

Yemen Scaling-up Nutrition Communication and Advocacy Strategy

BASED ON THE MULTI-SECTORAL NATIONAL ACTION PLAN

2025-2030

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PRESENTED TO:

SUN-YEMEN

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List of Abbreviations

ANC	Antenatal Care
BFCI	Baby Friendly Community Initiative
BEmOC	Basic Emergency Obstetric Care
CBIs	Community-based Initiatives
CEmOC	Comprehensive Emergency Obstetric Care
CHNVs	Community Health Nutrition Volunteers
CHWs	Community Health Workers
CMWs	Community Midwives
DALY	Disability-adjusted Life Year
DHO	District Health Office
DHS	District Health System
DSI	Demand-side Intervention
ECD	Early Childhood Development
EmONC	Emergency Obstetric and Newborn Care
ESP	Essential Service Package
GHO	Governorate Health Office
GoY	Government of Yemen
HeRAMS	Health Resource AV Health Resources Availability Mapping System
HMIS	Health Management Information Systems
IYCF	Infant Young Child Feeding
MAM	Moderate Acute Malnutrition
M&E	Monitoring and Evaluation
MENA	Middle East North Africa
MICS	Multi-indicator Cluster Survey
MNCH	Maternal Newborn and Child Health
MoF	Ministry of Finance
MoPIC	Ministry of Planning and International Cooperation
MoPHP	Ministry of Public Health and Population
MSP	Minimum Service Package
NGO	Non-Governmental Organization
QA	Quality Assurance
QIP	Quality Improvement Program
SAM	Sever Acute Malnutrition
SBC	Social Behavioral Change
SHP	Social Health Protection
SMH	Safe Motherhood
SSI	Supply-side Intervention

SUN	Scaling-up Nutrition
SYS	SUN Yemen Secretariate
TA	Technical Assistance
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children’s Fund
UHC	Universal Health Coverage
WASH	Water, Sanitation, and Hygiene
WB	World Bank
WHO	World Health Organization
YACP	Yemen Association for Consumer Protection
YNHDS	Yemen National Health Demographic Survey

DRAFT

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EXECUTIVE SUMMARY

Key factors that influence the nutritional status of Yemeni people are their knowledge, beliefs and behaviours regarding health, sanitation and hygiene, infant and young child feeding practices, diets, food production and other determinants of good nutrition. Together with other underlying factors, such as food and livelihood insecurity, nutrition related diseases, access to basic services, detrimental beliefs and behaviours contribute to extremely high rates of stunting, wasting and other forms of malnutrition, as described in the situational analysis of the Yemen Multisectoral Nutrition Action Plan (MSNAP).

Box 1: Examples of detrimental beliefs and practices for nutrition in Yemen

- Perceived value of food – people see the cost of food but lack of awareness of the value and long term cost-benefits of healthy and nutritious foods
- Lack of awareness of a minimally acceptable diet and the need for a diverse diet
- Lack of awareness of negative effects of sugary, processed (e.g. noodles) and other unhealthy foods, especially amongst youth, especially adolescent girls
- Quality of hand-washing is sub-optimal (not always using soap)
- Food handling practices (inadequate washing of foods etc)
- Beliefs that breastfeeding is not sufficient
- Lack of awareness of benefits of breastfeeding
- Use of breast milk substitutes from first days
- Beliefs that immunization are harmful

There is a need to promote positive attitudes and practices of mothers, caregivers, communities, service providers, social influencers, policy makers and others to contribute to improvements in nutrition. Therefore, a key element of the Yemen MSNAP is **Social and Behaviour Change Communication** (SBCC) targeting caregivers, households and communities as well as **advocacy** targeting decision makers. Efforts to influence attitudes and practices at the community level must be supported by activities to influence the knowledge, beliefs, and behaviours of decision-makers at local, governorate and national levels. It is necessary to increase the understanding of decision-makers about issues such as the benefits of immunisation, nutrition education in schools and the role of maternal health in ensuring good nutrition of their children. Whilst a key objective of SBCC is to encourage the uptake of nutrition-related public services, there is limited benefit in this regard unless the services are made available by policy makers. This point is illustrated in **Error! Reference source not found.**

The SUN Yemen platform developed the MSNAP and a Common Results Framework (CRF) associated with it. These efforts are supported by this National Communication and Advocacy Strategy (CAS) informed by SUN Yemen's Communications and Advocacy Working Group (CAWG) which consists of experts from Line Ministries, civil society and international development partners.

The overall strategic framework for the CAS is presented in **Error! Reference source not found.** It identifies four strategic areas linked to the two components of advocacy and SBCC. Firstly, Communications and Advocacy (targets decision makers): 1. Policies and regulations and 2. Political commitment making and

financing. Secondly, SBCC (targets households, mothers, other caregivers etc): 3. National public awareness campaigns and 4. Household and community-level behaviour change.

The CAS is based upon an analysis of the levers that can be addressed in relation to these four areas in order to bring about improved beliefs and behaviours. The levers refer to the pillars on which the components and interventions of this Strategy are based.

Methodologically, the CAS is based on 3 models. For Advocacy, it focuses on the **Single Overarching Communication Outcomes (SOCO) model** which refers to the major change to be made as a result of the advocacy and communication efforts. The CAS has 5 SOCOs linked to the sectoral Strategic Objectives of the MSNAP.

For SBCC, there are two models which guide the identification of interventions and activities. The **PRECEDE-PROCEED model** addresses supply and demand requirements through the model's eight phases. The PRECEDE's 4 phases: Social, Epidemiological, Educational and Ecological; and Administrative and Policy. PROCEED's 4 phases: Implementation; Process evaluation; Outcome evaluation; and Impact evaluation. The **Health Belief Model** targets the five levels of influence for health-related behaviours and conditions which are: Intrapersonal/Individual factors; Institutional, or organizational factors; Community factors; and Public-policy factors.

In order to operationalize the CAS, it is proposed that there will be two programmes, each one with two components. For example for advocacy, development of policy and advocacy tools and identification of nutrition champions, establishment of MSNAP financing mechanism etc. For the SBCC programme, there will be components relating to national awareness campaigns and community based education and awareness.

FOREWORD

In light of the current critical humanitarian situation, the national health sector is faced with many challenges mainly related to accessibility and availability of essential services. Thus, providing basic health and nutrition interventions for mothers, newborns, children, and adolescents in rural locations is a top national priority. As Yemen is currently suffering from one of the worst humanitarian crises in the world, the economic situation has worsened and human development indicators have deteriorated. Accordingly, and with these repercussions, response measurements are required with consideration to the most at-risk groups of the population represented by mothers and children.

The Yemeni government has determined the set of activities that respond to the national emergency and development priorities with an emphasis on malnutrition. This includes focusing on multisectoral interventions aiming at scaling up nutrition and reducing inequalities, mortalities, and morbidities. The government's priorities are in line with the Humanitarian-Development-Peace Nexus platform toward achieving the goal of ending all forms of malnutrition in Yemen. We are committed to reaching the goal of scaling up nutrition by improving access to and utilization of health, education, water and sanitation, agriculture, fisheries, and social protection services with more emphasis on rural areas and hard-to-reach populations.

The many challenges facing the development sector in our country are becoming more severe at the district and sub-district levels. Difficulty in accessing services, in addition to the economic challenges of providing a package of basic services in rural areas, necessitates investing in integrated services to overcome the accessibility challenges. As the development sector in Yemen faces a shortage of qualified human resources, fewer people are able to seek services in their local communities, especially with regard to health units and centers that do not cover the beneficiaries within the determined catchment areas.

Even before the current emergency, nutrition-related service coverage was not sufficient to meet the needs of more than a third of the population, a situation that is becoming more critical with the presence of at least 35% of the population in remote locations without access to fixed services. In addition to the continued suffering associated with the economic crises, which exacerbate the deterioration of service provision, many households are not able to seek nutrition services, especially for preventive interventions.

Therefore, the most critical factor related to low demand for service at the rural level is the distance of the services from residential areas. This includes the difficulty of movement, taking into account the geographical nature, the high cost of transportation, and the weakness of the referral system, especially in the case of emergency obstetric care. The high poverty rate, lack of social protection interventions, and the absence of a comprehensive safety net and health insurance system have contributed to the mediocrity of services provided to rural communities.

Here comes the importance of integrated programmatic work towards meeting the requirements of universal health coverage, including targeting the most at-risk populations, and thus focusing on mothers and children. In this regard, responding to the accessibility challenge requires comprehensive technical, administrative, and financial arrangements and mapping including focusing on the availability of a qualified workforce, as this is the most important investment. Therefore, this strategy discusses ways to achieve high-level endorsement of the Multi-sectoral National Action Plan, and social behavioral change mechanisms for programmatic work in the field of rehabilitation and fair distribution of nutrition services as a basic human right to those entitled to them.

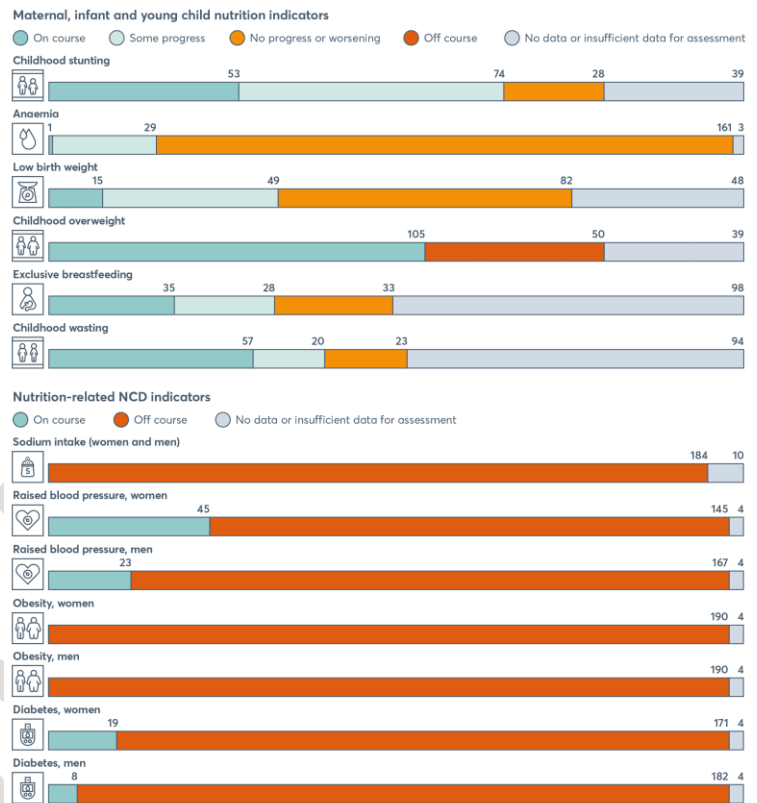
Through the launch of this strategic document, the Yemeni Government works to fulfill the requirements to strengthen partnership with those concerned to implement it. Here, I thank everyone who contributed to the preparation of this strategy, individuals and institutions, hoping that this document will culminate in a sustained and funded implementation plan, to serve our people in what they deserve.

Introduction

Overview:

Nutrition indicators in Yemen are among the most critical worldwide. Despite this progress, and the efforts made in improving maternal and child health indicators, nutrition barometers still rank the country as frail. Yet, the proportion of stunted, underweight, and wasted children has not been reduced, and the results achieved about the three indicators are unsatisfactory. As a response to this critical situation, and considering the ongoing emergency, the country identified priority intervention areas including governance, capacity-building, community engagement, sustainable financing, multi-sectoral coordination, promoting best nutritional practices, expanding facility-based services, digitalization of all demand and supply-side interventions, and ensuring the availability of nutritious food to all populations with more focus on rural and hard-to-reach areas.

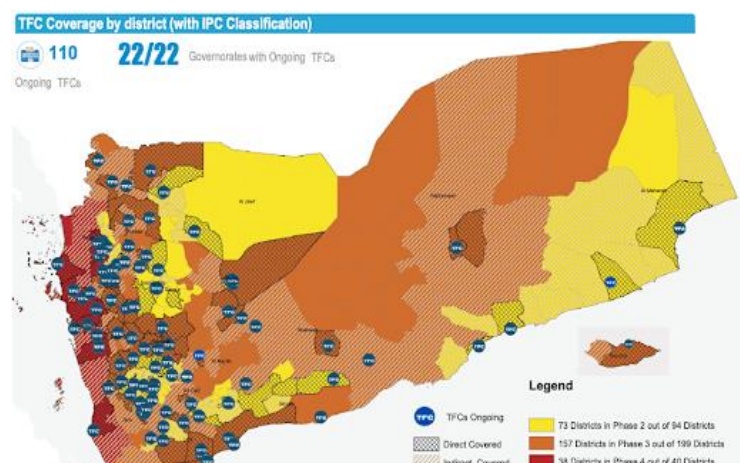
Furthermore, the government of Yemen, represented by the Ministry of Planning and International Cooperation (MOPIC), joined the Scaling-up Nutrition (SUN) movement in 2012. Since then, the SUN-Yemen Secretariate established the national multi-stakeholder platform for nutrition and managed to bring all concerned partners together to respond to both nutrition-specific and nutrition-sensitive priorities. This platform managed to agree on the Multi-sectoral National Action Plan (MSNAP) and put together a Common Results Framework (CRF) associated with it. These efforts were supported by a National Advocacy Strategy to ensure an optimal response momentum and maintain the joint coordinated interventions by relevant partners including the international community.



