

EMERGENCY OPERATION YEMEN 200451

EMERGENCY FOOD AND NUTRITION SUPPORT TO FOOD-INSECURE AND CONFLICT-AFFECTED PEOPLE	
Number of beneficiaries	4,915,500
Duration of project	January – December 2013
WFP food tonnage	226,014
Cost (United States dollars)	
WFP food cost	131,227,196
WFP cash/voucher cost	12,001,500
Total cost to WFP	242,110,673

EXECUTIVE SUMMARY

Yemen faces a humanitarian crisis, following internal conflict and political instability, a breakdown of social services, the impact of high food and fuel prices, and rising poverty. Forty-five percent of the population (10 million people) are food-insecure, of whom 5 million are “severely” food-insecure – an 87 percent increase since 2010. Acute malnutrition (wasting) affects 13 percent of children under 5 at national level, and is worse in the coastal governorates, reaching 28 percent in Al-Hodeidah, and the prevalence of stunting (47 percent) among children under 5 is the highest in the world.

In response to the deterioration in the humanitarian situation and to streamline WFP assistance in-country, this emergency operation (EMOP) will consolidate the two previous operations (PRRO 200038 and EMOP 200306) into a single operation with the primary objective to save lives and protect livelihoods (WFP Strategic Objective 1). The operation will target 5 million food-insecure people and is in line with the 2012/2013 Yemen Humanitarian Response Plan.

WFP aims to improve food consumption for targeted food-insecure households, internally displaced persons and returnees. It will address the deteriorating consumption of protein and micronutrient-rich food through pulses and fortified rations. The emergency safety net component will “top up” food gaps for severely vulnerable households. In areas where markets function and are physically accessible to beneficiaries, and where it is relatively cost-effective to do so, WFP will use cash transfers.

Enhanced efforts to address the high burden of malnutrition will be a major focus of the EMOP. In areas with a critical prevalence of wasting, and in close collaboration with the United Nations Children’s Fund and the nutrition cluster, WFP will contribute to prevent acute malnutrition in children under 2 through blanket supplementary feeding and facilitate treatment of moderate acute malnutrition in children under 5 and pregnant/lactating women through targeted supplementary feeding. WFP will also support the increased uptake of health and

nutrition services through incentive rations and caregiver assistance.

The EMOP will be implemented with the support of the Government and other cooperating partners, including non-government organizations, and will be closely coordinated with activities of partners and members of the food security and agriculture cluster, the nutrition cluster and the humanitarian country team. WFP will continue to closely monitor food security and nutrition, and will work to transition to a protracted relief and recovery operation when conditions in Yemen permit.

SITUATION ANALYSIS AND SCENARIO

Context

1. Following popular uprisings in some Middle Eastern countries, major protests began in Republic of Yemen in January 2011 resulting in a series of violent clashes between pro-reform protesters and the former Government. In November 2011, the former President ceded power under an agreement mediated by the Gulf Cooperation Council and a transitional national accord government was established, with elections scheduled for February 2014.
2. Tensions among political groups remain high and sporadic armed confrontation continues. Violence and civil unrest has disrupted basic social services, leading to increased vulnerability among poor families. Women are resorting to desperate and destructive coping mechanisms, reporting that they feel less safe than they did a year ago.¹
3. In northern Yemen, the protracted conflict between Al Houthi rebels and the Government ended in April 2011 with the rebels gaining control of Sa'ada governorate and some districts in the neighbouring governorates of Al Jawf, Amran, and Hajjah. Consequently, 350,000 internally displaced persons (IDPs) are spread across Amran, Hajja and Sana'a governorates.² Escalating armed conflict in the south, due to Al Qaeda-affiliated militants clashing with government forces in Abyan governorate, has displaced 200,000 people. Armed tribal conflicts, political instability and localized emergencies are likely to create pockets of vulnerability displacing a further 50,000 people in 2013. Parts of the country (Abyan, Al Jawf, Sa'ada, Shabwa and most of Hadramaut) are inaccessible to United Nations agencies due to insecurity.
4. Economic migrants continue to arrive in Yemen due to on-going instability in the Horn of Africa. The Office of the United Nations High Commissioner for Refugees (UNHCR) estimates that there are currently 229,000 refugees and migrants in Yemen, mostly from Somalia.³
5. Affected by the recent insecurity, Yemen's economy continues to struggle with expanding fiscal deficit and rising inflation. Predictions by the World Bank indicate that Yemen's oil and gas revenues, which account for 90 percent of exports, will fall drastically in the coming years, with oil reserves expected to be exhausted by 2017.
6. Yemen is one of the world's poorest countries and is classified as a least-developed country and low-income food-deficit country.⁴ Yemen ranks 154 of 187 countries in the

¹ <http://www.oxfam.org/sites/www.oxfam.org/files/20120924-still-waiting-change-yemen-en.pdf>

² United Nations High Commissioner for Refugees (UNHCR) <http://www.unhcr.org/pages/49e486ba6.html>

³ WFP assists Somali refugees in Yemen through a separate PRRO (200305). WFP is supporting IDPs and returnees within Abyan and is closely coordinating with partners in line with the August 2012 United Nations Abyan Response Plan to address urgent humanitarian needs despite limited access.

⁴ United Nations and the Food and Agriculture Organization of the United Nations.

human development index⁵ and 154 of 173 countries in the United Nations gender inequality index.

7. Gross domestic product (GDP) per capita is US\$2,300/year⁶ and 45 percent of the population live below the poverty line. Poverty varies across Yemen's 21 governorates, ranging from 5 to 71 percent, with the highest in Al Bayda, Amran, Hajjah and Shabwa governorates; Al Mahara and Sana'a city governorates show significantly lower levels of poverty.
8. At 24 million people, the population has doubled since 1975 and, with a current annual growth rate of 2.7 percent, could almost double again in the next 25 years. Forty-six percent of the current population is under the age of 15.

