

NOURISHING THE FUTURE

INVESTING IN NUTRITION FOR CHILD DEVELOPMENT AND NATION-BUILDING IN YEMEN



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Cover photo: Ekram, full of joy and energy, smiles while being held by her mother. Her bright eyes and healthy appearance stand in stark contrast to the children around her suffering from malnutrition. Read her story in page 8 of this report.
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This page: Sanad, 7 months old in July 2023, was suffering from severe acute malnutrition with complications. In March 2023, He was admitted to Ibn Khaldoon Hospital in his hometown, Lahj. With his family's frequent visits to follow up his condition after treatment, Sanad has completely recovered and gained weight. Today he is two and enjoying good health.
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Every child has the right to nutrition. Good nutrition is essential for a child's survival, growth, and overall development.

INVEST IN THE BEST NUTRITION

Every child has the right to nutrition. Good nutrition is essential for a child's survival, growth, and overall development. Well-nourished children are healthier, learn better, earn more as adults, and give back more to their communities. Healthy children also show greater resilience in the face of crises, presenting a crucial buffer both for families and societies.

The Sustainable Development Goal Target 2.2 aims to end all forms of malnutrition by 2030, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age.

Since 2000, global efforts have resulted in a one-third reduction in the number of undernourished children in this age group, equating to 55 million fewer children under 5 suffering from malnutrition.

This achievement highlights the effectiveness of nutrition initiatives aimed at preventing stunting, wasting, low birth weight, and micronutrient deficiencies. Crucially, a mother's care and appropriate feeding practices for infants and young children are vital in ensuring proper nutrition and overall child development.

Yet, the journey is not over. Undernutrition remains a significant challenge, particularly in low-income and conflict-affected countries like Yemen where 1 in every 2 Yemeni children under 5 is stunted and not able to thrive. Globally, nearly half of deaths among children under 5 years of age are linked to undernutrition.¹

Investing in child nutrition is not just the right thing to do; it is also a smart economic move. For US\$1 dollar spent on preventing malnutrition in young children, the economic return can be as high as US\$35.² This is because well-nourished children tend to be healthier, achieve higher education levels, and contribute more to the economy through increased productivity. When combined with other health and poverty reduction efforts, this priority investment not only improves millions of lives but is also a key lever for economic growth and social change



> For US\$1 dollar spent on preventing malnutrition in young children, the economic return can be as high as US\$35.

YEMEN'S NUTRITION CRISIS

Yemen, embroiled in conflict since 2015, is facing a humanitarian crisis with severe implications for child nutrition. The ongoing strife, economic collapse, poor sanitation and hygiene, infectious diseases, and a broken health care system have left nearly half of its children under 5 chronically malnourished, with rates of stunting on an upward climb.

Stunting is when height-for-age is more than two standard deviations below

¹ WHO data; <https://www.who.int/news-room/fact-sheets/detail/malnutrition#:~:text=In%202022%2C%20an%20estimated%20149,%2D%20and%20middle%2Dincome%20countries.>

² UNICEF, WHO and the World Bank, *Executive Summary, An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding and Wasting*, 2015.

the WHO Child Growth Standards median. It is the result of chronic or recurrent undernutrition, usually associated with poverty, poor maternal health and nutrition, frequent illness and/or inappropriate feeding and care in early life.

Stunting prevents children from reaching their physical and cognitive potential. Thus, stunted children will have delayed cognitive development with the following symptoms: delays in rolling over, sitting up, crawling, and walking, trouble with fine motor skills, problems understanding what others say, trouble with problem-solving, have issues with social skills, problems talking or talking late³.

This nutrition crisis among Yemen's children consequently threatens the country's economic growth and perpetuates widespread poverty, which already affects 80 per cent of the population.⁴ Urgent, tailored, and inclusive action is crucial to reversing this grim trend.

WORSENING TRENDS IN MALNUTRITION

Even before the war, Yemen – one of the poorest countries in the Middle East and North Africa (MENA) region – was already grappling with significant nutritional challenges. The 2013 Yemen Demographic and Health Survey⁵ showed that more than 4 in 10 children under 5 were stunted and more than 1 in 10 had the severe form, leaving them at a serious disadvantage. Nine out of 10 children under five years old also suffered from some form of anaemia,⁶ impairing their cognitive development, weakening immunity, and reducing physical and mental performance. Even in times of relative peace, the factors contributing to these statistics included food insecurity, inadequate health infrastructure, and socio-economic inequalities.

Over the past decade, the nutritional situation in Yemen has not improved despite a reduction in overt conflict. Stunting has plateaued at 49 per cent of children under 5 at the national level, with severe stunting nearly doubling to 21 per cent.⁷ The country's stunting figures are far above both global and Middle Eastern averages, highlighting Yemen's deteriorating socio-economic and humanitarian situation.

Overall, stunting is more common in children under the age of 2, those in poor households, and with mothers who have no formal education.⁸ In some parts of Yemen, like the mountainous and conflict-affected area of Raymah, the situation is especially dire, with 69 per cent of children stunted. Families there face constant shortages of essentials like food, water, and medicine.