Source: 2021 Global Nutrition Report

Background:

Every day, not less than 140 children are lost, most of them are due to preventable causes including malnutrition which accounts for almost half of the child mortality causes. Nonetheless, the results of the Multiple Indicator Cluster Survey (MICS) of 2022-2023 show a reduction in under-five and neonatal mortality rates by 23 percent and 19 percent respectively compared to the results of the



Yemen National Health and Demographic Survey of 2013.

Stunting, underweight, and wasting rates represent major challenges in almost all governorates of Yemen. The observed improvement in child health situation is not reflected in the nutrition indicators, especially with the slight deterioration in the three mentioned key indicators which were 47, 39, and 16 in 2013 compared to 49, 41, and 17 respectively, in 2023. Infant and young child feeding practices are alarming as well.

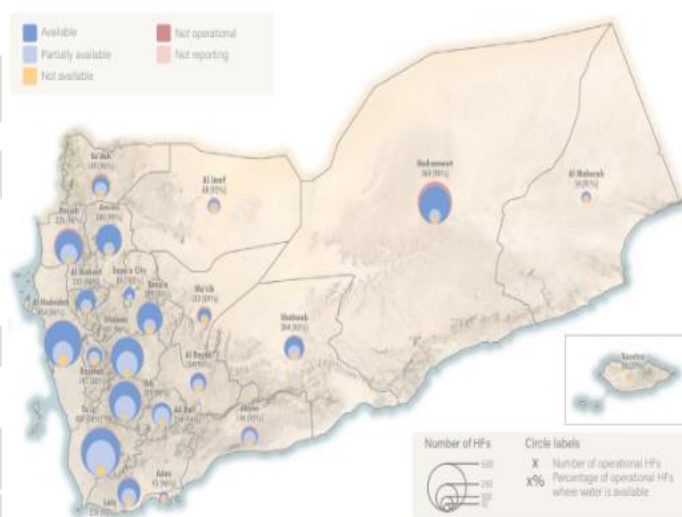
The MICS 2023 results reveal the fact that despite 38 percent of early initiation of newborns put to the breast within the first hour of birth, exclusive breastfeeding of infants aged 0-5 months receiving only breastmilk did not exceed 2.2 percent in 2023 compared to 10 percent in 2013. Introduction to solid or semi-solid food for infants aged 6-8 months reached 64 percent compared to 69 percent in 2013. Minimum meal frequency among all 6-23-month-old children decreased from 58.5 percent in 2013 to 42 percent in 2023.

On the other hand, nutrition-sensitive interventions are seriously compromised, especially for education, food security, and water availability. In this regard, moderate malnutrition is negatively affected by the low education level of the mothers. Stunting increased from 12% among families with well-educated mothers to 70% where mothers are illiterate. Food security represents a major threat as 17 million people live in food insecure areas (phases 3 and 4) according to WFP. Moreover, Yemen is considered one of the most water-scarce countries as half of the population has no access to clean and sufficient water and sanitation. This situation even applies to health facilities where only 67% of referral hospitals, 72% of inter-district hospitals, and 57% of health centers have water availability.

In light of these indicators, about half of Yemeni under-five children are chronically malnourished, out of which about 21 percent are severely stunted. Additionally, not less than 17 percent are moderately or severely wasted and four out of every 10 under-five children are underweight. Furthermore, according to a WHO HeRAMS¹ conducted in 2022 in all governorates of Yemen, “out of 4833 health facilities included in the assessment, only 69.9% are fully accessible. The functionality indicator on the other hand reveals that only 50.7% are fully functional, 38.6% partially functional, and 8.5% are not functional.” However, these two indicators need thorough analysis to optimally identify the accessibility and functionality criteria.

Rational

The protracted emergency in Yemen since 2015 doesn't explain the stagnant situation in all forms of malnutrition, given the unprecedented donor funding that has been allocated to food and nutrition interventions during the past eight years. The undernutrition challenges observed in almost all four geographic regions² of Yemen include wasting, stunting, underweight, and micronutrient deficiencies. This challenge affects the overall development of the country and hamper the humanitarian efforts in the health, education,



¹ Health Resources Availability Mapping System

² The four regions are: coastal plains; highlands; central mountains; and the eastern and northeastern deserts

socio-economic, WASH, and agriculture sectors. It is observed that by looking into nutrition indicators during the past ten years, socio-economic and education barriers play a major role in minimizing the impact of nutrition interventions.

Based on the results of the year 2023 survey (MICS), the poorest quintiles suffer the most according to the anthropometric measurements as well as households with lower education levels. The prevalence of stunting reached 60 percent among children in the poorest households compared to 31 percent in the richest ones. Also, 54 percent of children whose mothers have no formal education were stunted compared to 34 percent of those whose mothers have higher education levels. Both socioeconomic and education determinants apply to the wasting prevalence which is 26 percent higher among the poorest households. The criticality of the malnutrition situation in Yemen aggravates the health and poverty indicators and threatens the lives of not less than half a million under-five children. Accordingly, advocacy among decision-makers to inform best nutrition practices is needed. This entails influencing a community-level engagement for improving nutrition indicators through an effective multi-sectoral coordination mechanism to inform social behavioral change interventions. The challenges identified by the desk review and the in-depth interviews include:

Challenge 1: Health:

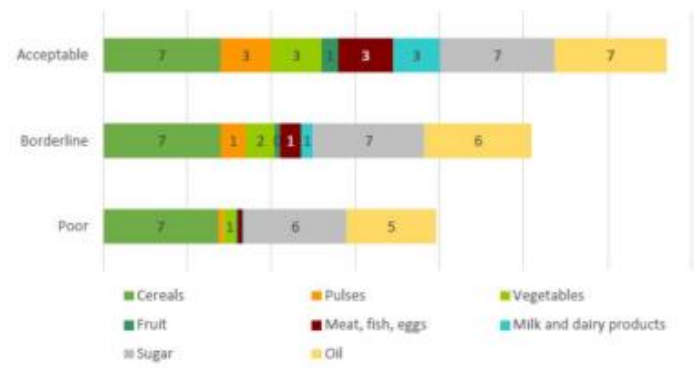
- **Imbalanced diet, especially among pregnant and lactating (PLW) mothers:**

Minimum Acceptable Diet (MAD) assessment³ in Yemen showed that 90 percent of women did not reach the minimum requirements of consuming at least five out of the ten food groups, and 75 percent consumed only three food groups. This indicates a serious challenge to maternal and newborn health.

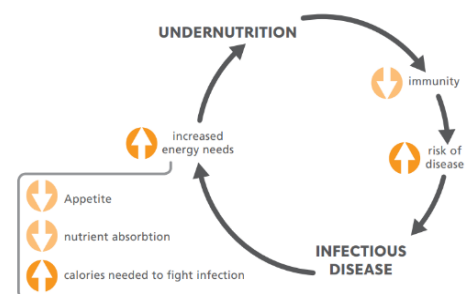
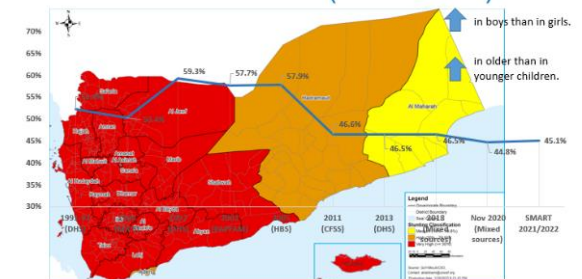
- **Infant and Young Child Feeding (IYCF) best practices with emphasis on the 1000 days:**

The minimum acceptable diet for breastfed children aged 6-23 months is defined as "receiving the minimum dietary diversity and the minimum meal frequency, while it for non-breastfed children further requires at least 2 milk feedings and that the minimum dietary diversity is achieved without counting milk feeds." According to the Multi-indicator Cluster Survey of 2023, the MAD among breastfed children was 7.3% and less than that among the non-breastfed not exceeding 6%.

- **Maternal and Child (MCH) services.** Mainly related to antenatal care (ANC), integrated management of



Chronic malnutrition trend (1990 – 2022)



³ WFP and World Bank, 2019

childhood illnesses (IMCI), and expanded program on immunization (EPI):

Coverage of the EPI services witnessed a significant decline in 2023 with a 12% decrease compared to 2022. This challenge is related to the non or partial functionality of almost half of the health facilities in Yemen.⁴

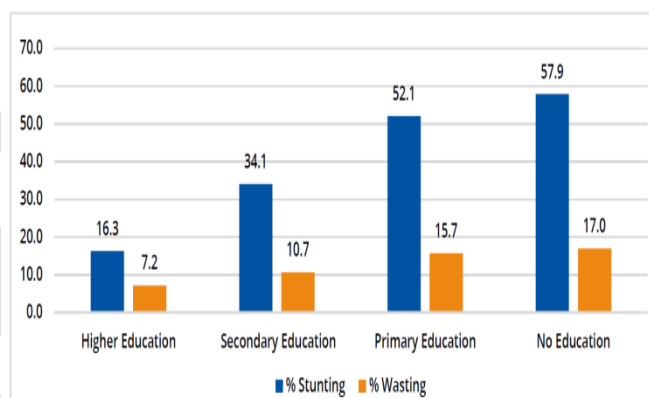
This considers the complementarity between nutrition and immunization as described in shape No.5. As well, while ANC services for the first visit improved⁵ the IMCI services are challenged by the shortage of medicines and the lack of sufficient trained staff in many health facilities.

- Micronutrient deficiencies, especially iron deficiency anemia, are of serious concern among reproductive-age, pregnant, and lactating women in addition to young children. Based on the available data, it is estimated that anemia levels among under-five children reached 86% and 71% among women of reproductive age. Addressing this challenge requires an evidence-based decision-making process with strong advocacy for policies beyond food supplementation in addition to behavioral change at the community and household levels.

Challenge 2: Education:

- Low girls' education rate in Yemen contributes to high malnutrition rates and limits the country's ability to interrupt the intergeneration cycle of stunting.
- Based on the recent MICS data (2023) stunting among children born to illiterate mothers reached 57.9% compared to 16.3% among children born to mothers with higher education levels.
- Malnutrition leads to poorer cognitive skills. This is related to the minimal school attainment as a result of the crises which lead to flee of teachers with no wages.
- even after they have recovered.
- Malnourished children are 20% less likely to be literate than children who received proper nutrition.
- School feeding policies need enforcement in line with revised schools' regulations ensuring food safety and curriculum enhancement to comprehend nutrition education.

Mother education and the prevalence of child malnutrition (stunting, wasting)
(% of U-5 children) in Yemen; (%)



Source: UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Wasting (Survey Estimates), April 2021, New York.

Challenge 3: Water, Sanitation, and Hygiene:

- Unsafe drinking water in addition to the lack of water for domestic use, especially in rural areas, are underlying causes of malnutrition.
- Multi-level WASH challenges are faced resulting in life threatening situations including malnutrition and disease outbreaks including cholera.
- According to OCHA, "17.8 million people lack access to safe water and adequate sanitation services in Yemen,"

⁴ Health Resources Availability Mapping System, Yemen, 2022

⁵ Multi-indicator Cluster Survey, Yemen, 2023

- Water scarcity forces vulnerable people to liquidate and exhaust their assets and means of resilience to provide water from unsafe sources.
- Poor sanitation results in a high prevalence of communicable diseases.
- Inadequate hygiene during the life cycle increases the risk of both communicable and non-communicable illnesses.

Challenge 4: Agriculture and Fisheries:

- Affordability to food and availability of food is greatly challenged by the increased donors' funding dependency.
- The locally manufactured foods are scarce and food security is greatly compromised.
- Fisheries account for 3% of gross domestic product in Yemen which makes it a significant contributor to livelihood services.
- The fisheries sector provides nutrition to more than 3 million households with an annual production of 230,000 tons, most are exported.
- Uncontrolled cultivation, marketing, and use of qat with no sufficient awareness campaigns and protective policies.
- The incontrovertible relationship between malnutrition and hunger is not sufficiently addressed by the decision-makers.
- Inadequate food supply chains, low annual consumption of seafood, and climate change are not adequately discussed and planned to correct.
- Both agriculture and fisheries are vital for scaling-up nutrition in Yemen which requires a high-level commitment for improved health and social protection indicators.
- A few private companies and local NGOs are working on local food production including Shabeesa. They work on mixed wheat bread as well with quality control needs to be enhanced including hygiene.
- Mapping of local food producers followed by a food quality systems assessment is needed. This would require a high-level technical committee for supervision supported by a national entity experienced in preventive and therapeutic food, food quality, safety, GMPs, biological, physical, & chemical hazards, quality control, quality assurance, waste management, hygiene, and Hazard Analysis Critical Control Point (HACCP).

Challenge 5: Social Protection:

- At least 18.2 million are in need for humanitarian assistance with almost 83 per cent of the population live in multidimensional poverty according to the United Nations Development Program (UNDP) in 2024.
- The Social Safety Network in Yemen was established in 1996 and included the most prominent components of social protection represented by pension funds, the social welfare fund, the social fund for development, public works projects, and microfinance. High-level advocacy is needed for these components to play an influential role in helping the poorest and most affected families cope with the negative effects of economic shocks and the effects of climate change by providing cash assistance, training, small and microfinance, public works, and community development.
- Due to the high poverty rate, families are kept under huge pressure to liquidate their assets to cover their healthcare and livelihood expenses. This would keep the household within the poverty cycle.