The Food Security and Nutrition Situation

9. Yemen is ranked as the 10th most food-insecure country by the global hunger index.⁷ A comprehensive food security survey (CFSS)⁸ was conducted in late-2011, supported by Yemen's Central Statistical Office and the United Nations Children's Fund (UNICEF). The survey examined nutritional status and food consumption of 8,000 households in 19 of Yemen's 21 governorates, and found a significant worsening in both indicators. The CFSS shows that 22 percent of the population - over 5 million - suffer from "severe" food insecurity; this is an 87 percent increase from the 2009 CFSS when 12 percent of the population (2.7 million) had "severe" food insecurity. The 2012 survey also found that an additional 5 million people are "moderately" food-insecure and at risk of deterioration in the face of continuing shocks. Thus in total, 10 million people - almost half the population - are unable to produce or access sufficient food.⁹
10. The CFSS also revealed that there are sharp differences between rural and urban areas, between governorates, and between agro-ecological zones. Half of the rural population (51 percent) is food-insecure compared to just over a quarter (27 percent) in urban areas; both are marked increases over the 2009 figures. There is a higher proportion of food-insecure female-headed households (52 percent) than male-headed households (44 percent). Boys are more acutely malnourished than girls: 15 percent compared with 11 percent.
11. Poor rural households in Yemen typically rely on agricultural wage labour, family support, the Social Welfare Fund (SWF),¹⁰ the production and sale of agricultural crops, and the collection and sale of wood for their income. The majority of rural households indicate access to food is most difficult between May and October - the "lean season" - when staple food prices are highest and the demand for casual labour is lowest.
12. Dietary diversity has declined since 2009: while the consumption of cereals, vegetable oil and sugar remains stable, people have sharply reduced their intake of protein and micronutrient-rich foods - including meat, fruit, vegetables, pulses and dairy products. In some governorates, households consume half the amount of these foods than they did two years ago.
13. Global acute malnutrition (GAM) or wasting, measured amongst children under 5, is 13 percent at national level and much worse in certain pockets of the country. In the five coastal governorates, GAM ranges from 14 to 28 percent, mostly above the "critical"

⁵ UNDP 2011, Human Development Report.

⁶ Purchasing <http://hdrstats.undp.org/en/countries/profiles/YEM.html>

⁷ International Food Policy Research Institute (IFPRI) 2012 Global Hunger Index.

⁸ WFP. 2012. The state of food security and nutrition in Yemen. 2012 Comprehensive Food Security Survey. Sana'a, March 2012.

⁹ Results from the CFSS also informed the Integrated Food Security Phase Classification (IPC) analysis undertaken in Yemen in 2012. This multi-agency/multi-sectorial working group uses international standards and consensus-building processes to provide a rigorous analysis of food insecurity. Its findings in Yemen provide a common platform for evaluating the state of food security.

¹⁰ The Social Welfare Fund is the Government's safety-net scheme.

threshold¹¹ and with Al-Hodeidah governorate the worst affected. Chronic malnutrition (stunting) is also alarmingly high at 47 percent at national level and up to 68 percent in Rayma governorate; this places Yemen in the “very high” classification for stunting.¹²

14. The CFSS found that 95 percent of children under 2 are not fed adequately. Exclusive breastfeeding for children under six months is not generally practiced (only 13 percent). Diarrhoea, acute respiratory infections and fever are commonly observed illnesses, while health care attendance is very limited. Over a quarter of pre-school children and 16 percent of pregnant women are deficient in vitamin A,¹³ while anaemia affects 68 percent and 58 percent respectively of these vulnerable groups.¹⁴ A quarter of women are malnourished, with a body mass index below 18.5 kg/m2.¹⁵
15. Yemen imports 90 percent of its wheat and 100 percent of its rice requirements, and remains vulnerable to the volatility of international food prices for its staple foods. However, there is a significant seasonal production of vegetables, fruits, tubers and pulses, and the poultry and livestock sector is well developed, contributing at least 20 percent of agricultural GDP. Domestic food production is highly concentrated in the fertile areas of the Upper and Lower Highlands and selected districts of the Red Sea and Tihama plains; Al-Hodeidah, Dhamar, Ibb, Sana’a, and Taiz governorates supply over 50 percent of the national production of fruit and vegetables.
16. Trends in cereal imports related to demand and production of other important cereals, such as maize and sorghum, are highly reactive. Food markets throughout Yemen are integrated and competitive at the consumer level. However, a few large companies are responsible for the majority of cereal imports and related wholesale distribution networks.¹⁶
17. Rising international market prices have been directly and rapidly reflected in the local markets: in 2012 the wholesale price for wheat grain increased by 4 percent in July, 9 percent in August and 9 percent in September. Vegetable oil prices have been following a similar trend, with prices in July 2012 matching the peak levels of 2011.
18. Unemployment, underemployment¹⁷ and food price inflation have triggered negative coping mechanisms. Credit is increasingly used to purchase food, with a third of households having food-related debt. In rural areas, 28 percent of food is bought on credit - an increase of 43 percent since 2009. Fifty-six percent of households report that they do not have enough food and 90 percent of people continually worry about their food security. Yemenis are eating a less diversified diet, eating smaller meals, having fewer meals, or going to sleep hungry.

¹¹ Wasting prevalence 5-9 percent is “poor”, 10-14 percent is “serious” and above 15 percent is “critical”. World Health Organization 1995. Cut-off values for public health significance. www.who.int/nutgrowthb/en

¹² Stunting prevalence 20-29 percent is “medium”, 30-39 percent is “high” and 40 percent is “very high”. Cut-off values for public health significance. World Health Organization 1995. www.who.int/nutgrowthb/en

¹³ WHO 2009 Global Prevalence of Vitamin A Deficiency in Populations at Risk 1995– 2005. WHO Global Database on Vitamin A Deficiency.

¹⁴ WHO, 2008. Worldwide Prevalence of Anaemia 1993–2005: WHO Global Database on Anaemia.

¹⁵ CFSS, WFP 2010.

¹⁶ WFP Yemen Market Study, 2010.

¹⁷ Real unemployment is thought to be approximately 35 percent, rising to 60-70 percent in rural areas and among youth and graduates, according to the International Fund for Agricultural Development: Republic of Yemen YEMENINVEST – Rural Employment Programme, 2011.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

Policies, Capacities and Actions of the Government

19. The Government's Transitional Programme for Stabilization and Development (2012-2014) prioritizes expanded humanitarian assistance to vulnerable populations.
20. The Ministry of Planning and International Cooperation is the principal coordination body for WFP. In June 2010, the International Food Policy Research Institute (IFPRI), WFP and other stakeholders supported the development of a National Food Security Strategy, a seven-point action plan to reduce food insecurity and child malnutrition.
21. The Ministry of Social Affairs administrates the Government's SWF, which distributes a monthly stipend (Yrls 4,000/US\$20) to the poorest households in Yemen to meet their basic food requirements.
22. The Minister for Parliamentary Affairs heads the Executive Unit for IDPs which coordinates humanitarian response, including the registration and verification processes of IDPs and liaising with members of the humanitarian community providing assistance to IDPs. The Ministry of Public Health and Population establishes the policies and procedures that guide the implementation of WFP's nutrition interventions. A National Nutrition Strategy aims at tackling high malnutrition and micronutrient deficiencies among children under 5. The guidelines for the treatment of acute malnutrition are under development, with support from international partners including WFP and UNICEF.

