



Republic of Yemen
Ministry of Planning and International Cooperation
SUN-Yemen Secretariat



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Promote Sustainable Development and Peace through a Multisectoral Approach to Nutrition and Food Systems Transformation

The Yemen Multisectoral Nutrition Action Plan

Investment Case

(2025-2030)

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Forward

Yemen’s MSNAP – A New Path Toward Stability, Sustained Recovery, and Development

Yemen’s updated Multisectoral Nutrition Action Plan (MSNAP) 2025–2030 marks a strategic shift in how nutrition is tackled across its fragile and conflict-affected settings. It introduces a unified, government-led framework that aligns humanitarian, development, and peacebuilding efforts to accelerate nutrition gains and rebuild national resilience. Yemen’s MSNAP is a unique initiative that brings an innovative comprehensive approach:

Strategic Integration of the HDP Nexus: The MSNAP operationalizes the Humanitarian–Development–Peace (HDP) nexus—transforming fragmented efforts into coordinated action that addresses immediate needs while building systemic resilience.

Theory of Change & Food Systems and Climate Lens: The plan is underpinned by a nationally informed Theory of Change that integrates food systems transformation and climate adaptation and mitigation to tackle structural drivers of undernutrition.

Accelerator Programmes (APs): Implementation is driven by scalable “game-changer” APs—geographic and thematic initiatives that converge sectoral interventions around the most vulnerable populations and bolster foundational systems such as Nutrition Information and Advocacy.

Government-Led Governance Structure: Led by the Ministry of Planning and International Cooperation (MOPIC), the MSNAP is anchored in the Scaling-Up Nutrition (SUN) Yemen architecture—through its high-level Steering Committee, Multisectoral Technical Team, and Sectoral Working Groups—to ensure strategic coherence and national ownership.

The MSNAP provides a nationally endorsed roadmap to address multisectoral nutrition barriers with aligned policies and coordinated interventions; links nutrition investments directly to stability, recovery, state-building, and longer-term development outcomes. **It introduces mechanisms** to mobilize resources, spotlight results, and scale impact across sectors; and **enables transition** from humanitarian dependency to resilient service delivery through both public systems and private sector engagement.

Yemen’s MSNAP requires **donors’** financial alignment into its APs; participate in governance platforms; support cross-sectoral integration and accountability. **UN Agencies** contributions to develop APs in collaboration with ministries and partners; ensure senior-level engagement in technical and strategic structures. **INGOs and NNGOs** to design context-relevant APs; form consortia to leverage collective capacity; align programming with MSNAP’s goals and targeted geographies. **Private Sector** to engage in APs development; contribute innovative solutions and investments; support local market and service transformation.

Scaling Up Nutrition Movement in Yemen (SUN Yemen) Signatories

Minister of Planning and International Cooperation

Minister of Public Health and Population

Minister of Agriculture, Irrigation and Fisheries (MOAIFW)

Minister of Water and Environment (MOWE)

Minister of Education (MOE)

Minister of Social Affairs and Labor (MOSAL)

Minister of Trade and Industry (MOTI)

Minister of Finance

Executive Summary

Why invest in nutrition in Yemen?

Despite many years of ongoing political instability, preventing undernutrition and promoting good nutrition can significantly enhance Yemen's human capital, fostering a generation that is healthier, better educated, and more capable of contributing to the nation's growth. Good nutrition enhances brain development, improves academic performance, and increases adult earnings, benefiting society overall.¹ Malnutrition is an existential threat to Yemen's future. Every child who suffers from poor nutrition represents a disabled mind, a lost spark of creativity, and wasted productive potential. Investing in the elimination of malnutrition is an investment in a generation capable of thinking, innovating, and actively driving development.

Combating undernutrition also reduces healthcare costs by decreasing the prevalence of diseases associated with poor nutrition.² This alleviates the financial burden on Yemen's transitional healthcare system and enables resources to be allocated more effectively to address other pressing needs. In the long run, optimal nutrition boosts productivity, which drives economic growth and lowers poverty. Globally, every dollar spent on nutrition can yield a return of \$23, clearly demonstrating that the economic benefits far outweigh the cost of inaction.³ A recent World Bank costing study in Yemen showed that scaling up a minimum package of nutrition-specific interventions through the health sector could more than double the return on the investment even in Yemen's challenging operating environment.⁴ Scaling up a multisectoral package of interventions can help sustain returns gained through the health sector and could significantly increase the overall return on investment.

Investing in nutrition is not only a humanitarian necessity but also a strategic decision to stabilize and rebuild Yemen. Globally, undernutrition is the underlying cause of nearly half of all childhood deaths;⁵ and infant mortality is the most significant social factor in predicting state collapse.⁶ Targeted nutrition programmes with a coordinated, multisectoral approach can empower institutions and communities, support local economies, and foster resilience.⁷ A multisectoral approach to nutrition is the foundation for national social and economic recovery frameworks that have a strong focus on meeting the basic needs of the population through strengthened basic service delivery through the national public system and private sector. By prioritizing multisectoral nutrition, Yemen can pave the way forward for a more prosperous and peaceful future, breaking free from the cycle of poverty and conflict.

¹ McGovern ME, Krishna A, Aguayo VM, Subramanian SV. A review of the evidence linking child stunting to economic outcomes. *Int J Epidemiol*. 2017 Aug 1;46(4):1171-1191. doi: 10.1093/ije/dyx017. PMID: 28379434; PMCID: PMC5837457.

² Hoddinott, J., Alderman, H., Behrman, J. R., Haddad, L., & Horton, S. (2013). The economic rationale for investing in stunting reduction. *Maternal & Child Nutrition*, 9(S2), 69-82.

³ Shekar, Meera, et al World Bank (2024) Investment Framework for Nutrition 2024

⁴ World Bank, Qureshy, Lubina, et al. Draft Report: Benefit-cost and cost-effectiveness analysis of nutrition interventions in Yemen, 2024

⁵ Maternal and child undernutrition and overweight in low-income and middle-income countries

Black, Robert E et al. *The Lancet*, Volume 382, Issue 9890, 427 – 451, 2013

⁶ Baillie E, Howe PDL, Perfors A, Miller T, Kashima Y, Beger A (2021) Explainable models for forecasting the emergence of political instability. *PLoS ONE*16(7): e0254350. <https://doi.org/10.1371/journal.pone.0254350>

⁷ Dufour, Charlotte, Strengthening the Links between Resilience and Nutrition: A Proposed Approach, 2020 Conference Brief (Washington, DC: International Food Policy Research Institute, 2014).

What are the barriers to nutrition in Yemen?

Even before the political conflict, Yemen had one of the highest burdens of undernutrition in the world⁸. The conflict has exacerbated the nutrition situation. Nearly half of all children under-five are chronically undernourished or stunted—more than double the global average. Even more alarming is that 17 percent of Yemeni children are extremely thin or wasted due to acute malnutrition⁹ and 86 percent are anemic. Moreover, nearly a quarter of women of reproductive age are too thin and more than 70 percent are anemic.¹⁰ An estimated 2.2 million under-five children and 1.3 million pregnant and lactating women require treatment for acute malnutrition¹¹ with stark geographic disparities—approximately one third of the districts in Yemen carry the highest burden of undernutrition.¹²

The causes of undernutrition in Yemen are multisectoral, overlapping and complex, entrenched in the political, economic, and institutional challenges, compounded by deeply rooted structural and social issues. The prolonged conflict, entangled with an overwhelming focus on the humanitarian system and mechanisms, has had a severely damaging impact on national public systems and institutions, crippling their ability to strategically lead, cultivate expertise and develop adaptable solutions for delivering essential services. This has resulted in reduced access to basic services, intensified difficulties in food production, increased pressure on supply chains, diminished livelihood opportunities, and the displacement of families. Inflation and currency fluctuations have further complicated access to balanced and healthy diets, while security risks and declining external funding have constrained support for humanitarian interventions. Environmental shocks such as floods and droughts have further exacerbated the situation, in a context where women and children remain the most vulnerable, compounded by persistent gender-related disparities.

The most direct causes of undernutrition are inadequate dietary intake and high prevalence of nutrition-related diseases. Only 20 percent of infants are exclusively breastfed,¹³ and less than 12 percent of children receive the minimum acceptable diet.¹⁴ Preventable childhood illnesses like diarrhoea, respiratory infections, and fever are on the rise, with increasing outbreaks of cholera. These challenges are exacerbated by high levels of food insecurity, limited access to essential water, sanitation, hygiene (WASH), education, and health services, and sub-optimal caregiving and nutrition practices. Addressing these multifaceted challenges requires a strategic approach that prioritizes sustainable investments in nutrition to build resilience, adaptability, and innovation.

