

Key Figures

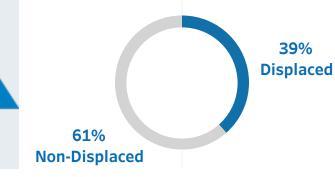


2,380 Households surveyed

42 **Respondents' average age**





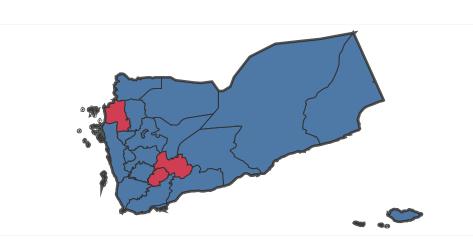


Key Points

-The highest percentage of households reported inadegaute food consumption during June was recorded in Ad Dali (59 percent) and Al Bayda (52 percent), while in Hajja (46 percent) reported inadequate food consumption during June to be the highest percentage recorded in Hajja in the past six months.

- In June, the highest rCSI average was recorded in Hajja for the second consequative month.

- A significant increase in the share of households that don't have an access to medical care services across the country since the conflict began.



mVAM Methodology for Yemen





- In Hajja governorate, around 34,000 households were displaced between February and May due to the escalated conflict in the city. At the beginning of June more than 20,000 households were provided with food and more than 4,000 were provided with Multi-Purpose Cash Assistance (MPCA).

- Heavy rains and flooding continued across the country during the second week of June affected close to 70,000 families. The Executive Unit for Internally Displaced Persons had identified more than 3,000 displaced families (18,000 person) in Aden, Lahi, Taizz and Hadramaut, around 8,300 displaced families (about 50,000 person) in San'a and 8,000 displaced families (almost 48,000 person) in Hajja.

Situation Update

- UN Officials urge parties in Yemen to fulfill the Stockholm, Al Hudaydah Agreements, amid Security Council calls for the opening of aid corridors. While the violence in the Hudaydah region has decreased and engagements between both parties to the conflict continue on phases one and two of the redeployment of forces, clashes have intensified in other parts of the country such as Ad Dali, Hajjah and Taizz governorates.

- During the Security Council session on 17 June, WFP's ED briefed Security Council members on the possibility of a partial suspension of humanitarian assistance, highlighting persistent issues in ensuring food deliveries reach intended beneficiaries.

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8 Women and Dietary Diversity

- In June 2019, 341 women completed M-DDW module, around 93 percent of women didn't reach the acceptable level of dietary diversity.

- 47 percent of respondent women face inadequate food consumption (poor and borderline)

- 80 percent of interviewed women consumed by maximum three out of the ten food categories included in the module, basically all women depend on grains in their diet while 46 percent of women consumed pulses and 42 percent consumed dairy products.

- The results point to likelihood of increasing prevalence of "hidden hunger" in the form of macro and micro nutrient deficiency amongst women