Policies, Capacities and Actions of Other Major Actors

23. The United Nations Development Assistance Framework (UNDAF) 2012-2015 and the Yemen Humanitarian Response Plan for 2012/2013¹⁸ (consolidated appeal process or CAP) are the coordinated assistance strategies of the humanitarian community. In addition, a Joint United Nations Framework to Support the Transition in Yemen, aligned with the Government's transition plan, reflects the scaled-up response of humanitarian partners to promote an inclusive transition process. This EMOP will directly contribute to the promotion of sustainable livelihoods in line with the transition framework, the CAP and the UNDAF.
24. To address Yemen's nutrition crisis, WFP and UNICEF are working very closely together to plan and implement comprehensive nutrition services.
25. The International Committee of the Red Cross (ICRC) in Yemen also assists some populations inaccessible to WFP (see paragraph 32) with food and the provision of other services, and works with local partners, such as the Yemen Red Crescent Society, to improve capacities, particularly in southern Yemen.

Coordination

26. The United Nations country team (UNCT) and the humanitarian country team (HCT), promote a coordinated humanitarian response among international and national partners in Yemen. WFP is an active member of the Inter-Agency Standing Committee's cluster approach, which ensures that activities are targeted and duplications are avoided. WFP leads the logistics cluster, co-leads the food security and agriculture cluster with the United Nations Food and Agriculture Organization (FAO) and participates in the nutrition cluster. As chair of the logistics cluster, WFP continues to operate the

¹⁸ The 2013 Yemen CAP will be issued as part of the global CAP launch on 15 December 2012.

humanitarian air services and cluster coordination support activities under special operation 200130.

27. Donor coordination is facilitated through interagency mechanisms, including the CAP. Donors liaise with partners on humanitarian activities, and some have expressed preference for inclusion of cash transfer activities in humanitarian programming, where feasible.

OBJECTIVES OF WFP ASSISTANCE

28. This EMOP builds upon the experience gained in the implementation of protracted relief and recovery operation (PRRO) 200038 “Emergency Food Security and Nutrition Support for the Vulnerable Population” (January 2011-December 2012) and EMOP 200306 “Emergency Food and Nutritional Support to Conflict-affected Populations in Yemen” (January-December 2012). It will target 5 million food-insecure people, including malnourished women and children and IDPs. The EMOP is aligned with WFP Strategic Objective 1 (Save lives and protect livelihoods in emergencies), the 2013 Yemen Humanitarian Response Plan (draft), and Millennium Development Goals 1, 4 and 5.¹⁹
29. The immediate objectives of the EMOP are to:
 - stabilise or reduce acute malnutrition of children under 5, and pregnant and lactating women in targeted populations;
 - improve food consumption for targeted severely food-insecure households and IDPs, ensuring a balanced food intake for beneficiaries; and
 - reduce negative coping strategies among severely food-insecure households and IDPs.

BENEFICIARIES AND TARGETING

30. Targeted populations include severely food-insecure groups, IDPs, returnees, moderately acutely malnourished children under 5, and malnourished pregnant and lactating women. Based on the 2012 CFSS, WFP will prioritise accessible governorates and districts which have the highest percentage of severely food-insecure households, concentrating particularly on rural areas. Beneficiaries will be supported with food assistance in 16 governorates: Abyan, Aden, Al-Bayda, Al-Dhalee, Al-Hodeida, Al-Mahwait, Amran, Dhamar, Hadramout, Hajja, Ibb, Lahj, Mareb, Raymah, Sana'a and Taiz.

Emergency Safety Net

31. The emergency safety net (ESN) activity uses the results of the CFSS to identify the most food-insecure governorates²⁰ and to estimate the total number of severely and moderately food-insecure households. In order of prevalence of food insecurity, these are: Al-Baidha, Mareb, Sana'a (rural), Raymah, Hajjah, Al-Dhalee, Ibb, Amran, Dhamar, Lahj, Taiz, Al-Hodeidah and Al-Mahwit (see map in Annex III). Beneficiary lists from the Government's SWF are used as the basis for household targeting.²¹ WFP will reach 3.9

¹⁹ Millennium Development Goal (MDG) 1: Eradicate extreme poverty and hunger; MDG 4: Reduce child mortality; MDG 5: Improve maternal health.

²⁰ Al-Bayda, Al-Dhalee, Al-Hodeida, Al-Mahwait, Amran, Dhamar, Hajja, Ibb, Lahj, Mareb, Raymah, Sana'a and Taiz.

²¹ The SWF is primarily a poverty rank; however, as economic access to food is a key driver of food insecurity in Yemen, poverty is closely linked with food insecurity, as shown by the recent CFSS. Following a World Bank re-categorization

million beneficiaries through the ESN, equivalent to 83 percent of the severely food-insecure population in the 13 targeted governorates.

32. Areas not covered by the ESN are either urban (Aden and Sana'a), or are inaccessible to WFP and humanitarian partners due to insecurity (Abyan, Al Jawf, Hadramaut, Sa'ada and Shabwa). In urban areas, the poorest households will receive SWF support and benefit from food and other donations distributed by international foundations and charities (e.g. the United Arab Emirates Khalifa Bin Sayed Foundation and the Qatar Foundation). ICRC is able to distribute food assistance to food-insecure households in some of these areas, including Abyan and Shabwa. WFP will continue to monitor the situation and jointly negotiate humanitarian space, with a view to expanding into these areas as the opportunity arises.
33. Of the 5 million people assessed as "moderately" food-insecure, 4.7 million are in areas accessible to the humanitarian community and will receive assistance from several agencies via a network of complementary projects and activities, including the Government's SWF, United Nations efforts, and through non-governmental organizations (NGOs). FAO, United Nations Development Programme (UNDP) and NGO partners plan to target 1 million beneficiaries through livelihood and rural development projects under the 2013 Yemen Humanitarian Response Plan. WFP will continue to advocate for appropriate support to food-insecure households which are not reached by WFP activities through the food security and agriculture cluster.
34. WFP conducted a transfer modality review in September 2012 for a possible expansion of the cash transfer activities piloted under PRRO 200038. The review found that:
 - In-kind food assistance is more cost-efficient than cash or voucher transfers, given the high retail cost of food in the markets accessible to WFP's target beneficiaries.
 - Operational constraints make the use of voucher-based transfers administratively and logistically challenging for both WFP and partners. Challenges include the geographic spread of the target population, distances to formal markets where vouchers can be exchanged for food, retail sector characteristics and limited implementation capacity.
 - While beneficiaries are expected to use the bulk of any cash provided to purchase cereals, in some areas, cash transfers may improve beneficiary choice of food, resulting in opportunities for the diversification of diets as well as the stimulation of local food production and food markets.
35. In Ibb and Taiz governorates, the security situation, the quantity and variety of local food production, market functionality, and physical access to markets by beneficiaries make the use of cash transfers a viable option. The ESN component in these areas will target approximately 400,000 food-insecure people with monthly cash transfers for six months.²²

Internally Displaced Persons

36. In collaboration with the Executive Unit and UNHCR, WFP will target 600,000 IDPs in six governorates²³ who are residing in established camps, hosted by relatives or communities, living in spontaneous settlements or camping in public buildings. IDPs will be assisted through a monthly family ration. WFP will also support the repatriation of IDPs to their homes in the south in accordance with the Abyan Response Plan.