Despite the multisectoral causes of undernutrition, interventions are often carried out ‘sectorally’ in Yemen. Implementation of nutrition-related activities by all relevant sectors (health, food security and livelihoods, WASH, education, social protection) is often done ‘vertically’ and not in an

⁸ UNICEF–WHO–World Bank. *Joint Child Malnutrition Estimates 2020*. (Regional tables, Near East & North Africa).

⁹ 2022-2023 Yemen Multiple Indicator Cluster Survey (MICS)

¹⁰ 2013 Yemen Demographic Health Survey (YDHS)

¹¹ Yemen SMART surveys

¹² Yemen SYS, MSNAP Geographic Prioritization Tool (GPT), based on the 2021 SMART survey findings.

¹³ Yemen SMART Survey (2022)

¹⁴ Yemen MICS 2022-2023

integrated manner and not targeting the same high burden areas so that interventions converge to benefit the same populations. Humanitarian, development, and peace-keeping actors work in silos, rather than synergizing their efforts to maximize results. Given the ongoing political crisis, there has been inadequate engagement from the private sector and minimal focus from donors and implementing agencies on lifesaving, preventative interventions. Another challenge has been limited support for cross-cutting initiatives such as the multisectoral nutrition information system (NIS), national advocacy and communications strategy, and costing of multisectoral nutrition interventions.

What is Needed to Address the Nutrition Barriers in Yemen?

Even in the face of the many barriers, progress can be accelerated toward improving nutrition by shifting the approach. Short-term, humanitarian responses are vital, but on their own they cannot bring about the pivotal changes needed to address the intersecting, multisectoral barriers to Yemen's protracted nutrition crisis. Ending the conflict and achieving peace is the fundamental solution to alleviate the suffering of millions of Yemenis. However, even within the current context, efforts can be directed towards more sustainable, impactful, and efficient solutions to address undernutrition and build a more resilient future through Yemen's Multisectoral Nutrition Action Plan (MSNAP).

The government-led MSNAP (2025-2030) lays out the foundational framework to promote sustainable development and peace through a multisectoral approach to nutrition and food systems transformation. The updated MSNAP promotes a strategic approach which aims to both meet immediate nutritional needs whilst scaling up actions to address the intersecting, underlying causes of undernutrition to build resilience and sustainable outcomes. It was informed by a participatory analysis of local needs and international best practices. The MSNAP governance structure facilitates strategic dialogue, prioritization, and coordination among humanitarian, development, and peace actors under government leadership.

Yemen's MSNAP is based on a Theory of Change (TOC) that incorporates the Humanitarian-Development-Peace (HDP) nexus and principles of food system transformation. By aligning humanitarian assistance with development goals and peacebuilding efforts, the MSNAP operationalises the Humanitarian-Development-Peace (HDP) Nexus; positioning nutrition not only as a life-saving intervention but also as a strategic lever for recovery, resilience, and inclusive growth.

In order to implement this strategic approach, there is a need for institutional arrangements and ways of working that enable it. The institutional arrangements for the MSNAP are already in place. The MSNAP is led by the Ministry of Planning and International Cooperation (MOPIC) with participation from line ministries. The MSNAP governance structure facilitates strategic dialogue, prioritization, and coordination among humanitarian, development, and peace actors under government leadership. The Scaling-Up Nutrition (SUN) Yemen institutional arrangements, including the high-level Steering Committee, Multisectoral Technical team, and Sector Working Groups. The overarching vision is to spark sustainable social and economic development, avert climate change,

transform food systems, and foster lasting peace and prosperity through addressing the root causes of malnutrition. The goal is to reduce undernutrition among vulnerable groups, with the dual outcomes of improving dietary intake and decreasing nutrition-related morbidity. Seven strategic objectives address the underlying causes of undernutrition. Five improve access to nutrition-related services, caregiving practices and behaviours within health, food security and livelihoods, social protection, WASH, and education sectors. The remaining two ensure integrated cross-sectoral interventions to establish an enabling and supportive environment. Cross-cutting principles include equity, women's empowerment, needs-based approaches, collaboration, and social cohesion to create an inclusive and resilient framework for addressing the complex nutrition challenges.

MSNAP: Yemen's Unified Strategy for Nutrition: Why It's Transformational

Yemen's national nutrition targets for 2025–2030, translate MSNAP's vision into measurable outcomes. The country aims to sustainably reduce all forms of undernutrition by lowering stunting among children under five from 46.5% to below 36.5%, reducing wasting from 16.4% to under 10%, and decreasing low birth weight prevalence from 23% to below 16%. Anaemia rates are expected to drop significantly among children under five (from 86.3% to 50%) and pregnant and lactating women (from 70.6% to 50%). The strategy also targets a 40% reduction in underweight women, improved dietary diversity at both household and child levels, increased exclusive breastfeeding rates from 20% to 50%, and a fourfold increase in children receiving minimum acceptable diets. In parallel, Yemen aims to halve child mortality from diarrhoea, pneumonia, and fever, while reducing wasting among pregnant and lactating women by 30%. These targets embody MSNAP's lifecycle-focused, multisectoral approach—linking emergency response to long-term systems strengthening and resilience.

MSNAP replaces fragmented efforts with a unified strategy anchored in seven Strategic Objectives (SOs), each designed to drive measurable impact across sectors. Under SO1, MSNAP integrates essential nutrition services into universal health coverage, prioritizing the first 1,000 days and ensuring equitable access to nutrition services across the life cycle. Under SO2, it enhances household access to adequate food by strengthening income and livelihood security through targeted interventions across agriculture, livestock, fisheries, irrigation, food processing, and the promotion of healthy consumption. Under SO3, it expands access to social protection and emergency assistance by delivering nutrition-sensitive support to vulnerable families, promoting insurance coverage, and linking labour programmes to service uptake. Under SO4, it ensures universal access to safe water, sanitation, and hygiene to reduce diarrhoea and other nutrition-related diseases, especially among children. Under SO5, it promotes nutrition through the education sector by integrating the nutrition-friendly schools approach via the feeding programmes, health referrals, WASH upgrades, and support for girls' education. Under SO6, it advances food systems transformation, climate resilience, and peacebuilding by integrating nutrition into early warning systems, renewable energy platforms, and inclusive community initiatives. Under SO7, it strengthens the enabling environment for multisectoral nutrition through policy reform, joint planning, integrated data systems, and governance improvements at national and subnational levels.

How will it be implemented and financed?

The MSNAP will be implemented and financed through Accelerator Programmes (APs), game-changer¹⁵ initiatives that will fast-track nutrition gains, showcase successes, and mobilize financial commitments. There will be two types of APs—Geographic and Thematic. Geographic programmes will provide a convergent package of evidence-based sectoral interventions targeting the same at-risk populations. Thematic programmes will focus on broader thematic areas such as strengthening the national Nutrition Information System (NIS), advancing the national nutrition communication and advocacy strategy (CAS), and supporting the costing of multisectoral interventions. The MSNAP Common Results Framework (CRF) provides the menu of high-impact interventions for Geographic and Thematic APs to choose from based on the unique needs and opportunities in each target area. Proposed AP programmes will be funded by donors and reviewed and endorsed by the SUN Yemen technical and strategic structures according to established criteria and guidelines to coordinate efforts and maximize impact with the limited resources available.

Call to Action

Yemen's ongoing nutrition crisis perpetuates a detrimental cycle that jeopardizes development, stability, and peace. Investment in the MSNAP will enable stakeholders to galvanize their efforts to accelerate change. Providing adequate nutrition for vulnerable populations is not only about individual health and well-being; it also contributes to the wider achievement of Yemen's humanitarian, resilience, and recovery goals, contributing to the social and economic development, food systems transformation, and sustainable peacebuilding.

The MSNAP APs will enable stakeholders and partners to effectively address undernutrition by leveraging their unique comparative advantages. These initiatives are structured to harness the strengths and resources of various entities, fostering a collaborative environment for impactful action. This multifaceted approach ensures that all stakeholders and partners can effectively contribute to the overall goal of improving nutrition, each bringing their unique strengths to the forefront to enhance recovery and promote peace and stability.

The Call to Action for each of the key stakeholders and partners is listed below.

Government: Prioritize nutrition within national policies and plans across sectors. Introduce both geographic and thematic APs that align with national strategies, leveraging governmental authority and resources to drive substantial progress in improving nutrition and contributing to development and peace.

Religious Leaders and Tribal Figures: Champion nutrition as a moral and communal imperative. Leverage your influence in mosques, community forums, and tribal gatherings to confront the grave,

¹⁵ **Game Changers:** A term increasingly used in development discourse by UN agencies, donors, and social entrepreneurs to denote innovations or policies capable of driving transformative shifts within complex contexts. In recent years, it has gained prominence in global dialogues and documentation related to food systems transformation and impact assessments of multisectoral programs. In this context, it refers to interventions with exceptional potential to catalyze meaningful change in the fight against undernutrition—by accelerating results, overcoming structural barriers, or triggering institutional and societal transformation at scale.

future-defining threat of widespread malnutrition—particularly among Yemen’s most vulnerable: children and mothers. Promote healthy practices, challenge harmful social norms, and support the effective implementation of the MSNAP by fostering trust, mobilizing collective action, and ensuring messages reach even the most remote communities.

