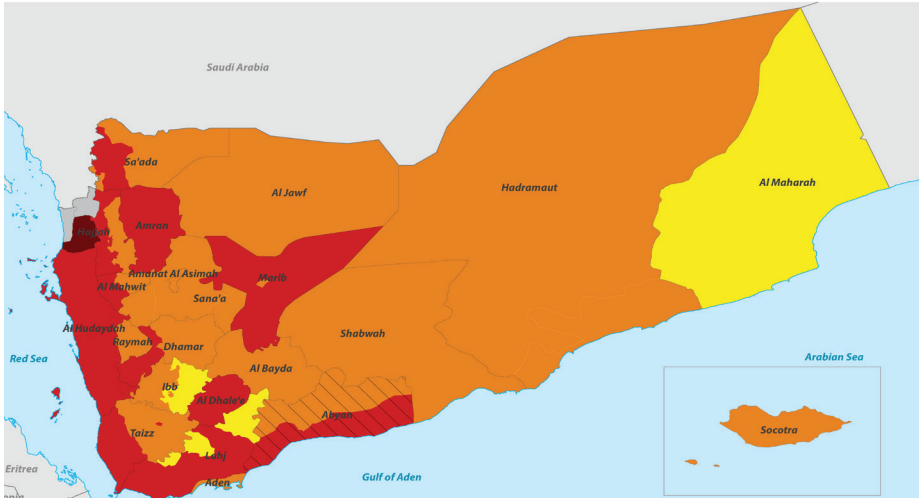


2022 CURRENT Acute Malnutrition January - May 2022

2.2M Between January and December 2022, it is projected that 2.2 million children and 1.3 million women will suffer from acute malnutrition; among those, 538,000 children will likely suffer from Severe Acute Malnutrition.



2022 PROJECTED Acute Malnutrition June - December 2022



Key for the Map
IPC Acute Malnutrition Phase Classification
1 - Acceptable 2 - Alert 3 - Serious 4 - Critical 5 - Extremely critical