- Securing health and nutrition coverage without financial hardships across the life course requires reaching all people everywhere with quality interventions that consider health promotion and prevention, diagnostic and curative services, rehabilitation, and palliative care.
- Capacity building is a week at all levels of the health system to ensure the availability of competent health workers at the community, village, and district levels in line with the district health system scheme.
- Social health protection mechanisms are not sufficiently implemented to ensure that fewer people are pushed into poverty and extreme poverty.
- Due to the ongoing emergency, the poorest populations are most affected by relapsing into malnutrition and child food poverty.

Communication and Advocacy

Vision

Yemen free from all forms of malnutrition with emphasis on undernourishment.

Mission

Systematically addressing the range of behaviors that have a direct or indirect impact on nutrition as well as the social and environmental factors that influence the adoption and maintenance of these behaviors is critical to the implementation of the MSNAP.

Goal and objectives

To empower the national multi-sectoral institutional systems to positively influence households and local communities' attitudes and practices to reduce all forms of malnutrition.

High-level Advocacy Objectives:

- Identifying the priority behavior and practices that need to be addressed at the central, governorate, district, and community levels.
- Improving the quality of nutrition services for supply and demand-side interventions across all concerned sectors in the government.
- Informing national investment policies and leveraging partnerships for resource allocations for nutrition services for MSNAP implementation and accountability.
- Ensuring a high-level coordination mechanism for nutrition-sensitive interventions at all levels of the national administrative system.
- Empowering national and governorate-level leadership on nutrition interventions across all concerned sectors and humanitarian and development partners.
- Organizing public awareness campaigns to promote desired behaviors with more focus on service provision of integrated multi-sectoral packages of nutrition-sensitive and nutrition-specific interventions.

Donors and the International Community:

- Securing government human, technical and financial resources required to implement the MSNAP and address gaps as needed;
- Advocating for medium- and long-term investments for nutrition; and
- Incorporating nutrition into the relevant resource and budget mobilization plans of donors.
- High-level endorsement and follow up of the of the MSNAP.

Community-level Social Behavioral Change (SBC) Objectives:

Nutrition-specific:

- Preventing maternal, newborn, and child malnutrition through applying the life cycle approach.
- Generating demand for nutrition services through adjusted nutrition behaviors and improved practices to maximize nutrition outcomes.

Nutrition-sensitive:

- Ensuring accessibility, availability, affordability, and acceptability of nutrition services by all targeted communities.
- Promoting girls' education at the sub-district and village levels.
- Orienting local communities on perceived susceptibility and perceived benefits of good practices with more focus on education, food, and WASH.
- Informing social accountability for demanding nutrition education and ensuring the enabling environment for improving nutrition indicators.

Programmatic Frameworks and Concept of Operations:

The development of the Communications and Advocacy Strategy (CAS) was informed by SUN Yemen's Communications and Advocacy Working Group (CAWG). Based on the discussions and directions of the CAWG, the CAS centered on the concept of Advocacy for SBCC. This concept built on the context in Yemen where it would be inefficient to implement the SBCC activities without bridging the supply-demand gap. The services should be available and to some extent accessible; this entails the starting point at focusing on the policies and political commitments for the nutrition services and programs, then mobilizing the communities for behavior change. Hence, the CAS revolves around two components: Communication and Advocacy, and SBCC with four key areas as below:

Firstly, Communications and Advocacy (targets decision makers)

1. Policies and regulations
2. Political commitment making and financing.

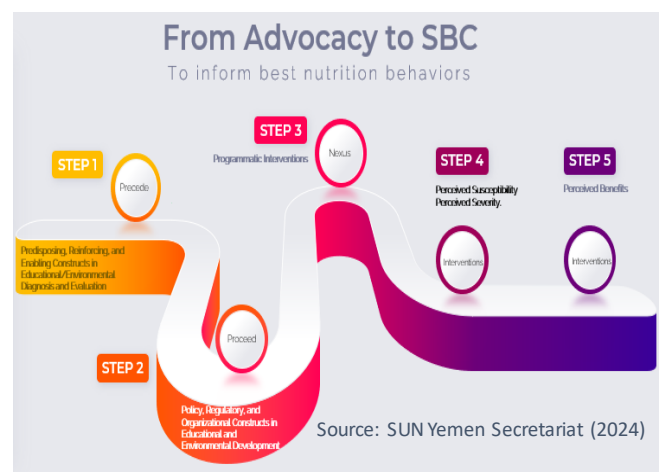
Secondly, SBCC (targets households, mothers, other caregivers etc)

3. National public awareness campaigns
4. Household and community-level behaviour change

Looking into the current and potential opportunities for promoting nutrition-specific and nutrition-sensitive interventions requires analyzing the current national policies and regulations in addition to available and potential commitments and financing for nutrition. Therefore, the strategy works on identifying the levers of the nutrition system with multisectoral support as per the identified objectives.

Thus, the operational framework for the communication nutrition strategy addresses six operational multisectoral advocacy and four SBC household and community-level levers as demonstrated in the table below. The

conceptualization of the strategy based on the national policies informs the levers as national determinants responding to the strategy's goal. This is mainly related the involvement of the national multi-sectoral



institutional systems (advocacy) in influencing the households and local communities' attitudes and practices (SBC).



Source: SUN Yemen Secretariat (2024)

Table 1. Operational multisectoral advocacy and SBC levers

Advocacy		
Area of Intervention	Objective	Operational Levers
Policies and Regulations	1. Identifying the priority behavior and practices that need to be addressed at the central, governorate, district, and community levels.	Governance and leadership
	2. Ensuring a high-level coordination mechanism for nutrition-sensitive interventions at all levels of the national administrative system.	
	3. Informing national investment policies and leveraging partnerships for resource allocations for nutrition services for MSNAP implementation and accountability.	
National and International Political Commitment and Financing	4. Improving the quality of nutrition services for supply and demand-side interventions across all concerned sectors in the government.	Food Systems Pathways
	5. Empowering national and governorate-level leadership on nutrition interventions across all concerned sectors and humanitarian and development partners.	Monitoring, evaluation, accountability, and Learning
	1. Advocating for medium- and long-term investments in nutrition from conception and throughout the life cycle with emphasis on the first 1000 days.	Political Buy-in
	2. Securing government human, technical and financial resources required to implement the MSNAP and address gaps as needed;	Nutrition Financing: Funding, financial sustainability, and resource allocation
	3. Incorporating nutrition into the relevant resource and budget mobilization plans of donors.	
	4. High-level endorsement and follow up of the of the MSNAP implementation.	
Social Behavioral Change Communication (SBC)		
Household and community-level behaviors and practices		
National public awareness	1. Enhance public awareness through public campaigns to promote desired behaviors with more focus on service provision of integrated multi-sectoral packages of nutrition-sensitive and nutrition-specific	Investing in Nutrition

campaigns	interventions.	
	2. People's investments (cost perception) in nutrition from conception and throughout the life cycle with emphasis on the first 1000 days.	
	3. Ensure public support and awareness of the MSNAP objectives and implementation.	
Nutrition-specific	1. Preventing maternal, newborn, and child malnutrition through applying the life cycle approach. 2. Generating demand for nutrition services through adjusted nutrition behaviors and improved practices to maximize nutrition outcomes.	Nutrition Packages: Integrating Nutrition within the Health Essential Service Package (ESP).
Nutrition-sensitive	1. Ensuring accessibility, availability, affordability, and acceptability of nutrition services by all targeted communities.	Emergency, development, and referral mechanism
	2. Promoting girls' education at the sub-district and village levels. 3. Informing social accountability for demanding nutrition education and ensuring the enabling environment for improving nutrition indicators.	Multidisciplinary Nutrition System Including Safety Net/Food Security
	4. Orienting local communities on perceived susceptibility and perceived benefits of good practices with more focus on education, food, and WASH.	Self-care and Social Needs

The strengthening of the national nutrition system provides the optimal choices for all the sectors to improve the main indicators. This takes into consideration the advocacy at the decision-making level for applying a model that supported the implementation of the MSNAP and fulfills the community-level requirements for accessible, inclusive, integrated, and beneficiary-oriented services.

The following prioritization of the model describes how the mentioned levers are expected to support the implementation of the MSNAP.

Governance:

- Coordinating with the Health, Nutrition, Education, Social Protection, and WASH stakeholders.
- Empowering a multi-stakeholder alignment mechanism through the SUN-Yemen Secretariate for all advocacy-related interventions.
- Through the alignment mechanism, the SUN-Yemen focal points will work with decision-makers on integrating the MSNAP II with the humanitarian response plan, in coordination with the Health, Nutrition, and WASH Clusters and sector partners.
- The coordination mechanism would be the ideal link between the relevant development partners and the technical units within the concerned line ministries to support the implementation of the national plan.
- Support Health, Nutrition, Education, Social Protection, and WASH sectors in developing the policy paper for scaling up nutrition considering the following:
- Assist GHOs and DHOs in performing the initial assessment of the burden of disease patterns, outbreak response capabilities, high-risk districts, vulnerabilities among IDPs and hard-to-reach populations, and risk mitigation policies.
- Support the line ministries with a checklist about the selected communities and mapping of the social and health volunteers and workers with the corresponding health facilities, schools, and other relevant institutions.

Capacity-building:

- Review local communities' capabilities acquiring sufficient details to assess the adequacy of each capability.

- Ensuring standardized training programs to guide local priorities and inform advocacy key messages, including:
- Improving access to health care;
- Ensuring access to safe water;
- Promoting girls' education;
- Ensuring adequate sanitation facilities; and
- Developing and implementing a mass communications strategy for social mobilization.

Nutrition Information System:

Work through the national health management information system:

- At the district, sub-district, and community levels, the line ministries consider the capacity of staff, the equipment available, and the convenience of network connectivity.
- The capability of the network to handle increased traffic for the flow of information from the community level to the higher systems levels associated with the performed operations.

Availability of Nutritious and Affordable Food:

Consider The main five pillars which include: (i) enhancing the affordability of food, health, and social services; (ii) improving accessibility and acceptability; (iii) establishing a reliable information verification system; (iv) improving communication and coordination; and (v) assessing the results and expected outcomes.

Sustainable Financing/Payment Mechanism/s:

Pioneering financing schemes such as basic development needs projects, integrated health & nutrition voucher systems, health & nutrition conditional cash transfers, and improved essential service packages targeting the poorest communities. The low level of the food security situation, in addition to the fragile situation and complex emergencies, is considered to be a real threat that worsens the health status and food security situation of millions of Yemenis and increases the number of families that depend on humanitarian aid, especially with the continuation of the conflict, loss of livelihood, and the interruption of salaries, in addition to the continued escalation in food prices and the high cost of living. The estimated number of food unsecured people is 20.1 million people, an increase of about 10.1 million people compared to the results of the food security survey for the year 2011 which informs that the average per capita decreased from 3.3 dollars per day in 2014 to 1.2 dollars per day in 2019 compared to the global poverty line of 1.9 dollars (Economic Committee of the Ministry of Planning, 2020).

According to the Yemen Human Development Survey, conducted in 2021, nearly 9 in 10 respondents with disabilities reported not receiving any cash/in-kind benefits or services to assist with their disability in the 12 months preceding the survey. Acknowledging the fact that the war and its consequences on people's livelihoods are the main cause of the current unprecedented humanitarian crisis in Yemen, which is the largest and worst of its kind in the world. However, within this broad fact, several factors among which health emergencies contribute to accelerating and exacerbating the crisis by pushing vulnerable households in a fast and sometimes sudden manner toward food insecurity and famine. The absence of basic services has an immediate, short- or medium-term impact on families' resilience ability. The conflict in Yemen has taken a devastating toll, particularly on the most vulnerable members of society; children and women.

Communication and Advocacy Models:

The above-mentioned actions will be linked to the social behavior change to scale up nutrition through the following 3 models:

Model (1): Single Overriding Communication Outcomes (SOCOs):

The SOCO, or single overarching communications outcome, is the change we want to see in our audience as a result of the communication interventions. The SOCO is an outcome, and must therefore be expressed from the perspective of the audience/s as it is not an objective. It reflects the audiences' perspectives and must be explicit about the change required which is time-limited, realistic, and achievable. The SOCO must, together with other interventions (programmatic, advocacy, etc.), contribute to a larger program goal or objective as the fixed point on which we keep our mind when communicating.

Thematic Area 1 Health: Preventing maternal, newborn, and child malnutrition through applying the life cycle approach at the community and household levels.

Single Overarching Communications Outcome (SOCO): **Access to nutrition-related health services**

Thematic Area 2 Education: Promoting girls' education at the sub-district and village levels.

Single Overarching Communications Outcome (SOCO): **Access to education that promotes nutrition**

Thematic Area 3 WASH: Orienting local communities on perceived susceptibility and perceived benefits of good practices with more focus on education, social protection, food, and WASH.

Single Overarching Communications Outcome (SOCO): **Access to safe water, good hygiene, and sanitation at the household level.**

Thematic Area 4 Agriculture and Fisheries: Generating demand for health and nutrition services through adjusted community-level behaviors and improved practices to maximize outcomes.

Single Overarching Communications Outcome (SOCO): **Increasing the contributions of multisectoral nutrition actions to food systems transformation.**

Thematic Area 5 Social Protection: Informing social accountability for demanding health and nutrition education and ensuring the enabling environment for improving the community-level indicators.