Donors: Develop new initiatives and projects as APs that align with MSANP priorities and engage senior level participation in MSNAP governance structures. By committing financial resources and support, donors can play a pivotal role in scaling-up successful MSNAP interventions and ensuring sustainable impacts and mutual accountability.

UN Agencies: Collaborate with partners, donors, and implementing partners to enable the Line Ministries to lead and develop APs that align with MSNAP strategic priorities. These initiatives can draw on the UN’s extensive expertise and global network to implement effective solutions and foster international cooperation. It will also be important for senior level representatives to participate in the MSNAP governance structure.

International Non-Government Organizations (INGOs): Develop initiatives as APs that align with MSNAP strategic priorities. INGOs can leverage their on-the-ground experience, community ties, and advocacy capabilities to implement programmes that address local needs and drive community engagement.

National Civil Society Organizations (NNGOs): Form consortia and develop initiatives as APs according to MSNAP strategic priorities. By pooling resources and expertise, consortia can create comprehensive programmes that address multiple facets of undernutrition and enhance local capacity.

Private Sector: Form consortia and develop initiatives as APs that align with MSNP priorities. The private sector can bring innovative solutions, technological advancements, and financial investments to the table, contributing significantly to improving nutritional outcomes and building prosperity.

Introduction

Yemen is facing a dire nutrition crisis amid ongoing conflict and declining donor support. Key nutrition indicators, such as child stunting and wasting prevalence, are on the rise and much higher than other countries regionally and globally.¹⁶ Subnational geographic disparities in nutrition are widespread.¹⁷ Micronutrient deficiencies, especially anaemia, are pervasive among children and women, as well as thinness¹⁸ among women of reproductive age and acute malnutrition among pregnant and lactating women.¹⁹

Tackling Yemen's high burden of undernutrition and its multisectoral causes is of paramount importance for saving lives and supporting nation-building efforts to promote economic recovery, growth, and peace. Globally, undernutrition is the underlying cause of nearly half of all childhood deaths;ⁱⁱ²⁰ and infant mortality is the most significant social factor in predicting state collapse.²¹ Optimal nutrition fuels social and economic development and helps prevent conflict, displacement, and humanitarian crisis. Hence, nutrition should be considered as a foundational component of Yemen's economic recovery framework, so that it has a stronger multisectoral focus on meeting the population's basic needs and improving nutrition through restoring and strengthening delivery of essential services via the public and private sector.

This investment case outlines the future direction for promoting sustainable development and peace through a multisectoral approach to improved nutrition and food systems transformation according to Yemen's Multisectoral Nutrition Action Plan (MSNAP, 2025-2030).

The MSNAP is the national framework to guide all humanitarian, development, and peace actions across sectors that contribute to improved nutrition in Yemen. It is guided by the Scaling Up Nutrition (SUN) Movement in Yemen under the leadership of the Ministry of Planning and International Cooperation (MOPIC).

The MSNAP vision highlights how improved nutrition contributes to the achievement of wider sustainable recovery, development, humanitarian, and peacebuilding goals, including saving lives, social and economic development, food system transformation, and climate change adaptation.

This document targets high level government decision-makers and humanitarian and development partners and donors to guide resource allocation and prioritize high impact, evidence-based interventions and approaches that address the most urgent nutrition challenges in Yemen. Key areas of emphasis include: (i) prioritizing and integrating nutrition within national policies and plans across sectors; (ii) aligning existing nutrition investments and programmes with MSNAP strategic priorities;

¹⁶ Regional Nutrition Situation Analysis: Middle East and North Africa, 2024, Penn State and UNICEF and Levels and Trends in Child Malnutrition, 2023, UNICEF, WHO, World Bank Group

¹⁷ Yemen SYS, MSNAP Geographic Prioritization Tool (GPT), based on the 2021 SMART survey findings.

¹⁸ Based on Body Mass Index (BMI) which is calculated by dividing weight in kilograms by height in meters (kg/m²)

¹⁹ Yemen Food Security and Nutrition Snapshot, March 2022, Integrated Food Security Classification (IPC) and Yemen Demographic and Health (DHS) Survey 2013

²⁰ Maternal and child undernutrition and overweight in low-income and middle-income countries
Black, Robert E et al. The Lancet, Volume 382, Issue 9890, 427 – 451, 2013

²¹ Baillie E, Howe PDL, Perfors A, Miller T, Kashima Y, Beger A (2021) Explainable models for forecasting the emergence of political instability. PLoS ONE 16(7): e0254350. <https://doi.org/10.1371/journal.pone.0254350>

(iii) scaling up the implementation of evidence-based MSNAP nutrition interventions; and (iv) enhancing mutual accountability through strengthened, joint information systems.

Scaling up Nutrition (SUN) Yemen is a national, government-led, multisectoral, multistakeholder movement that aims to work together throughout the country to sustainably end malnutrition in all its forms. The SUN Yemen Movement consists of relevant government ministries and institutions, national private sector and civil society organisations, UN agencies, international NGOs and donor agencies. All stakeholders that contribute to people’s nutrition in Yemen are expected to play their role within the Movement, aligning their actions with the MSNAP. SUN Yemen is a member of the [global SUN Movement](#) which provides guidance and support to Yemen’s efforts.

This MSNAP and investment case is divided into seven sections. The first section presents the overall nutrition situation in Yemen and the case for nutrition based on its contribution to peace and development and its high economic returns, as well as Yemen’s commitment to nutrition. The second section describes the barriers to nutrition in Yemen and the multifaceted causes of undernutrition, including gaps in existing services and programmes.

The third section describes the strategic approach to overcome these challenges and the governance arrangements that bring together Humanitarian, Development and Peace actors for coordinated implementation of the MSNAP. Section 4 outlines nutrition-relevant actions and interventions that needed in each sector and multisectorally to achieve national nutrition targets. In Section 5, presents the MSNAP implementation and financing modalities, whilst Section 6 provides an overview of the approach to monitoring, evaluation, accountability and learning. Section 7 provides a “call to action” for better allocating existing resources for nutrition as well as mobilizing additional funds for evidence-based interventions that target the most vulnerable, strengthening convergence of programming across sectors, and ensuring that nutrition remains a priority on both national and international agendas.

Peace refers to the creation of inclusive, stable, and community-driven environments that enable equitable access to nutrition and essential services. It encompasses social cohesion, responsive local governance, and institutional resilience, all of which are essential for sustaining nutrition outcomes. MSNAP integrates peacebuilding by empowering communities to lead local nutrition initiatives, promoting inclusive service delivery that reaches marginalized and conflict-affected populations, strengthening local institutions to coordinate multisectoral responses and mediate resource-related tensions, and linking nutrition to stability through livelihood support, reduced dependency on humanitarian aid, and trust-building between citizens and service providers.

Section 1: The Case for Investment in Nutrition in Yemen

Political, Economic and Humanitarian Context in Yemen

Investing in nutrition is not only a humanitarian necessity for Yemen, but also a strategic approach for stabilizing and rebuilding the country. Since 2014 when the conflict began, Gross Domestic Product (GDP) dropped by 54 percent, leading to widespread poverty and a sharp decline in human capital.²² Over 74 percent of the population reside below the poverty line and 14 percent are displaced.²³ Yemen ranks 186 out of 192 countries on the Human Development Index²⁴ and 155 out of 156 countries on the World Economic Global Forum's Global Gender Index.²⁵ An estimated 19.5 million people rely on humanitarian assistance with significant gender inequities.²⁶

Nutrition Situation in Yemen

Yemen has one of the highest burdens of undernutrition in the world. Even prior to the onset of conflict in 2014, Yemen was facing formidable nutrition challenges. In 2013, 47 percent of children under five were stunted (chronically undernourished), 16 percent were wasted (acutely malnourished), and 86 percent were anaemic, affecting their brain development, health, and future productivity. Additionally, a quarter of women of reproductive age were too thin, putting them at increased risk for delivering low-birth-weight infants, contributing to the intergenerational cycle of undernutrition. Moreover, 71 percent of women suffered from anaemia, which is also linked to low birth weight as well as maternal mortality and adverse birth outcomes.²⁷ Over the past decade, the serious nutrition situation in Yemen has stagnated even with a decrease in overt conflict and ongoing humanitarian assistance. Child stunting remains extremely high at 49 percent and wasting at 17 percent.²⁸ See trends in child undernutrition below (Figure 1). Maternal health is still of grave concern. More than 27 percent of pregnant women and 24 percent of lactating women are wasted or acutely malnourished.²⁹ Anaemia continues to be a nutrition challenge for women and adolescents.