Nutrition

exercise in 2009, beneficiaries in the SWF were categorized from "A-F" according to vulnerability ("A" = "below the governorate poverty line", "F" = "income substantially above the poverty line and should not be included to receive cash assistance").

²² If necessary, the cash transfer value may be adjusted to reflect inflation or changes in local market prices.

²³ Aden, Amran, Abyan, Hajja, Lahj and Sana'a.

37. In close coordination with the Ministry of Public Health and Population, UNICEF and the nutrition cluster, WFP will pursue a comprehensive nutrition programme which aims to reach 50 percent of those in need in priority areas in nine governorates: Aden, Al-Bayda, Al-Hodeida, Amran, Hadramout, Hajja, Lahj, Sana'a and Taiz, where there is a high prevalence of acute malnutrition based on the CFSS and Standardized Monitoring and Assessment in Relief and Transitions (SMART) surveys. The scope of the nutrition activities acknowledges the experience that parts of the affected population do not present themselves for the treatment of acute malnutrition.
38. WFP will address acute malnutrition in the five coastal governorates where 50 percent of the national need is concentrated, in selected "hotspots" where absolute numbers of acutely malnourished are high, and in sites where WFP complements partner nutrition initiatives in order to ensure comprehensive services. The nutrition component consists of three pillars – prevention, treatment and support:
39. *Prevention*: blanket supplementary feeding (BSF) for children aged 6-23 months will help prevent acute malnutrition. WFP will seek to assist 325,000 children for periods up to 12 months in 2013, dependent on age. The blanket provision of nutritional supplements is expected to also contribute to the reduced risk of stunting; however, direct efforts to address chronic malnutrition will be introduced following a national consensus building process.
40. *Treatment*: targeted supplementary feeding (TSF) will treat moderate acute malnutrition (MAM) in 200,000 children aged 6-59 months and 157,000 pregnant and lactating women in areas characterised by high GAM prevalence and/or high absolute numbers, adequate health services infrastructure and staff capacity, and the presence of cooperating partners. The average recovery periods are anticipated to be three and four months respectively. TSF will complement and strengthen health and nutrition services provided by both government and NGO-supported health facilities to ensure adequate capacity to undertake routine nutrition assessment, education and counselling, and appropriate prescription and management of nutritional supplements. WFP will apply international standards for the assessment and nutrition rehabilitation of children with MAM and pregnant and lactating women, using weight-for-height and mid-upper arm circumference (MUAC) measurements. WFP will provide relevant material support such as anthropometric equipment, patient cards and registration books.
41. *Support*: to address the low uptake of health and nutrition services and following the completion of a feasibility study, an incentive ration of wheat and vegetable oil will be introduced on a pilot basis for women attending mother-and-child health and nutrition services for themselves and/or their children. Furthermore, WFP will work with UNICEF and the World Health Organization (WHO) to establish appropriate caregiver assistance at in-patient therapeutic feeding facilities.

Contingency

42. A contingency stock will facilitate a rapid response to unpredictable, sudden-onset disasters: populations affected by shocks - such as localised flooding or short-term displacement due to conflict. The stock of high-energy biscuits would address up to 100,000 people for a week, while further food needs are being assessed.

TABLE 1: PLANNED BENEFICIARIES BY GOVERNORATE AND ACTIVITY							
Governorate	Household Food Security			Nutrition			
	ESN		GFD to IDPs	Prevention	Treatment		Support
	Food distribution	Cash transfers		BSF 6-23 months	TSF 6-59 months	TSF PLW	Health attendance incentive
Abyan	-	-	69,000	-	-	-	-
Aden	-	-	148,700	24,800	12,100	11,900	-
Al-Bayda	343,600	-	-	4,700	1000	2,200	-
Al-Dhalee	160,700	-	-	-	-	-	-
Al-Hodeida	419,700	-	-	87,100	81,900	42,300	15,000
Al-Mahwait	93,300	-	-	-	-	-	-
Amran	284,900	-	137,600	18,000	5,600	8,200	-
Dhamar	122,200	-	-	-	-	-	-
Hadramaut	-	-	-	5,900	2,000	3,000	-
Hajja	565,200	-	156,700	58,400	38,800	28,200	-
Ibb	294,700	202,100	-	-	-	-	-
Lahj	201,900	-	37,500	27,600	18,900	13,500	-
Mareb	138,700	-	-	-	-	-	-
Raymah	155,800	-	-	-	-	-	-
Sana'a	220,400	-	50,500	7,800	1,700	3,800	-
Taiz	462,900	197,900	-	90,700	38,000	43,900	-
Total to be assisted:	3,464,000	400,000	600,000	325,000	200,000	157,000	15,000

TABLE 2: BENEFICIARIES BY ACTIVITY			
Activity	Beneficiaries		
	Female	Male	Total
ESN: food distributions	1,808,200	1,655,800	3,464,000
ESN: cash transfers	199,200	200,800	400,000
GFD (IDPs)	297,600	302,400	600,000
BSF for children 6-23 months	162,500	162,500	325,000
TSF for children 6-59 months	90,000	110,000	200,000
TSF for pregnant and lactating women	157,000		157,000
Health services attendance incentive pilot	15,000		15,000
Adjusted Total²⁴	2,448,000	2,467,500	4,915,500

²⁴ The total figure takes into consideration anticipated beneficiaries receiving assistance from more than one activity eg ESN food distributions and nutrition activities. This avoids double-counting

NUTRITIONAL CONSIDERATIONS AND RATIONS / VALUE OF CASH TRANSFERS

Ration size and composition

43. Analysis by IFPRI in 2008²⁵ indicates that the food energy gap of the severely food-insecure households in Yemen is up to 630 kcals per person per day (not including food purchased on credit). To address a substantial portion of this gap, and to complement the Government's SWF, ESN rations will provide monthly household support (for seven persons) of 25 kg wheat, 5 kg pulses and 2.5 litres vegetable oil.
44. In areas where ESN beneficiaries will receive a cash transfer, this will equal the value of the food basket at local market prices, equating to around US\$5 per person per month based on the prevailing average retail prices.²⁶ The average household size of seven is used to calculate the household cash transfer value of US\$35 per household per month.