Single Overarching Communications Outcome (SOCO): **Access to social protection & emergency assistance for the poorest populations.**

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Model (2) PRECEDE PROCEED for Behavioral Change Theory:

This recommended model helps in assessing health needs and designing the interventions accordingly. The PRECEDE-PROCEED model is advised to be used to serve as a tool to address the nutrition strategic directions including supply and demand requirements through the model's eight phases which will allow for implementing, monitoring, and evaluating priority activities with relevant programs to meet the identified needs for better investment in immunization.

PRECEDE Assessment:

Social: Addressing the socio-economic challenges:

Epidemiological: The quality of life of the malnourished individuals. This is related to factors contributing to better nutrition as a mediating outcome toward achieving the primary outcomes.

Educational and Ecological: The predisposing factors for sustainable behavior change. This includes understanding the predisposing factors to motivate best practices as well as the political and social enabling environment that would allow for enhanced skills and improved services. On the other hand, the reinforcing factors are expected to incentivize the best behavior where champions will be selected and social support is to be ensured.

Administrative and Policy: A call for action is the intended result in this phase necessitating the allocation of resources. Responding to the systems barriers is the way forward for sustainable implementation of the agreed-upon interventions. This serves as an enabling factor after an administrative diagnosis takes place.

PROCEED Intervention and Evaluation:

Implementation: The final design of the interventions is based on the consensus of stakeholders.

Process evaluation: The actual implementation against the planned activities.

Outcome evaluation: The actual implementation against the desired results envisioned after the social assessment.

Impact evaluation: The actual implementation against the desired impact on the targeted population.

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Model (3) Health Belief Model for Social Behavioral Change Communication:

Applying the health belief model will serve to satisfy the Five levels of influence for health-related behaviors and conditions which are :

- Intrapersonal/Individual factors;
- Institutional, or organizational factors ;
- Community factors; and
- Public-policy factors.

Health and Nutrition-specific:

- **Undernutrition:** Including wasting (low weight-for-height), stunting (low height-for-age), and underweight (low weight-for-age).
- **Micronutrient-related malnutrition:** Micronutrient deficiencies (a lack of important vitamins and minerals) or micronutrient excess.
- **Imbalanced diet:** Nutritional practices that inform the population's behaviors.
- **Diet-related noncommunicable diseases:** This includes heart disease, stroke, diabetes, and cancers.

Nutrition-sensitive:

- **Multisectoral and Multistakeholder Coordination Mechanism:** Increasing the contributions of multisectoral nutrition actions to food systems transformation, climate change mitigation & adaptation & peacebuilding, and their contributions to improved nutrition.
- **Call for Action:** Issue a call to action for the local authorities to meet Yemen's commitment to address nutrition as a national priority with an adequate budget.
- **Investment in Nutrition:** Build relationships with budgetary committee members and provide a briefing on the key points of the MSNAP.
- **Resource Mobilization:** Reach out to and organize dialogues with community leaders about the need to expand the resources for nutrition.

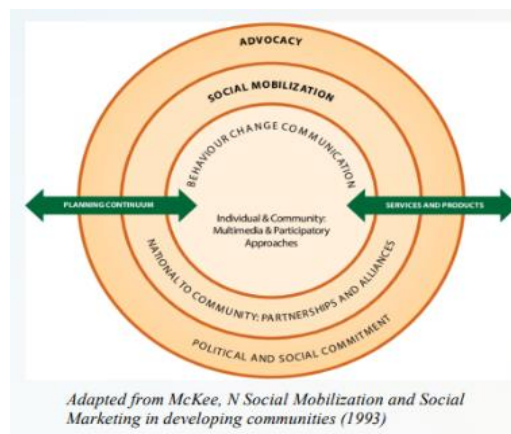
Time for Action

Areas of Interventions

1. Advocacy

This section involves developing the implementation plans for the Advocacy component through addressing the drivers for behavior change. This includes understanding the normative system, specifying local needs, social mobilization at all levels of the nutrition system, and advocacy through the enabling political, economic, and social environment through targeting decision makers at sub-national, national & international levels.

The Advocacy highlights Yemen's five main challenges related to all forms of malnutrition with emphasis on stunting prevention through applying the life cycle approach with emphasis of the most vulnerable groups of the populations.



AREA 1: POLICIES AND REGULATIONS

Levers / activities	Description	Actions
Lever 1: Governance and leadership		
Outcome 1: Improved Coordinated health and nutrition response supported by policies and programmatic involvement.		
Activity 1: <u>Adopting the Baby Friendly Community Initiative (BFCI):</u>	<p>Orienting the SUN-Yemen Steering Committee on the BFCI as a multisectoral approach for IYCF practices.</p> <p>Emphasis on high-level support applying the life-cycle approach:</p>	<p>Developing a policy paper with recommendations on the Maternal, Newborn, Child, Adolescent, and Youth health and nutrition based on the MSNAP priorities.</p> <ul style="list-style-type: none"> ▪ Adopting early childhood development (ECD) practices. ▪ Applying the best IYCF practices in terms of: <ul style="list-style-type: none"> ○ Timely introduction of complementary feeding for energy and nutrients based on needs after exclusively breastfeeding. ○ Adequacy of sufficient micronutrients for growing needs. ○ Safety through hygienically stored, prepared, introduced food. ○ Properly fed babies with consideration to acceptable, frequent, and suitable diet for the age of the child. ▪ Promoting health choices including premarital examination, birth spacing, and mothers' nutrition. ▪ Protective policies targeting pregnant and lactating women (PLW), newborns, and under-two children including breastfeeding, healthy diet (MAD, MDD, micronutrient deficiencies, etc.). ▪ WASH supportive policies and community-level interventions. ▪ Adolescents and youth health and nutrition practices (iron, Vit D, calcium deficiencies). ▪ Elderly health and nutrition best practices. ▪ Policies for people with special needs, IDPs, and marginalized communities. ▪ Developing policies related to preventing and controlling malpractices such as qat, sedentary life style, substance use, and uncontrolled food exports.
Activity 2: <u>Capacity-building on advocacy leadership</u>	<p>Adoption and application of nutrition policies through training of decision makers at all levels of the administrative system for all concerned sectors.</p> <p>Emphasis on main topics on integrated services for maximizing benefits</p>	<ul style="list-style-type: none"> ▪ Integrating immunizations, deworming, disease control, surveillance, and health education in the package of nutrition services. ▪ Timely expansion and response to the health and nutrition main challenges to address nutrition-specific interventions with more focus on mothers and children. ▪ Mobilizing nutrition-sensitive interventions, such as community gardens, WASH, girls' education, and social protection/safety net interventions.

Activity 3. <u>Providing Conducive Legal Environment for Nutrition</u>	Review of the existing laws, bylaws, and regulations about nutrition and propose issuance of new ones based on the needs. Emphasis on practices of nutrition based on recognition and professional certification. This includes multisectoral standardization of all related sectors including health, education, WASH, agriculture, fisheries, etc.	<ul style="list-style-type: none"> Protection laws and regulations for food safety and good nutrition with the support from all concerned sectors. Scope of nutrition-sensitive interventions defined and legally supported with application of the rights-based approach. Supporting local food production with defined licensing requirements for quality food toward fulfilling the safety minimum standards and ensuring sustainability and in coordination with YACP. Providing high-level guidance on information, education, and communication on nutrition to protect the consumers and optimal education materials.
Activity 4. <u>Activating a high-level coordination mechanism for nutrition-sensitive interventions.</u>	The SUN-Yemen Steering Committee to oversee all nutrition-sensitive interventions with related performance indicators of all concerned sectors. Emphasis on ensuring a high-level coordination mechanism at all levels of the national administrative system for joint response in relation to emergency and development interventions.	<ul style="list-style-type: none"> Leading all nutrition interventions with the facilitation of the SUN-Yemen secretariate. Organizing quarterly nutrition leadership, governance, evaluation, and accountability review meetings. Introducing the nutrition investment concept for sustainable interventions. Addressing overlapping issues toward maximizing the benefits of the available support. Petitioning evidence-based support for nutrition to the Yemen in coordination with Humanitarian Response Plan (YHRP) priorities.

Levers / activities	Description	Actions
Lever 2: Food Systems Pathways		
Outcome 2: <u>Applied food system model for sustainable production and enhanced utilization practices.</u>		
Activity. <u>Ensuring Sustainable Food Systems</u>	Thematic prioritization toward sustainable, resilient, and equitable food system with enough support to the rural areas. Emphasis on the following the action areas	<ul style="list-style-type: none"> Expanding social protection to reach zero hunger and relevant government's subsidies and YACP. Increasing the quantity and quality of agricultural and fishery products including the support to the local food manufacturing initiative. Providing lifelong nutrition, health education and awareness raising in coordination with YACP. Ensuring food safety from a multi-sectoral perspective. Building strategic collaboration and partnerships across sectors and multi-stakeholders. Scaling up the national readiness for food systems' positive transformations and responding to emergencies and shocks. Guarantying strategic partnerships between all stakeholders and across all concerned sectors.

Levers / activities	Description	Actions
Lever 3: Monitoring, Evaluation, Accountability, and Learning (MEAL)		
Outcome 3: <u>Quality improvement program of nutrition interventions is on place with full participation of all concerned sectors and at the levels of the national administrative system.</u>		
Activity. <u>Developing an advocacy and SBC monitoring and evaluation tool.</u>	National and governorate-level leadership of nutrition interventions across all concerned sectors and humanitarian and development partners. Emphasis on country-level follow up of quality nutrition interventions at the national and governorate-level.	<ul style="list-style-type: none"> ▪ Leading all nutrition interventions with the facilitation of the SUN-Yemen secretariate. ▪ Introducing the nutrition investment concept for sustainable interventions. ▪ Addressing overlapping issues toward maximizing the benefits of the available support. ▪ Petitioning evidence-based support for nutrition to the Yemen in coordination with Humanitarian Response Plan (YHRP) priorities. ▪ Managing periodic forums with concerned private sector institutions for timely and effective responsive to nutrition priority interventions such as local food production in coordination with the Yemen Association for Consumer Protection (YACP). ▪ Issuing private sectors inclusion policies for food and nutrition within the applied governmental standards (building on success stories such as wheat fortification). ▪ Encouraging studies and researches on food safety and nutrition by academic institution and relevant programs such as the Field Epidemiology Trainings and theses of universities and health institutions graduates.

AREA 2: NATIONAL AND INTERNATIONAL POLITICAL COMMITMENT AND FINANCING

Levers / activities	Description	Actions
Lever 4: Political Buy-in		
Outcome 4: <u>Community-level behaviors improved and supported by the national and governorate-level advocacy interventions.</u>		
Activity. <u>Conducting national advocacy campaigns with the support of all stakeholders.</u>	National and sub-national advocacy nutrition campaigns to inform the community-level SBC attitudes and practices with emphasis on the integrated approach with concerned sectors. Emphasis on public awareness campaigns to promote desired behaviors with more focus on service provision of integrated multi-sectoral packages of nutrition-sensitive and nutrition-specific interventions.	<ul style="list-style-type: none"> ▪ Designing national campaigns for best practices in health, education, WASH, agriculture, and fisheries. ▪ Developing a financial sustainability plan for coordinated nutrition-sensitive response with the support of the Ministry of Finance. ▪ Applying the Precede-Proceed model in designing national campaigns at the central, governorate, and district levels. ▪ Setting priorities among targeted population through applying the Precede-Proceed model with consideration to the environmental determinants for achieving results.

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Levers / activities	Description	Actions
Lever 5: Investing in Nutrition		
Outcome 5: Estimating benefits under the HBM for scaling up nutrition and investing in the implementation of the MSNAP.		
Activity. <u>Developing a nutrition investment framework with emphasis on stunting and other priority national targets.</u>	<p>The investment in human capital through good nutrition significantly improves the health indicators of the population including the most vulnerable groups. This includes social capital and the prosperity of the targeted communities for emergency response and development requirements.</p> <p>Emphasis on investing in nutrition interventions through researches and applied epidemiology studies acknowledging the following</p>	<ul style="list-style-type: none"> ▪ Understanding the most cost-effective nutrition-sensitive and nutrition-specific interventions. ▪ The link between the health belief model and the investment in nutrition considering the susceptibility and benefits. ▪ The link the investment in nutrition with the advocacy for SBC principle in relation to the capacity-building of the decision makers in understanding the HBM and applied to the SBC interventions through the evidences. ▪ Training of the personnel Community-based Initiatives (CBIs) to serve in both advocacy and SBC interventions. ▪ Studying the cost-effectiveness of the interventions with an in-depth analysis of the desired results against the severity of malnutrition with more focus on stunting. ▪ Addressing the intended impact in relation to reducing under-five mortality rate and the total number of lives saved. ▪ Comprehending the disability-adjusted life year (DALY) for investing in nutrition which provides evidences on the healthy life lost due to a health condition with more focus on stunting.

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Levers / activities	Description	Actions
Lever 6: Nutrition Financing: Funding, financial sustainability, and resource allocation		
Outcome 6: National nutrition financing system applied and supported.		
Activity. <u>Developing a national nutrition sustainable financing model.</u>	<p>Technical and financial support for the implementation of the MSNAP.</p> <p>Emphasis on funding, financial sustainability, and resource allocation.</p>	<ul style="list-style-type: none"> ▪ Investing in nutrition interventions including the researches and applied epidemiology studies for cost effective interventions. ▪ Analyzing the cost-benefit ratio based on the studied fiscal value to the nutrition interventions addressing the net present value. ▪ In depth technical and financial discussions with the Ministry of Finance, donors, and concerned partners on developing the nutrition financing system.