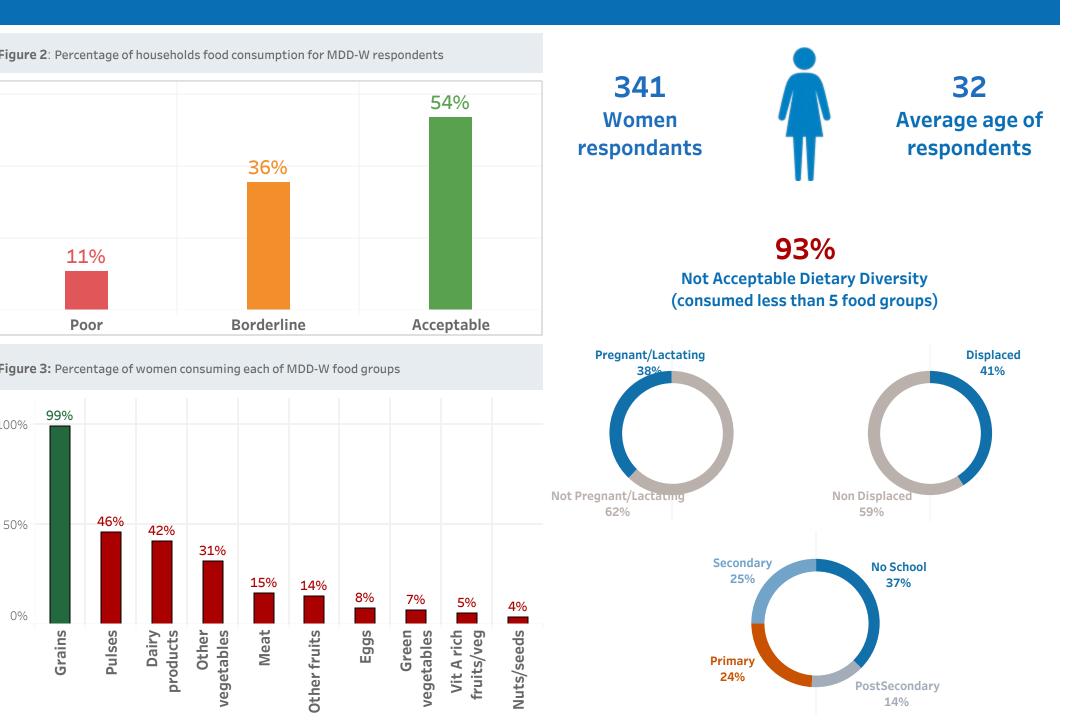
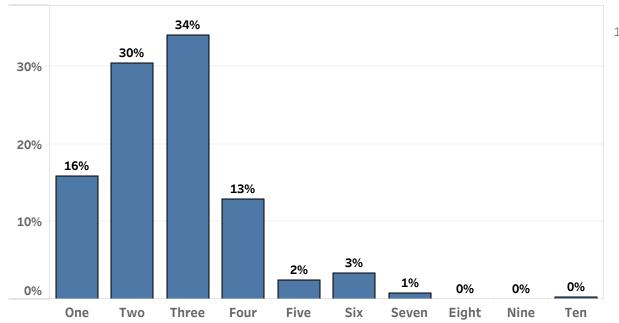
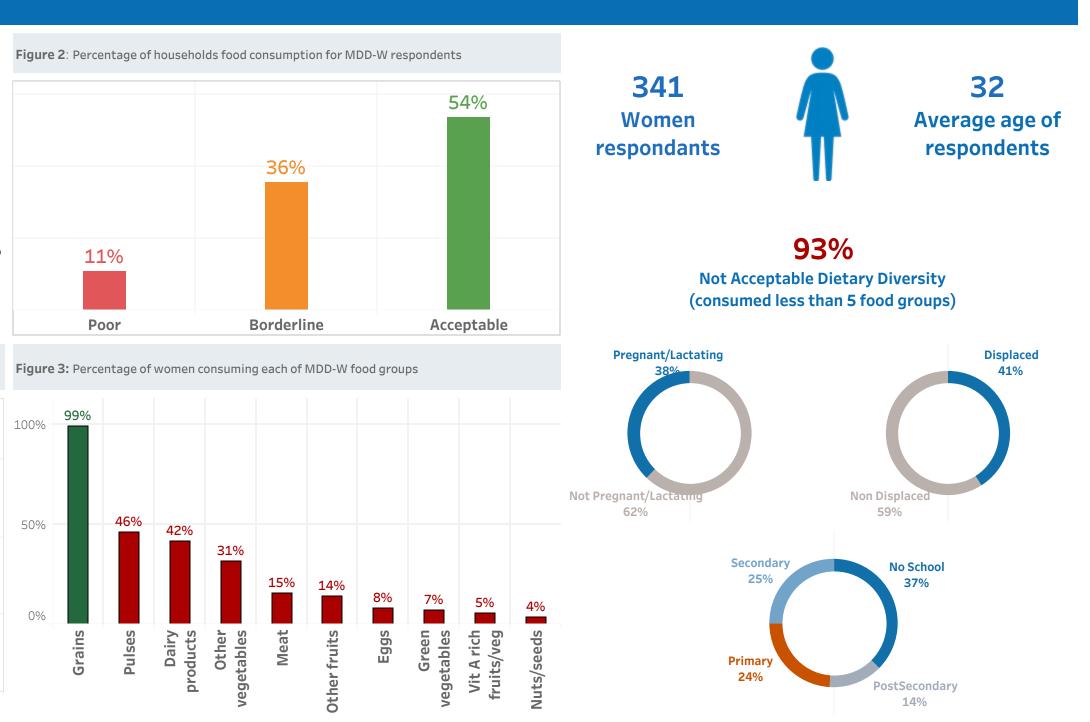


Figure 1: Average number of food groups consumed by women





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Additional Deprivations and Multidimensional Poverty Analysis

- Overall, there has been an improvement in multidimensional welfare measures. The share of respondents who report at least one deprivation has declined from 90 percent to 83 percent for the entire country, and there has been a slight improvement in the share reported in nearly all governorates (map 1). Additionally, there has been a significant reduction in the share of individuals who experience multiple deprivations simultaneously, where the share experiencing two or more dimensions declined from 63 percent to 50 percent.

