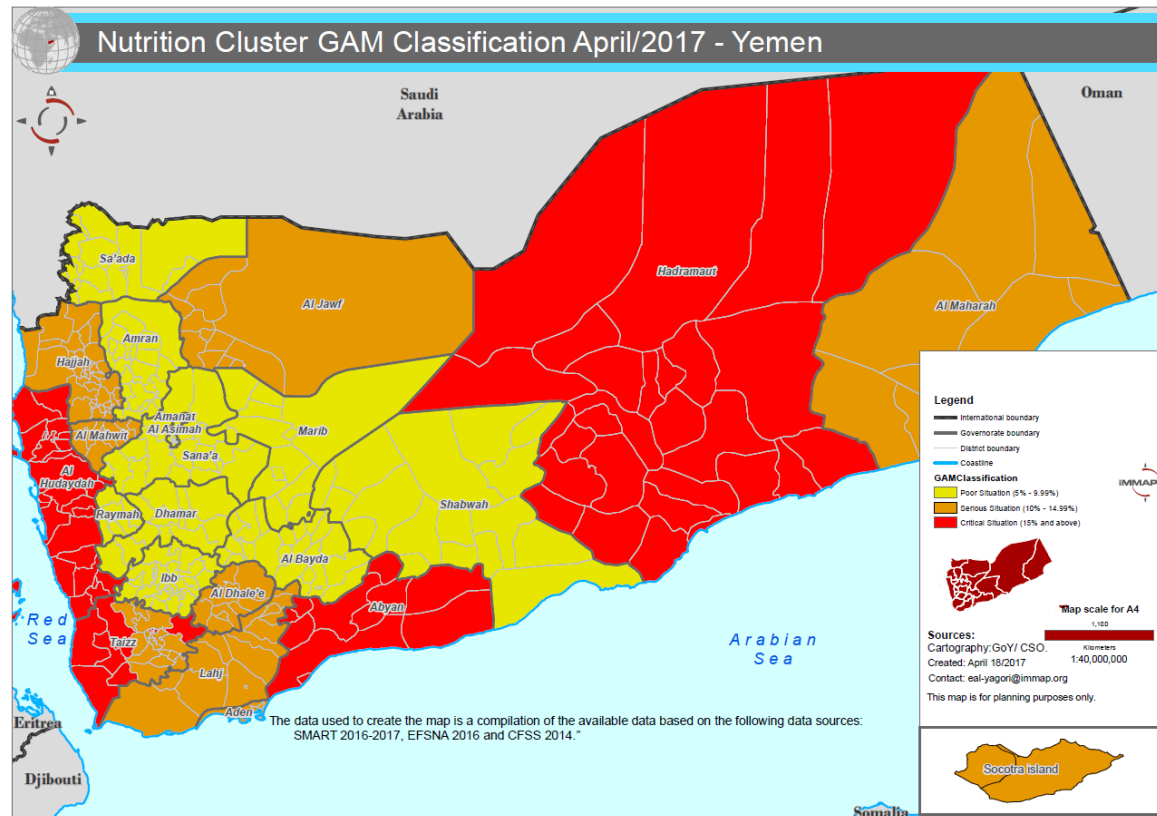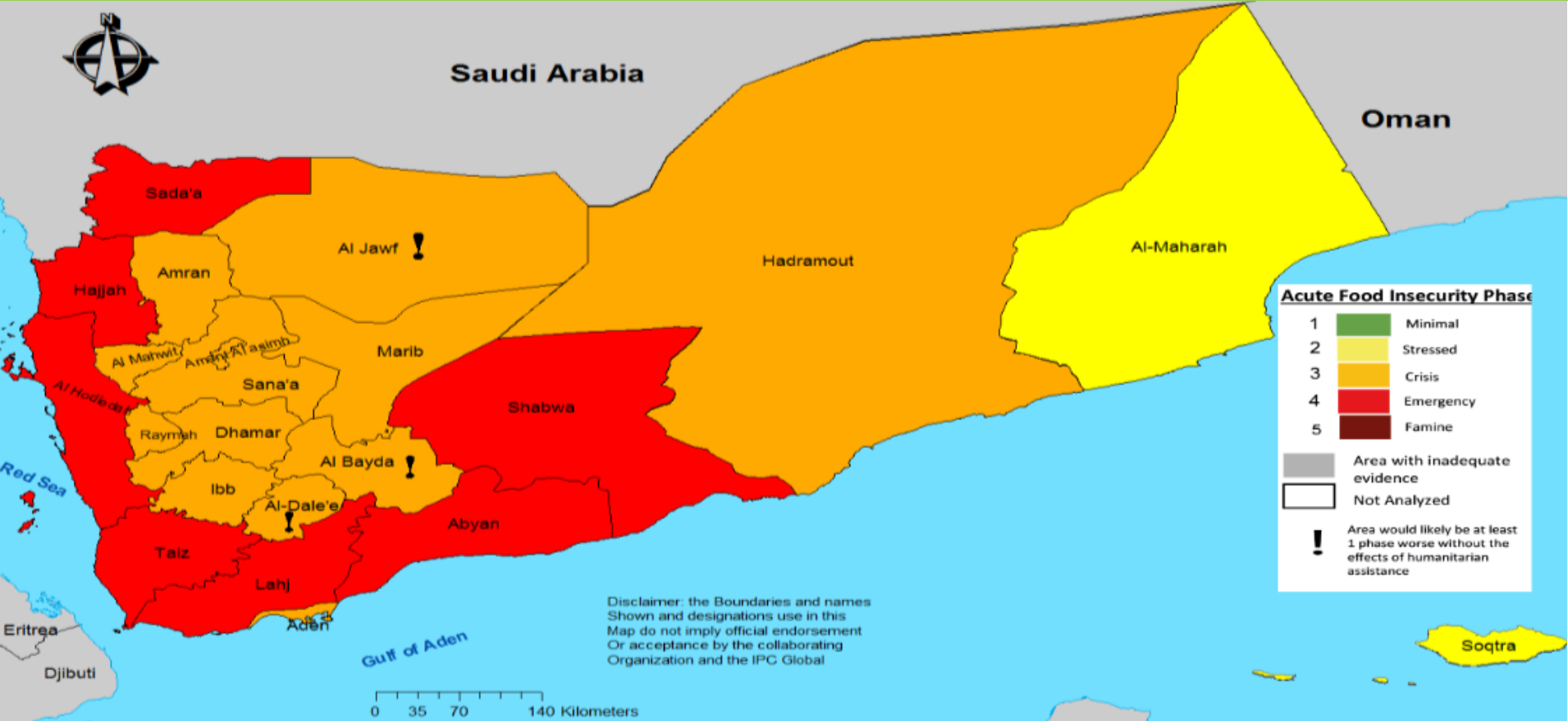# GNC partners call – Yemen, June 2017