2. Social Behavioral Change Communication (SBC)

AREA 3: NATIONAL PUBLIC AWARENESS CAMPAIGNS

Levers / activities	Description	Actions
Lever 7: Investing in Nutrition		
Outcome 7 behaviours and practices of individuals changed		
Activity. Targeting mothers, girls adolescent and other household / community members with SBCC activities	Change the behaviours and practices of individuals, e.g. mothers and other caregivers, for example, by raising awareness of the importance of breastfeeding or the risks associated with over consumption of certain foods etc.	<ul style="list-style-type: none"> Introducing the MSNAP to the public and its objectives to ensure community ownership and support of it through social media, radio, and T.V. programs and advertisements. Sharing stories with public about all forms of malnutrition in Yemen (a story about stunting, a success story about saving a child suffering from wasting, a documentary about micronutrient deficiency, etc.) through social media, radio, and T.V. programs and advertisements. Designing specialized messages for mothers, adolescent girls, breastfeeding, complementary feeding, minimum nutritional diversity...etc.

AREA 4: HOUSEHOLD AND COMMUNITY-LEVEL BEHAVIORS AND PRACTICES

Levers / activities	Description	Actions
Lever 7: Integrating Nutrition within the Health Essential Service Package (ESP)		
Outcome 7: Integrated ESP package within the national health system in Yemen at the facility and community levels.		
Activity. <u>Integrating health and nutrition services within the ESP at the health facility and community levels</u>	<p>The ESP package represents an upgrade of the minimum service package (MSP) that was developed to respond to the humanitarian situation since 2015. With the current efforts toward the fulfillment of the Nexus mandate, an integrated ESP package is needed for more developmental interventions with more focus on stunting. This considers understanding the Predisposing, enabling, and reinforcing factors.</p> <p>Emphasis on reviewing the current MSP and being involved in the ESP design and implementation phases with respect to the following</p>	<ul style="list-style-type: none"> Understanding the normative system of the targeted populations for influencing the ESP design. Prioritizing the stunting prevention activities within the ESP package to better respond to the MSNAP targets through applying the HBM. Responding to the communities' concerns regarding the susceptibility and severity of malnutrition with more focus on stunting. Highlighting the seriousness of malnutrition/stunting including medical and social consequences. Addressing the perceived threat of malnutrition/stunting through applying the HBM and linking the perceived benefits to the investment in nutrition facts.

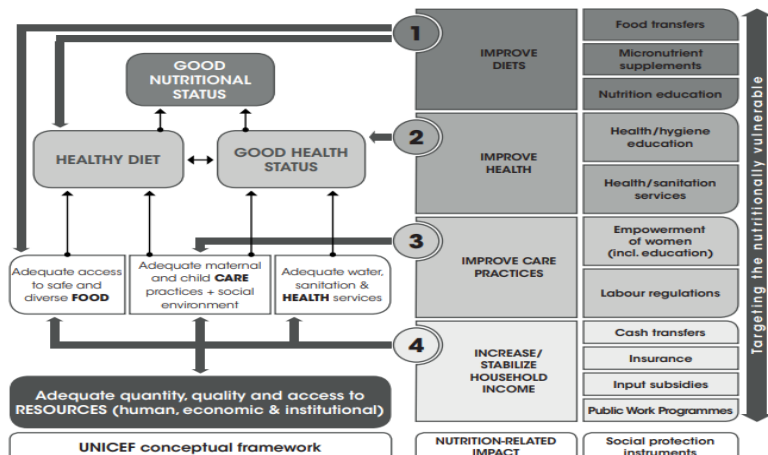
Levers / activities	Description	Actions
Lever 8: Emergency Response and Referral Mechanism		
Outcome 8: Updated MSP-Nutrition for SBC package within the national health system in Yemen at the facility and community levels.		
Activity. <u>Developing the MSP for SBC nutrition package and demand generation through national referral manual.</u>	Revising the MSP concerning the link with the SBC interventions as part of the MSNAP and promoting demand generation as part of the national referral manual from the community and throughout the health system levels. Emphasis on risk communication components in relation to trust building and preparedness during emergency settings. This includes the following	<ul style="list-style-type: none"> ▪ Understanding the normative system of the targeted populations for influencing the MSP implementation in emergency settings. ▪ Ensuring demand generation through solution for community-level barriers including accessibility, availability, affordability, and acceptability. ▪ Adopting nutrition mentorship programs for planning the HBM interventions at the levels of community and health facility. ▪ Piloting demand generation modality as part of the HBM from the hard-to-reach communities to the health facilities. ▪ Informing community-level best practices in identifying needs, risk communication preparedness phases, and applying the HBM for demand generation. ▪ Capacity-building of the community components (CHNVs, CMWs, CHWs) on risk communication and demand generation integrated with the SUN-Yemen concerned sectors.

Levers and activities	Description	Actions
Lever 9: Multidisciplinary Nutrition System Including Safety Net/Food Security		
Outcome 9: Updated MSP-Nutrition for SBC package within the national health system in Yemen at the facility and community levels.		
Activity. <u>Applying a multisectoral HBM at the community level.</u>	The joint planning and execution of a multidisciplinary and multisectoral model for social behavior change at the community level. This involves all concerned sectors with the facilitation of SUB-Yemen secretariate. Emphasis on evidence-based interventions with available data including the link between education and stunting. Additionally, the comprehension of the healthy diet and locally	<ul style="list-style-type: none"> ▪ Coordinating with the Ministry of Education for promoting girls' school enrollment with more focus on sub-district and village levels. This entails: <ul style="list-style-type: none"> ○ Encouraging girls' education and continuation beyond schools for higher level vocational and academic training. ○ Applying education-sensitive approaches to healthy nutrition with more focus on stunting. ○ Observing nutritional behaviors in schools and related indicators including anemia, micronutrient deficiencies, and dropping out of education. ○ Integrating education with existing opportunities and initiatives. ▪ Applying a community-level HBM with relation to agriculture/fisheries practices including: <ul style="list-style-type: none"> ○ Enhancing farmers' practices in relation to irrigation and water practices as prioritized by the Ministry of Agriculture and Irrigation.

	<p>prepared meals. This includes the following</p>	<ul style="list-style-type: none"> ○ Examining crops and livestock against illnesses in addition to nutrient and pest management, seeds use, land tenure for potential local food production. ○ Ensuring dietary/nutritional diversity according to availability and diversity at the community level. ○ Encouraging home gardening practices with locally arranged training programs under the HBM. ○ Supervising markets in terms of nutritional value of provided food including crops and livestock in coordination with the YACP. ○ Prioritizing the local food production, protection, and ensuring availability of honey, millet, fruits, and vegetables as part of the national food security requirements and local communities' best practices. ■ Improving the average annual per capita consumption of seafood in the country through the following: <ul style="list-style-type: none"> ○ Fortifying the complementary feeding based on the scientific recommendations and the MSNAP priorities. ○ Supporting mountain fisheries as prioritized by the Ministry of Fisheries. ○ Investing in fisheries considering the country's diversity to support fortification programs such as iodine, enhancing the value chains, applying innovative mechanisms for demand generation, and acknowledging the fisheries nutritional values at the household and community levels. ■ Enhancing SBC for stunting interventions through applying the HBM for consumer protection in coordination with YACP. This includes: <ul style="list-style-type: none"> ○ Redefining the commodities in a scientific way according to the Ministry of Public Health and Population (MOPHP) standards. ○ Supervising nutritional mixtures and identifying their effect on health in coordination with concerned authorities. ○ Identifying responsibilities of stakeholders for all food commodities with emphasis on food safety. ○ Setting criteria for marketing of food products in line with the MOPHP standards. ■ Developing the WASH education kit as part of the HBM implementation with more focus on the following: <ul style="list-style-type: none"> ○ Updating the information through a community-level database at all administrative levels of the national health system. ○ Improving WASH infrastructure and
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		<p>environmental sanitation requirements.</p> <ul style="list-style-type: none"> ○ Prioritizing good practices of personal hygiene and promoting appropriate societal behaviors at the household and community levels. ○ Mapping of all water sources at the community level and rationalizing water use at the individual, family, and community levels. <p>▪ Piloting a safety net initiative through enhanced affordability by the targeted beneficiaries with the support from the existing World Bank (WB) funding opportunities implemented by the Social Fund for Development (SFD).</p>
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Levers / activities	Description	Actions
Lever 10: Self-care and Social Needs		
Outcome 10: Interrupted intergeneration malnutrition/stunting and poverty cycles through applied HBM at the household and community levels.		
Activity. <u>Developing the HBM Self-care model through addressing social needs.</u>	<p>: Malnutrition is the leading cause of death among under-five children in Yemen. Everyday, not less than 60 under-five children die in the country due to causes related to malnutrition.⁶</p> <p>Good nutrients food, exercises, avoiding mal practices such as qat chewing, evading sedentary life style, and ability to coping with stress are all essential</p>	<ul style="list-style-type: none"> ▪ Self-care to fulfill the nutrition needs of PLW, newborns, and under-two children. ▪ Breaking the inter-generational cycle of malnutrition/stunting through optimal mental and physical development and good nutrition targeting PLW. ▪ Interrupting the poverty cycle through addressing social needs of the most nutrition vulnerable populations. ▪ Empowering households to practice good nutrition through the efficient utilization of local resources. ▪ Monitoring nutrition indicators at the household level through self-care standardized practices. 

⁶ The estimation is based on the U5MR as per the MICS 2023 considering that 45% of deaths are related to malnutrition.

	<p>requirements of self-care. Social needs on the other hand are vital for the nutritionally vulnerable people to overcome the socio-economic barrier and enhance best practices during the first 1000 days.</p> <p>Emphasis on individuals and households' behaviors prioritizing nutrition vulnerable populations.</p>	<ul style="list-style-type: none"> ▪ Studying the role of social protection interventions and safety net schemes in preventing malnutrition through customized financing conditional and/or non-conditional financing schemes. ▪ Improving access to basic and higher-level education, especially for girls. ▪ Engaging households in food diversity, including micronutrient supplementation, and improved livelihoods indicators activities in coordination with local authorities and with the support of concerned stakeholders. ▪ Reducing households' vulnerability to aftermath consequences and shocks. ▪ Linking self-care to hygiene practices and other WASH components. ▪ Scaling up safety nets among the most vulnerable households.
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Case Study: Advocacy for SBC to scale up nutrition in Yemen

In a local community in Yemen, there is a malnutrition challenge where GAM rate is above 11% and stunting is estimated in the community's district at 35%. Accordingly, an advocacy and SBC interventions are required. The proposed modality is the adoption of communication behavioral change theories which are the Precede-Proceed Model for Advocacy and the Health Belief Model for Social Behavioral Change (SBC).

The required actions from the high-level and the community-level stakeholders include applying the recommended modality for intersectoral advocacy interventions with consideration to the following:

Precede Phases

Phase 1: Identifying the ultimate desired result which is reducing stunting by 5% in six years.

Phase 2: Identifying and setting priorities among health or community issues and their behavioral and environmental determinants that stand in the way of achieving that result, or conditions that have to be attained to achieve that result; and identifying the behaviors, lifestyles, and/or environmental factors that affect those issues or conditions.

Phase 3: Identifying the predisposing, enabling, and reinforcing factors that can affect the behaviors, attitudes, and environmental factors given priority in Phase 2.

Phase 4: Identifying the administrative and policy factors that influence what can be implemented.

Proceed Phases

Phase 5: Implementation: Interventions taken at the community and households' levels through supporting SBC components.

Phase 6: Process: Evaluation of the execution of interventions against the planned activities.

Phase 7: Outcome: Evaluation of the execution of interventions in relation to achieving the outcome in comparison to Phase 1.

Phase 8: Impact: Evaluation of the execution of interventions in relation to the desired impact on the target population (prevalence of stunting).

The PRECEDE-PROCEED Model is used to assess knowledge (predisposing factors), socio-economic barriers (enabling factors), and communities' behaviors regarding IYCF, dietary intake, and roles and indicators of other sectors (Education, WASH, Agriculture/Fisheries, and Private Institutions).

A Nutrition Promotion Model is designed to address the identified challenges starting by the social assessment and understanding the normative system and ongoing through the remaining seven phases to support the community-level intervention at the community level. The household profile is to be developed at the areas of interventions to implement the Health Belief Model (HBM) for SBC.

Key Concepts and Definitions of the Health belief Model

Perception	Risks and Mitigations	Identification	Action
Perceived Susceptibility	Caregivers' opinions regarding the ability of their child to be stunted	Population at risk: Households with pregnant and lactating women and/or a child under the age of two.	Local authorities educate the public on the susceptibility and seriousness of stunting.
Perceived Severity	Caregivers' opinions on how serious stunting is.	Possible consequences of untreated stunting before the age of two.	
Perceived Benefits	Caregivers' opinions on the value of good nutrition to improve the child health and learning abilities to avoid the harmful consequences of stunting.	Setting of interventions and most at risk groups with more focus on IDPs and deprived populations.	Mapping of all PLW and children under-two by the CHNVs, CHWs, CMWs through line listing, health education, screening, and referral.
Perceived Barriers	Caregivers' opinions on the identified barriers as described by the beneficiaries.	Define main barriers including accessibility, socio-economic, misinformation/disinformation, and availability of nutrition services.	Responding to the identified barriers through better micro-planning, corrected information, affordability through CCT or vouchers to improve accessibility and utilization of nutrition services.
Cues to Action	National policies and guidelines for good governance for nutrition.	Budling trust through two-way communication, early response, and good referral system.	Identify champions and stratify audiences with more focus on influencers to promote good nutrition practices.

