

Global Action Plan on Child Wasting

Country Roadmap

Yemen

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 key drivers of wasting are common in most of the zones of Yemen. They include poor quality of food intake, food insecurity, infant and young child feeding (IYCF) practices, access to health and nutrition services, water, sanitation, and hygiene (WASH) and high levels of communicable diseases.

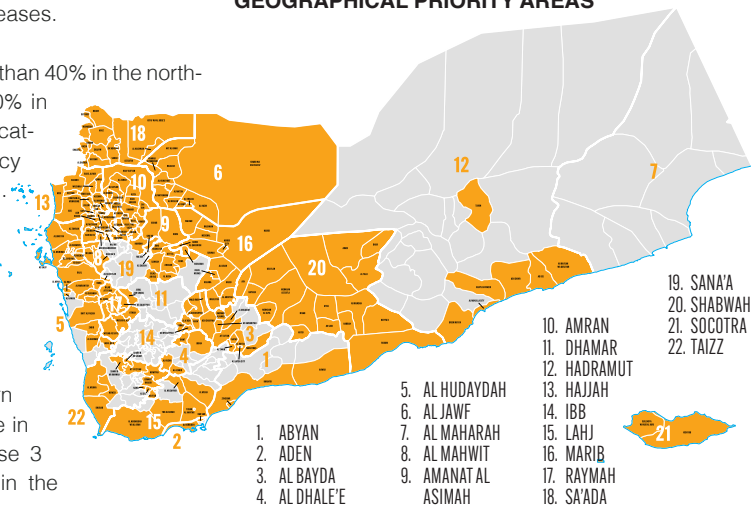
Minimum Dietary Diversity is less than 40% in the northern governorates and around 50% in the southern governorates, indicating low levels of nutrient adequacy in children's food consumption. The exclusive breastfeeding prevalence is <35% across all zones in the northern governorates and it is <25% in more than 60% of the zones in the southern governorates. Also, while all the 22 zones in the northern governorates are projected to be in IPC Acute Food Insecurity Phase 3 or above, 17 of the 19 zones in the

southern governorates were expected to be in IPC Acute Food Insecurity Phase 3 or above between January and March 2021. The economic shocks have reduced household purchasing power, impacting food consumption. Poor WASH services are also a major concern in all zones and high rates of communicable disease (acute respiratory infections, malaria/fever, cholera) are widespread throughout the country.

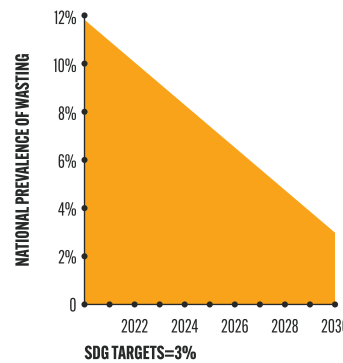
The natural disasters have also contributed to the high rates of wasting. The COVID-19 pandemic has had compounding negative effects on wasting due to reduced remittances, reduced access to markets, difficulty maintaining employment and a global oil price drop, affecting foreign currency contribution 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.