- Escalating conflict since March 2015, over 2M IDPs
- Estimated 18.8M (of 27.4M) people in need of humanitarian assistance – Dec 2016
- Estimated 17M people (60% of population) food insecure (10.2 M IPC Phase 3, 6.8M people IPC Phase 4 – Feb 2017)

- Economic status of 78% of HH worse than in pre-crisis period
- High levels of malnutrition, both chronic and acute (0.46M SAM, 1.7M MAM and 1.1M PLW) – Dec 2016 estimation
- 14.5 M people need support to meet basic WASH needs
- 14.8 M people require assistance to ensure adequate access to healthcare and only 45% of health facilities functional (from 16 governorates surveyed)
- Cholera with more than 200,000 suspected cases

Nutrition Cluster GAM Classification April/2017 - Yemen

Legend
- International boundary
- Governorate boundary
- District boundary
- Coastline

GAMClassification
- Poor Situation (5% - 9.99%)
- Serious Situation (10% - 14.99%)
- Critical Situation (15% and above)

Sources:
Cartography:GoY/ CSO.
Created: April 18/2017
Contact: eal-yagori@immap.org
This map is for planning purposes only.

Map scale for A4
1,100
Kilometers
1:40,000,000

The data used to create the map is a compilation of the available data based on the following data sources: SMART 2016-2017, EFSNA 2016 and CFSS 2014."

Yemen Nutrition Cluster

YEMEN IPC 2017 Projected Food Insecurity (March-July)

Acute Food Insecurity Phase

1	Minimal
2	Stressed
3	Crisis
4	Emergency
5	Famine

Area with inadequate evidence

Not Analyzed

! Area would likely be at least 1 phase worse without the effects of humanitarian assistance

Disclaimer: the Boundaries and names Shown and designations use in this Map do not imply official endorsement Or acceptance by the collaborating Organization and the IPC Global