Yemen Nutrition Communication and Advocacy Strategy

Advocacy

Social Behavioral Change Communication

Policies and Regulations

National and International Political Commitment and Financing

National Public Awareness Campaigns

Household and Community-Level Behaviors and Practices

Levers

*Governance and leadership
*Food Systems Pathways
*Monitoring, evaluation, accountability, and Learning

*Political Buy-in
*Nutrition Financing: Funding, financial *sustainability, and resource allocation
*Investing in Nutrition

*Investing in Nutrition
*Nutrition Packages: Integrating Nutrition within the Health Essential Service Package (ESP).
*Emergency, development, and referral mechanism
*Multidisciplinary Nutrition System Including Safety Net/Food Security

Models

1. Single Overriding Communication Outcomes (SOCOs)

Health: Access to nutrition-related health services

Education: Access to education that promotes nutrition

WASH: Access to safe water, good hygiene, and sanitation at the household level

Agriculture and Fisheries: Increasing the contributions of multisectoral nutrition actions to food systems transformation

Social Protection: Access to social protection & emergency assistance for the poorest populations' transformation

2. Behavioral Change Theory: The PRECEDE PROCEED Model

PRECEDE Assessment: Social - Epidemiological- Educational and Ecological- Administrative and Policy

PROCEED Intervention and Evaluation; Implementation - Process evaluation- Outcome evaluation- Impact evaluation

3. Health Belief Model for Social Behavioral Change Communication

Key Factors: Intrapersonal/Individual factors; Institutional/organizational /Community /Public-policy

Health and Nutrition-specific: Undernutrition - Micronutrient-related malnutrition - Imbalanced diet - Diet-related noncommunicable diseases

Nutrition-sensitive: Multisectoral and Multistakeholder Coordination Mechanism - Investment in Nutrition - Resource Mobilization

Proposed Communication and Advocacy Programs

Nutrition Communication and Advocacy Programs

Advocacy Program

Policies and Regulations

National and International Political Commitment and Financing

Component (1): Development of Advocacy Tools

4. Development of the investment case detailing the economic impact of malnutrition/stunting
5. Development of policy papers for sectors
6. Conduct a national Dietary study and food consumption Pattern
7. Develop national food-based dietary guideline
8. Update the national food composition tables.
9. Investment in food systems to improve food consumption patterns.
10. Development of school nutrition policy and guidelines

Component (2): Create 'insider' champions in line ministries at decision-making and technical levels

1. Organize high-level briefings on the MSNAP
2. Government Call to Action
3. Hold trainings on leadership for nutrition at all levels

11. Joint call to action (Government, UN and donors)
12. MSNAP financing mechanism (SUN Yemen Donors Network)
13. Keep donors engaged and updated (meetings and webinars)
14. MSNAP progress reports

Social Behavioral Change Communication Program

National Public Awareness Campaigns for Household and Community-Level Behaviors and Practices

Component (1): Create Media and Social Media Influencers for MSNAP

1. media stories on the GOY commitment to deliver the MSNAP
2. media stories on wasting, stunting, and micronutrients deficiencies
3. series of trainings for a pool of journalists on the multisectoral approach to nutrition (local media outlets and social media influencers)
4. National campaign targeted adolescent girls (education & Nutrition)
5. media stories on WASH (hand-washing & hygiene practices)
6. series of trainings for CSOs and NGOs to build their capacity
7. series of trainings and orientations for the business sector

Component (2): Sectoral Community-based Mechanisms

8. Integrated sectoral nutrition messages developed (UNICEF, WHO, WFP, UNFPA support line ministries)
9. campaigns through the Community-based (through CHNVs, WASH Groups ... etc)
10. SBCC through HFs
11. Training for medical doctors

**SUN Yemen
Platforms**

SUN Yemen CSOs Network
SUN Yemen Business Network
SUN Yemen Youth and Women Platforms
Parliament champions

Nutrition Communication and Advocacy Action Plan Framework

1. Policies and Regulations

Desired Behavior/Action	MSNAP SO	Target audience	Audience Specific Messages	Activities / Method of communication or influencing	Lead organisation	Partners	Indicators & means of verification MoV
Precede-Proceed and Health Belief Models Adopted and Practiced in the national Nutrition Policy and through the Service Delivery Model	Health	Policy Makers and Sectors Focal Points	Accelerating scale-up of high-impact interventions is the optimal approach for improving malnutrition indicators.	Health Belief Model developed to respond to challenging issues in health sectors that need advocacy to be implemented or scaled up interventions	MOPIC	SUN-Yemen Sectors	Health Belief and Precede-Proceed Models
Integrated Implementation of the revised ESP	Health	Senior Health Officials at the Central and Governorate Levels	Integrated health and nutrition services improve the child health indicator and save lives	Develop a policy paper with recommendations on the immunization (field interventions)	MOPIC	SUN-Yemen Sectors	policy paper on Integrated health and nutrition services
CBIs components are skilled in SBCC techniques	Health	Community Health and Nutrition Volunteers, Community Midwives, and Community Health Workers	Improvements to nutrition in priority areas leads to: <ul style="list-style-type: none"> • Maternal nutrition services; • Prevention of stunting in early childhood; • Early detection and treatment of life-threatening malnutrition; and • Middle childhood and adolescence improved health and nutrition indicators. 	Hold a series of trainings on SBCC communication techniques as part of pre-service training for all new community health workers recruited.	MOPHP	Targeted governorates and districts	trainings on SBCC communication techniques
Baby Friendly Hospital Initiative integrated into policy and service delivery	Health	Heads of referral, governorate, and inter-district hospitals	Enhanced institutional ECD practices for nutrition at the national sub-national levels results in healthier children	Baby-Friendly Hospital Initiative integrated	MOPHP	Targeted governorates and districts	Baby-Friendly Hospital Initiative
Baby Friendly Community Initiative integrated into policy and service delivery	Health	Governorates and districts	Enhanced community-level ECD practices for nutrition results in improved nutrition	Baby-Friendly Community Initiative-BFCI	MOPHP	Targeted governorates and districts	Baby Friendly Community Initiative

			indicators				
Improved PLW and ECD Health and Nutrition Indicators	Health	Senior Health Officials at the Central and Governorate Levels	<ul style="list-style-type: none"> • Improve maternal and child nutrition requires good diets, services, and practices. • Pregnant women need two extra nutritious meals a day to get the required energy and nutrients for them and their embryos. 	Develop a policy paper and national guidelines with recommendations on the maternal and child health issues (family planning/breastfeeding)			policy paper
Local Products, and the Feasibility of Producing Complementary, Preventive, and Curative Nutritional Foods Locally	FSL	Senior government Officials at the Central and Governorate Levels	<ul style="list-style-type: none"> • IYCF best practices requires a minimal accepted diet and frequency of meals to avoid malnutrition through locally available resources. • Babies must not be fed non-nutritious food like artificial juices, sodas, milk substitutes, and biscuits 	Local authorities are convinced of the nutritional benefits of local products and the feasibility of producing complementary, preventive, and curative nutritional foods locally.	MOPHP	Local Food Production Steering Committee	Local Products
Applied Food Safety Standards	food safety	Senior government Officials at the Central and Governorate Levels	<ul style="list-style-type: none"> • Locally produced Shabeesa and thick porridge food are the recommended meals for the children between 6 and 59 months enriched with vegetables, meat products, and olive oil. • Complementary feeding food need to be increased considering the baby's age with the right frequency as recommended by the healthcare 	Develop a policy paper with recommendations on Food hygiene and food regulation practices enhanced	MOPHP	Local Food Production Steering Committee	policy paper

			professionals.				
Improved Levels of Girls Education	Education	Senior government Officials at the Central and Governorate Levels	Education that promotes nutrition and nutrition that promotes education	Develop a policy paper with recommendations on girls' education and nutrition			policy paper
Food, water and nutrition	Food system	Senior government Officials at the Central and Governorate Levels		Surveillance of food and water borne diseases with link to malnutrition			policy paper

2. National and International Political Commitment and Financing

Desired behaviour, action etc	MSNAP SO	Target audience	Audience Specific Messages	Activities / Method of communication or influencing	Lead org.	Partners	Indicators & MoV
Decisions-makers at all levels support the behaviour change communication and advocacy actions	SO 7	Decisions-makers at all levels	Behaviour change communication at all levels increases commitment to scaling up nutrition and enhances accountability for the best utilisation of resources.	Decisions-makers at all levels of the administrative system are trained in behaviour change communication and advocacy.			
GoY and partner decision makers committed to finance MSNAP	SO7	Ministry of Finance, LMs, Local Authorities , and DPs	Benefits of investing in nutrition ensure food security and availability of good nutrition toward achieving the universal health coverage targets.	Develop an investment case detailing the economic impact of malnutrition/stunting as well as a high-impact, cost-effective package of interventions and the return on investment.			
GoY and partner decision makers committed to finance MSNAP	SO7	Ministers, Steering Committee Members, DPs, Senior Journalists	Increase the national and local investment for nutrition improves the social protection among the vulnerable populations.	Organise high-level briefings on the content of the MSNAP, the implications/commitment for improved access to health and nutrition services, timelines, and possible expert/sources.			
Decision makers committed to integrate nutrition into sectoral policies, plans, and budgets	SO7	Line Ministries		Issue a call to action for the executive branch to meet its commitment to address nutrition as a national priority			
Decision makers committed to integrate nutrition into sectoral policies, plans and budgets	SO7	Decision makers		Organise briefings for sectors to introduce them to MSNAP priority interventions and how to adopt them			
Decision makers committed to integrate nutrition into sectoral policies, plans and budgets	SO7	Government sectors, DPs, and academia		Hold trainings on leadership for nutrition (based on the policy briefs) in each sector, detailing these strategies to integrate nutrition into existing plans, and seek cross-sector coordination.			

Decision makers committed to integrate nutrition into sectoral policies, plans and budgets	SO7	Government sectors, DPs, and academia	Inter-sectoral programmatic coordination improves maternal and child nutrition through a multi-systems approach including health, food, WASH, Education, and Social Protection.	Develop an advocacy paper with a summary of evidence and the policy implications of the MSNAP, with clear roles/linkages for each sector (which policies and strategies need to be revised), presenting recommendations and propose formulations.			
Decision makers committed to integrate nutrition into sectoral policies, plans and budgets	SO7	Decision makers		Organise face-to-face skip-level meetings with directors, deputy ministers and senior advisors in the relevant sectors to present/argue for the advocacy paper/findings of policy analysis and present key strategies to integrate nutrition into sectoral policies.			
Decision makers committed to integrate nutrition into sectoral policies, plans and budgets	SO7	SUN Focal Points		Organise a training workshop on leadership for nutrition in each line ministry for the personnel running these nutrition units.			
Decision makers committed to integrate nutrition into sectoral policies, plans and budgets	SO7	Decision makers		Approach potential and emerging 'insider' champions in each line ministry (starting with MOPIC leadership as the first champion) based on their engagement with nutrition issues and their demonstrated ability to be a politically influential authority; develop a relationship with them.			
Decision makers committed to integrate nutrition into sectoral policies, plans and budgets	SO7	Decision makers and targeted communities		Develop terms of engagement for champions.			
Decision makers committed to integrate nutrition into sectoral policies, plans and budgets	SO7	Decision makers and targeted communities		Organise a one-on-one briefing for each champion to build their knowledge on nutrition and agree on the terms of their engagement (e.g. social media, visits, speeches, endorsement etc.).			

Alignment of humanitarian cluster plans and programming with MSNAP	SO7	Decision makers, Clusters Leads; UN, YHF Partners	Line out the relevant scaling-up nutrition elements to be incorporated into the clusters' objectives and priorities; consult with the Nutrition, Health, WASH, FSL, Education and Protection Clusters leads and partners to agree on the way forward to fully incorporate MSNAP priority interventions			
Endorsement & implementation of HDPN guidelines	SO7	Decision makers	Review and update guidelines for addressing the humanitarian and development nexus.			
Endorsement & implementation of HDPN guidelines	SO7	Government sectors, DPs, and academia	Build on the MSNAP mapping of policies, strategies, and programmes of development and humanitarian actors and conduct a deeper analysis to identify options for updates and incorporation of nutrition-sensitive elements and provide recommendations.			
Endorsement & implementation of HDPN guidelines	SO7	Government sectors, DPs, and academia	Organise follow-up meetings (Gov, donors, UN) to discuss observations from the field, exchange lessons, ensure a mutual learning, identify opportunities and improve planning and strengthen its implementation.			
Donor financial commitments aligned with MSNAP	SO7	Line Ministries and DPs	Organise a donor roundtable to elicit pledges of support for the MSNAP.			
Donor financial commitments aligned with MSNAP	SO7	MOPIC and DPs	Issue a call to action for commitment to address nutrition as a national priority—with an adequate budget.			
Donor financial commitments aligned with MSNAP	SO7	Line Ministries, MOI, and DPs	As part of the media training, detail the budgetary procedure, key moments and actors, and what to look for.			
Donor financial commitments aligned with MSNAP	SO7	Line Ministries and DPs	Organise an advocacy meeting bringing together advocates in related sectors to build a coalition for nutrition and see how nutrition could be integrated into their portfolio.			