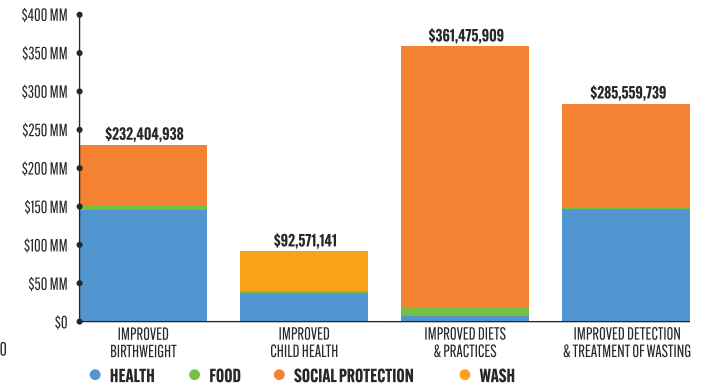
GEOGRAPHICAL PRIORITY AREAS



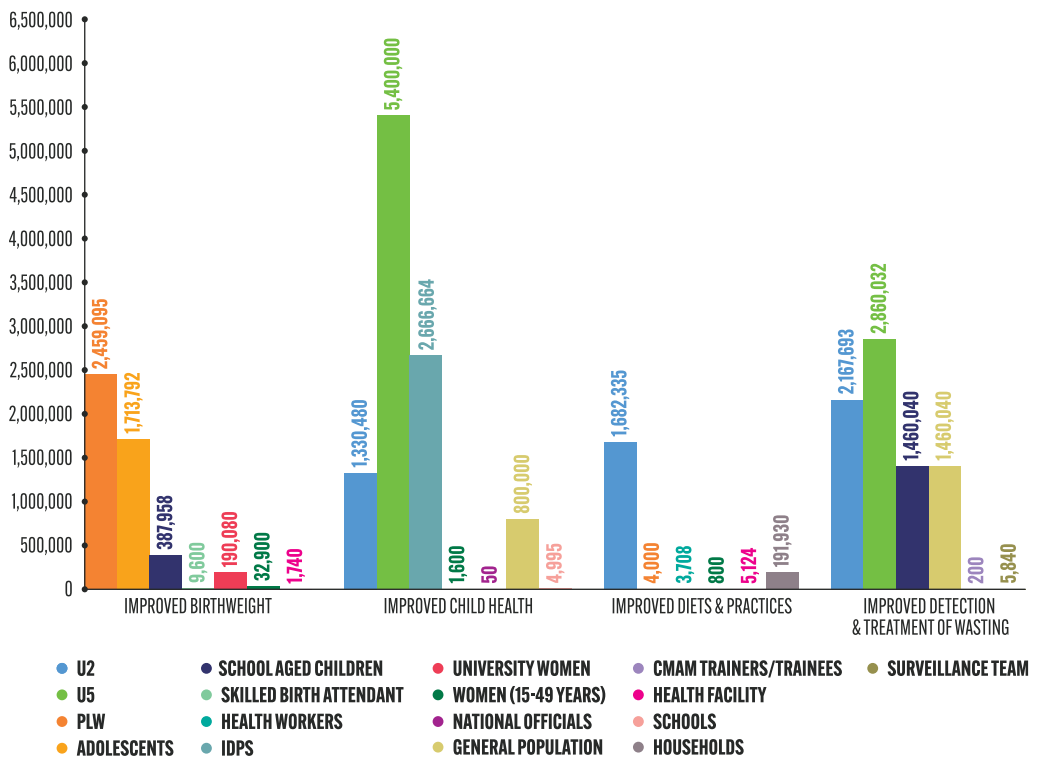
REACHING THE SDG TARGET BY 2030



ANNUAL COST (USD)



TARGET POPULATION GROUPS



TOTAL NUMBER OF PEOPLE TO BE REACHED = 24,631,067
TOTAL NUMBER OF GROUPS/HH TO BE REACHED = 197,770

- 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

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/update a national guide/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 |
| FOOD | Treatment of acute malnutrition in pregnant and lactating women |
| | Promotion of adolescent/teen girls' nutrition in Yemen (school-base and out-of-school activities) |
| | 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 |
| SOCIAL PROTECTION | Promotion of diversified agriculture production targeting women households |
| | Establishing healthy school meals kitchens |
| | Provision of conditional cash incentives for families of girl students |
| | Provide water tanks, clean safe drinking water and enhance the healthy nutrition and hygiene practices in the targeted schools |

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 (BFCl) |
| | 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 household targeting the 1000days |

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) |
| FOOD | Increase immunization coverage |
| | 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) |
| WASH | 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 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 preservice 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 HFs, community and school-based activities |
| | Scale up coverage and quality of services for the management of acute malnutrition (severe 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, to reduce acute malnutrition among the vulnerable beneficiaries and to enable targeted HHs to purchase food and necessities in targeted areas |