- The multidimensional welfare measures improved despite a small decline in reported access to food following the end of Ramadan. Rather, the improvement in welfare was primarily driven by improvements in conflict and displacement indicators (Figure 4).

- There are additional indicators of welfare that can be constructed from the data than those listed in figure 4. In exploring whether a household has a deprivation in medical care, one can identify whether anybody in a household required medical care or not. Thus, one can further identify the prevalence of illness and injury amongst the mobile phone-using population in the country. A high share of respondents required medical care in the past month- in each month the share is between 71 and 76 percent of respondents. However, these figures are nearly identical to the share of households reporting an illness or accident in the past month prior to the conflict in 2014.

- Although there are potentially differences in the seriousness of an illness for which households seek medical care, and many of the illnesses that are now more prevalent are much more serious than prior to the conflict (e.g., cholera), there does appear to be some similarity in the prevalence of illnesses and accidents. However, despite the similarity in reported need for medical care prior to the conflict and in the past few months of the survey, there is a clear increase in the share of households that do not have access to medical care since the conflict began (Figure 2).

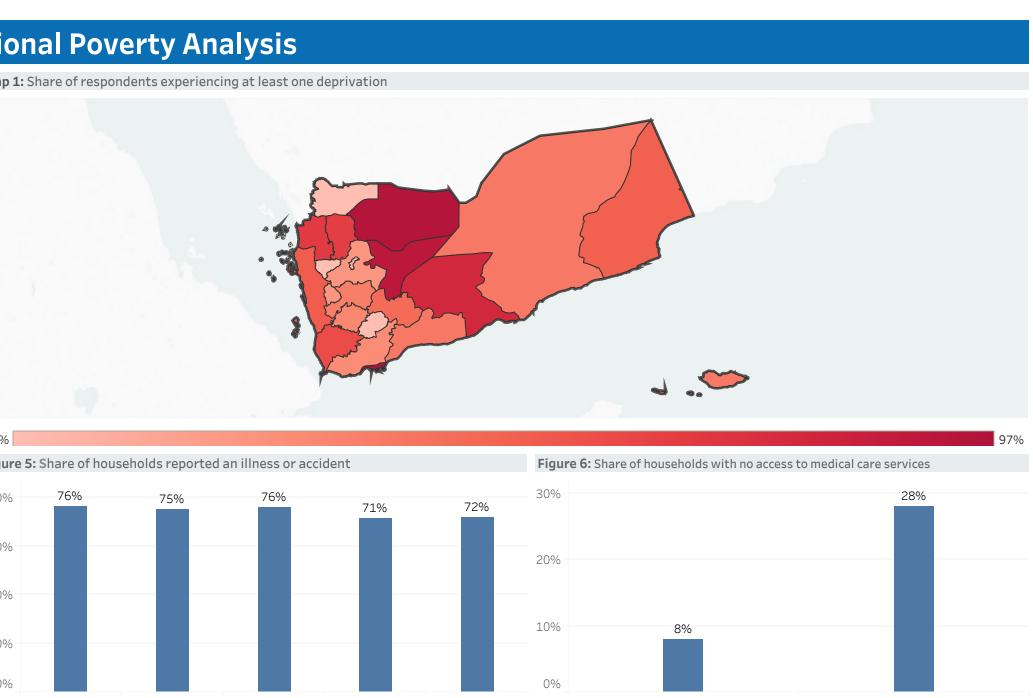
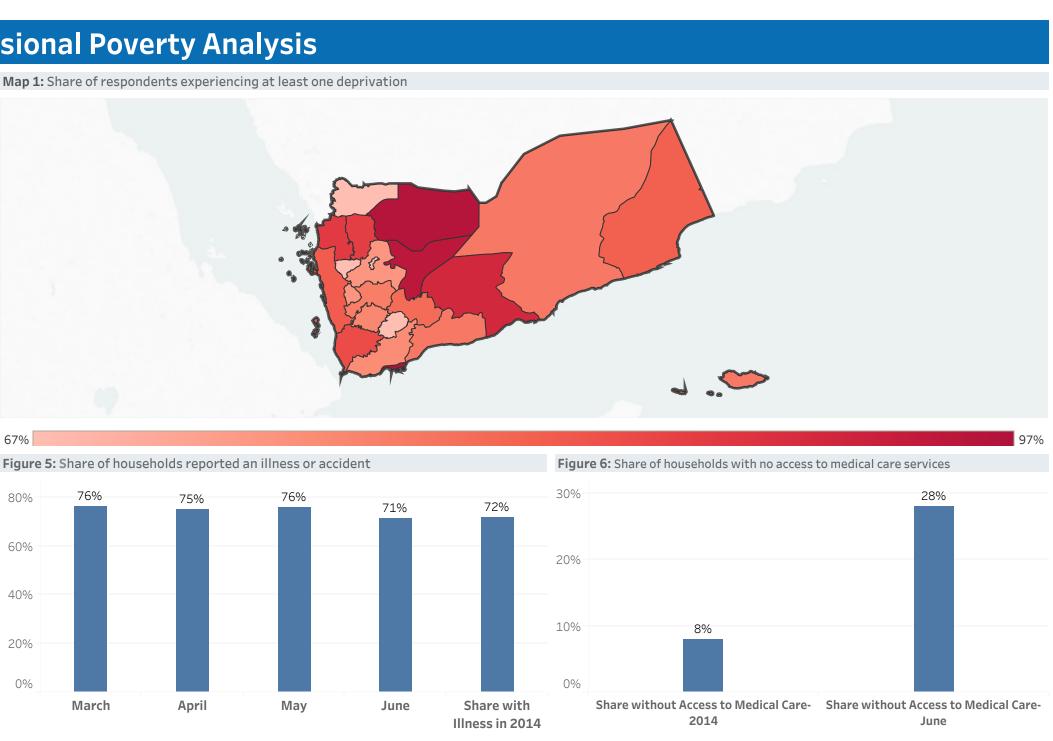