TABLE 3: ESN FOOD RATION/CASH TRANSFER PER PERSON			
Commodity type	In-kind (g/person/day)	Cash equivalent (US\$/person/day)	Cash equivalent (US\$/person/month)
Wheat	119	0.09	2.7
Pulses	24	0.05	1.4
Vegetable oil	11	0.03	0.9
Total	154	0.17	5.0

45. WFP will monitor local market prices in the areas targeted with cash interventions and adjust the transfer value accordingly.
46. A household food ration will be provided through general food distribution (GFD) for IDP households using an average household size of seven people. The GFD ration will be fortified wheat flour, pulses and vegetable oil, covering nearly 100 percent of the minimum daily energy requirement.
47. Plumpy'doz™ will be provided for the prevention of acute malnutrition among children aged 6-23 months, while Plumpy'sup™ and wheat soya blend (WSB), complemented with sugar and vegetable oil, will facilitate the recovery from MAM among children aged 6-59 months and pregnant and lactating women. Appropriate approaches to enhance young child feeding will also be explored through the ESN and IDP support activities; adjustments will be introduced through future budget revisions to this EMOP as required.
48. WFP will increase the proportion of women holding ration cards, receiving household food rations and holding leadership positions in food management committees. Furthermore, 41 percent of the targeted households under the ESN will be headed by women.
49. Given the volatile security situation, the 3,000 final delivery points and the need to reduce the burden on infrastructure not traditionally established to manage food products (such as health facilities and schools), ration sizes proposed in Table 4 are consistent with available commodity packaging units to facilitate rapid, clean and reliable distribution, as well as safeguarding the safety and security of beneficiaries.

²⁵ International Food Policy Research Institute, "Validation of Food Frequency and Dietary Diversity as Proxy Indicators of Household Food Security." May 2008.

²⁶ Prices of August 2012 were used for calculations. Due to the unstable political and economic situation in Yemen, high dependence on food imports and decreasing levels of foreign exchange reserves in the country, it is difficult to make an accurate projection of prices for 2013.

50. WFP will work with the Government and other stakeholders to elaborate appropriate micronutrient strategies, including fortification of staple foods and the introduction of home fortification using micronutrient powders, to help address the low consumption of micronutrient-rich foods in Yemen.

TABLE 4: DAILY FOOD RATION/TRANSFER BY ACTIVITY (g/US\$/person/day)								
Commodities	ESN		Contingency	IDPs	Prevention	Treatment		Support
	food	Cash (US\$)			BSF 6-23 months	TSF 6-59 months	TSF PLW	Attendance incentive (kg/month)
Wheat	119		-	-	-	-	-	25
Wheat flour	-		-	476	-	-	-	-
Pulses	24		-	48	-	-	-	-
Vegetable oil	11		-	22	-	-	30	5
Sugar	-		-	-	-	-	20 ²⁷	-
Super Cereal (WSB)	-		-	-	-	-	220	-
Plumpy'sup	-		-	-	-	92		-
Plumpy'doz	-		-	-	46	-	-	-
High-energy biscuits	-		400	-	-	-	-	-
Cash (US\$/person/day)		0.17						
Total	154	0.17	400	546	46	92	270	30
Total kcal/day	568		1,800	2,017	247	500	1,196	
% kcal from protein	14		11	13	10	10	15	
% kcal from fat	20		30	13	58	56	30	
Number of feeding days per year or per month	30 days/month for 6 months	30 days/month for 6 months	7 days	30 days/month/12 months	30 days/month/ 18 months ²⁸	30 days/month/ 3 months	30 days/month/ 4 months	Once a month/12 months

²⁷ Options for procurement of pre-blended WSB Super Cereal with sugar are being explored to reduce food handling challenges and ensure more efficient utilisation by the beneficiaries. If pre-blended WSB can be identified at a reasonable cost, WFP will remove sugar from the commodity basket.

²⁸ Support is provided continuously from age 6 months till 24 months (18 months). During 2013, children may receive support up to a maximum of 12 months, dependent on their age.

TABLE 5: TOTAL FOOD/CASH REQUIREMENTS BY ACTIVITY (mt/US\$)									
Commodity type/cash	ESN		Contingency	IDPs	Prevention	Treatment		Support	Total
	food	cash			BSF 6-23 months	TSF 6-59 months	TSF PLW	attendance incentive (kg/month)	
Wheat	74,199							2,250	76,449
Wheat flour				102,816					102,816
Pulses	14,846			10,282					25,128
Vegetable oil	6,756			4,681			571	450	12,458
Sugar							377		377
Wheat Soya Blend Super Cereal							4,145		4,145
Plumpy'sup™						1,656			1,656
Plumpy'doz™					2,705				2,705
High-energy			280						280
US\$		12,001,500							
Total (mt)	95,801		280	117,779	2,705	1,656	5,093	2,700	226,014*
Total (US\$)		12,001,500							12,001,500

*Total mt requirements factor in 6,000 mt transformation losses expected during milling.

IMPLEMENTATION ARRANGEMENTS

Operational capacity

51. The WFP country office is based in Sana'a, with sub-offices in Aden, Amran, Haradh (Hajja), Al-Hodeidah and Sa'ada. Al-Hodeidah is the main port of entry and a logistics hub; it includes programme staff for monitoring. WFP is planning an additional sub-office in Taiz to monitor operations in the governorates of Taiz and Ibb and to provide an operational alternative to the Aden sub-office should security in Aden deteriorate further. The sub-offices are responsible for preparing distribution plans, facilitating distributions, liaising with local government representatives and security officials, coordinating with cooperating partners and other stakeholders, supporting the verification of beneficiaries, and monitoring.
52. In 2012, the number of national and international staff increased substantially, in line with the expanded operations. In 2013, a further strengthening of staff at the sub-offices will enhance monitoring capacities.

Partners

53. WFP partners with relevant line ministries, international NGOs - such as Islamic Relief and Save the Children - and national NGOs to implement its activities.
54. Nutrition support relies on efforts made by the Ministry of Public Health and Population and partners in strengthening basic health services. Nutrition assessment, education, counselling and rehabilitation services will be integrated to promote the comprehensive community management of acute malnutrition by the Ministry of Public Health and Population and a wide network of international and national NGOs.
55. WFP will work with UNICEF, the Ministry of Public Health and Population and nutrition cluster partners to: train health workers, programme monitors, and data clerks; enhance

facilities and programme management systems (including supply chain); and develop national strategies and guidelines. WFP and UNICEF use joint operating procedures under the nutrition component to ensure efficiency in programme implementation, ensuring co-location of therapeutic and supplementary nutrition support through common partnerships with the Ministry of Public Health and Population and NGOs.

56. Recognising the low uptake of clinic-based services, outreach activities by mobile clinics and community volunteers will complement nutrition support in routine health facilities. The coordination of health, nutrition, water and sanitation activities is managed through governorate-specific micro-plans, which also identify appropriate complementary food security measures.
57. Partnerships are managed through WFP field-level agreements or food transfer agreements, which are regularly monitored. Partners are responsible for adhering to WFP's implementation schedule and reporting guidelines, including performance indicators.