On top of this, about 17 per cent of young children are extremely thin, or wasted, due to acute malnutrition, especially in the poorest families. Additionally, 4 out of every 10 children under 5 (41 per cent) are underweight. This paints a worrying picture of the widespread nutritional struggles the Yemeni people are facing. In 2023, it was estimated that 2.2 million young children under 5 and 1.3 million pregnant or breastfeeding women needed treatment for acute malnutrition.⁹



Stunting is when height-for-age is more than two standard deviations below the WHO Child Growth Standards median. It is the result of chronic or recurrent undernutrition, usually associated with poverty, poor maternal health and nutrition, frequent illness and/or inappropriate feeding and care in early life.

³ <https://www.who.int/news/item/19-11-2015-stunting-in-a-nutshell> and Onis M, Branca F. Childhood stunting: a global perspective. *Matern Child Nutr.* 2016 May;12 Suppl 1(Suppl 1):12-26. doi: 10.1111/mcn.12231. PMID: 27187907; PMCID: PMC5084763

⁴ World Bank data.

⁵ 2013 *Yemen Demographic and Health Survey*, July 2015

⁶ Ibid.

⁷ UNICEF, *Yemen Multiple Indicator Cluster Survey 2022–2023, Survey Findings Report*.

⁸ UNICEF, *Yemen Multiple Indicator Cluster Survey, Statistical Snapshots 2022–2023*.

⁹ UNICEF, *Country Office Annual Report 2023*.

EKRAM AND BOTHAINA: THE DUAL REALITIES OF YEMEN'S CHILDREN



Only 2 months apart in age, Bothaina and Ekram stand side by side, illustrating their contrasting health and growth. Bothaina (on the left) and Ekram (on the right). ©UNICEF/Hayan

In a nation where the line between survival and growth blurs every day, one thing is clear: Yemen's children face a future shaped by malnutrition.

Within Abyan Governorate, two young girls – Ekram and Bothaina – represent both the promise of what could be and the harsh reality of what is. Though they were born just a few months apart in the same town, their lives have diverged dramatically. This stark contrast underscores the fragile balance between thriving and merely surviving.

Two lives, one fate altered

Ekram, who is now two years and seven months old, embodies health and vitality. She laughs freely, mimicking her mother's every move, and her eyes are filled with curiosity. "She's eager to learn everything," says her mother, Samah, with pride. "Alhamdulillah, she is healthy."

Bothaina, who is two months younger, struggles in contrast. Her frail body and unsteady steps tell a story of malnutrition. She speaks little and often lacks the energy to play. Her mother, Maryam, sees this disparity every day. "When I see other children her age running and playing, I feel so much pain,"

she says quietly. "Bothaina can barely keep up."

The first 1,000 days: A critical window

The first 1,000 days of a child's life – from conception to their second birthday – are crucial for growth and cognitive development. This formative period shapes not only physical health but also intellectual potential.

For Ekram, the first 1,000 days meant receiving all the essential nutrients her body needed, as well as having access to clean drinking water. Her mother's dedication to exclusive breastfeeding, good hygiene and introducing a varied diet ensured her healthy start. For Bothaina, however, that crucial window was marked by scarcity. Malnutrition stunted her growth, leaving her vulnerable to lifelong setbacks.

Dr. Saniah Hassan, head of the Nutrition Clinic at Zunjobar General Hospital, explains, "Stunting isn't just about being short; it's about brain development. Children like Bothaina have lower IQs, weaker immune systems, and reduced potential to grow as a healthy and productive adult. It's a life sentence of underachievement."

A young mother's burden

At just 19 years old, Maryam carries the heavy burden of her family's struggles. Living with her husband's family in a small, shared house, she tries to provide for her two daughters, Bothaina and 10-month-old, Bonah – who is also stunted and severely acutely malnourished – while expecting her third child. Their income, which is dependent on her husband's sporadic work as a motorcycle driver, barely covers the basics.

During her pregnancy with Bothaina, Maryam attended antenatal care more than four times, receiving iron-folic acid, which she took only for four months. These visits also provided her with enhanced awareness of pregnancy-related practices. However, she did not practice optimal prenatal care and she experienced blood complications and required a blood transfusion a week before giving birth.

When Bothaina was born, Maryam was malnourished and was under stress. Each day, Maryam's meals consisted merely of bread with tea or milk for breakfast and dinner, and lunches of rice and potatoes. This scant and unvaried diet left her body undernourished, unable to provide the nourishment Bothaina needed. She had to rely on formula because she did not have enough breastmilk to feed Bothaina, which is a common perception. By four months, Bothaina



The assessment of height and weight of Bothaina's suggest that she is short for her age (stunted). She is also wasted, where her weight-for-height is too low. ©UNICEF/Hayan

was fed potatoes and rice – foods her small body was not ready for. A visit to the hospital when she was sick revealed the consequences: severe acute malnutrition and stunting. Now, Bothaina receives weekly therapeutic food supplements, but Maryam knows the damage is irreversible. "Sometimes, she just stares at me when I talk to her, as if she doesn't understand," Maryam says, her voice breaking. Dr. Saniah adds, "Bothaina's weight and height remain the same as last month's measurements."