Figure 4: Dimensions and indicators selected for the analysis

Dimensions (group)	Indicators1	May-19	Jun-19
Displacement	Displaced households	48%	14%
	Households host IDP's	35%	28%
Education	Any school-aged children not attending school	20%	20%
Health	Any member cannot receive needed medical care	28%	29%
Violence	Any violent incidents in the past month	44%	35%
Food Access	Households have inadequate food consumption score	29%	38%



Multidimensional Poverty Analysis M

- In addition to reporting food access amongst the mobile phone-using population each month, the survey contains information on displacement and tracks specific households repeatedly throughout the course of the survey. This survey design allows us to investigate important issues regarding the needs of displaced households versus those that were never displaced.

- In particular, there are 1,842 households that did not report to being displaced in the first survey they were reached, but then at some point did report to becoming displaced later. We can identify the district from which they were displaced, and better understand how their food access compares to people in the district and governorate from which they were displaced both before and after displacement.

- Figures 7-9 demonstrate that households that became displaced had worse welfare outcomes in every dimension tracked by the survey relative to households in their district that did not become displaced. Displaced households had poorer food access, were less likely to own their home. This was true for each of the five months leading up to displacement.

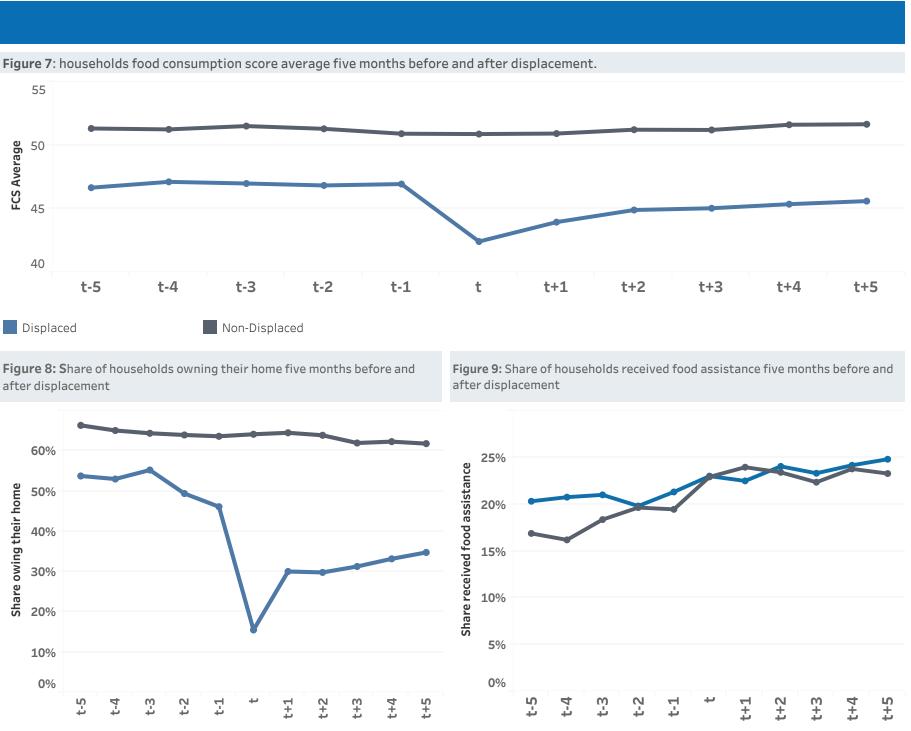
- Furthermore, there were a particularly large number of displaced households that would place in the 10 percent of households with the worst food access in the district from which they migrated. For each of the 5 months prior to displacement, over 30 percent of the 1,842 households that became displaced at some point during the survey had food consumption scores that would place them in the 10 percent of non-displaced households with the worst food consumption scores.