0   35   70   140 Kilometers

Global **NUTRITION** CLUSTER

Yemen Nutrition Cluster

YEMEN NUTRITION CLUSTER RESPONSE PLAN HUMANITARIAN AS OF MARCH 2017

FUNDING

Required:
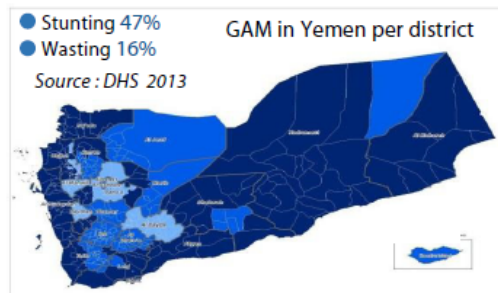
$ 182.2mln

Total Number of Partners:

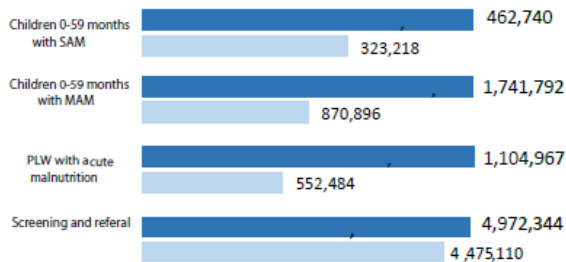25

CLUSTER OBJECTIVES & ACTIVITIES

CLUSTER OBJECTIVE 1

Deliver quality, life saving interventions for acutely malnourished girls and boys and pregnant or lactating women.

BASELINE DATA:

- Stunting 47%
- Wasting 16%

Source : DHS 2013

GAM in Yemen per district

Sources : SMART 2015-2016, DHS 2013, Expert analysis 2016

	People in need	People targeted
Children 0-59 months with SAM	462,740	323,218
Children 0-59 months with MAM	1,741,792	870,896
PLW with acute malnutrition	1,104,967	552,484
Screening and referal	4,972,344	4,475,110

CLUSTER OBJECTIVE 2

Contribute to prevention of malnutrition by enhancing BSFP, micronutrient support, de worming and IYCF.

BASELINE DATA:

- Exclusive BF 10 %
- Timely introduction of complementary food 65%
- Vitamin A supplementation coverage 55%
- Iron deficiency anaemia in children 86%
- Iron deficiency anemia in women of repreoductive age 71%
- Deworming coverage 21%

Source : DHS 2013

	People in need	People targeted
MNP for children 6-24 months	944,747	566,848
Iron folate for PLW	1,104,967	552,484
BSFP for children 6-23 months	944,747	251,343
IYCF -E	2,209,935	1,988,941

CLUSTER OBJECTIVE 3

Strengthen capacity of relevant authorities and local partners to ensure effective, decentralized nutrition response.

BASELINE DATA:

- Number of CHVs in the country is 11,412

Source : MoPHP 2017

	People in need	People targeted
Training	11,412	9,001

CLUSTER OBJECTIVE 4

Ensure a predictable, timely and effective nutrition response through n analysis, monitoring and coordination.

BASELINE DATA:

- SMART surveys conducted in 2016 : 9 surveys in 5 governorates (Al- Hudaydah, Taiz, Al-Dhale'e, Sa'ada, Sana'a)

	People in need	People targeted
SMART Surveys	22	20

Legend for graphs

- People in need
- People targeted

Legend for the map (GAM rate per district)

- Poor Situation (5% - 9.99%
- Serious Situation (10% - 14.99%)
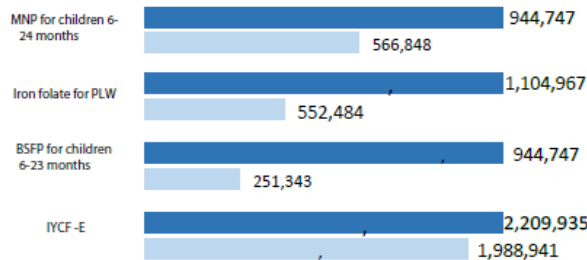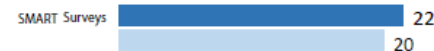- Critical Situation (15% and above)

Partners

MoPHP, UNICEF ,WFP, WHO, UNCHR IMC, IRC, IRY ,RI, PU-AMI ,VH, SCI , ACF, MC , MMF, FMF, BFD, SOUL, CSSW, TAYBA, ADO ,HAD, IOM, ADRA, INTERSOS