Ekram has normal height for her age and normal weight for height, a healthy and well-nourished 2 year old girl. Ekram was exclusively breastfed from her birth until she was 6 months old. ©UNICEF/Hayan

Ekram: A story of hope

Ekram's start in life was different. Samah, her mother, followed the guidance of health workers, breastfeeding exclusively for six months and then gradually introducing a variety of solid foods. Fish from her husband's work and beans from the market provided essential nutrients. Today, Ekram's energy and curiosity are boundless. "She talks so much," Samah says with a laugh. "She started speaking clearly before she turned two and loves to ask questions."

Ekram's development stands as a testament to the power of early nutrition and maternal care. Despite their own financial challenges, Samah and her husband managed to provide the basics that prevented irreversible harm.

More needs to be done

Samah and Maryam's stories reveal a simple truth: access to nutritious food, appropriate infant and young child feeding practices, health services, and a sanitary and hygienic living environment can change the trajectory of a child's life. While Ekram's future shines bright with promise, Bothaina's is clouded by the effects of malnutrition. Their stories are just two among millions, but they speak to the broader tragedy unfolding in Yemen.

The world must act. Without greater international and multi systems support and focused attention, children like Bothaina will be left behind, trapped in a cycle of deprivation that stunts not only their growth but the hopes and dreams of an entire nation.

Ekram's development stands as a testament to the power of early nutrition and maternal care. Despite their own financial challenges, Samah and her husband managed to provide the basics that prevented irreversible harm.

* The assumption that the mother has no milk is a common issue globally. If the breast is expressed immediately after birth before the baby is attached, the milk may not come out. That is why it is recommended to put the baby on the mother's breast immediately after birth for the process to start. Breastmilk comes out only after the baby is attached to the breast and in the first days, colostrum, the thick yellowish milk is released, that is just enough to fill the stomach of the newborn which at that time at the size of almond. In many cultures colostrum is discarded as it is believed to be dirty. The yellowish milk is the first immunization as it prepares the intestinal lining of the baby to fight disease and prepare to digest the then milk.

THE IMPORTANCE OF A MOTHER'S CARE

Mothers play a crucial role in child nutrition as they are often the primary caregivers who make daily decisions about feeding practices, meal planning, and ensuring dietary diversity. Well-informed mothers can recognize early signs of malnutrition and seek timely medical help, which helps prevent long-term issues like stunting. For instance, data¹⁰ from Yemen reveals that 54 per cent of stunted children under 5 have mothers with no formal education, compared to 34 per cent with mothers who have higher education.

Proper child nutrition is especially critical during the first 1,000 days, from conception to the child's second birthday, a period of rapid physical and cognitive development. Key infant and young child feeding practices, mainly managed by mothers, include exclusive breastfeeding for the first six months, introducing nutrient-rich solid foods afterward, and continuing breastfeeding up to two years or more. Failure to adhere to these practices increases the risk of malnutrition, illness, and even death, particularly in impoverished and conflict-ridden areas like Yemen.

Unfortunately, in Yemen, only 2 per cent¹¹ of babies are exclusively breastfed for their first six months, and less than half of the children under 2 years of age get enough meals each day. This is far below recommended levels needed to ensure that children survive and grow up healthy.

Investing in nutrition during the early days of a child's life is therefore vital for both their well-being and Yemen's economic development. It is especially important to enhance mothers' knowledge, skills, and practices in childcare and feeding. This includes promoting exclusive breastfeeding, timely and quality complementary feeding, and providing broader nutritional education and support to caregivers and families. For children at risk of malnutrition, access to health care services, clean drinking water, and proper hygiene is also crucial to prevent and treat infections and diseases that exacerbate malnutrition.



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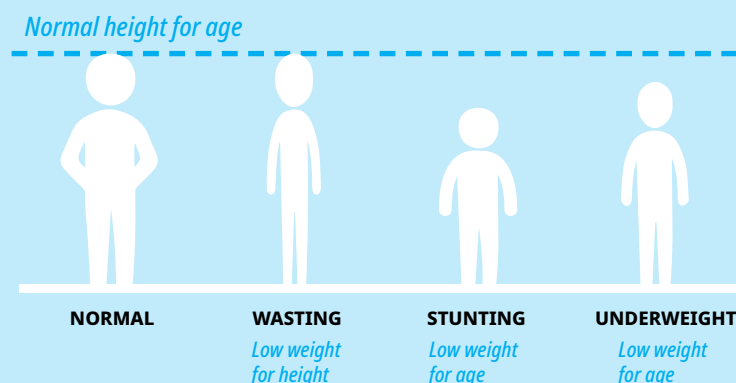
Investing in nutrition during the early days of a child's life is therefore vital for both their well-being and Yemen's economic development.
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¹⁰ UNICEF, Yemen *Multiple Indicator Cluster Survey, Statistical Snapshots 2022–2023*.

¹¹ Ministry of Public Health and Population and Central Statistical Organization, *The Report of Nutrition and Mortality Surveys, conducted between August 2021 and January 2022 following SMART methodology*.

