

Preventing Famine in Yemen Strategy.

20 million Yemenis are food insecure of which 10 million are one step away from famine and face multiple vulnerabilities. 3 million Yemenis are malnourished, including 1.1 million pregnant women and over 400,000 severely acutely malnourished children. 230,000 people in 45 districts are experiencing catastrophic IPC 5 levels of hunger. In 94 districts populations have the highest convergence of malnutrition and food insecurity, 91 of which have a GAM prevalence above 15% and 56 are cholera priority districts.

Objective	Prevent famine and mitigate hunger by increasing access to food and other life-saving supplies and services, increasingly purchasing power, and advocating for the measure that bring economic stability	
Indicators	% of targeted households with Food Consumption Score (FCS) of >42 - target 60% % of Global Acute Malnutrition (Wasting) among U5 children	
Targets 2019	13.2 million people	1.7 million nutrition, 7.7 million health, 4.4 million WASH and 13.2 food security and livelihoods assistance.

The strategy describes the immediate multi-sector scale-up and expansion of core services in the 45 districts with pockets of IPC 5 populations, through a 5-pronged approach:

1. **Identifying those most in need:** A clear strategy for identifying IPC 5 households to be targeted with multi-sector assistance will be led by FSAC, who are undertaking fresh round of registration complemented by village level mapping. From this the new beneficiary targeting mechanism and expansion of biometric registration in northern areas will be fast-tracked in the 45 districts. Additionally, a focus on preventing exclusionary practices, including mechanisms to address social exclusion including verification exercises, will be taken up with authorities and partners as a component of the access strategy as well as working closely with the inclusion taskforce to ensure inclusive programming.
2. **Improving the conditions of the community through a concentration of response;** Where those most in need have been identified, scaled up Multi-sector programming will be delivered at community level, by channeling resources and partners and assistance into communities to raise conditions, access to services well-being of most vulnerable communities. Response should be designed based on the needs identified, through IFRR assessment tools to select appropriate high impact interventions, including out-reach services that can be quickly scaled up and monitored, ultimately to improve community conditions and services.
3. **Scaling up cash-based interventions and market stabilization activities;** This approach will lift purchasing power of destitute families and their access to markets. Actions focus on reducing financial barriers that prevent families from accessing and using services and meeting their basic needs. A focus income-generating intervention, including cash-based programming to support short-term humanitarian and recovery interventions in response to the current economic shocks affecting livelihoods.
4. **Operationalizing Access;** recognizing that 1.6 million people live in 29 hard to reach areas in the 45 districts, 21 districts have medium to high conflict conditions, 26 face administrative barriers and 27 have physical access constraints, a core element of the strategy is on supporting partners and services to reach those most in need. Access will be enabled through (1) Expediting approvals and clearances of sub-agreements related activities at all levels, (2) Enabling partners to operate in areas with active conflict and/or dynamic

frontlines, in a principled and effective manner, (3) Ensuring early identification, collective awareness and effective troubleshooting of day-to-day access challenges faced and (4) Enabling access to services and assistance of vulnerable individuals and populations, also including marginalized groups

5. **Ensuring Timely Alerts;** An integral component of the strategy is the timely identification of changes in context to capture further deterioration of the situation in areas with heightened vulnerability and identification of increased or new needs. This will be enabled in 3 ways, (1) Strengthened and timely tracking of new displacement, (2) close monitoring of response progress to ensure timely gap identification and push for corrective actions, (3) strengthened community networks and outreach in hard and (4) continuous and close situation monitoring of health and nutritional status of populations.

Prioritization:

Despite high needs in all 45 districts, the IFRR cluster have further prioritized targeted areas based on other contributing risk factors, potential rapid deterioration of the humanitarian situation, increasing needs, as well and a need to channel efforts and limited resources to reach the most vulnerable in the most effective way.

1. Hajjah Governorate

Hajjah Governorate has the highest percentage of people affected by food insecurity across the country, and extreme underlying vulnerabilities. 8 districts have pockets of populations in IPC 5, including 579,000 in IPC 4 and 50,000 in IPC 5. The most affected districts include Bakil Al Mir, Haradh, Midi, Hayran, Mustaba, Khayran Al Maharraq, Aslem, and Bani Qa'is, most of which have been heavily impacted by fighting. The main drivers of food insecurity are pre-existing poverty and conflict proximity. Hajjah also hosts the largest number of IDPs, up to 500,000 people (most have been displaced multiple times) and alongside vulnerable host communities, have depleted their coping mechanisms after years of conflict and economic depression. In 2019, conflict intensified causing an additional 90,000 newly displaced people across Hajjah since January and further conflict escalation is likely to aggravate the situation. Additionally, as of April 2019, over 13,700 suspected cases of cholera have been reported in Hajjah, with 21 associated deaths, three times greater than the same period in 2018. Most affected districts are in the south, all of which could see rapid increases in IDPs if conflict continues into Abs.

2. Cholera Priority locations

Since the start of 2019 there has been an alarming resurgence in the cholera epidemic. So far in 2019, nearly 200,000 suspected cases have been reported – almost three times as many as during the same period last year. Of the 45 IPC districts, 14 are high cholera priority locations. About one third of cases are children under five, many of whom are more vulnerable to the disease and often have combined morbidities with malnutrition. Recognizing the links between diarrheal disease and malnutrition, and the need to focus resources and emergencies into stopping cholera transmission the IFRR will priorities cholera impacted districts. Moreover, recognizing community and household vulnerabilities that need a major scaled up approach to stem cholera and famine related morbidities. Half of the 14 districts have high to medium access constraints, and as cholera need rapid, timely interventions to be effective there is a great need to ensure access to populations. This are areas to priorities with the access group and strategy and channel resources and partners.

3. West Coast.

Along the west coast of Yemen, Lack of partners. Lack of response for past years – conflict – expected continued and further displacement hard to reach populations.