Procurement and logistics

58. WFP will seek to procure commodities locally if prices are competitive and disruptions to markets are not anticipated: 45 percent of commodities are likely to be procured locally. Other commodities will be procured regionally or internationally.
59. Local millers may supply wheat flour or, on WFP request, mill wheat grain sourced internationally. WFP will work with millers and national food standards authorities to pursue appropriate fortification specifications.
60. ESN food distributions will be every two months, given logistics constraints and the high numbers of final delivery points. IDPs will receive rations monthly.
61. Most (90 percent) internationally purchased commodities and in-kind contributions arrive at the port of Al-Hodeida, the remainder arrive in Aden. Food is then directed to WFP warehouses and delivered to final delivery points around the country through local contractors. The Commodity Movement Processing and Analysis System tracks food and is used to generate logistics reports.
62. WFP will expand its warehouse capacity from 53,000 mt to 70,000 mt to cope with the required scale-up of humanitarian operations in Yemen. WFP will also be working on expanding cooperating partners' capacity to handle the transport and warehousing.

Transfer modalities

63. Under the ESN component, households receiving food rations will be issued with a ration card and assigned to a local school or community centre where they will receive food rations. Verification, transport and distributions in governorates will be conducted by WFP and cooperating partners. Households receiving cash transfers will receive a ration card and collect the cash at branches of the Yemen Post and Postal Savings Corporation (PPSC), as successfully piloted under PRRO 200038. WFP will use an immediate cash distribution model, whereby cash transfers will be distributed by a financial service provider from the branch and through on-site delivery. Beneficiaries will be issued a WFP beneficiary card upon presentation of which they will be able to collect their entitlement.
64. The bank coverage remains low in Yemen, mostly concentrated in urban and sub-urban areas. The PPSC continues to be the primary provider of savings and payment services for low-income families and rural areas. The post office branch network is extensive: PPSC has 335 branches,²⁹ which is more than the total number of branches of all commercial banks. The PPSC provides savings and current accounts to about half a million clients and distributes SWF assistance to over 750,000 people. WFP will continue

²⁹ As of August 2012.

to partner with the PPSC for cash delivery in rural areas. The PPSC also offers “branchless banking” through on-site delivery of cash. PPSC and Yemen Mobile are working on the development and launch of a mobile banking service, extending access through and beyond the current post office locations.

65. IFPRI is finalising a study on WFP’s use of cash transfers in 2011-2012. Recommendations and best practices from humanitarian partners in Yemen will inform the design and implementation of WFP’s cash-transfers. Adjustments to the cash transfer activities would be reflected in a budget revision to this project.
66. IDPs will receive food rations through general food distributions. WFP nutrition interventions will be delivered through health facilities and mobile outreach services, providing specialised nutrition supplements to those meeting anthropometric and/or age criteria.

PERFORMANCE MONITORING

67. Activities implemented under this EMOP will be monitored according to WFP’s standard guidelines. A logical framework is shown in Annex II. Indicators such as the food consumption score, food sources and the coping strategy index will allow WFP to monitor dietary habits, the use of negative coping strategies and any improvements in these trends over the period of assistance.
68. To monitor the performance of targeted nutrition activities, WFP will support and utilise the existing health information system, which tracks individual patient progress and consolidates data to monitor changes and programme performance, including uptake, discharge, recovery, death and defaulter rates. In partnership with UNICEF, WFP aims to strengthen information collection and utilisation of health services management at all levels. Nutrition prevalence and treatment coverage data required to measure outcome level results will continue to be collected through SMART surveys. These assessments will also help to inform the design and application of nutrition activities of this EMOP.
69. In areas inaccessible to WFP due to security restrictions, WFP will use outsourced monitors to carry out key programme functions including food security and nutrition assessments, emergency needs assessments, monitoring and reporting of activities. WFP will train these monitors in accordance with WFP norms. Standard operating procedures for safe monitoring by outsourced monitors will be part of the training package offered to these monitors.

HAND-OVER STRATEGY

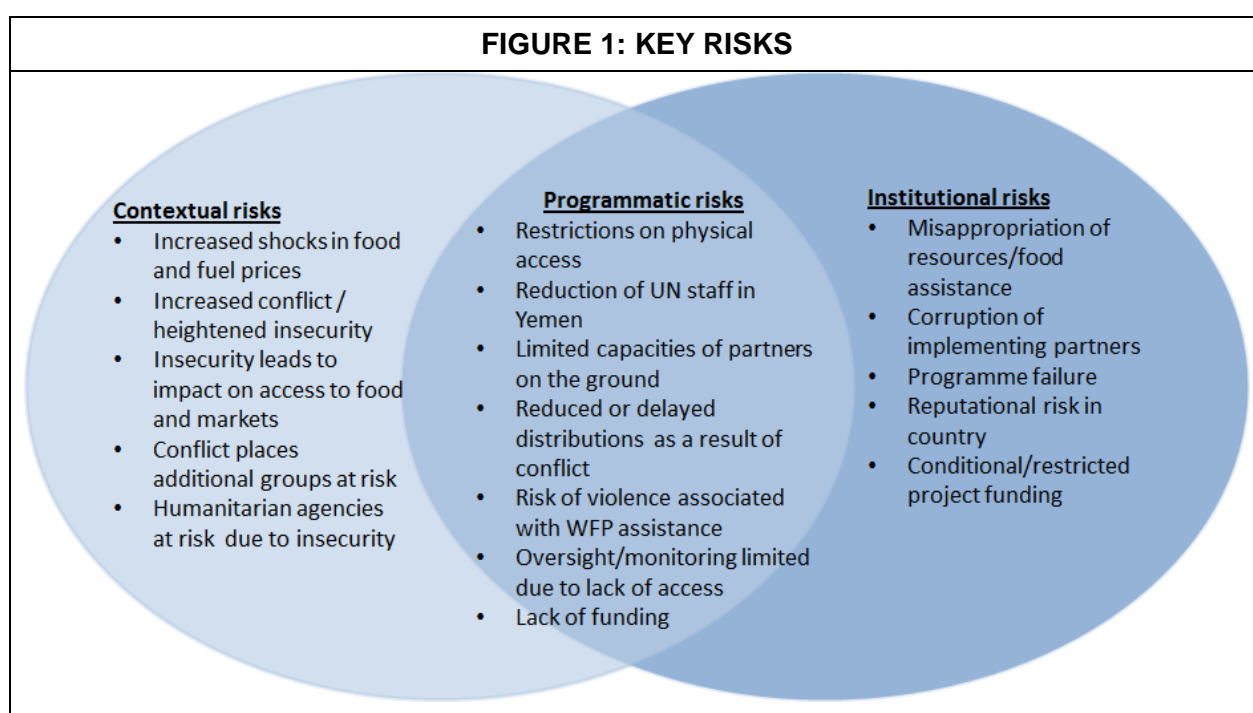
70. WFP would shift from emergency assistance to early recovery operations through a PRRO if there is an improvement in food security and malnutrition, together with a reduction in conflict and insecurity. Emergency food assistance may still be required beyond 2013. WFP will consider including food-for-assets activities in the ESN to support targeted communities. WFP food security monitoring will inform decisions on appropriate food assistance strategies, beneficiary requirements and the capacities of cooperating partners within the context of the evolving political situation in Yemen.
71. WFP will continue to work with government institutions to strengthen capacities to prepare for, plan, and respond to severe food insecurity and malnutrition in Yemen. Technical support and training in areas relevant to WFP’s work and expertise will also be conducted at the request of the Government and partners. WFP will also work through the

humanitarian clusters in strengthening the capacities of partners and stakeholders in the food security and agriculture cluster, and the logistics cluster.