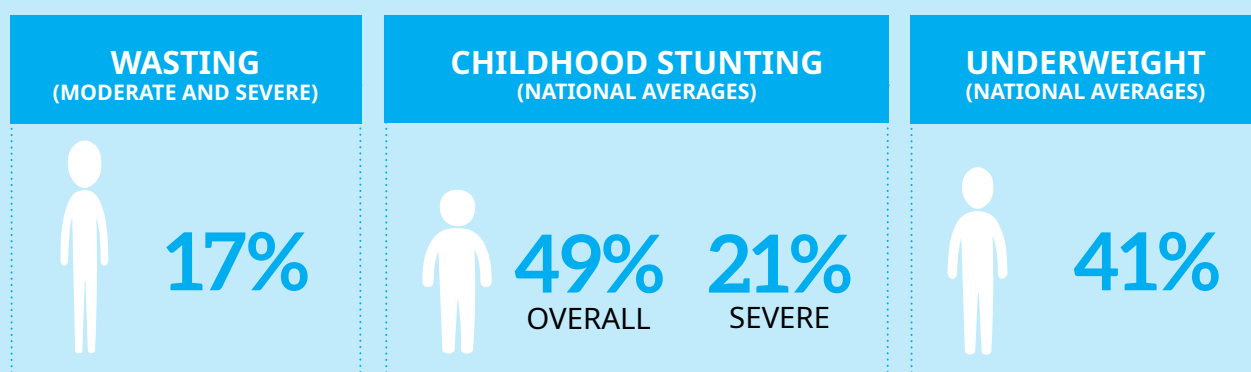
DEFINITIONS & NATIONAL KEY STATISTICS¹²

Different types of undernutrition



Source:

<https://blogs.imperial.ac.uk/imperial-medicine/2019/03/13/why-legumes-may-be-the-key-in-the-fight-against-undernutrition>



REGIONAL AND SOCIO-ECONOMIC DISPARITIES

- **Highest stunting rate**
Raymah governorate, 69%
- **Lowest stunting rate**
Al-Maharah governorate, 22%
- **Urban areas** 39.5%
- **Rural areas** 52%
- **Poorest households** 60%
- **Richest households** 31%
- **Stunted children born to mothers with no formal education** 54%
- **Stunted children born to mothers with higher education** 34%

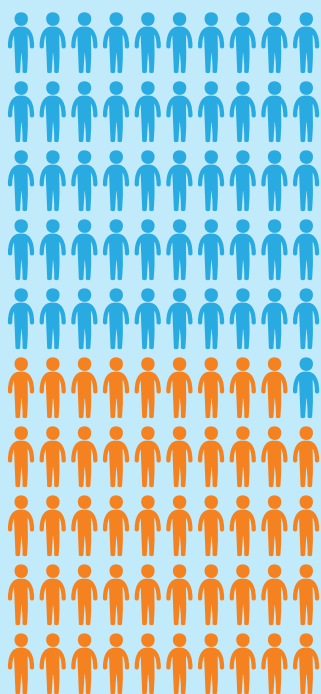


INFANT AND YOUNG CHILD FEEDING PRACTICES

- **Early initiation of breastfeeding** 38%
- **Exclusive breastfeeding** 2%
- **Introduction of solid, semi-solid and soft food** 64%
- **Minimum meal frequency** 42%
- **Minimum diet diversity** 10%
- **Minimum acceptable diet** 7%
- **Continued breastfeeding at 1 year** 72%
- **Continued breastfeeding at 2 years** 38%

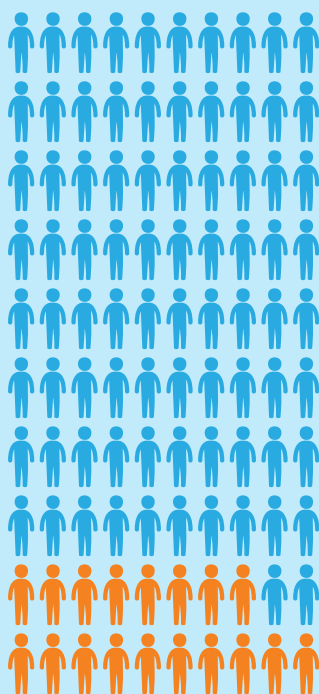
¹² Statistics from UNICEF, Yemen Multiple Indicator Cluster Survey, Statistical Snapshots 2022–2023.

NATIONAL, REGIONAL & GLOBAL STUNTING RATES



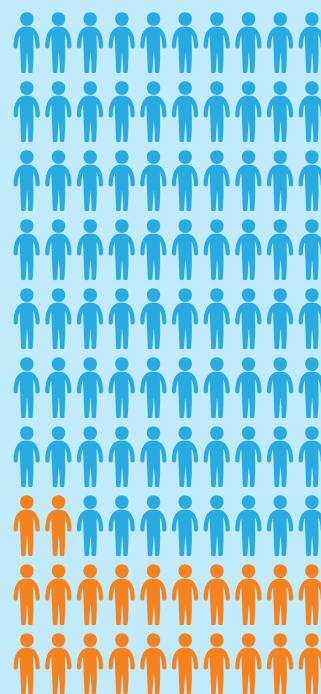
49%

YEMEN'S STUNTING RELEVANCE HAS PLATEAUED IN THE PAST DECADE FROM 47% IN 2013 TO 49% IN 2022.¹³



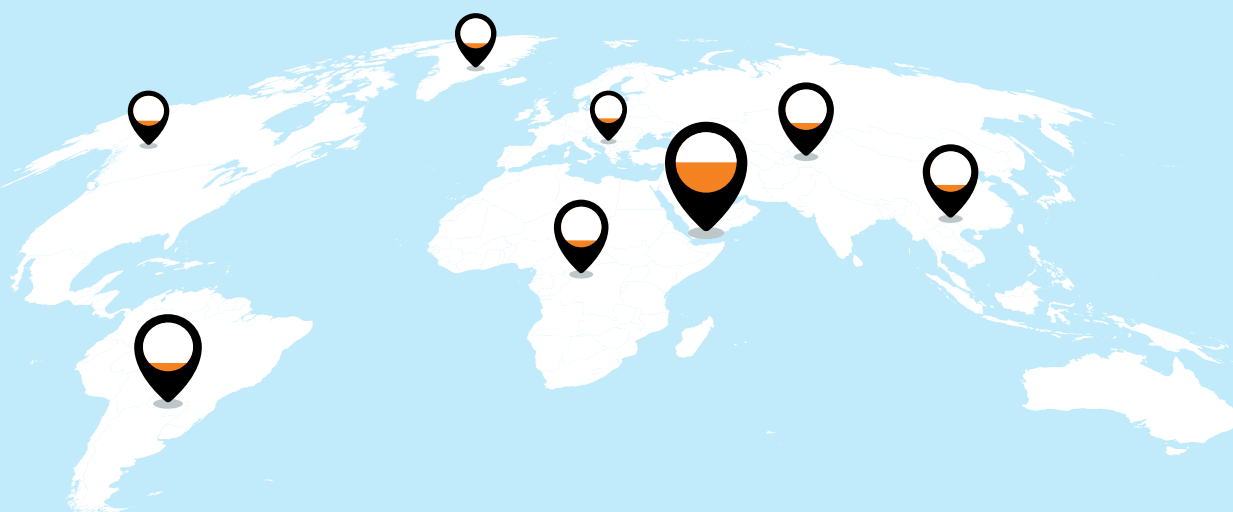
18%

MENA REGION DECLINE IN CHILDHOOD STUNTING RATES DECREASED FROM 26% IN 2000 TO 18% IN 2022.¹⁴



22.3%

GLOBAL RATES IN STUNTING PREVALENCE DECREASED FROM 26.3% IN 2012 TO 22.3% IN 2022.



¹³ Statistics from UNICEF, Yemen Multiple Indicator Cluster Survey, Statistical Snapshots 2022–2023.

¹⁴ Pennsylvania State University and UNICEF, Regional Nutrition Situation Analysis – Middle East and North Africa (MENA), UNICEF MENA, 2024.

THE POWER OF OPTIMAL NUTRITION

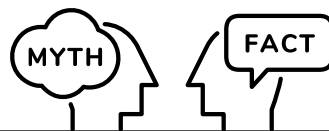
Optimal nutrition brings many benefits to children and positively impacts society.

Survival and health benefits: Malnutrition is a leading cause of death in children under 5. Enhancing feeding practices – for example, exclusive breastfeeding for the first six months – and implementing preventative nutrition strategies like micronutrient supplementation, food fortification, and community-based programmes can dramatically improve child survival rates, healthy development and well being.

Proper nutrition before pregnancy, during pregnancy and early childhood is essential for health growth and development. It helps prevent health issues later in life and helps boost the immune system to fight off infections and diseases. This is especially important for children and the elderly who are more susceptible to illnesses. A well-nourished population is also more resilient to the effects of pandemics and other public health crises.

Cognitive and educational outcomes: Proper nutrition for children is crucial for brain development, enhancing cognitive skills and school readiness and performance. Well-nourished preschoolers are better prepared for primary school. They also attend school more regularly because they get sick less often. Regular attendance allows them to engage more in their education, leading to higher academic success. Ultimately, proper nutrition in childhood helps children grow into healthy adults – with better job opportunities and prospects in adulthood.

Societal and economic contributions: Well-nourished children grow up to be productive adults who contribute to society and the economy. They are less likely to develop chronic diseases, which helps reduce the burden on health care systems. Healthy children are more likely to develop healthy habits, which they carry into adolescence and adulthood. This sets a positive example for future generations. In addition, they are more likely to have higher earning potential, contributing to entrepreneurship and job creation and driving economic growth and innovation.



MYTHS AND FACTS ABOUT NUTRITION

Myth 1: Malnutrition only means lack of food.

Fact: Malnutrition can stem from factors beyond mere food scarcity, such as a diet deficient in essential nutrients, infections, poor sanitation, insufficient health care, and poor parental knowledge of good nutrition.

Myth 2: Malnutrition only affects children's physical growth.

Fact: Malnutrition also impacts brain development, making it difficult for children to learn and concentrate at school.

Myth 3: Breastfeeding is not important after the first few months of life.

Fact: For the first six months after birth, breastmilk provides the right balance of proteins, fats, vitamins, and minerals specifically tailored to a baby's needs. It also contains bioactive compounds and enzymes that aid in digestion and promote gut health, as well as antibodies that help protect the baby from various infections and diseases by enhancing the immune system. Continuing breastfeeding beyond six months, alongside solid foods, supports ongoing health and development, with the World Health Organization recommending breastfeeding up to two years or more.

Myth 4: Once a child is malnourished, they can't recover.

Fact: Children suffering from acute malnutrition have a weak immune system and a high risk of infection and death. Timely medical assistance can help them survive. However, if they get the disease frequently, and if stunting happens, the impact on their growth and cognitive abilities can be irreversible. For this reason, prevention is better than cure. Malnutrition can be prevented with good diets, proper breastfeeding, feeding and care practices and good access to health services and healthy environment.

Myth 5: Just providing more food will solve malnutrition.

Fact: Solving malnutrition is not just about quantity but also about quality. Providing diverse, nutrient-rich

BREASTFEEDING MYTHS IN YEMEN

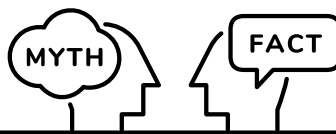
In Yemen, there are several prevalent myths surrounding breastfeeding.

One myth is that the first milk produced by mothers, known as colostrum, is considered unclean and therefore not suitable for the infant.

Another belief is that breastfeeding during a subsequent pregnancy can be detrimental to both the nursing child and the unborn baby.

Additionally, there is a misconception that breastfeeding can transmit harmful characteristics or traits to the baby.

Facts: Colostrum, the first thick yellowish drop of breastmilk, is rich in antibodies and nutrients important for newborns. Breastfeeding during a second pregnancy is safe for both the nursing child and the unborn baby. Breastfeeding does not transfer negative traits to babies.



MYTHS AND FACTS ABOUT NUTRITION

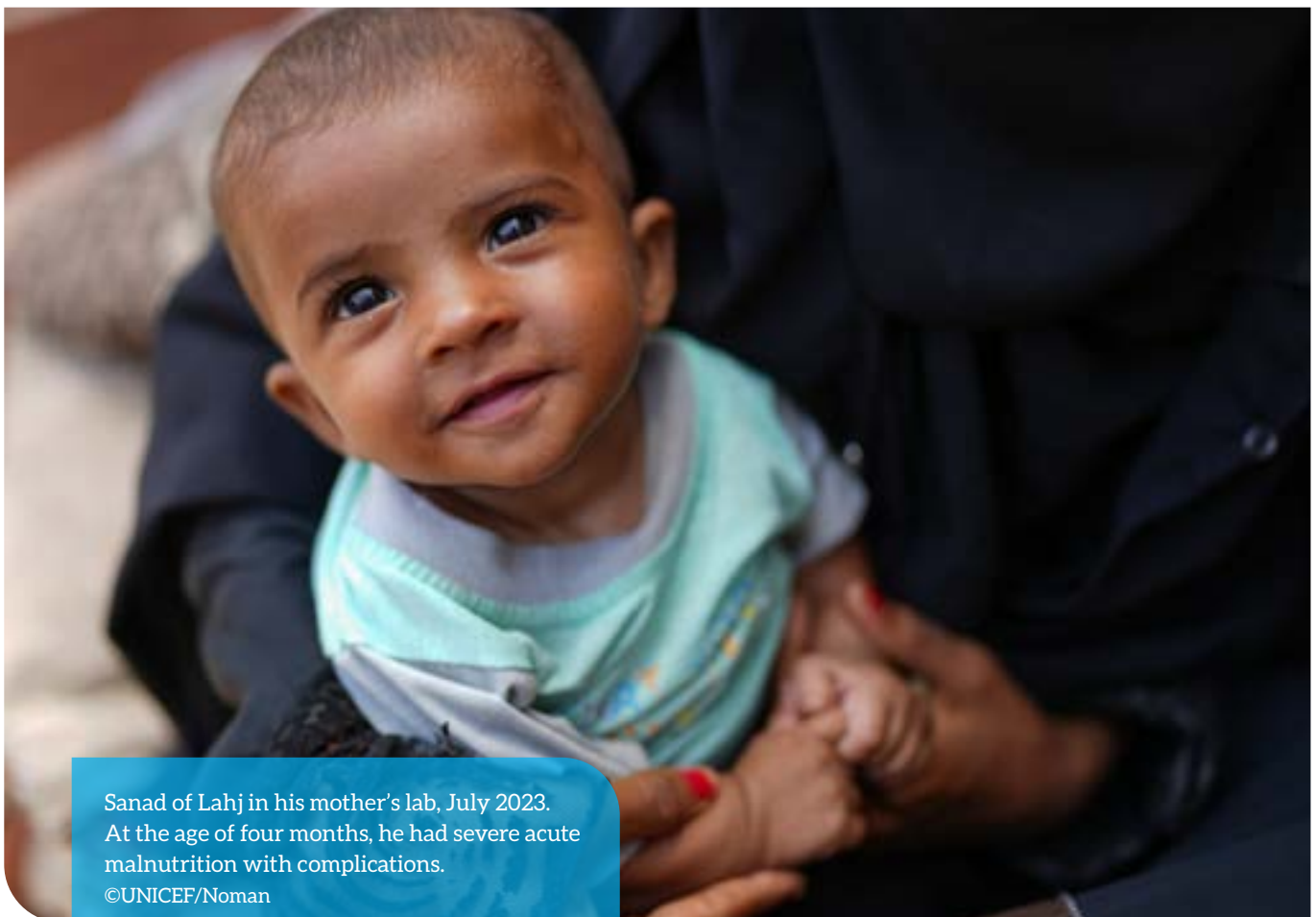
foods and educating mothers and family caregivers about balanced diets are essential steps to combat malnutrition effectively. Additionally, timely treatment of illnesses and providing children with a clean environment and access to safe drinking water are equally important.