Donor financial commitments aligned with MSNAP	SO7	Line Ministries and DPs
Donor financial commitments aligned with MSNAP	SO7	Line Ministries and DPs
Donor financial commitments aligned with MSNAP	SO7	Line Ministries and DPs
Donor financial commitments aligned with MSNAP	SO7	Line Ministries and DPs
Domestic financial commitments	SO7	Line Ministries and DPs
Domestic financial commitments	SO7	Line Ministries and DPs
SUN Networks	SO7	Government and Private sectors
SUN Networks	SO7	Government and

Identify gaps in funding for implementation of the MSNAP-CRF. Publish an advocacy paper on the funding gaps (based on CRF costing) to deliver the MSNAP, including both donor and domestic resources.			
Prepare a budget analysis (commitment of domestic and external resources) and mapping of the budget cycle; identify allies and messages; plan those activities and materials; and monitoring and evaluation and present that as a budgetary advocacy plan. Support mobilisation of the resources for implementation of the MSNAP.			
Organise donor dialogues on key points of the MSNAP, national commitment to nutrition and evolving role of donor partners.			
Based on the budget analysis conducted, map out key steps and actors in the budgetary process at central and decentralised levels.			
Reach out to and organise dialogues with decision-makers in the MOF and members of the budgetary committee of Parliament about the need to expand the resources for nutrition.			
Reach out and organise dialogues with members of the governorate plan and budget committee and local councils to request specific allocations for nutrition, as per the CRF.			
Organise consultations with business organisations/private sector companies to raise their awareness/interest in the policy and regulatory framework for nutrition and solicit their input			
Share/publish the SUN Business Network members commitments and			

		Private Sectors
SUN Networks	SO7	Line Ministries and MOF
SUN Networks	SO7	SUN Focal Points
Accountability	SO7	Government and Private Sectors
Accountability	SO7	Line Ministries and DPs
Accountability	SO7	Line Ministries, MOI, and DPs
Accountability	SO7	Line Ministries, MOI, and DPs

how they contribute to the implementation of the MSNAP			
Organise a capacity training on budgetary advocacy for CSOs and NGOs to understand and influence the budgetary process at each step (which decisions are made by whom at which point).			
Provide ongoing coaching/resources for MSNAP advocacy to CSO and NGO networks.			
Organise follow-up meetings to discuss observations from the field, exchange lessons, ensure a mutual learning, identify opportunities and improve planning and strengthen its implementation.			
Conduct field visits to learn from best practices, as part of building capacities and ensuring buy in of high-level decision-makers at local levels			
Review existing information systems that hold a potential to incorporate and provide data on the progress of nutrition (implementation and/or results level, example: District Health Information System). This is to be in line with the MSNAP monitoring and evaluation plan. Prepare a short brief addressed to the relevant bodies and advocate for updates/revisions and required improvements of data management and analysis skills.			
Build capacities of those involved to improve reporting, data quality and skills to analyse and use the received information, either through face-to-face trainings or workshops.			

Accountability	SO7	Line Ministries, MOI, and DPs	Develop a two-pager on the information and data needs to inform nutrition interventions across sectors: what are the gaps, how they hamper programming, improvements required and proposed data flow. This should build on and be aligned with the MSNAP monitoring and evaluation plan.			
Accountability	SO7	Line Ministries, MOI, and DPs	Include information management and data access as part of the leadership for nutrition training			
Improved governance	SO7	Line Ministries and DPs	Update and roll out the SUN national and sub-national structure (SC/MSTT/SWGs/NISWG/CAWG/GSWG/ FWG)			
Improved governance	SO7	Line Ministries and DPs	Organise dialogues with each sector and MOPIC to agree on the mandate/composition of the governance body and ensure their buy-in.			
Improved governance	SO7	Line Ministries and DPs	Organize dialogues with the decentralised arm of each line ministry and agree on the mandate/composition of the decentralised multisectoral coordination platform.			

3. National Public Awareness Campaigns

Desired behaviour, action etc	MSNAP SO	Target audience	Audience Specific Messages	Activities / Method of communication or influencing	Lead Org.	Partners	Indicators & MoV
The public support GoY commitment to nutrition	SO7	General public	<ul style="list-style-type: none"> • Improve maternal and child nutrition requires a systems approach (health, food, WASH, Education, Social Protection). • Accelerate the scale-up of high-impact interventions is the most needed approach for improving malnutrition indicators. • Increase the national and local investment for nutrition improves the social protection among the vulnerable populations. • Enhanced advocacy governance and coordination structures/mechanisms for nutrition at the sub-national level results in healthier populations. • Improvements to nutrition in priority areas leads to: <ul style="list-style-type: none"> - Maternal nutrition services; - Prevention of stunting in early childhood; - Early detection and treatment of life-threatening malnutrition; and - Middle childhood and adolescence improved health and nutrition indicators. 	media stories on the GOY commitment to deliver the MSNAP			
Community leaders & communities are mobilised within a community based approach		Community leaders & public		National media campaign on Community-based contribution to fight malnutrition in its all forms			
Youth and adolescent girls are knowledgeable about and adopt healthy and nutritious practices		Youth and Adolescent girls		National campaign targeted at adolescent girls			
Journalists and social influencers are knowledgeable on nutrition		Journalists and social influencers		Establish contacts between journalists trained on nutrition and reliable community-level sources on all aspects of nutrition, across sectors.			
Journalists develop awareness flashes, television and radio programmes and social media content		Journalists and social influencers		Organise a series of trainings for a pool of journalists on the multisectoral approach to nutrition			
CSOs mobilise communities, in particular women to demand nutrition related services		CSOs		Organise a series of trainings for CSOs and NGOs to build their capacity			
Creation of nutrition-dedicated radio, television and social media content.		Media editors and producers		Organise a meeting to raise interest in and understanding of nutrition issues			
Business and private sector mobilise communities, in particular women to demand nutrition related services		Business and private sector		Organise a meeting to raise interest in and understanding of nutrition issues and integrate nutrition messages in their media outlets and products' advertisements			

4. Household and Community-level Behaviors and Practices

Desired behaviour, action etc	MSNAP SO	Target audience	Audience Specific Messages	Activities / Method of communication or influencing	Lead Org.	Partners	Indicators & (MOV)
Dietary practices during pregnancy and lactation	Health /IYCF	Mothers of child bearing age (15-49)	<ul style="list-style-type: none"> • Eat a balanced and diverse diet rich in micronutrients, energy, and protein • Eat adequate quantities of food • Food diversity and micronutrient-rich diets improves health and reduce morbidity and mortality. 	Missing			
Improved breast feeding practices	Health /IYCF	Mothers of child bearing age (15-49)	<ul style="list-style-type: none"> • Initiate breastfeeding immediately after birth • Continue breastfeeding through 2 years of age • Breastfeed exclusively for 6 months • Exclusive breastfeeding in a lifesaving intervention and must last for six months with no additions including water. • Breastfeeding correct position requires ensuring that your baby's body is supported, not bent or twisted, facing the breast, and the head is slightly shifted to the back. • Breastfeeding must continue as the baby demands day and night. • Breastfeeding should continue even if the baby is ill and under prescribed medicines. • IYCF best practices requires a minimal accepted diet and frequency of meals to avoid malnutrition. • Shabeesa and thick porridge food are the recommended meals for the children between 6 and 59 months enriched with vegetables, meat products, and olive oil. • Complementary feeding food need to be increased considering the baby's age with the right frequency as recommended by the healthcare professionals. • Babies must not be fed non-nutritious food like artificial juices, sodas, milk substitutes, and biscuits 				
Improved complementary feeding practices (MAD for under 5)	Health /IYCF	Mothers of child bearing age (15-49)	<ul style="list-style-type: none"> • Introduce diverse complementary foods at 6 months • Feed children actively and responsively • Feed children a diverse diet • Feed children with appropriate frequency, with foods of appropriate thickness • Feed children appropriately during and after illness. 				

Control and prevention of anemia (PLW/adolescent girls)	Health /IYCF	Pregnant & lactating women / adolescent girls	<ul style="list-style-type: none"> •Eat iron-rich/fortified foods •Eat vitamin A-rich/fortified foods •Use multiple micronutrient powder •Take iron/iron-folic acid supplements •Take deworming medication •Take malaria prophylaxis •Sleep under an insecticide-treated net 				
Attended delivery	ANC		<ul style="list-style-type: none"> • Deliveries must take place at the health facility and if not possible by a certified midwife. • Newborns must be attended with a professional care and immediately put onto the mothers chest after birth. • Breastfeeding initiation within the first 30 minutes after birth provided the baby with the needed immunity. 				
Increased public demand for & use of nutrition related services in health sector	Health	Households	<ul style="list-style-type: none"> • Improve maternal nutrition requires good diets, services, and practices. • Pregnant women need two extra nutritious meals a day to get the required energy and nutrients for them and their embryos. • Support linkages at different levels of the health system from the embryonic stage till the age of 24 months (1000 days). • Four ANC visits together with iron and folic acid supplements are important during the pregnancy. 				
Increased uptake of immunisation	Health	Mothers of child bearing age (15-49)	<ul style="list-style-type: none"> • Lactating mothers should sleep with their infants and under-five children under a long lasting insecticide treated net to prevent malaria, dengue, and other mosquito-transmitted diseases. • Vaccine preventable illnesses are main threats to child's health and full immunization is the best practice. • Communicable illnesses are underlying causes of malnutrition and must be prevented and treated at the health facility. 	Community-based learning for increased immunization coverage as an underlying cause of malnutrition			
Adequate handwashing	WASH	General public	<ul style="list-style-type: none"> •Practice optimal handwashing: wash hands with soap at critical moments 	WASH behaviour			
Adequate household & environmental food hygiene	WASH	Households	<ul style="list-style-type: none"> •Practice key food safety actions •Properly store/treat water •Use a latrine •Properly dispose of (adult, child, and animal) feces 				
Adequate sanitary facilities and use	WASH	Households	<ul style="list-style-type: none"> • Solid waste collection sites reduce water contamination and environmental pollution. • Waste disposal in designated places is the disposal of diseases. 	Community awareness on the management of waste disposal is raised, and communities are encouraged to adopt best practices.			

Household members consume a healthy and nutritious diet	Food security & livelihoods	Households	Household food production for nutritious diet	Local food production encouraged from national to household levels Local communities are convinced of the nutritional benefits of local products, and the feasibility of producing complementary, preventive and curative nutritional foods locally.			
Adolescent girls consume an adequate diet	Food security & livelihoods	Adolescent girls	Households and government concerned officials	Healthy nutrition at schools setting improves education outcomes	MOE		
Household production of safe foods	Food security & livelihoods	Households	Household & community use of pesticides & fertilisers				
Increased public demand for nutrition related services in FS and Ag sectors	Food security & livelihoods	Households		Community activities to generate demand for services			
efficient use of water and contributing to scaling up nutrition	Food security & livelihoods	Farmers	<ul style="list-style-type: none"> Irrigation activities are of great priority in improving efficient use of water and contributing to scaling up nutrition. 	Farmers are educated on ways to improve irrigation efficiency.			
nutritional benefits of fish and sea products	Food security & livelihoods	Households	<ul style="list-style-type: none"> Fish is a main source of protein, fatty acids and omega 3. Consuming the recommended dietary intake of fish helps in the cognitive development. 	Awareness and understanding amongst communities about the nutritional benefits of fish and sea products is raised in order to increase their consumption.			

Monitoring and Evaluation

The monitoring and evaluation of this nutrition communication strategy and related action plan is related to both the advocacy and SBC components. Considering that the strategy emphasizes on the advocacy efforts for informing SBC interventions, the M&E activities are mostly related to the ten identified levers as follows:

Monitoring and evaluation of progress toward the advocacy's six levers with emphasis on the following:

- Tracking activities to measure progress against the action plan: To be reported on a quarterly basis.
- Evaluating the performance of the current/updated governance structures for integrated nutrition interventions.
- Assessing progress toward the outcome and impact indicators including newly developed or revised policies, bylaws, and guiding principles.
- Critically reviewing the implementation of the advocacy strategy in relation to the eight-stage Precede-Proceed Model and the corresponding performance indicators.
- Monitoring funding of activities in light of the investing in nutrition operational lever.
- Identifying and empowering champions through applying the two behavioral change models (Precede-Proceed Model and Health Belief Model).
- Developing an advocacy outcome and impact reporting tool in coordination with the Nutrition and Health Clusters.
- Periodic reporting based on the developed tool to allow timely monitoring and evaluating progress and approving the expected changes, as applicable.
- Reporting on biannual bases with all indicators being addressed using the advocacy M&E tool.
- Annual reporting on progress toward impact of nutrition communication through advocacy interventions in relation to the identified areas and the six related levers.
- Applying the Theory of Change conceptual framework for all the M&E activities.
- Periodic assessments of the progress measured through the MSNAP's M&E system.
- Evaluating changes at the policy-makers level and improved practices for better nutrition in relation to the intended enabling environment from political, economic, and social perspectives.
- Comprehensive review of the implementation status of the advocacy component of the communication strategy and action plan and submission to the steering committee for approval and adjustments on annual basis as stated at the MEAL plan for the MSNAP and the CRF.

Monitoring and evaluation of progress toward the SBC's four levers with emphasis on the following:

- Tracking activities to measure progress against the action plan: To be reported on a quarterly basis.
- Evaluating the performance of the current/updated community-level interventions for integrated nutrition interventions with emphasis on the MSP for emergency and ESP for development interventions.
- Assessing progress toward the outcome and impact indicators of the intended IYCF behaviors including breastfeeding, complementary feeding, Minimum Acceptable Diet, consumption of a diversified diet.
- Investigating household and community-level indicators toward the implementation of the HBM integrated model for improved hygiene and sanitation practices, girls' education, and agricultural and fisheries practices and priority interventions.
- Reviewing the implementation of the performed activities with linkage to the MSNAP priority actions and in coordination with the responsible institutions.
- Assessing the performance of the identified through applying the Health Belief Model.