- In addition to comparing welfare in the months leading up to displacement, Figures 7-9 further demonstrate that in the month that households migrate, there is a significant worsening of welfare in all dimensions measured by the survey. There is a decline in food consumption scores and the share that own their own home. However, there is not discernible change in any welfare metric amongst the non-displaced in the districts from which households had migrated.

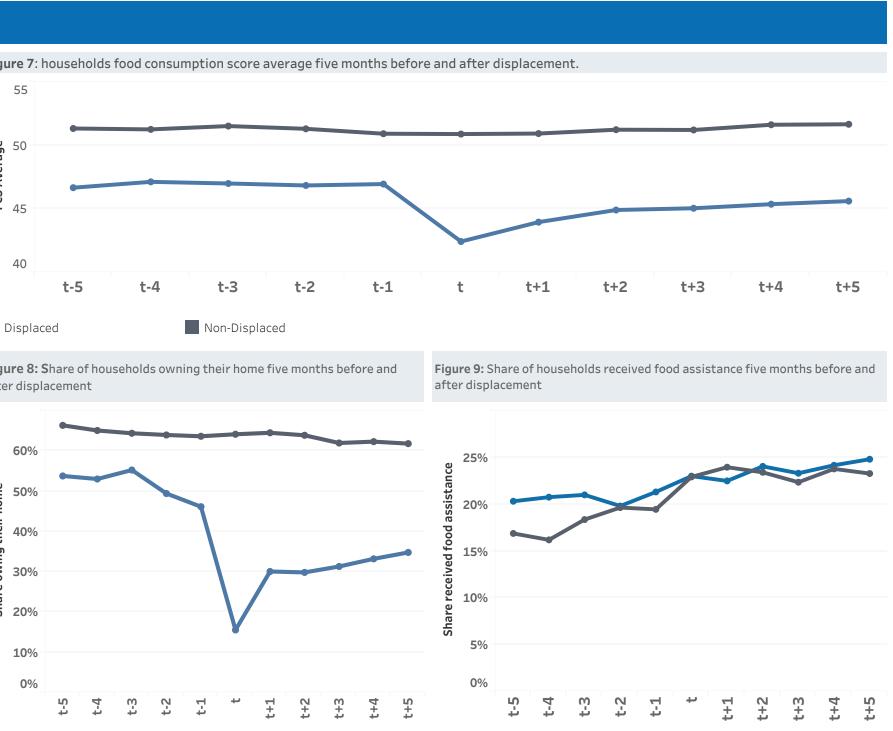
- However, displaced households were resilient, and there was an improvement in welfare in each dimension shortly after the month of displacement. In the case of food access and the number of mobile phones owned, one cannot reject the hypothesis that food access is no different following displacement relative to their pre-displacement averages. However, although there is an improvement in the share of displaced households owning their own following the month of displacement, the share owning a home following displacement remains lower than the pre-displacement average in the five months following displacement.

- These figures illustrate a number of important issues. First, although it is true that food access of displaced households is worse than non-displaced households in all monthly surveys for nearly all measures of food access, it is important to recognize that food access was worse for those households even before they became displaced. Thus, the comparison is capturing both pre-displacement characteristics and the effects of becoming displaced.