Myth 6: Stunting is only a concern for the affected child.

Fact: Stunting has broader social impacts, including reduced economic productivity and increased health care costs, affecting entire communities and nations.

Myth 7: Malnutrition solutions are too expensive.

Fact: The cost of preventing malnutrition is less than treating it. So while financial resources are important, interventions such as infant and young child feeding counseling for caregivers can help fight malnutrition without costing a lot.



Sanad of Lahj in his mother's lab, July 2023.
At the age of four months, he had severe acute malnutrition with complications.
©UNICEF/Noman

NUTRITION HAS A HIGH RETURN ON INVESTMENT

A large body of scientific evidence shows that investing in nutrition during the first 1,000 days of life can improve health, education, and productivity, and break the cycle of malnutrition.¹⁵ Studies also show that nutrition interventions provide a high return on investment, leading to lower health care costs and a more productive workforce in the long run.

Immediate savings: Reduced health care costs due to fewer incidents of illness and hospitalization are significant. For instance, proper nutrition can decrease the prevalence of chronic conditions such as diabetes, heart disease, and malnutrition-related illnesses, thereby reducing the strain on health care systems.¹⁶ A well-nourished population tends to require fewer medical services, resulting in substantial cost savings.¹⁷

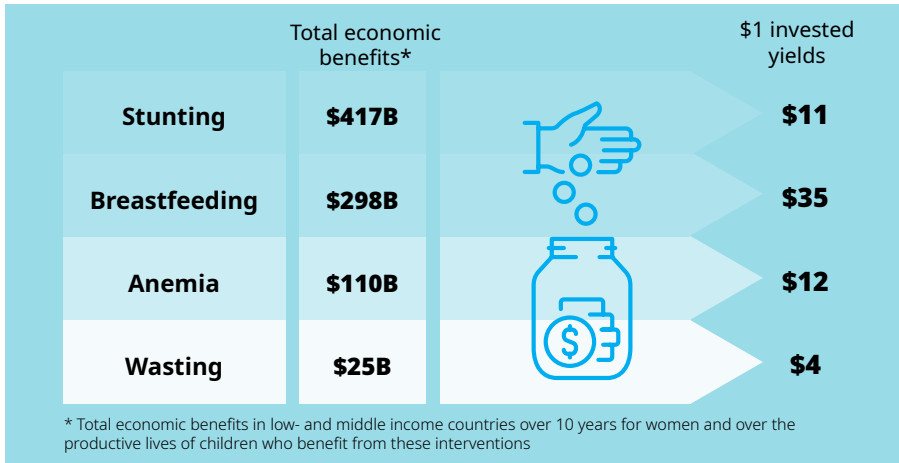
Long-term economic gains: A healthy, well-nourished population leads to a more productive workforce, which boosts economic growth and reduces poverty. Investing in nutrition leads to better cognitive and physical development in children, which translates into higher educational attainment and productivity in adulthood.¹⁸ Studies have shown that every dollar spent on nutrition can yield economic returns between US\$4 and US\$35.¹⁹

Investing in nutrition is therefore not just a health imperative but also an economic strategy. When people are well-nourished, they contribute more effectively to the economy, fostering sustainable development and societal well-being.



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INVESTMENTS TO MEET THE GLOBAL NUTRITION TARGETS HAVE ENORMOUS ECONOMIC RETURNS



Source: UNICEF, WHO and the World Bank, *Executive Summary, An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding and Wasting*, 2015

¹⁵ U. Larsen B, Hoddinott J, Razvi S. Investing in Nutrition: A Global Best Investment Case. *Journal of Benefit-Cost Analysis*. 2023;14(S1):235-254. doi:10.1017/bca.2023.22.

¹⁶ Hoddinott, J., Alderman, H., Behrman, J. R., Haddad, L., & Horton, S. (2013). The economic rationale for investing in stunting reduction. *Maternal & Child Nutrition*, 9(S2), 69-82.

¹⁷ Bhutta, Z. A., Das, J. K., Rizvi, A., Gaffey, M. F., Walker, N., Horton, S., ... & Black, R. E. (2013). Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet*, 382(9890), 452-477.

¹⁸ Victora, C. G., Adair, L., Fall, C., Hallal, P. C., Martorell, R., Richter, L., & Sachdev, H. S. (2008). Maternal and child undernutrition: consequences for adult health and human capital. *The Lancet*, 371(9609), 340-357.

¹⁹ Horton, S., & Steckel, R. H. (2013). Global economic losses attributable to malnutrition 1900–2000 and projections to 2050. *In How Much Have Global Problems Cost the World?* (pp. 247-272). Cambridge University Press.

THE COST OF INACTION

Failure to prevent malnutrition perpetuates cycles of poverty, death and disease, as well as long-term economic stagnation and potential social unrest.



Loss of life

Increased occurrence of illness and greater risk of death for children due to weakened immune systems from malnutrition.



Health Deterioration

- Increased burden on health care systems.
- Higher rates of disease and malnutrition-related death.