72. WFP, UNICEF and partners work closely with the Ministry of Public Health and Population to ensure that comprehensive nutrition support is embedded in routine health services, building on and strengthening existing institutional, staff and infrastructural capacities. Efforts will also be made towards a national consensus on chronic malnutrition and associated action planning.
73. WFP is planning a gender study which will consider the dynamics of decision making within Yemeni households and analyse ways in which WFP and partners can improve gender-sensitive programming in humanitarian operations.

HAZARD / RISK ASSESSMENT AND PREPAREDNESS PLANNING

74. The EMOP is subject to a number of contextual, programmatic and institutional risks, as summarised in Figure 1.



75. Where possible, mitigation measures have been established or are currently being put into place to address these risks. These include: prepositioned stocks in-country; strengthening the capacity of national staff; prioritising local purchase where possible; working with partners to address relevant capacity-development requirements; using outsourced monitors to boost monitoring capacities in highly insecure and inaccessible areas; and providing targeted capacity development activities to strengthen national humanitarian response systems.
76. The evolving situation in Yemen will be closely monitored. Required changes to the EMOP design will be effected through budget revisions.
77. WFP Yemen updates its risk assessment, minimum emergency preparedness actions, emergency readiness actions, and standard operating procedures for sudden-onset emergencies. WFP will use relevant tools, including early warning and geographic information system capacities.

SECURITY CONSIDERATIONS

78. The overall security situation remains fragile and unpredictable. Yemen faces three significant security challenges threatening the stability of the central Government: Al-Houthi militants in the north; southern secessionists; and Al Qaeda militants operating across large areas of the country. In addition, tensions remain high among the central transition Government, political parties, and groups loyal to the former president. Protests and assassination attempts are common, including in the capital city. The risk of kidnapping of foreigners remains high, including staff from diplomatic missions, United Nations agencies and NGOs.
79. Most of the 21 governorates in Yemen are currently under United Nations security level three.³⁰ Some are at level four and can only be accessed by partners or through outsourced field monitors. In some areas, food delivery and distribution is only possible using security escorts. Movements for WFP international staff are undertaken with armoured vehicles.
80. The United Nations security management team is following United Nations Department of Safety and Security recommendations on staff security and maintaining programme criticality as the basis for security clearance on incoming missions.
81. WFP Yemen has three international field security officers based in Sana'a and Aden and 21 national security staff, including radio operators. The country office in Sana'a is fully minimum operating security standards (MOSS)-compliant, and meets minimum security telecommunications standards. Sub-offices are in the process of upgrading to meet MOSS requirements.

³⁰ The United Nations security level system has six levels, from 1 (least dangerous environment) to 6 (most dangerous environment). Each level has a specific name: 1 – Minimal, 2 – Low, 3 – Moderate, 4 – Substantial, 5 – High, and 6 – Extreme.

RECOMMENDATION

The Executive Director and the Director-General of FAO are requested to approve the proposed EMOP Yemen 200451, “Emergency food and nutrition support to food-insecure and conflict-affected people,” from 1 January to 31 December 2013.

APPROVAL

.....

Ertharin Cousin
Executive Director
World Food Programme

Date:

.....

José Graziano da Silva
Director-General
Food and Agriculture Organization of the
United Nations

Date:.....

PROJECT COST BREAKDOWN			
Food ³¹	Quantity (mt)	Value (US\$)	Value (US\$)
Cereals	179,265	82,749,017	
Pulses	25,128	17,157,399	
Oil and fats	12,458	14,205,110	
Mixed and blended food	4,145	2,931,551	
Others	5,018	14,184,120	
Total food	226,014	131,227,196	
Cash transfers		12,001,500	
Total food, cash and voucher transfers			143,228,696
External transport			11,314,412
Landside transport, storage and handling			34,672,807
Other direct operational costs			11,827,486
Direct support costs (see Annex I-B)			25,228,257
Total WFP direct costs			226,271,657
Indirect support costs (7 percent) ³²			15,839,016
TOTAL WFP COSTS			242,110,673

³¹ This is a notional food basket for budgeting and approval. The contents may vary.

³² The indirect support cost rate may be amended by the Board during the project.

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff and staff-related costs	
International professional staff	8,038,080
Local staff - national officers	923,050
Local staff - general service	3,131,262
Local staff - temporary assistance	630,544
Local staff - overtime	420,177
Hazard pay and hardship allowance	2,466,161
International consultants	394,800
Local consultants	78,960
Commercial consultancy services	3,100,000
Staff duty travel	617,059
Subtotal	19,800,094
Recurring expenses	
Rental of facility	261,804
Utilities general	87,780
Office supplies and other consumables	93,600
Communications and IT services	415,300
Equipment repair and maintenance	46,200
Vehicle running cost and maintenance	652,206
Office set-up and repairs	600,000
United Nations organisation services	173,514
Subtotal	2,330,404
Equipment and capital costs	
Vehicle leasing	214,200
Vehicle acquisition	880,000
TC/IT equipment	692,314
Local security costs	1,311,245
Subtotal	3,097,759
TOTAL DIRECT SUPPORT COSTS	25,228,257