- Developing an SBC outcome and impact reporting tool in coordination with the Nutrition and Health Clusters.
- Periodic reporting based on the developed tool to allow timely monitoring and evaluating progress and approving the expected changes, as applicable.
- Reporting on biannual bases with all indicators being addressed using the SBC M&E tool.
- Annual reporting on progress toward impact of nutrition communication through SBC interventions in relation to the identified areas and the four related levers.
- Applying the Theory of Change conceptual framework for all the M&E activities.
- Periodic assessments of the progress measured through the MSNAP's M&E system.
- Evaluating changes at the household and community levels and improved practices for better nutrition in relation to the intended beneficiaries.
- Comprehensive review of the implementation status of the SBC component of the communication strategy and action plan and submission to the steering committee for approval and adjustments on annual basis as stated at the MEAL plan for the MSNAP and the CRF.

DRAFT

Table 2. Monitoring and Evaluation Framework for Advocacy and SBC levers

Areas of Intervention	Progress Indicators	Programmatic Output Indicators	Advocacy Outcome Indicators	Nutrition Impact Indicators	Outputs of Key Areas
Advocacy					
(1) Policies and Regulations	<ul style="list-style-type: none"> Technical discussions with the teams for developing nutrition regulations and scientific briefs. Contracts with consultants/specialized consultancy firms Meetings and workshops held 	<ul style="list-style-type: none"> Number of policies issued. Number of laws/bylaws issues or revised. Number of regulations issued. 	Citations of positions/messages by decision-makers in policy debates; government officials/key stakeholders publicly supporting the advocacy effort; MSNAP/CRF priorities included in the policy agenda at different stages during the decision-making process	Policy/practice change has taken place	<ol style="list-style-type: none"> Integrated nutrition in the ESP Development of the investment case Development of 6 policy papers Revised and functional EBF law Revised and functional Food Law A national Dietary study and food consumption Pattern A national food-based dietary guideline Updated national food composition tables. Investment in food systems to improve food consumption patterns. Development of school nutrition policy and guidelines
(2) National and International Political Commitment and Financing	<ul style="list-style-type: none"> Meetings held for ensuring the enabling environment for positive change. High-level discussions held. 	<ul style="list-style-type: none"> Number of nutrition financing policies issued. Number inter-ministerial decisions taken for the nutrition financing. 	Sectoral policy proposals revised; funding secured for MSNAP activities; sectoral nutrition units established; coordination governance body established etc.)	Policy agenda alignment with partners adapt the approach to nutrition in Yemen in appropriate platforms at global and national levels.	<ol style="list-style-type: none"> high-level briefings on the MSNAP Government Call to Action issued Trainings on leadership for nutrition at all levels held Joint call to action (Government, UN and donors) issued Meetings and webinars for donors MSNAP progress reports
Social Behavioral Change Communication (SBC)					
Household and community-level behaviors and practices					
(3) National public awareness campaigns	<ul style="list-style-type: none"> Setting standards for accredited nutrition messages and information sharing guidelines. Meetings held for 	<ul style="list-style-type: none"> Number of campaigns planned and implemented. Number of communities 	Advocacy activities developed/updated as part of MSNAP planning processes; financial and human resources for advocacy.	Nutrition prioritization to include nutrition in Yemen's existing work (campaigns, awareness raising,	<ol style="list-style-type: none"> Media stories on the GOY commitment to deliver the MSNAP Media story on wasting Media story on stunting Media story on micronutrients deficiencies

	designing the national nutrition campaigns. ■ Technical discussion for developing fact sheets.	participating on the national awareness campaigns. Number of fact sheets developed and shared.		special content)	5. Series of trainings for a pool of journalists on the multisectoral approach to nutrition (local media outlets and social media influencers) 6. A national campaign targeted adolescent girls (education & Nutrition) 7. Media stories on WASH (hand-washing & hygiene practices) 8. Series of trainings for CSOs and NGOs to build their capacity 9. Series of trainings and orientations for the business sector
Nutrition-specific	■ Number of IYCF messages developed. ■ Number of education sessions conducted at the community level. ■ Number of home visits by the CBIs components.	Health messages produced and practices monitored.		key individuals adopt and support nutrition best practices	1. Integrated sectoral nutrition messages developed (UNICEF, WHO, WFP, UNFPA support line ministries) 2. Campaigns through the Community-based (through CHNVs, WASH Groups ... etc) 3. SBCC through HF's 4. Training for medical doctors
Nutrition-sensitive	■ Number of integrated messages developed and produced. ■ Number of education sessions conducted at the schools' settings. ■ Number of projects designed and implemented of the five main sectors for scaling up nutrition.	Integrated multisectoral interventions introduced to local communities	HBM Developed and implemented	Multisectoral planning taking place at the community level for supporting integrated package of services	

Level of Indicator	Original Indicator from SUN-II Log Framework	Definition	Disaggregation	Original Target	Target (Overall Programme Period)	Target for 2025-2027	Target for 2027-2030	Means of verification	Frequency of Data Collection	UN Lead	Gov LMs Lead	Justification on revised target
Outcome	A comprehensive, integrated multi-sectoral SBCC strategy developed	Development of comprehensive, integrated and multi-sectoral SBCC toolkit and dissemination of toolkit at all levels	N/A	1	N/A	N/A	N/A	Output monitoring report	Annual	UNICEF, USAID	SUN	
Outcome	A comprehensive, integrated multi-sectoral SBCC toolkit (health, WASH, agri, ECD) developed and disseminated at all levels	Development of comprehensive, integrated and multi-sectoral SBCC toolkit and dissemination of toolkit at all levels	N/A	1	N/A	N/A	N/A	Output monitoring report	Annual	UNICEF, USAID	SUN	
Output3	Number of SUN households reached with inter-personal SBCC approaches (Proportion of 1000-days beneficiaries reached with Tikonde Bana spot messages through community radio)	Numerator: Count of 1000-Days beneficiaries reached through community radio with songs messages at the district level Denominator: Total number of 1000-Days beneficiaries	District Age Group Pregnant	286154	90%	80%	90%	Programme monitoring system	Annual	UNICEF		
Output4	Number of public audit for nutrition held by CSOs at the national, district and community level	Count of public audit organised for nutrition involving all concerned stakeholders at national, district and community level	National, District, Community	118	N/A	N/A	N/A	Programme reports	Annual	NFNC, UNICEF		
Output2	Number of advocacy event with clear commitment for nutrition conducted at national level	Number of advocacy events on nutrition conducted with high-government officials with clear commitment		4	4	2	2	Programme monitoring system	Bi-annual	UNICEF FAO WFP WHO		

Output3	Number of nutrition advocacy and visibility products developed and used for advocacy	Advocacy and visibility products (technical brief, policy brief, analytical brief, advocacy brief, newsletter, infographic etc.) developed and used for advocacy and decision making for nutrition at national and district level(at least one)		18	18	3	3	Programme monitoring system	Bi-annual	UNICEF FAO WFP WHO		
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References

To be added

DRAFT

Annexes

Communication and Advocacy Strategy Development Process

The development process of the Communication and Advocacy Strategy went through the following key steps:

1. As a first step to updating SUN Yemen (2020-2023) Advocacy Strategy, a situation analysis was performed through an in-depth desk review, including data from the concerned sectors in addition to reports from the SUN, relevant UN Organizations, clusters, and other implementing partners.
2. Meetings with the mentioned stakeholders took place, as well as concerned officials at the central and governorate levels. Desk review of available documents, together with nutrition information system data, were performed:
 - Group and individual discussions with officials from the concerned government sectors representing the relevant directorates and programs at the central, governorate, and district levels;
 - High-level discussions with partners working in food and nutrition activities;
 - Findings and partners' inputs were integrated; and
 - Meetings with officials from the academia and vocational training institutes.
3. Establishing the Communication and Advocacy Working Group (CAWG)
 - ToRs were developed and discussed with SYS and SUN Yemen Multi-Sectoral Technical Team (MSTT);
 - Forming the CAWG and conducting the initiation meeting to introduce the task and discuss the proposed tools frameworks; and
 - Facilitating the development of the CAS with the contribution of the CAWG.
4. Drafting the tools for developing the CAS frameworks:
 - Developing the tools for collecting information from the target participating stakeholders;
 - Conducting meetings for collecting the required inputs;
 - Drafting the advocacy framework (at-scale action plan);
 - Drafting the SBCC/communication framework; and
 - Finalizing the frameworks (advocacy and communication/SBCC).
5. For selecting the communication and advocacy methodologies and models. And building on the desk review, it was advised to emphasize the PRECEDE-PROCEED model for assessing health needs and design the interventions accordingly. This serves as a tool to address the nexus requirements especially, with the model's eight phases which will allow for implementing, monitoring, and evaluating priority activities with relevant programs to meet the identified needs for better investment in nutrition. On the other hand, applying the health belief model. The two models serve to satisfy the Five levels of influence for health-related behaviors and conditions which are: Intrapersonal/Individual factors; Interpersonal factors; Institutional, or organizational factors; Community factors; and Public-policy factors.

The Strategy focused on Yemen's key changes for malnutrition with emphasis on stunting prevention through:

- Strengthening optimal nutrition within the first 1,000 days, from conception to 23 months;
- Improve maternal and child nutrition requires good diets, services, and practices;
- Improve maternal and child nutrition requires a systems approach (health, food, WASH, Education, Social Protection);
- Accelerate the scale-up of high-impact interventions;
- Increase the national and local investment in nutrition; and
- Enhanced advocacy governance and coordination structures/mechanisms for nutrition at the sub-national level.

Audiences and Champions

Audience's mapping:

Stratifying the strategy audiences is based on the level of involvement and is in line with the theory of change framework.

At the policy level:

Primary audiences:

Senior government officials, SUN steering committee members, and local authorities' representatives at the governorate level.

Secondary audiences:

SUN Yemen focal points.

At the community level:

Primary audiences:

Local authorities' representatives, health workers, teachers, and social workers.

Secondary audiences:

SUN Yemen line ministries offices at the governorate level and corresponding projects' managers.

At the implementation level:

Primary audiences:

CHWs. CMWs. CHNVs, CVs⁷, and beneficiaries.

Secondary audiences:

Local authorities' committees and CSOs working at the grassroots level.

Champions:

A set of community-level criteria will be applied for selecting champions considering the following:

Scope of engagement:

- Governance/Policy.
- Action/Intervention.
- Coordination.

Positioning:

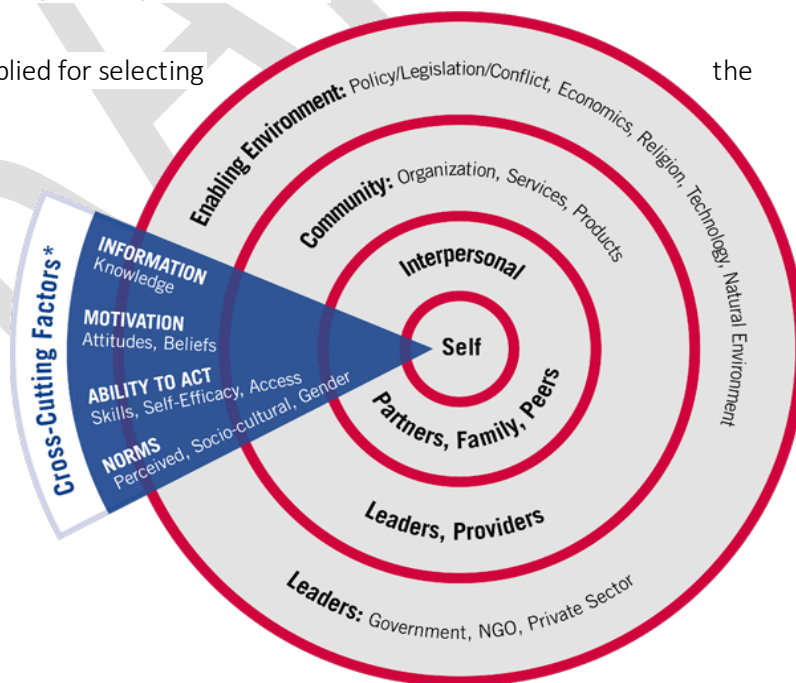
- Driver for change/Produced results.
- Marketization/Social promotion.

Capacity:

- Governance.
- Technical.
- Advocacy.
- SBC.

Contribution:

- Human resources.



*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

⁷ Community volunteers. Also referred to as community communicators mainly involved in health education activities, especially MCH.

- o Financial resources.

Each criterion will be given a score for the selection of the champions among all eligible candidates. Eligibility will be determined based on an expression of interest approved by the local community representatives (local authorities at the district level).

Mapping of the audiences will consider the grouping of influential individuals/groups toward building trust among the targeted communities. The mapping exercise

takes into account both the level of energy the audiences and the common cause their share. Accordingly, four groups of audiences are usually identified in any community. These are the active resisters who are called the blockers, the passive resisters as avoiders, the silent boosters who are described as passive supporters, and the champions that were discussed above and presented to the community as the active supporters.

The World Health Organization recommends the following strategies to deal with each group as designated below:

