ADDRESSING MALNUTRITION IN YEMEN

Coming together to save Yemeni lives and help future generations thrive
VISION
To reduce all forms of malnutrition, saving the lives of Yemeni children, helping them to thrive, grow to their full potential and contribute to the development of their communities and country.

KEY TARGETS

In order to make tangible progress towards the vision, the international community is offering a series of commitments to support the authorities in Yemen over the next three years through partners within Yemen to achieve the following targets:

1. Reduce Global Acute Malnutrition to pre-crisis levels in all governorates, and in the long-term aim for rates below the serious threshold of 10% in each of the 22 governorates.

2. Reverse chronic malnutrition prevalence to pre-crisis levels, and in the long-term aim for a national 1% annual rate of reduction.

To achieve these targets, THREE things must be met:

1. Increased coverage and quality of the Nutrition Programmes
   i. Aim to detect early and treat all children under five and pregnant and lactating women suffering from acute malnutrition, reaching at least 80% coverage with focus on the governorates with GAM over 10%.
   ii. Provide all children under two and pregnant and lactating women living in districts at an increased risk of famine, (Nutrition, Health and Food Security and Agriculture Clusters high priority districts), with protective and preventive supplementary food rations.
   iii. Support, promote and protect optimal and safe infant and young child feeding practices (IYCF). Improve breast feeding rates by at least 10%, increase access to optimal complementary foods, and improve complementary feeding practices.
   iv. Provide micronutrient supplements and support anaemia reduction amongst children under five, adolescent girls and pregnant and lactating women.
   v. Protect infant and young child nutrition by supporting food security at household level, ensuring quality health service availability and improved access to water and sanitation.

2. Improved access to both preventive and curative services
   i. Scale-up community based nutrition service delivery through Community Health Volunteers (CHVs) and Community Health Workers (CHWs) to have at least one CHV per village level 2 and 3 and 15,000 CHWs focusing on areas with GAM over 10% and stunting rates over 40%.
   ii. Strengthen the monitoring system and referral services across inpatient and outpatient care for acute malnutrition and ensure continuum of care for severe and moderate acute malnutrition.
   iii. Strengthen nutrition information systems and community screening programmes (routine screening, surveillance system and surveys) by ensuring that the system is adapted to the response, provides timely information for decision making and actions, and is based on quality assured data and analysis.
   iv. Reinforce linkages between vulnerable households and food assistance and/or livelihood/ income generating programmes, water and hygiene services and cash assistance in the priority districts.

3. Adequate capacity and commitment among national counterparts especially the relevant ministries, private sector, NGOs and Civil Society Organisations (CSOs) to implement nutrition specific and sensitive programmes in an effective and sustainable manner.
TEN REASONS WHY THE INTERNATIONAL COMMUNITY MUST COMMIT TO END ALL FORMS OF MALNUTRITION IN YEMEN

1. One out of three children in Yemen and one out of five pregnant and lactating mothers are at risk of acute malnutrition.

2. A child with severe acute malnutrition and stunted is 12 times more at risk of death than a healthy child, whilst a child with moderate acute malnutrition is four times more at risk of death than a healthy child.

3. If children with severe acute malnutrition are not reached with the treatment they need, one in five of these children will die; with more than half of the Health Facilities in Yemen completely or partially damaged, this is a significant risk.

4. Vaccination coverage is less than 50% for some preventable diseases, leaving children more exposed to disease and potentially causing or exacerbating malnutrition. The collapsing health system is threatening the provision of basic lifesaving nutrition and health interventions. Without addressing salary crisis, all health facilities will stop working.

5. More than 1.2 million children went without treatment for acute malnutrition in 2017. Without adequate resources and safe access, we will be unable to reach children whose lives are at imminent risk.

6. According to State of the World’s Children 2017, Yemen has the fourth highest level of chronic malnutrition (Stunting) in the world. This is affecting an entire generation’s development and productivity – 47% of Yemeni children under five are stunted. In Sa‘ada governorate stunting has reached catastrophic levels, 70% of children under five.

7. Chronic malnutrition (stunting) affects the physical and cognitive development of children. Stunted children will have lower immunity and increased morbidity later in life, as well as lower physical and intellectual capacities. This can lead to poor performance in school and lower productivity as adults.

8. Malnourished women of reproductive age have higher chances of giving birth to smaller babies (weight and height) continuing the cycle of malnutrition into future generations.

9. Countries with high levels of malnutrition lose as much as 10 percent national GDP year-on-year.

10. Yemen needs support for both the humanitarian response and development interventions, provided as one package of services. Unless an integrated multi-sectoral package of interventions is provided (including health, wash, social protection & food security components etc.) acute and chronic malnutrition levels will remain high.
PARTNER COMMITMENTS

The UN agencies specifically UNICEF, WFP and WHO commit to the following:

(i) expanded service delivery, (ii) health system strengthening to reach disadvantaged and unreached groups, (iii) community engagement to address demand side barriers and (iv) capacity building of all actors.

The UN agencies will:

• Establish a joint, inter-agency approach to prevent and treat undernutrition, linking up on robust data gathering, planning, detailed budgeting, and programmes to increase coverage, coherence and quality, and have a common monitoring, evaluation and learning framework
• Support the update of the Multi-Sectoral Nutrition Action Plan in the first half of 2019, to address all forms of malnutrition in Yemen.8
• Provide technical support to the Ministry of Public Health and Population (MoPHP) to develop policies, implement and monitor interventions for prevention of chronic malnutrition and treatment of acute malnutrition, as well as increase their ability to map resources, collect up-to-date information and inform decision making.
• Develop a common advocacy and fund raising strategy for nutrition programming in Yemen, in collaboration with the relevant stakeholders.

In Yemen, the National Global Acute Malnutrition prevalence is 16%

47% of under 5 Yemeni children have chronic malnutrition (stunted).

The NGO community in Yemen commit to the following:

• Plan and implement integrated interventions that address all forms of malnutrition in line with the country guidelines and strategies.
• Support the implementation of the nutrition programmes in the hard-to-reach areas where the government has limited presence.
• Contribute to the advocacy and fundraising efforts for nutrition specific and sensitive interventions.
• Participate actively in supporting the development, planning and implementation of the nutrition specific and sensitive programmes of the government.
• Participate and engage in the Multi-Sectoral Nutrition Action Plan (MSNAP) update.

Together the United Nation Agencies and NGOs commit to update and harmonise common sector targets across all relevant clusters, in particular, Nutrition, Health, Food security, and Water, Sanitation and Hygiene (WASH).
The donors to Yemen commit to the following:

- Commit to multi-year funding to proposed strategies and action plans to address all forms of malnutrition, including humanitarian and development funding.
- Increase flexibility and adaptability of funding provided, taking the unpredictability and complexity of the context in Yemen into account.
- Develop a coordinated funding strategy, with minimum annual funding allocations in line with the proposed strategies and action plans.
- Advocate for global commitment to address all forms of malnutrition in Yemen.
- Advocate for the importance of compliance with International Humanitarian Law (IHL).
- Advocate in national and international forums for increased access of UN and partners in hard-to-reach and marginalized areas to increase operations/programmes addressing malnutrition across the country.

A CALL TO ACTION FOR PARTIES TO THE CONFLICT

WORK WITH the international system to reduce all forms of malnutrition by developing strategies, plans and budgets as well as facilitating access to all areas of Yemen.

MOBILISE relevant line ministries and expand coverage and quality of preventative, and curative services related to malnutrition.

ABIDE BY International Humanitarian Law in particular the safety and security of people seeking and receiving health care and infrastructure necessary to maintain health and wellbeing.

ACCOUNTABILITY MECHANISM

This Call to Action aims at holding the various parts of the offer to account.

A steering committee will meet every year to take stock and record progress against targets based on indicators and expected results and outcomes for each sector based intervention. These meetings will be used as a platform to brainstorm on issues and provide formal recommendations and agree on corrective actions. The steering committee will also be responsible for designing the next phase after the 3 first years.

The steering committee will comprise of representatives of all key stakeholders in the Call to Action. DFID offers to organize the first meeting in early 2019.
Acute malnutrition is at serious levels in Yemen. This update is based on the available SMART surveys done in 9 governorates in 2018. These SMART surveys show that 8 governorates are with Global Acute Malnutrition (GAM) levels above 10%, 4 of them are above 15% among which there are 2 above 20%. The WHO classifies the severity of the situation based on GAM prevalence as “Serious” at GAM rates between 10-14% and as “Critical” when the GAM prevalence is ≥15 %. The CMAM programme information system is reporting an increase of 14% in the admission rates of SAM cases during the first half of 2018 in comparison to the same period of 2017.

Stunting levels among children under 5 years of age in Yemen are alarmingly high and on the increase now after decline between 2005 and 2011. The majority of countries globally are showing a decline in the levels of stunting however in Yemen stunting levels are showing an upward trend after the present escalation of the conflict and the increase in levels between 2016 and 2018 is estimated as 1.7%. This figure is closer to the globally accepted increase or decrease in percentage of stunting (about 1% annually) that is commonly observed. In Yemen, there are 13 governorates with stunting levels of 40% or more, among which there are five governorates with levels above 60%. Based on WHO classification for severity of the situation, prevalence of stunting levels of ≥40% is considered as very high or critical. The nutritional status of women in child bearing age is also a matter of concern. Since 1997, there has been no improvement in the nutritional status as seen in levels of BMI below 18.5 kgm⁻²; almost 25% of women are malnourished.

The level of anaemia among children and women is high in Yemen. The DHS of 2013 indicated that among children 6-59 months of age, the prevalence of anaemia is 68.3% of which 15.5% is severe anaemia. Anaemia among women is 70.6% of which 3.2% is severe anaemia. The levels of anaemia and severe anaemia among pregnant women is 78.2% and 8.5% respectively. For iodine deficiency, the national survey conducted in 2015 indicated that almost half of population are iodine deficient while 22% are severely iodine deficient. The median urinary iodine decreased for 173 µg/l in 1998 to 101µg/l in 2015.

Inappropriate and inadequate infant and young child feeding practices is among the determinants of the current high levels of undernutrition among children in Yemen. Half of mothers are not initiating breastfeeding within the first hour after the delivery. Exclusive breastfeeding rates went down further from an already low rate of almost 18% in 1997 to around 10% in 2003, and bottle feeding is a practice in 2 out 5 children years of age. The DHS of 2014 indicated that 58.5% of children aged 6 to 23 months are fed with minimum meal frequency, 26.6% with minimum dietary diversity, and collectively, those with minimum acceptable diet is only 17.3% (among breastfed) which is indicator of poor complementary feeding practice.

In Yemen, the food and nutrition crisis has been exacerbated by the conflict and subsequent collapse of the economy. The disruption of formal markets, fluctuation in the currency, escalation of prices of basic goods and diminished purchasing power mean that Yemenis can buy less with the money they have. Around 80% of Yemenis are estimated to be in debt. The interruption of the payment of salaries for 1.25 million public sector workers continues (for the past two years in the northern governorates), undermining public systems. Half of all health facilities in the country are closed or not fully functional. A quarter of all children are not attending school.

Based on IPC analysis conducted in March 2017, an estimated 17 million people, which is equivalent to 60% of the total Yemeni population, are food insecure and require urgent humanitarian assistance to save lives and protect livelihoods. Among those, approximately 10.2 million people are in IPC
Phase 3 ‘crisis’ and 6.8 million people are in IPC Phase 4 ‘emergency’. Nationally, the population under Emergency (IPC Phase 4) and Crisis (IPC Phase 3) has increased by 20% compared to the results of the June 2016 IPC analysis.

The situation in the Health and WASH sectors is also precarious: An estimated 14.8 million people lack access to basic healthcare, including 8.8 million living in severely under-served areas. Medical supplies and equipment are chronically in short supply; operational costs have not been provided to health facilities for over a year and for the last two years’ salaries have not been paid, delayed, or partially paid. Only 45 per cent of health facilities are functioning. Since the beginning of the war, outbreaks of dengue, cholera, diphtheria and measles have been reported from several governorates. These has also been a significant increase in of malaria cases and acute watery diarrhoea. The Health system’s ability to prevent and control outbreaks is deteriorating.

An estimated 16 million Yemenis need humanitarian assistance to establish or maintain access to safe water, basic sanitation and hygiene facilities, out of which 11.6 million need acute support. Water and sewage networks require increased support to continue providing a minimum level of services. An estimated 38% of Yemen’s population are connected to a piped water network only. Due to the lack of electricity and revenues, the functionality of these piped networks is depending heavily on support from humanitarian partners. Where piped networks have stopped, people revert to free but unimproved water sources or depend on charity from others, often resulting in irregular and insufficient access to unsafe water sources. With 78% of households suffering from reduced economic status since 2015, only part of the population is able to afford trucked water. With an estimated 6% of households treating their water at home, it can be assumed that the majority of the population is not able to access safe water for drinking.

As per the conceptual framework of nutrition, education, livelihood, economic status, food security and access to health care, if sub-optimal, as is the case in Yemen, are all factors that further manifest acute and chronic malnutrition and must be addressed simultaneously in order to have significant improvement in nutrition indicators for children and women.
Coming together to save Yemeni lives

HIGH IMPACT INTERVENTIONS TO ADDRESS MALNUTRITION

The top figure to the left shows in general, the interventions that are based on evidence and globally accepted to prevent the different forms of malnutrition (acute, chronic and micronutrient deficiencies) among children (Lancet 2013; 382: 452–477 & UNICEF 2015). These interventions are depicted using a life cycle approach starting with pregnancy and infancy, and then under-five children and adolescent girls.

1. The root causes of malnutrition and the factors leading to it are complex and multidimensional. Conflict, poverty, underdevelopment, and low socioeconomic status are major contributors, with direct consequences on direct determinants such as the food security at household level, lack of access to education, quality health systems and safe drinking water. Malnutrition is often aggravated further by other social determinants, as well as poor feeding and care practices for infants and young children.

2. In recent years, a greater understanding has developed regarding the importance of nutrition at different stages of the life course and the effect of poor nutrition across generations. An intergenerational cycle of malnutrition exists whereby a woman who has anaemia or has a low body mass index, for example, is likely to have a baby with a reduced birth weight. Low birthweight babies are more likely to be acutely or chronically malnourished (wasted or stunted) and to have a higher risk of morbidity and mortality later in life.

3. Improving women’s, children’s, and adolescents’ nutrition requires a range of policies, programmes, and interventions at different stages of life. And, since it is known that malnourished women give birth to children with high risks of malnutrition, it is possible and effective to take action to improve nutrition across generations. The bottom figure to the left illustrates some of the essential interventions that address nutrition vulnerability.

4. By taking a life-cycle approach, the programme aims to shift the international humanitarian response model in Yemen to a protracted crisis approach, capable of delivering critical lifesaving assistance while attempting to maintain the foundation necessary for future development.

5. This is an ambitious but necessary objective in order to retain flexibility over the course of the programme delivery. Contextualising the approach in Yemen means that we will need to focus on the lifesaving interventions and build on these where possible to maintain and increase the capacity and resilience of the systems involved. It will be an ongoing exercise, consistently delivering critical lifesaving assistance whilst also scaling longer term systems strengthening efforts where access become permissible. Thus, there is a need to work in both the areas, treatment as well as prevention of malnutrition among children and women.
The reduction in the levels of malnutrition will require the coming together of a number of sectors and their respective ministries, with the effort led by the Ministry of Public Health and Population (MoPHP) and supported by the Water and Environment and other ministries as mentioned below.

- The health sector is represented by the Ministry of Public Health and Population (MoPHP) offices at the national level, governorates and districts. Implementation of the majority of nutrition specific interventions is the responsibility of the health sector through the Nutrition Programme of the MoPHP at different levels. MoPHP is also responsible for implementing part of the nutrition sensitive interventions including immunization, use of oral rehydration salts and therapeutic zinc to treat diarrhoea, prevention (with insecticide-treated mosquito nets) and treatment of malaria, and treatment of pneumonia with antibiotics.

- The water sector represented by the rural water authority under the umbrella of Ministry of Water and Environment is responsible for implementing the effective water and sanitation package that is part of the nutrition sensitive interventions. Access to safe drinking-water, sanitation and hygiene (WASH) services have an important positive impact on nutrition. Improving access to clean drinking water, sanitation by creating environments free of open defecation, and hygiene by promoting hand washing with soap, when implemented at scale can reduce undernutrition.

- Ministry of Education has an important role to play by implementing nutrition specific interventions including micronutrient supplementation for adolescents, deworming and school feeding programmes. In addition, it plays a critical role in nutrition sensitive interventions too through keeping girls in school for longer, which is proven to delay the age of first marriage, and prepares young women to be more informed and empowered mothers.

- The Industry Ministry, industries and private sector have a dual role to play. They help in creating jobs and employing people, and industries related with foods can help by producing fortified foods.

- Agriculture and fisheries sectors represented by Ministry of Agriculture and Ministry of Fisheries through their local offices can help improve the household food security and livelihood. Improving dietary diversity by increasing production of nutritious foods can help in improving access to adequate, affordable, nutritious food. The Agriculture ministry along with the Fisheries and other ministries must promote producing nutrient-dense foods, such as fruits and vegetables, fish, livestock, milk and eggs.

- The Social Sector and Civil Society has an important role to play in improving the nutritional status of children and women. The two together work in the area of social protection that involves policies and programs that protect people against vulnerability, mitigate the impacts of shocks, improve resilience and support people whose livelihoods are at risk. Targeted cash transfers and food access-based approaches are the two main categories of safety nets intended to avert starvation and reduce undernutrition among the most vulnerable populations.

- While the work at the central or national level is extremely important, in the context of Yemen it will be critical that the various departments at the governorates are empowered in decision making and implementation of the different programs, the decentralization process has to be further supported and strengthened for any meaningful sustainable and scalable progress towards improving the nutritional status of the population, especially the vulnerable ones.
Coming together to save Yemeni lives
KEY MESSAGES

Acute Malnutrition

Acute malnutrition attributed directly and indirectly to almost half of deaths among children under five in Yemen.

Acute malnutrition refers to a child who is too thin for his or her height. Acute malnutrition is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely acutely malnourished has an increased risk of death, but treatment is possible.

KEY FACTS

• Currently in Yemen, One out of three children in Yemen is at risk of acute malnutrition, whilst one out of five pregnant and lactating mothers is at risk of acute malnutrition.

• Child with severe acute malnutrition and stunted is twelve times more at risk of death than a healthy child, while child with moderate acute malnutrition is four times more at risk of death than a healthy child.

• More than half of the Health Facilities in Yemen are completely or partially damaged. If children with severe acute malnutrition are not reached with the treatment they need, one in five of these children will die.

• Management of acute malnutrition is available in most of health facilities for free, families are encouraged to utilize these services.

• Extreme food shortages, common childhood diseases such as diarrhoea and pneumonia, or both can lead to acute malnutrition, which can quickly lead to death if left untreated.

• Exclusive breast feeding for the first six months of life and optimal complementary feeding could save children’s lives.

• The collapsing health system is threatening the provision of basic lifesaving nutrition interventions. Without addressing the salary crisis, all health facilities will stop working.

• Without adequate resources and safe access, we will be unable to reach children whose lives are at imminent risk.
**Chronic Malnutrition in Yemen**

Yemen has the second highest level of chronic malnutrition (Stunting) in the world, this is affecting an entire generation’s development & productivity.

**Chronic malnutrition** (Stunting) refers to a child who is too short for his or her age. Chronic malnutrition (stunting) is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition. The devastating effects of stunting can last a lifetime.

**KEY FACTS**

- 47% of Yemeni children under five are stunted. The rate is different from one governorate to another, it reaches catastrophic levels in Saada (70%).

- Stunting is the outcome of chronic deficiency in nutrition during the first 1,000 days of a child’s life – from conception, through pregnancy, to the age of two. The damage it causes to a child’s development is irreversible.

- Stunting affects the physical and cognitive development of children. Stunted children will present lower immunity and increased morbidity later in life, lower physical and intellectual capacities, leading to poor performance in school, and lower productivity as adults.

- Generally malnourished women and girls of reproductive age have higher chances of giving birth to smaller babies (weight and height), continuing the cycle of malnutrition into future generations.

- Stunting is limiting the future success of millions of children and their countries and is one of the greatest human inequities and social injustices of our time, condemning children, while in the womb, to a loss of their ability and their right to live fully, to learn fully and to realize their potential.

- Stunted children become less educated and less productive adults, thus making malnutrition a long-term and intergenerational problem. Stunting in early life is linked to 0.7 grade loss in schooling and between 22 and 45 percent reduction in lifetime earning.

- 1 percent loss in adult height as a result of childhood stunting equals to a 1.4 percent loss in productivity of the individual.

- The fight against malnutrition should be a political and financial priority.

- Yemen needs support for both the humanitarian response and development interventions and this should be provided as one package of services.

- Unless integrated multi-sectoral package of interventions are provided (including health, wash, social protection & food security components etc.) the stunting level will remain high.
Coming together to save Yemeni lives
Presently there are 8 governorates with a GAM prevalence of >10% and as per DHS 2013 the national GAM prevalence is 16%.

Almost all children (97%) are breastfed at some time; however, only 10% of children 0 to 6 months are exclusively breastfed (DHS 2013).

Only 15% of children 6-23 months are fed in accordance with all three infant and young child feeding (IYCF) practices (DHS 2013).

Almost nine in ten children (86 percent) age 6-59 months are anaemic. Seven in ten women age 15-49 are anaemic. (DHS 2013).

See Annex 3

Including but not limited to Ministry of Planning and International Cooperation (MoPIC), Ministry of Public Health and Population (MoPHP), Ministry of Water and Environment (MoWE), Ministry of Agriculture and Fisheries, Ministry of Education and Ministry of Information

This will incorporate all the existing plans including the Multi-Sectoral Nutrition Action Plan, the Community Management of Acute Malnutrition Scale Up Plan, Infant and Young Child Feeding Scale Up Plan and others.

Including national policies, strategies, updated sector plans and strengthening of nutrition legislation (including quality and marketing breast-milk substitutes and food fortification standards)

Maximising Quality for Scaling Up Nutrition; An Updated Contextual Analysis of Nutrition Situation in Yemen; January 2018

Branca, Francesco; Piwoz, Ellen; Schultink, Werner; Sullivan; Lucy Martinez; “Nutrition and health in women, children, and adolescent girls”; BMJ 2015;351:h4173: https://doi.org/10.1136/bmj.h4173 (Published 14 September 2015)