Anna Zlolkovska
Cluster Coordinator
azlolkovska@unicef.org

Esmail Al-Yagori
Cluster IMO
eal-yagori@immap.org

SAM management of severe acute malnutrition in children 0-59 months
MAM management of moderate acute malnutrition children 0-59 months
PLW management of malnutrition in pregnant and lactating women.
MNP Provide micronutrient supplementation for children (6-24 months)
PLW_MNP Provide micronutrient supplementation (iron folate) for pregnant and lactating mothers and stunting
BSFP Prevent acute malnutrition in children (6-23 months) via blanket supplementary feeding Programmes

IYCF-E Provide counselling for mothers or care-takers of children under 2 on infant and young child feeding
Screening and Referal . Screen for and detect malnutrition in children under 5, and provide referral to treatment programmes
Training Develop capacity of health staff and community volunteers

Note: Planned revision as new IPC is released in March, EFSNA data to be released in April

Global NUTRITION CLUSTER

Strategic Nutrition Priorities

NUTRITION OBJECTIVE 1

1 Deliver quality, life-saving interventions for acutely malnourished girls and boys and pregnant or lactating women.
Relates to SO1 & 2

NUTRITION OBJECTIVE 2

2 Contribute to prevention of malnutrition by enhancing BSFP, micronutrient support, de-worming and IYCF.
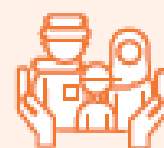Relates to SO1 & 2

NUTRITION OBJECTIVE 3

3 Strengthen capacity of relevant authorities and local partners to ensure effective, decentralized nutrition response.
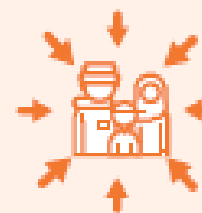Relates to SO3

NUTRITION OBJECTIVE 4

4 Ensure a predictable, timely and effective nutrition response through needs analysis, monitoring and coordination.
Relates to SO4
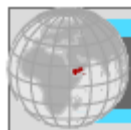
PEOPLE IN NEED