²² World Bank. (2024). Yemen Country Monitor: Navigating Increased Hardship and Growing Fragmentation. Washington, D.C

²³ World Bank. (2024). Yemen Poverty and Equity Assessment 2024: Living in Dire Conditions. Washington, D.C: World Bank.

²⁴ United Nations Development Program (UNDP) (2023/2024), Human Development Report, available at [hdr2023-24reporten.pdf](#)

²⁵ [Gender Equality | United Nations Development Programme](#)

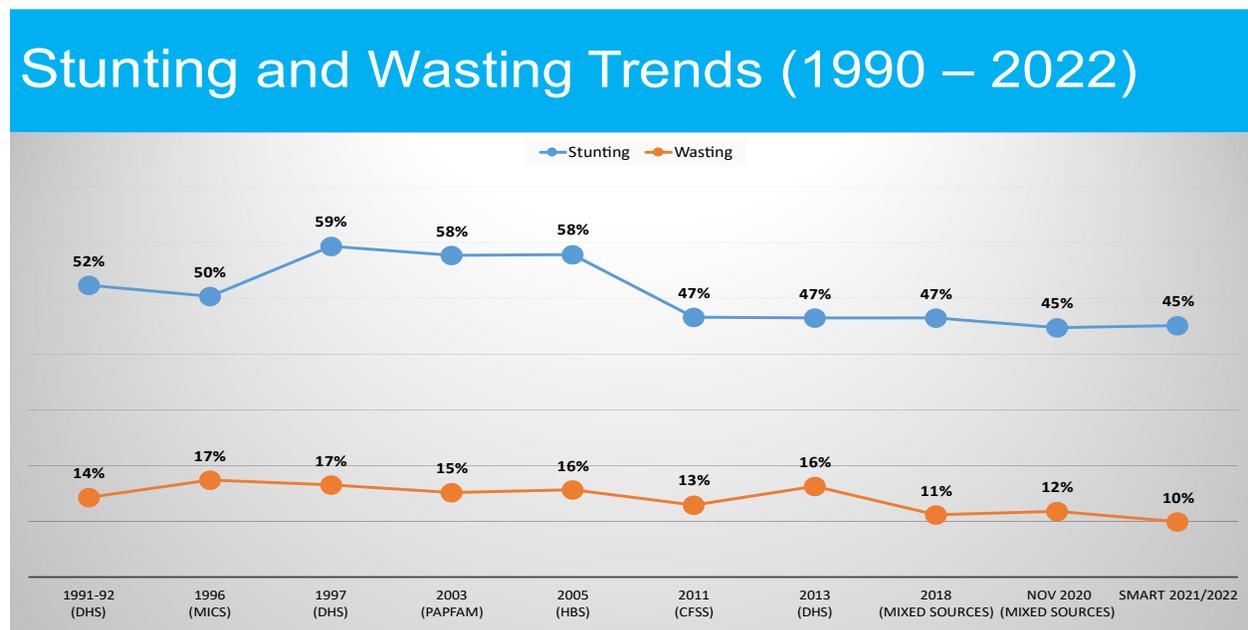
²⁶ United Nations Office for the Coordination of Humanitarian Affairs (OCHA). 2025. Available at: [Yemen Humanitarian Needs and Response Plan 2025 \(January 2025\) \[EN/AR\] | OCHA](#)

²⁷ Ministry of Public Health and Population (MOPHP) and Central Statistical Agency (2013), Yemen National Demographic Health Survey (YNDHS)

²⁸ 2022-2023 Yemen MICS

²⁹ Yemen Smart Surveys

Figure 1: Trends in stunting and wasting in Yemen



Geographic disparities in undernutrition are starkly evident across the country.³⁰ Child stunting ranges from 20 percent in urban districts to over 66 percent in mountainous, conflicted affected districts of Raymeh. Out of the 333 districts in Yemen, 229 have very high stunting at 30 percent or above according to WHO thresholds.³¹ Wasting varies from 7 percent in urban areas to nearly 27 percent in rural districts in the Hodeidah Northern and Southern Lowlands. At least 116 districts have high wasting levels at 10 percent or more, which is the WHO threshold for nutrition emergencies.³² The combination of very high stunting (30 percent and above) and persistent wasting (10 percent and above) are of serious public health significance for Yemen. Wasting is a strong predictor of child mortality; and the combination of wasting and stunting has a multiplicative impact on child mortality³³. There are 103 districts in Yemen that carry this dual burden of undernutrition below, which is why they are considered as extremely high MSNAP priority targets for intervention (see Figure 2 and Figure 3).

Figure 2: MSNAP geographical prioritization criteria

#	# district	Criteria	Flagging
Criteria one	103	Stunting ≥ 30 and wasting ≥ 10	Extremely High Priority
Criteria Two	43	Stunting < 30 and wasting ≥ 10	High Priority
Criteria Three	172	Stunting ≥ 30 and wasting < 10	Priority
MSNAP Scope	318	Total MSNAP 2025-2030 Geographical Scope	
Remaining districts	15	Stunting < 30 and wasting < 10	Other
Total districts of Yemen	333		

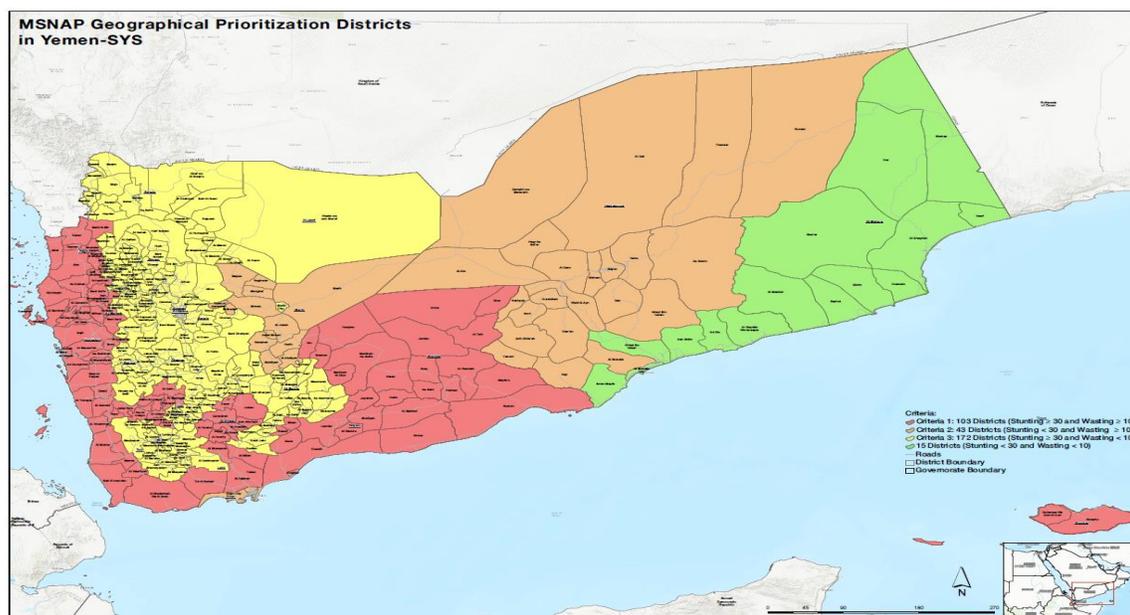
³⁰ Yemen SYS, MSNAP Geographical Prioritization Tool (GPT), based on the 2021 SMART survey findings.

³¹ [Malnutrition in children](#)

³² [Malnutrition in children](#)

³³ [The relationship between wasting and stunting in young children: A systematic review - PMC](#)

Figure 3: Yemen MSNAP district prioritisation



Note: The legend in the map corresponds to the geographical ranking and criteria in the table above. The districts in red are the MSNAP extremely high priority districts with stunting ≥ 30 and wasting ≥ 10 .

Good Nutrition is Central to Sustainable Development and Peace in Yemen

Improving nutrition outcomes can contribute to sustainable development and peace in Yemen and yield a high return on investment. Good nutrition plays a crucial role in preventing young childhood deaths, a key predictor of national stability. It also builds immunity and reduces risk of nutrition-related illnesses and hospitalization, which lowers the burden on the health care system. Moreover, optimal nutrition preserves human capital and boosts economic development, while building resilience and social cohesion to withstand shocks and prevent future crises. International evidence shows that every dollar spent on nutrition can yield a return up to \$23,³⁴ making it a smart investment even in the Yemeni context.

Nutrition saves lives and improves health outcomes: Undernourished children, especially those with severe acute malnutrition (SAM), have a higher risk of dying from common, preventable illnesses such as diarrhea, pneumonia, and malaria. About 2.6 Yemeni children under-five are stunted and will not grow and develop to their full potential. The annual burden of children with severe wasting in Yemen is approximately 540,000. Children with severe wasting have 11 times the risk of death.³⁵ The highest risk for undernutrition occurs during the first 1,000 days of life—from pregnancy until the child’s second birthday, after which the effects are largely irreversible.³⁶ Cost effective, high impact, preventative nutrition interventions in the MSNAP, such as micronutrient supplementation for pregnant women and children and exclusive breastfeeding for infants, can

³⁴ Shekar, Meera, et al World Bank (2024) Investment Framework for Nutrition 2024

³⁵ UNICEF (2022) Yemen SMART Survey

³⁶ World Health Organization (WHO), Fact Sheet, 2022, available at [Child mortality \(under 5 years\)](#)

significantly improve maternal and young child survival and contribute to a healthier, more resilient population, critical for Yemen's recovery efforts. Yemen has one of the highest maternal mortality rates in the region, estimated at 118 deaths per 100,000 live births.³⁷ Child and infant mortality rates are also much higher than regional and global averages, at 39/1,000 live births³⁸ and 35/1,000 live births³⁹ respectively.

Nutrition decreases the strain on fragile healthcare systems: Yemen's health system is extremely overburdened with only 60 percent of health facilities currently functioning and many of them not providing the complete package of essential health services, particularly preventative nutrition services.⁴⁰ Good nutrition strengthens the immune system, which can prevent illness and hospitalization. Optimal nutrition can also reduce the risk of nutrition-related morbidity and chronic conditions later in life such as diabetes and heart disease, decreasing the burden on Yemen's weak health care system.⁴¹ A well-nourished population typically requires fewer medical services, leading to significant health care cost savings.⁴²

Nutrition improves cognitive development and economic productivity: Good nutrition drives human capital because of its important role in brain development and economic productivity. This is critical for Yemen as more than half the children are chronically undernourished. Well-nourished children learn better, perform better in school, achieve higher levels of education, and earn more as adults.⁴³ Good nutrition in early childhood is a key determinant of future productivity and economic growth. On average, per capita income is 7 percent lower worldwide because adult workers were undernourished during childhood.⁴⁴ Economic shortfalls due to undernutrition are estimated at 4 to 11 percent of GDP per year, US \$149 billion of productivity losses each year, mainly due to cognitive deficits.⁴⁵

Nutrition contributes to peace and stability: Good nutrition strengthens resilience and contributes to peace building efforts. Nutrition is both a contributing factor to and a result of resilience. Well-nourished individuals are healthier and better able to cope with crises, while those most impacted by shocks, like women and children, face the highest risk of undernutrition.⁴⁶ Linking humanitarian,

³⁷ WHO, UNICEF, UNFPA, UNDESA/Population division, Trends in Maternal Mortality Ratio, 2023, available at [Maternal mortality ratio \(modeled estimate, per 100,000 live births\) - Yemen, Rep. | Data](#)

³⁸UN Interagency Group for Child Mortality Estimation, UNICEF, World Bank, UNICEF, UNDESA (2023) [Mortality rate, under-5 \(per 1,000 live births\) - Yemen, Rep. | Data](#)

³⁹ UN Interagency Group for Child Mortality Estimation, UNICEF, World Bank, UNICEF, UNDESA (2023) [Mortality rate, infant \(per 1,000 live births\) - Yemen, Rep. | Data](#)

⁴⁰ WHO (2024). Health Resources and Service Availability Monitoring System (HeRAMS) Yemen Summary Update Report February 2024: A comprehensive mapping of availability of essential services and barriers to their provision.

⁴¹ Hoddinott, J., Alderman, H., Behrman, J. R., Haddad, L., & Horton, S. (2013). The economic rationale for investing in stunting reduction. *Maternal & Child Nutrition*, 9(S2), 69-82.

⁴² Bhutta, Z. A., Das, J. K., Rizvi, A., Gaffey, M. F., Walker, N., Horton, S., ... & Black, R. E. (2013). Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet*, 382(9890), 452-477.

⁴³ Fink, G., E. Peet, G. et. al. "Schooling and Wage Income Losses Due to Early-Childhood Growth Faltering in Developing Countries: National, Regional, and Global Estimates." *The American Journal of Clinical Nutrition* 104 (1): 104-12., 2016.

⁴⁴ Galasso, E. and Wagstaff, A. The aggregate income losses from childhood stunting and the returns to a nutrition intervention aimed at reducing stunting, *Economics and Human Biology* 2019 Aug;34:225-238. doi: 10.1016/j.ehb.2019.01.010. Epub 2019 Mar 18

⁴⁵ Hoddinott, John, Harold Alderman, Jere Behrman, Lawrence Haddad, and Susan Horton. 2013. "The Economic Rationale for Investing in Stunting Reduction." *Grand Challenges Canada Economic Returns to Mitigating Early Life Risks Project Working Paper Series*, 2013-8. https://repository.upenn.edu/gcc_economic_returns/8.

⁴⁶ Dufour, Charlotte, Strengthening the Links between Resilience and Nutrition: A Proposed Approach, 2020 Conference Brief (Washington, DC: International Food Policy Research Institute, 2014).

development, and peace efforts and strengthening systems that provide nutrition services in fragile settings contribute to increased capacity to withstand shocks and stressors, fostering social cohesion and stability, and preventing future crises.⁴⁷ This multisectoral approach to improved service delivery in the MSNAP should be the cornerstone of Yemen's national economic recovery plan (see Section 2).

Nutrition yields high returns on investment: Investing in nutrition improves health, productivity, and resilience, breaking the cycle of undernutrition and contributing to peace and prosperity. Nutrition interventions yield high returns on investment by lowering health care costs and increasing workforce productivity. A recent World Bank costing study in Yemen showed that scaling up a minimum package of nutrition-specific interventions targeting women and children could more than double the return on investment.⁴⁸ This benefit-cost analysis was based on conservative estimates considering the complex operating environment in Yemen and the challenge of increasing coverage of nutrition services through the health system (see Section 3 of the report). There is a need for additional costing studies for the MSNAP that include both nutrition-specific and nutrition-sensitive interventions and that compare scenarios to implement various packages of interventions—a minimum package at scale throughout the country or a more comprehensive set of multisectoral interventions in prioritized districts with the highest burden of undernutrition.

Yemen's Commitment to Nutrition

In 2012, Yemen committed to scaling up a multisectoral approach to reducing undernutrition by joining the global SUN Movement. SUN Yemen is a national, government-led, multisectoral, multistakeholder movement that consists of government ministries, national private sector and civil society organizations, UN agencies, international NGOs, and donor agencies. All stakeholders that contribute to improved nutrition in Yemen are expected to play their role within the Movement, aligning their actions with the MSNAP. The global SUN Movement provides guidance and support to Yemen's efforts.

The first MSNAP was initiated in 2014 after Yemen joined the SUN Movement. Following the political crisis in 2014, the SUN Yemen Secretariat (SYS), led by MOPIC, continued to steadfastly support the MSNAP and developed an updated MSNAP (2020-2023) with global technical assistance, but its implementation was unexpectedly thwarted by the competing needs of the COVID-19 pandemic. In January 2024, SYS launched another MSNAP update (2025-2030) following Humanitarian-Development-Peace (HDP) principles with an enhanced focus on government leadership by initiating the SUN Yemen national and sub-national governance and implementation structures (see Section 3). The MSNAP is the Mutual Accountability Framework for nutrition in Yemen that serves as the resource mobilization tool as well as coordinating the roles and responsibilities of the stakeholders.

The current MSNAP (2025-2030) was urgently updated because of the devastating deterioration of the nutrition situation in Yemen. Moreover, during 2022 and 2023, most of the sectors, health,

⁴⁷ FAO (2014) Strengthening the Link Between Resilience and Nutrition in Food and Agriculture

⁴⁸ World Bank, Qureshy, Lubina, et al. Draft Report: Benefit-cost and cost-effectiveness analysis of nutrition interventions in Yemen, 2024

agriculture and fisheries, education, water and environment, and social policy, were developing or updating their sector's national plans and strategies. It was evident that SYS's efforts and the MSNAP contributed to scaling up the sectors' commitments to nutrition. These national plans and strategies highlighted the nutrition outcomes that needed to be identified under an overarching national action plan to support sectors to specify their evidence-based contributions to improving nutrition and where achievements could be measured, assessed, and improved over time. Furthermore, it was critical to assist sectors in targeting the priority districts for nutrition interventions to ensure convergence of programming, sustainability, and impact of these actions.

Section 2: Barriers to Good Nutrition in Yemen

Multisectoral Causes of Undernutrition in Yemen

The causes of undernutrition in Yemen are multisectoral, overlapping and complex, entrenched in the political, economic, and institutional challenges, compounded by deeply rooted structural and social issues, resulting in severe humanitarian situation in the country (see Section 1). The prolonged conflict, entangled with an overwhelming focus on the humanitarian system and mechanisms, has had a severely damaging impact on national public systems and institutions, crippling their ability to strategically lead, cultivate expertise and develop adaptable solutions for delivering essential services. This has resulted in reduced access to basic services, intensified difficulties in food production, increased pressure on supply chains, diminished livelihood opportunities, and the displacement of families. Inflation and currency fluctuations have further complicated access to balanced and healthy diets, while security risks and declining external funding have constrained support for humanitarian interventions. Environmental shocks such as floods and droughts have further exacerbated the situation, in a context where women and children remain the most vulnerable, compounded by persistent gender-related disparities.

Immediate Causes of Undernutrition

The most direct causes of undernutrition in Yemen are inadequate nutritional intake and nutrition-related morbidity (see MSNAP Theory of Change (TOC) in Section 3).

Inadequate Diets and Poor Nutritional Intake

Poor nutritional intake, referring to inadequate quality and quantity of the daily diet, is a key driver of undernutrition. According to the latest Food and Agriculture Organization (FAO) monitoring survey, about 69 percent of households in Yemen consumed an adequately diverse diet (from at least five food groups).⁴⁹ However, in the Yemeni culture, women usually eat last and the least, giving food first to their children and other family members in the household.⁵⁰ While there is limited data on minimum dietary diversity for women of reproductive age in Yemen, a small World Food Program (WFP) assessment showed that only 10 percent of surveyed women consumed the minimum dietary diversity (from at least five food groups) and only 25 percent had eaten from at least three food groups the day before the survey.⁵¹ The poor nutritional intake of infants and young children is equally of grave concern. Only 20 percent of Yemeni infants are exclusively breastfed up to six months,⁵² one of the lowest rates in the world and yet one of the most protective interventions to prevent diarrhoea. Children's diets are also alarmingly suboptimal with less than 12 percent of Yemeni children (6-23 months) receiving the minimum acceptable diet (minimum dietary diversity

⁴⁹ FAO (2025) High-Frequency Monitoring Snapshots (Household Dietary Diversity Score - HHDS). Available at [Yemen: High-Frequency Monitoring \(HFM\) Snapshot \(Issued: 27 February 2025\) - Yemen | ReliefWeb](#)

⁵⁰ Oxfam (2019) Yemen's Shattered Food Economy and its Desperate Toll on Women. Available at [Yemen's Shattered Food Economy and its Desperate Toll on Women](#)

⁵¹ WFP and World Bank. Yemen MVAM Bulletin No. 45, May 2019. Available at <https://docs.wfp.org/api/documents/WFP-0000106098/download/> Sample of 432 women surveyed.

⁵² Yemen SMART Survey (2022)

and minimum frequency of feeding)⁵³ and just 30 percent consuming the minimum dietary diversity (from at least five food groups).⁵⁴

High Prevalence of Preventable Illnesses

Preventable nutrition-related illnesses like diarrhoea, respiratory infections, and fever are on the rise among young children, with increasing outbreaks of cholera across the population. Over 43 percent of Yemeni children suffer from diarrhoea, 55 percent from acute respiratory infections, and 60 percent from fever.⁵⁵ Yemen has the highest burden of cholera in the world, with more than 260,000 cases and 879 related deaths reported in 2024.⁵⁶

Underlying Causes of Undernutrition

The underlying causes of undernutrition (inadequate dietary intake and illness) are linked to caretaking practices, nutrition behaviours, and access to quality services across five main sectors described below: health, food security and livelihoods, social protection, water, sanitation, and hygiene (WASH), and education.

Health Sector

Low coverage and poor quality of nutrition interventions delivered through the health system are key barriers to improved dietary intake and disease prevention and treatment. As mentioned in Section 1, although 60 percent of health facilities are functioning, many are not providing the full package of essential health services, especially preventative nutrition interventions.⁵⁷ Only 32 percent of Yemeni women receive at least four antenatal visits,⁵⁸ 39 percent give birth with a skilled attendant,⁵⁹ and 37 percent receive a postnatal check within two days of giving birth.⁶⁰ These are missed contact points within the health system for counselling mothers about maternal nutrition, micronutrient supplementation, birth spacing, and infant and young child feeding (IYCF). While nutrition sessions are provided at IYCF corners in the health centres on a variety of topics including breastfeeding, micronutrients, hygiene, and complementary feeding, there is a need for more focused and more frequent contact points within the health system to reinforce key nutrition behaviours in coordination with other sectors such as food security and livelihoods, social protection, and WASH to ensure access to nutritious foods and clean water and sanitation for handwashing and safe food preparation. It is estimated that less than 32 percent of women, adolescent girls, and children receive micronutrient supplementation⁶¹ and 48 percent of children receive preventative deworming treatments.⁶² Early detection for acute malnutrition is reported at

⁵³ Minimum Acceptable Diet is a composite indicator for young children 6-23 months that measure minimum frequency of feeding, minimum dietary diversity, and minimum milk feeds for non-breastfed infants.

⁵⁴ Yemen MICS 2022-2023

⁵⁵ Yemen SMART surveys

⁵⁶ [WHO EMRO | Yemen reports the highest burden of cholera globally | News | Media centre](#)

⁵⁷ (WHO) (2024). Health Resources and Service Availability Monitoring System (HeRAMS) Yemen Summary Update Report February 2024: A comprehensive mapping of availability of essential services and barriers to their provision.

⁵⁸ Yemen MICS 2022-2023

⁵⁹ MOPHP Surveillance Data

⁶⁰ Yemen MICS 2022-2023

⁶¹ Yemen Nutrition Cluster Data that covers IFA for pregnant women and adolescents and Vitamin A for children 6-59 months

⁶² Yemen CAH, Routine Health Information Systems, Program Reports

100 percent, yet only 70 percent of children with Severe Acute Malnutrition (SAM) receive treatment and just 43 percent of Moderate Acute Malnutrition (MAM) cases are treated, and relapses are common.⁶³ Improving the quality of nutrition interventions and strengthening community-based initiatives through community health workers, community and nutrition volunteers (CHNVs), mobile teams, mass campaigns, and social and behaviour change communication (SBCC) are needed to increase uptake of critical preventative and treatment nutrition services and reinforce key behaviours in collaboration with other sectors.⁶⁴

Food Security and Livelihoods Sector

Food insecurity and loss of livelihoods is another significant underlying cause of undernutrition in Yemen. Over 17 million people are experiencing acute food insecurity, representing nearly half the population in urgent need of emergency food assistance. Among them, 55 percent are children and 22 percent are women, underscoring the significant impact on vulnerable groups.⁶⁵ In fact, female-headed households are at the highest risk for food insecurity in Yemen.⁶⁶ Food insecurity is driven by a complex array of factors impacting food availability, access, stability and utilization as described below.

Food availability is a challenge in Yemen given its low domestic food production, heavy reliance on imports, and sharp decline in humanitarian food aid. The agriculture sector (including livestock) only provides about 15-20 percent of Yemen's food needs due to poor agricultural practices, scarcity of land, high input costs, pests, diseases, and limited water resources.⁶⁷ Climate-related events like flooding, drought, and desert locust outbreaks have further challenged agricultural productivity and livelihoods. Fisheries was identified as one of the most promising sectors for simulating the economy and scaling up nutrition as part of Yemen's food systems pathways,⁶⁸ but there has been significant conflict-related damage to its core infrastructure, including ports and export centers along the western Red Sea coast and fishermen encountering high costs and access restrictions due to the crisis. Overfishing is another challenge along some areas of the coast, as well as cool chain maintenance for fish products from the boats to the local market. Additionally, small businesses and traders that oversee the distribution and sale of food products for their livelihoods face difficulties stemming from economic instability and poor infrastructure. Market access and trade imbalances due to the conflict remain an ongoing issue impacting industry and private sector engagement. Yemen's heavy dependence on food imports is another risk factor for adequate food supply and exposure to international market fluctuations. Food imports through all Yemeni sea ports increased by 14 percent from January 2025 to April 2025 compared to the same period last year.⁶⁹ On the

⁶³ Health facility records, routine screenings, surveys (MSNAP baseline)

⁶⁴ UNICEF (2023) Yemen Country Office Annual Report

⁶⁵ Food Security and Agriculture Cluster (FSAC). (2025). People in Need (PIN) and Severity Methodology. Available at [FSAC HNO PiN and Severity Methodology 2025 | Food Security Cluster](#)

⁶⁶ International Rescue Committee (IRC) (2019) Narrowing the Gender Gap in Yemen: A Gender Analysis

⁶⁷ World Bank (2023) Available at [Breaking the Cycle of Food Crises in Yemen](#)

⁶⁸ Available at [Food Systems Pathways – Sun Yemen](#)

⁶⁹ WFP (2025) Yemen Food Security Update. Available at [WFP Yemen Food Security Update, May 2025 - Yemen | ReliefWeb](#)

other hand, imports from humanitarian food aid are expected to sharply decline due to the unprecedented drop in donor funding levels.

Food Access is another significant barrier to adequate dietary intake as vulnerable populations struggle with food affordability due to rising prices and low purchasing power. The cost of the minimum food basket escalated to a record high in April 2025, rising 5 percent month-on-month and 33 percent year-on-year because of currency depreciation and high fuel prices. Key foods like sunflower oil, red beans, and wheat flour saw significant increases. The terms of trade for wheat flour and unskilled labour fell 12 percent, reflecting weaker purchasing power.⁷⁰

Food Stability is another challenge in Yemen given the ongoing conflict, market fluctuations, and risk of climate-related shocks as discussed above. Moreover, safe food processing and hygienic storage techniques are not widely practiced, which could potentially improve the shelf life and nutritional value of locally produced foods and reduce post-harvest losses, especially if promoted in tandem with other sectors such as WASH, health, and education.

Food Utilization is directly linked to inadequate dietary intake. In April 2025, inadequate household food consumption⁷¹ reached an unprecedented high of over 60 percent across the country. Nearly 20 percent of households are reporting that at least one family member went without food for the last 24 hours due to food shortages and about 40 percent of households are using severe-based food strategies to address food consumption gaps.⁷² Collaboration across sectors will be critical to address these gaps, with a focus on equity within the household to prioritize the nutritional needs of women and children.

Social Protection Sector

Nearly 20 million people in Yemen are in dire need of humanitarian assistance,⁷³ with escalation of the crisis expected given the 2023 WFP pause in emergency food assistance and abrupt decline in USAID donor funding in 2025. Yemen's flagship social protection program, the social welfare fund (SWF), was launched in 1996 to support vulnerable families in need but was suspended in 2015 due to the conflict.⁷⁴ The World Bank-financed Emergency Crisis Response Project, launched in 2016 (following its pilot project in 2015), addressed this safety net gap by providing cash transfers and nutrition support for pre-conflict SWF recipients. The social assistance program has since expanded to the Emergency Social Enhancement and COVID-19 Project⁷⁵ and has demonstrated success in increasing dietary diversity among women and children through its Cash for Nutrition Program by targeting households with pregnant and lactating women and young children at risk for

⁷⁰ Ibid.

⁷¹ Food Consumption is a score calculated using the frequency of consumption of different food groups consumed by a household during the 7 days prior to the survey.

⁷² WFP (2025) Yemen Food Security Update. Available at [WFP Yemen Food Security Update, May 2025 - Yemen | ReliefWeb](#)

⁷³ Yemen HNRP (2025)

⁷⁴ UNICEF (2025) Yemen: Building and Strengthening Social Protection Systems in Fragile, Conflict, and Violence Settings. Available at [Building and Strengthening Social Protection Systems in Fragile, Conflict and Violence Settings | UNICEF Yemen](#)

⁷⁵ [Development Projects: Emergency Social Protection Enhancement and COVID-19 Response Project - P173582](#)

undernutrition.⁷⁶ Recipients receive nutrition sessions and home visits and cash vouchers for nutritious foods and health care. To accelerate nutrition gains while meeting growing needs, there is need for convergence with the health sector to synergize social protection efforts at the health facility and community level and in targeting the same high priority districts. Specifically, there is an opportunity to link Cash for Nutrition vouchers with IYCF corners in health centres; and synergizing efforts from social protection and health community volunteer networks to reinforce optimal nutrition practices and health seeking behaviours during the first 1,000 days following the unified MSNAP SBCC strategy.

WASH Sector

More than 15 million people in Yemen are in urgent need of WASH assistance. Inadequate access to safe drinking water and improved sanitation is a key driver of infections, cholera outbreaks, and undernutrition. Nearly 14 million Yemeni people lack access to safe water to prevent disease and 17 million lack access to sufficient water for essential daily needs like cooking, drinking, and bathing. Chronic water shortages increase the time and labour burden on women and girls, who are primarily responsible for water collection, as they must travel longer distances in search of water. Moreover, women are rarely represented on community water user committees to advocate for their own needs and those of their family.⁷⁷ About 13 million people lack access to improved sanitation.⁷⁸ Nearly half of households understand the importance of handwashing at appropriate times (before eating and after using the toilet)⁷⁹ and yet they are unable to carry out this behaviour without access to safe water provision and soap. A recent SMART survey in government-controlled areas showed a significant association between childhood diarrhoea and wasting as the surveyed households were in areas with high undernutrition and unsafe drinking water.⁸⁰ There is an opportunity to increase coverage of hygiene promotion especially during the first 1,000 days at IYCN corners and other platforms across sectors combined with increased access to improved water and sanitation services targeting the most vulnerable districts.

Education Sector

Prior to 2014, Yemen was already struggling with low education indicators, both in terms of access and quality. The conflict has further worsened the situation with the destruction of school infrastructure and loss of teachers—more than 3 million Yemeni children are not attending school.⁸¹ The benefits of education and nutrition are closely interconnected and well researched. An estimated 3.7 million Yemeni children are out-of-school.⁸² Girls and young women make up more than 50 percent of out-of-school children at all levels of education, with increasing inequities seen in lower secondary school (57 percent of girls are of school at this level compared to 43 percent of

⁷⁶ IFPRI (2019) The Cash for Nutrition Intervention in Yemen: Impact Evaluation Study. Available at [The cash for nutrition intervention in Yemen: Impact evaluation study | CGIAR GENDER Impact Platform](#)

⁷⁷ International Rescue Committee (IRC) (2019) Narrowing the Gender Gap in Yemen: A Gender Analysis

⁷⁸ Yemen HNRP (2025)

⁷⁹ Yemen MICS, Smart surveys

⁸⁰ Yemen IPC Acute Malnutrition Analysis in Government Controlled Areas (2024)

⁸¹ Yemen HNRP (2025)

⁸² Yemen Eagle MICS Factsheet 2024: Analysis for Learning and Equity Using MICS Data available at [Yemen MICS-EAGLE Factsheet | 2024 | UNICEF Yemen](#)

boys).⁸³ Barriers to girls' access to education include safety concerns, domestic responsibilities, inadequate water and sanitation in schools, shortage of female teachers, and early marriage.⁸⁴ Child undernutrition is closely associated with the mother's education level. According to the Yemen MICS (2023), the prevalence of stunting was 54 percent among children whose mothers had pre-primary or no education, compared to 34 percent among children born to mothers with higher education levels.⁸⁵ As mentioned in Section 1, well-nourished children learn better, are more likely to stay in school, and attain better paying jobs later in life, thus contributing to the economy. Educated mothers are more likely to ensure that their children receive a nutritious diet, are more knowledgeable about appropriate nutrition and hygiene practices, and have more decision-making power in the home to ensure children's nutritional needs are met.

Schools also provide an important platform in Yemen for delivering nutrition, health, and WASH services for children and adolescents, as well as promotion of nutrition and hygiene behaviors. Thus, to break the cycle of poverty and address the underlying causes of undernutrition, there is a need for more focus on improving access to nutrition and WASH services within Yemen's education system and building on successful initiatives such as the School Meals in Yemen program. The recent evaluation of the School Meals project highlighted its significant impact in reducing school dropout rates, improving children's academic performance, and decreasing violence in schools. Additionally, the program has played a crucial role in supporting poor families, enhancing health standards, and raising community awareness about the importance of children's nutrition. These improvements collectively contribute to economic growth and overall societal well-being.⁸⁷

Basic Causes of Undernutrition at the Macro Level

At the macro level, there are several multisectoral barriers to food systems transformation, climate change mitigation, and peacebuilding that impact nutrition outcomes.

Poorly Functioning Food Systems

Although Yemen committed to the 2021 United Nations Food Systems Summit and then developed National Pathways for Sustaining Food Systems in 2022,⁸⁸ there have been several barriers to its implementation across the sectors most vital for its success—agriculture, fisheries, industry, education, social protection, water, environment and health. One of the key challenges has been the lack of capacity among stakeholders to enhance food systems during the protracted humanitarian crisis. There is a need for developing and strengthening national and subnational food systems coordination mechanisms; establishing monitoring and risk surveillance mechanisms for measuring effectiveness of food systems pathways; and supporting innovative, game-changer food systems

⁸³ Ibid

⁸⁴ ACAPS (2023 Thematic Report: Yemen: Gender Dynamics, Roles, and Needs. Available at [ACAPS Thematic report: Yemen - Gender dynamics, roles, and needs, 11 April 2023 - Yemen | ReliefWeb](#)

⁸⁵ Yeme HNRP (2025)

⁸⁶ Central Statistical Organization (CSO) and United Nations Children's Fund (UNICEF). 2023. Yemen Multiple Indicator Cluster Survey (MICS) 2022-2023, Survey Findings Report. Yemen: CSO and UNICEF.

