Acute malnutrition is a major public health problem in Yemen. Yemen is also the largest humanitarian crisis in the world. The UN has estimated that 20.7 million people need humanitarian and protection assistance. Of these, 12.1 million people are in acute need. More than half of the population are facing acute levels of food insecurity. Moreover, the country has the fourth largest internally displaced persons (IDPs) population in the world; there are 4 million IDPs in urgent need. The country also hosts over 141,000 refugees and asylum seekers in almost all the governorates.

The rate of Global Acute Malnutrition (GAM) is 11.9% for children under 5 years and 1.8% of these children are severely wasted. Out of 22 governorates in Yemen, 6 reported high (10–<15%) and 4 reported very high (>15%) rates of GAM. In 2021, it is estimated that 2.3 million children under the age of 5 years are suffering from acute malnutrition where 400,000 and 1.9 million children under 5 years are suffering from severe acute malnutrition (SAM) and moderate acute malnutrition (MAM), respectively.

The natural disasters have also contributed to the high rates of wasting. The COVID-19 pandemic has had compounding negative effects on wasting due to reduced remittances, reduced access to markets, difficulty maintaining employment and a global oil price drop, affecting foreign currency contribution to the local economy. The worldwide spread of COVID-19 resulted in halving the health and humanitarian food assistance programmes in parts of the country.

Finally, the escalating armed conflict remains one of the main root causes of acute malnutrition. Despite the challenging context the Yemeni government has developed the national multi-sectoral nutrition plan as the successful nutrition interventions are a prerequisite for successful emergency response, health, and sustainable development.

**GEOGRAPHICAL PRIORITY AREAS**

1. ABYAN
2. ADEN
3. AL BAYDA
4. AL DHALE’E
5. AL HUDAYDAH
6. AL JAWF
7. AL MAHARAH
8. AL MAHWIT
9. AMANAT AL ASIMAH
10. AMRAN
11. DHAMAR
12. HADRAMUT
13. HAJJAH
14. IBB
15. LAHJ
16. MARIB
17. RAYMAH
18. SA’ADA
19. SANA’A
20. SHABWAH
21. SOCOTRA
22. TAIZZ
OUTCOME 1
REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM | PRIORITY ACTION/SERVICE
---|---
HEALTH | Micronutrient supplementation (Iron-Folate)
Promote Skilled birth attendants/deliveries in Health Facilities
Promote antenatal care and post-natal care
Develop and update a national guideline/action plan addressing the adolescent and youth reproductive health (RH) issues including early pregnancy
Set up youth friendly Reproductive Health services, BMI assessments, MUAC screening and Haemoglobin in universities and at community-level
MUAC screening of all pregnant women and lactating women
Treatment of acute malnutrition in pregnant and lactating women
Promotion of adolescent/teen girls’ nutrition in Yemen (school-based and out-of-school activities)

FOOD | Establish and support small and medium sized enterprise projects for women and youth groups within the framework of the Agricultural and Fisheries Production Promotion Fund
Promotion of diversified agriculture production targeting women households

SOCIAL PROTECTION | Establishing healthy school meals kitchens
Provide conditional cash incentives for families of girl students
Provide water tanks, clean safe drinking water and enhance healthy nutrition and hygiene practices in the targeted schools

OUTCOME 2
IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM | PRIORITY ACTION/SERVICE
---|---
HEALTH | Provision of Integrated Management of Neonatal and Childhood Illness (IMNCI) - special focus on diarrhea, pneumonia, malaria in endemic areas
Establishing the electronic child health information registry
Provision and scale up of Minimum Service Package (MSP), (health and nutrition services)
Reduce chemical risk in production by regulating use of agricultural chemicals (pesticides)
Purification of irrigation water from pest and fungal infections
Promote household and small scale food preservation and storage practices (targeting women)
Revitalize the National Codex Committee (food hygiene and food regulation)
Strengthen national food safety interventions (build capacity for food safety in emergency + establish food safety strategy, vision, regulation and laws)
Establish a surveillance of foodborne diseases
Enhancing community knowledge on food safety and hygiene practices

FOOD | Reduce chemical risk in production by regulating use of agricultural chemicals (pesticides)
Purification of irrigation water from pest and fungal infections
Promote household and small scale food preservation and storage practices (targeting women)
Revitalize the National Codex Committee (food hygiene and food regulation)
Strengthen national food safety interventions (build capacity for food safety in emergency + establish food safety strategy, vision, regulation and laws)
Establish a surveillance of foodborne diseases
Enhancing community knowledge on food safety and hygiene practices

WASH | Improve WASH sector capacity for multisectoral coordination and emergency response
Provision of safe drinking water to the vulnerable communities (including IDPs)
Promotion of good hygiene and sanitation
Rehabilitation and maintenance of all school toilet facilities

OUTCOME 3
IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN’S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM | PRIORITY ACTION/SERVICE
---|---
HEALTH | Implement and expand Baby Friendly Hospital Initiative (BFHI)
Implement and expand Baby Friendly Community Initiative (BF3)
Maintain and scale up IYCF Corners services
Strengthening monitoring BMS code violations

FOOD | Promote home gardening programmes to produce nutritious foods, including seeds and mini-irrigation kits
Cash support for small food industries for rural households
Development of Children’s recipes for complementary foods

SOCIAL PROTECTION | Cash vouchers, particularly targeted at improving dietary consumption of fruits and vegetables at household level
General food assistance (GFA)
Cash vouchers to households targeting the 1000 days

OUTCOME 4
IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM | PRIORITY ACTION/SERVICE
---|---
HEALTH | Development and improvement of nutrition curriculum for health institute and universities to include nutrition in the pre-service training
Activate the role of health supervisors and volunteers in improving the nutritional and health status of mothers and children through Health Facilities, community and school-based activities, improving the nutritional and health status of mothers and children through Health Facilities, community and school-based activities
Scale up coverage and quality of services for the management of acute malnutrition (worse and moderate acute malnutrition)
Strengthen the nutrition surveillance system at all settings (HFs, community, schools and others)
Strengthen Nutrition Information Systems

FOOD | Establish food safety M&E system (for evidence-based planning and programming)
Development of pre-service and in-service nutrition training materials for agricultural extension workers

SOCIAL PROTECTION | Provide conditional cash assistance transfer to HHs which has U5 children, breaks acute malnutrition among the vulnerable beneficiaries and to enable targeted HHs to purchase food and necessities in targeted areas

By 2025
- REDUCE LOW BIRTHWEIGHT TO 27.9%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 25%
- INCREASE THE COVERAGE OF TREATMENT SERVICES FOR WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR SELECT 54.6% OF THE POPULATION