Second, the resilience of displaced households- particularly in access to food- is a notable finding. Although the data do not identify a particular mechanism by which households were able to improve their access to food in such a short time period, Figure 4 demonstrates that access to food assistance is not trending differently amongst displaced households relative to the trend amongst non-displaced households in the districts from which they migrated. However, despite these positive findings, it is also clear that displaced households need additional support given they are not able to restore all their welfare losses following displacement and that displaced households have the poorest food access in Yemen.



after displacement



Food Consumption

Chies

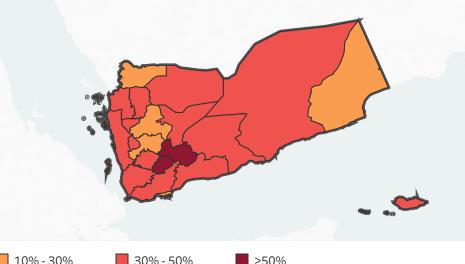
- In June, the share of households with inadequate food consumption across the country has been increased significantly by eight percent reaching 38 percent. This increase was observed distinctly in four governorates (Ad-Dali, Hajja, Al Hudaydah and Aden) (Map 4). Ad-Dali remains enclosing the highest share of households with inadequate food consumption where 59 percent of interviewed households reported poor and borderline food consumption with almost 20 percent increase comparing with May. In Hajja, where the conflict escalated dramatically in the last month, around 46 percent of households reported inadequate food consumption including 15 percent poor food consumption. This is the highest percentage recorded in Hajja during the past six months. In Al Hudaydah and Aden there was around 20 percent increase in the share of households who reported poor and borderline food consumption, reaching 38 percent and 30 percent respectively.

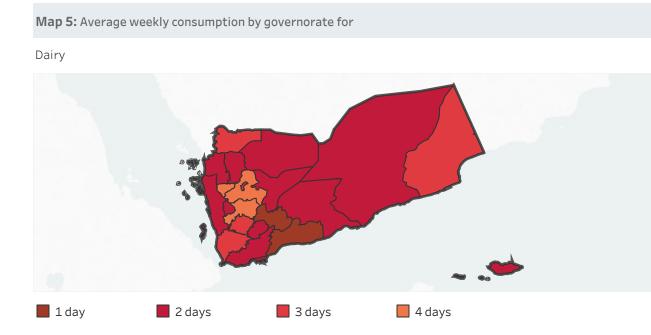
- In terms of dietary diversity, a severe shortage in the consumption of proteins was reported by respondents in Hajjah who are eating proteins only one day per week; in Al Hudaydah, Ad Dali and Aden interviewed households reported consumption of dairy products twice per week (Map 5).

- In Hajja, the percentage of displaced households reported poor and borderline food consumption increased from 23 percent in May to 56 percent in June. Among households hosting displaced households in Hajja a deterioration in the food consumption level was recorded where 35 percent of interviewed households reported poor and borderline in June comparing with 16 percent in May (Figure 10).