4.5M

PEOPLE TARGETED
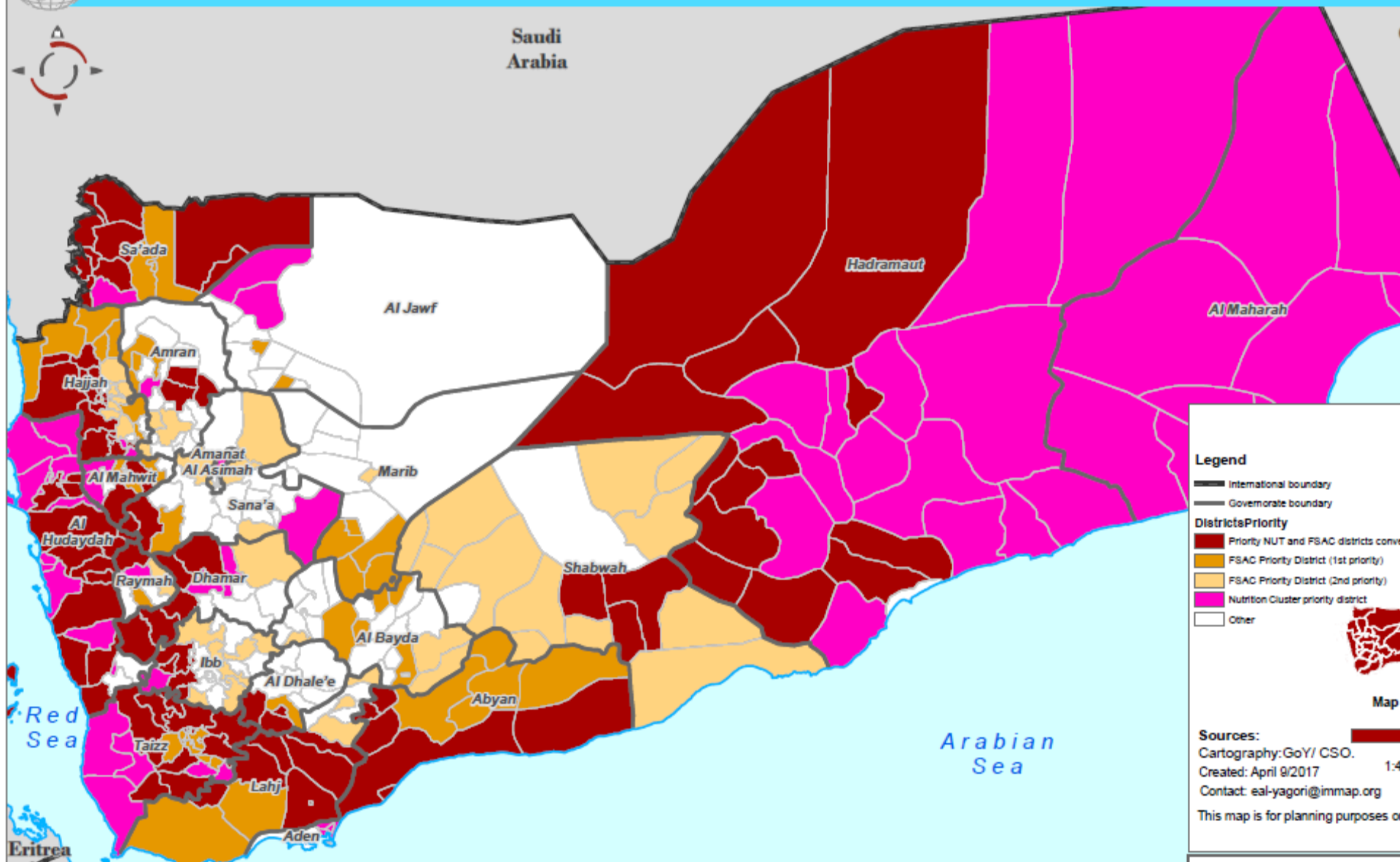
2.6M

REQUIREMENTS (US$)

182.2M

Global NUTRITION CLUSTER

Yemen Nutrition Cluster

Food Security and NutritionCluster priority districts for 2017 YHRP

Saudi
Arabia

Hadramaut

Al Maharah

Sa'ada

Al Jawf

Amran

Hajjah

Marib

Al Mahwit

Amanat
Al Asimah

Sana'a

Shabwah

Al Hudaydah

Dhamar

Raymah

Al Bayda

Ibb

Abyan

Al Dhale'e

Red
Sea

Taizz

Lahj

Aden

Arabian
Sea

Eritrea

Djibouti

Legend

━━━ International boundary
──── Governorate boundary

DistrictsPriority

■ Priority NUT and FSAC districts conv
■ FSAC Priority District (1st priority)
■ FSAC Priority District (2nd priority)
■ Nutrition Cluster priority district
□ Other

Map

Sources:
Cartography:GoY/ CSO.
Created: April 9/2017
Contact: eal-yagori@immap.org

1:4

This map is for planning purposes o

Yemen
Nutrition Cluster

YEMEN
FOOD SECURITY AND AGRICULTURE CLUSTER
Strengthening Humanitarian Response

Socotra island

Somalia

Gaps in Resources and challenges

Gaps in Existing Health System:

- Significant gaps of human resources in health facilities

- Resource gaps to fully functionalize nearly half of the health facilities (only 45% are fully functional)

- Gaps in health facility operational/running cost to scale up adequate services

- Gaps in technical capacity to provide full range of CMAM and prevention services

Human Resources:

- Limited capacity of implementing partners and absence/poor health workforce

Financial Resources

- Underfunding - only about 45% of the NC response funded so far

Supplies availability:

- UNICEF has RUTF for the next 2 months in country, with more in pipeline to be delivered in Jul&Oct. UNICEF procured 100% supplies for 2017 + contingency stock

- WFP has supplies for the next 3 months, with more procured to cover 232 districts in 2017 (excl. BSFP for PLW in Nov-Dec)

Additional constraints:

- Access issues due to insecurity

- Low availability of quality and timely nutrition data (2 SMART surveys done in 2017)

Global NUTRITION CLUSTER

Yemen Nutrition Cluster

Ongoing initiatives to address challenges

- Training on cluster approach + development and implementation of the CCPM action plan
- Revision and implementation of the NC CMAM and IYCF scale up strategy and plan
- Revision of the Mother support groups guideline
- IYCF-E training (July 2017)
- Revision of CMAM, SMART guidelines
- Ongoing CMAM trainings
- Funding and capacity building for SMART secured
- Strengthening sub-national coordination
- Development of the incentives scheme for HWs

Global NUTRITION CLUSTER

Yemen Nutrition Cluster

3 key asks from the GNC partners

- Donors – bilateral funding, with focus on CMAM and prevention, ensure exit strategy for projects, capacity building of MoH HWs and CHWs, screening and referral

- NGOs – strengthen HR capacity in country, with focus on the field, technical support, engagement with local NGOs

- UNICEF, WHO, WFP – technical support, strengthen HR capacity in country

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Yemen Nutrition Cluster