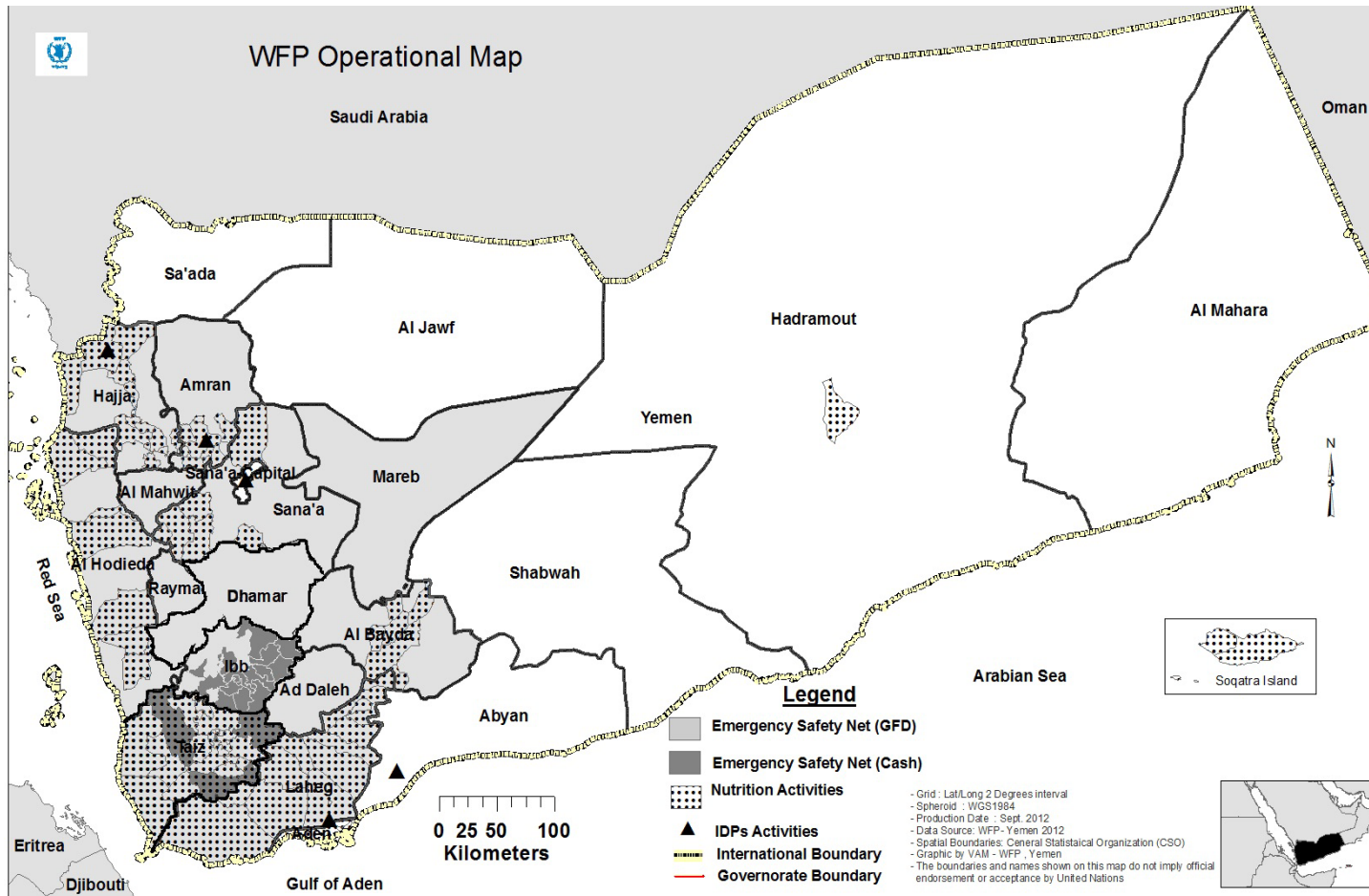
ANNEX II: LOGICAL FRAMEWORK

Results-Chain (Logic Model)	Performance Indicators	Risks, Assumptions
Strategic Objective 1 - Save Lives and Protect Livelihoods in Emergencies		
Outcome 1.1 Prevent and reduce acute malnutrition in children under 5 in targeted populations.	<ul style="list-style-type: none"> ➤ Prevalence of acute malnutrition among children under 5 (weight-for-height and/or MUAC) Target: prevalence reduced by 30% in areas with GAM >15%. Source: CFSS and SMART surveys ➤ Supplementary feeding performance indicators: recovery rate, defaulter rate, death rate, non-response rate Targets: Supplementary feeding recovery rate >75% Supplementary feeding defaulter rate <15% Supplementary feeding death rate <3% Supplementary feeding non-response rate <7% Source: The Ministry of Public Health and Population routine health facility registers and aggregated reports (consolidated data management TFP/SFP) ➤ Supplementary feeding coverage Targets: coverage ≥50% Source: The Ministry of Public Health and Population routine health facility registers and aggregated reports and Nutrition Cluster 2013 people-in-need estimates (indirect method) and SMART surveys (direct method) 	<ul style="list-style-type: none"> ➤ Timely availability of resources ➤ Continued interest and acceptance by beneficiary of food basket ➤ Security prevails in IDP camps and districts with high IDP concentration, allowing for timely access to beneficiaries ➤ Mothers are able and willing to travel to health facilities to attend routine nutrition assessment, education and counselling services and collect supplementary rations for their children ➤ Interventions for severe acute malnutrition are implemented as planned by UNICEF ➤ Government counterparts scale-up nutrition interventions as planned
Outcome 1.2 Improved food consumption over assistance period for targeted household	<ul style="list-style-type: none"> ➤ Household food consumption score. Targets: Percentage of severely food-insecure households is reduced by 7-10% ➤ Coping Strategies Index Targets: CSI is reduced from 8.4 to 5 	

Output 1.1 Food and non-food items distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions	<ul style="list-style-type: none"> ➤ Actual number of women, men, girls and boys receiving food and non-food assistance, by category and as a percentage of planned beneficiaries ➤ Actual tonnage of food distributed, by type as % of planned distribution³³ ➤ Actual quantity of fortified foods, complementary foods and special nutritional products distributed, by type, as % of planned distributions ➤ Actual quantity of non-food items distributed, by type as percentage of planned distribution 	
Output 1.2 Cash distributed timely to targeted beneficiaries	<ul style="list-style-type: none"> ➤ Total cash amount distributed as % of planned ➤ Number of beneficiaries receiving cash, as % of planned ➤ Beneficiaries receiving cash on time as % of planned 	Reliable local financial institution to ensure a timely delivery of cash payment

³³ Planned distribution includes quantity, quality and timeliness.

ANNEX III – MAP



ACRONYMS USED IN THE DOCUMENT

CAP	Consolidated Appeals Process
CFSS	Comprehensive Food Security Survey
CSI	coping strategy index
EMOP	emergency operation
ESN	emergency safety net
FAO	Food and Agriculture Organization of the United Nations
GAM	global acute malnutrition
GDP	gross domestic product
GFD	general food distribution
HCT	Humanitarian Country Team
ICRC	International Committee of the Red Cross
IDP	internally displaced person
IFPRI	International Food Policy Research Institute
MAM	moderate acute malnutrition
MOSS	minimum operating security standards
MUAC	mid-upper arm circumference
NGO	non-governmental organisation
PPSC	Post and Postal Savings Corporation
PRRO	protracted relief and recovery operation
SWF	Social Welfare Fund
UNCT	United Nations country team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WSB	wheat-soya blend
Yrls	Yemeni Rials