Map 4: Percentage of hosueholds by governorate with

Poor and Borderline Food Consumption





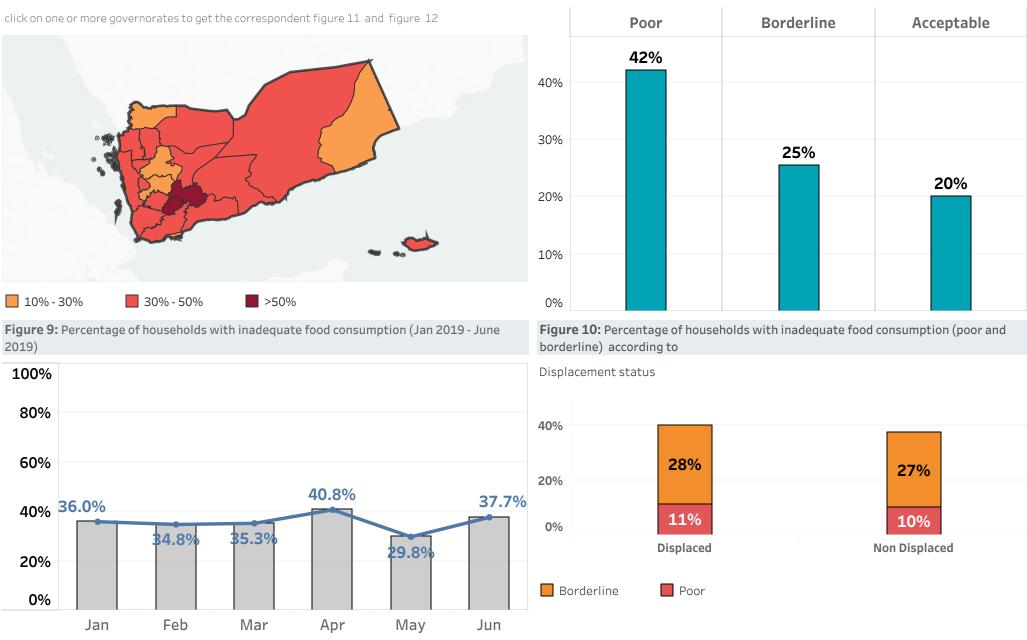


Figure 8: Percentage of households

with no income source

for each food consumption group (June 2019)

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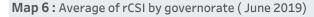
Coping Strategies SA

- In June, national rCSI decreased by one point to be 19.5, however it increased significantly in some governorates like Ad-Dali, Raymah, Shabwah, Hadramaut.

- The highest average rCSI in June among all governorates was recorded in Hajja for the second consecutive month (23.5), where 85 percent of households had to limit meals size as a main coping strategy. The second highest average rCSI was recorded in Amran (23.05) followed by Raymah (22.8).

- A significant difference in rCSI average between displaced (24.7) and non-displaced households (18.7) was recorded in June where 82 percent of displaced households had to depend on less expensive food to cope with the acute food shortage. rCSI average for households hosting displaced households has increased significantly in June to reach 23.7 on national level.

Figure 12: National average of rCSI and FCS according to last time food assistance received



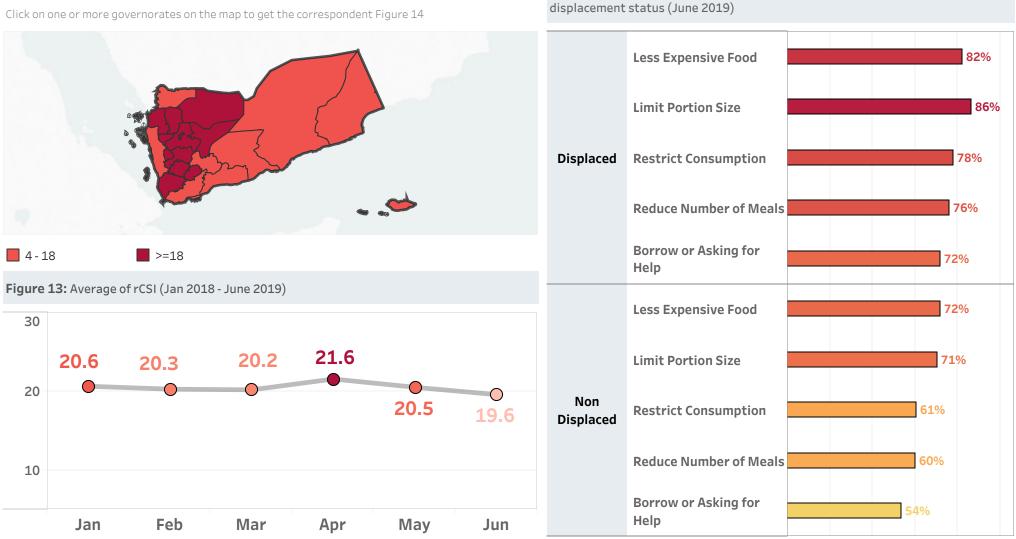
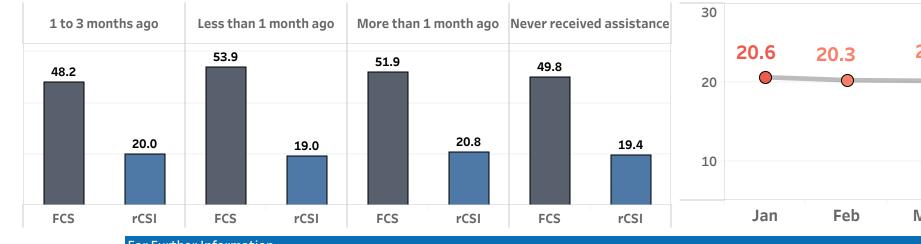


Figure 11: Percentage of households adopted food based coping strategy by





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