Economic losses

- Potential GDP losses.
- Reduced workforce productivity.
- Increased health care expenditure.



Social unrest

- Greater social inequalities.
- Further unrest and destabilization.

WHAT IS UNICEF DOING TO HELP

To combat malnutrition in early childhood, UNICEF, in partnership with the government, local authorities and other partners, is providing a package of essential nutrition services that aim to prevent and respond to malnutrition.

To prevent all forms of malnutrition, UNICEF focuses on enhancing maternal nutrition during pregnancy, encouraging breastfeeding from birth to age 2, providing age-appropriate complementary foods for infants and young children between the ages of 6 months and 2 years, and improving adolescent nutrition. Additionally, UNICEF aims to empower mothers and caregivers to adopt proper feeding practices for children under the age of 5. UNICEF also supports efforts to ensure that people have access to and utilize health services, as well as to foster a healthy environment.

UNICEF works with partners to provide treatment for children who are severely acutely malnourished and we support nutrient supplementation to address nutrient-poor diets and micronutrient deficiencies.

We also work hard to improve children's food environments through policy and legislation. We support different ministries to develop multi-sectoral nutrition plans under the Scaling Up Nutrition (SUN) movement. We also help create guidelines on managing and preventing malnutrition, feeding strategies for infants and young children, and nutrition information systems.

UNICEF results

The UNICEF nutrition programme in Yemen has been effective in treating child wasting, with an 89 per cent coverage and a 92 per cent cure rate in 2023. However, preventive nutrition efforts need to be enhanced – to stop malnutrition before it starts. Gaps include the need for improved counselling on infant and young child feeding practices, better promotion of breastfeeding, and increased coverage of Vitamin A and deworming. Additionally, many women and children lack access to health care, highlighting the need for strengthened outreach and community-based services.

KEY UNICEF ACHIEVEMENTS IN 2024

- **Screening for over than 4.8 million children for wasting (108% target).**
- Admitting more than 430,000 children with severe acute malnutrition for treatment (86% target).
- **Providing Vitamin A to nearly 2.5 million children (52% target).**
- Deworming was provided to 1.7 million children (49% target).
- **Supplying micronutrient powders to over 1.9 million children (70% target).**
- Giving iron folate to over 446,000 adolescent girls (61% target), helping address critical nutritional deficiencies.
- **Providing more than 2.3 million pregnant women with iron and folic acid (154% target).**



A health worker at Ibn Khaldoun Hospital with nine-month-old Sanad and his mother. Sanad was treated for severe acute malnutrition. After continuous care and family followups, Sanad fully recovered.
©UNICEF/Noman

CALL TO ACTION



Buthaina with her mother by their home in Abyan, Yemen. Buthaina is short for her age (stunted). Her condition is a result of poor nutrition during her infancy. She was not exclusively breastfed. Her mother did not have proper nutrition and care during pregnancy and after delivery.

© UNICEF/Hayan

Yemen's persistent nutrition crisis fuels a vicious cycle that undermines peace, stability, and development. By prioritizing the prevention of malnutrition, stakeholders can make a tangible change. Ensuring that children and women receive adequate nutrition is not just about enhancing individual health and well-being; it is a strategic intervention that addresses the root causes of Yemen's broader challenges.

For policymakers

- **Scale preventative nutrition programmes:** Allocate national budgets to expand effective preventive nutrition interventions targeting the most vulnerable groups. These groups include adolescents, women before and during pregnancy, breastfeeding mothers, and young children under 2 years of age. Key interventions should focus on promoting exclusive breastfeeding, ensuring quality diets during the complementary feeding period, providing micronutrient supplements, and implementing deworming initiatives.
- **Enhance health infrastructure:** Invest in developing and rebuilding the resilient health care facilities and systems, ensuring they are equipped to provide facility-based and outreach nutrition services to prevent stunting, wasting and micronutrient deficiencies.
- **Integrated approach:** Develop and implement policies and an enabling environment that integrate nutrition with other sectors such as health, education, agriculture, water, sanitation and hygiene, and social protection to address underlying causes of malnutrition holistically.

For communities

- **Local nutrition initiatives:** Engage in community-based nutrition programmes that promote healthy feeding practices, including breastfeeding and the use of locally available nutritious foods.
- **Community engagement:** Raise awareness and educate family and community members, especially mothers and caregivers, about the importance of nutrition for children's development and the impacts of undernutrition.
- **Participatory problem-solving:** Involve community members in identifying local nutrition challenges and co-creating culturally appropriate solutions to address them.

CALL TO ACTION

For donors and development partners

- **Increased funding for preventative nutrition actions:** Substantially increase funding for Yemen's nutrition efforts, focusing on preventative measures such as maternal, adolescent, infant and young child feeding, micronutrient supplementation, water, sanitation and hygiene, and integrated health services.
- **Long-term commitment:** Commit to sustained, long-term funding to ensure the continuity and sustainability of nutrition programmes, recognizing that addressing malnutrition is a prolonged effort.
- **Capacity building:** Invest in building the capacity of government agencies and systems, local NGOs, and community groups to implement and manage effective nutrition programmes.
- **Advocate for policy changes:** Support advocacy efforts aimed at influencing national and international policy changes that prioritize nutrition and address the root causes of malnutrition in Yemen.

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