⁸⁷ Report on School Feeding, Ministry of Education, School Feeding Program, May 2025.

⁸⁸ Available at [Food Systems Pathways – Sun Yemen](#)

initiatives that have the potential for stimulating the economy such as the fisheries sector and local food industry.

Climate Change

Yemen is highly vulnerable and unprepared for the impact of climate change. By 2050, temperatures could rise by 1.69°C and precipitation could increase by 15 percent, resulting in prolonged heat and intense periods of rainfall and flooding.⁸⁹ If unmitigated, these risks could further threaten water and food security, and cause more damage to critical infrastructure disrupting essential service delivery, on top of the devastation already caused by the ongoing conflict. In addition, sea levels are rising due to climate change, threatening coastal infrastructure and further impacting the fisheries sector. There is an urgent need for more coordinated climate mitigation efforts across nutrition-related sectors through strengthened early warning systems, water preservation and management, soil conservation, drought-resistant crops, strengthened value chains, protection of coastlines, renewable energy for basic service provision, and safety net provision for the most vulnerable households, especially women and children.

Overlooked Contribution to Peacebuilding

Nutrition's important contribution to peacebuilding is largely overlooked in Yemen. Nutrition can support peacebuilding efforts by promoting social cohesion and stability⁹⁰ (Section 1). There is currently a gap in the coordination of nutrition interventions through the humanitarian system and those carried out through other processes and systems. Consequently, opportunities to converge humanitarian, development, and peace (HDP) actions on the same at-risk populations to ensure coherence in approach are not being optimized. There is an opportunity to leverage partnerships with peace-building programmes and organizations to integrate conflict-sensitive approaches into nutrition programmes. Humanitarian response efforts are mainly delivered through public service delivery systems, an approach that ought to be applied in Yemen. More services can be implemented through local and national stakeholders, including Yemeni civil society organizations that already have a strong presence at the community level across the country. These trusted local organizations can foster collaboration in the community through nutrition activities such as food distribution programmes and communal gardens, which can reduce conflicts over resources and facilitate shared cooperation.

Basic Causes of Undernutrition at the Governance Level

The key barriers to good nutrition at the governance level include challenges of government leadership, limited awareness of the benefits of investing in nutrition as a priority within national and sector policies and plans; lack of a joint information system for mutual accountability; and poor coordination in aligning nutrition investments and programs across sectors and stakeholders.

⁸⁹ World Bank (2024) Yemen Country Climate and Development Report available at [Yemen Country Climate and Development Report](#)

⁹⁰ FAO (2014) Strengthening the Link Between Resilience and Nutrition in Food and Agriculture

Challenges of central leadership and vertical coordination.

Central government institutions in Yemen continue to navigate complex challenges in fulfilling their leadership role within the national governance framework, particularly in sustaining effective vertical coordination with subnational entities at the governorate and district levels. This is partly attributable to practices inherited from the conflict, such as direct coordination with local authorities and ministerial branches at the governorate and district levels, bypassing formal coordination channels. While often driven by operational considerations, such approaches may inadvertently weaken institutional coherence, limit strategic oversight, and contribute to fragmented programming that risks misalignment with conflict-sensitive principles. In response, the MSNAP offers a constructive pathway to strengthen governance mechanisms and foster integrated coordination, both horizontally across sectors and vertically across administrative levels (see MSNAP Governance Structure).

Nutrition is not prioritized within national and sectoral policies and plans.

Despite the compelling evidence that nutrition is central to development and peace (see Section 1) and its critical role in basic service delivery across sectors, nutrition is not mentioned in any of the previous or current economic recovery plans. The Government is currently in the process of developing one unified economic recovery framework for Yemen that leverages and consolidates the strengths of several initiatives and draft plans that have been developed with support from multiple donors and partners. As such, there is an opportunity to prioritize nutrition in this new overarching national economic framework and including an indicator linked to nutrition outcomes such as reduction in undernutrition.

While the sectors most relevant to nutrition outcomes have recently updated their strategies and plans to include nutrition (health, agriculture and fisheries, education, water and environment, and social policy), there is weak institutional awareness and leadership about the importance of nutrition within these sector plans. There is also a lack of expertise and nutrition staffing at the sector level to implement the planned nutrition activities amid many other competing priorities and an increasingly constrained funding environment.

Nutrition interventions are not monitored according to a joint information system.

Although a large volume of nutrition information is collected in Yemen, it is not being shared across sectors for informed decision-making. Nutrition data is currently stored in disparate locations without widespread dissemination due to the absence of a joint multisectoral National Information System (NIS) for HDP actors across sectors. A NIS working group that brings together HDP stakeholders to oversee data management has been established at the national level by SUN Yemen Secretariat, which brings the relevant stakeholders across the HDP actors to ensure the availability of a shared platform for informed planning processes. Data linkage to longer-term decision-making and policy formulation is weak, and there is an over-reliance on SMART surveys to inform assessment and response analysis, which overlooks the analysis of underlying and structural causes of undernutrition. Moreover, there are significant gaps in the analysis of program coverage,

integration between sectors, geographic convergence of sectors, program duration, quality, and design. Reporting to line ministries on the status of nutrition program implementation is limited, and there is a lack of systematic learning around project successes, challenges, and impact.

Nutrition interventions are not jointly planned, costed, and implemented.

Despite global commitments to coordinated humanitarian, development, and peace efforts, nutrition interventions often remain fragmented, underfunded, and inadequately integrated into broader strategies. The Development Assistance Committee (DAC) Recommendation on the Humanitarian-Development-Peace (HDP) nexus emphasizes the need for a comprehensive framework that ensures coherence and collaboration across sectors, particularly in fragile and conflict-affected contexts.⁹¹

In Yemen, planning processes vary greatly between sectors and humanitarian clusters. Current plans lack explicit focus on HDP strengthening and accountability for the nexus approach. They do not adequately invest in national and sub-national system strengthening. Decision-making processes are unclear about layering and sequencing actions to address undernutrition and ensuring program complementarity. Criteria for approving planning and implementation are also vague. The findings of measuring localization in Yemen,⁹² based on Measurement Localization - Framework and Tools,⁹³ indicate minimal progress across most pillars: partnerships, funding, capacity strengthening, coordination and complementarity, policy influence, leadership, and participation with moderate improvements only in participation. Key challenges include inequitable partnerships, limited decision-making roles for local actors, and insufficient investment in their capacity-building. Lack of direct funding access remains a critical barrier. Strengthening local actors' roles, policy engagement, and financial inclusion is essential. Additionally, coordination remains weak, with no established national financing plan.

Public investments in nutrition from domestic budgets need further review and increased funding at the sub-national level. The impact of insufficient government operational expenses, including salaries, needs to be assessed to identify negative effects and implement mitigation measures. Costing and financing for nutrition is siloed between sectors and between humanitarian and development interventions. There is lack of agreement on how to derive unit costs and lack of clarity on how to cost nutrition sensitive actions and approaches. Finally, there are barriers to the implementation of nutrition interventions, including major gaps in coverage and quality of implementation, which is mainly dominated by international actors. There is a need to strengthen the roles and capacities of local and national actors in carrying out nutrition interventions and increasing engagement with the private sector and local businesses for sustainable impact.

⁹¹ OECD (2019), *DAC Recommendation on the Humanitarian-Development-Peace Nexus*, OECD/LEGAL/5019

⁹² [Tamdeen, Measuring-Humanitarian-Localisation-in-Yemen-Study, 2022](#)

⁹³ [Measuring Localisation: Framework and tools - Humanitarian Advisory Group](#)

Section 3: Yemen's strategic approach and governance arrangements for nutrition

The government-led MSNAP (2025-2030) was developed to address the many barriers to nutrition in Yemen. It lays out the foundational framework to promote sustainable development and peace through a multisectoral approach to nutrition and food systems transformation. It was informed by a participatory analysis of local needs, international best practices, and evidence-based interventions (see Annex 1 for description of MSNAP development process).

The MSNAP enables strategic dialogue, prioritization, and coordination among humanitarian, development, and peace actors under government leadership. The MSNAP is accompanied by *National Guidelines for Scaling up Sustainable Multisectoral Nutrition Investments and Actions through a HDP Nexus Approach*.

Yemen's Theory of Change for sustainably reducing undernutrition

SUN Yemen's Theory of Change (see Figure 4) identifies collective outcomes that will only be achieved through multisectoral actions implemented by humanitarian, development and peace actors working together through a Nexus approach.

Vision: Sustainable development and peace for all Yemenis through a multisectoral approach to nutrition and food systems transformation.

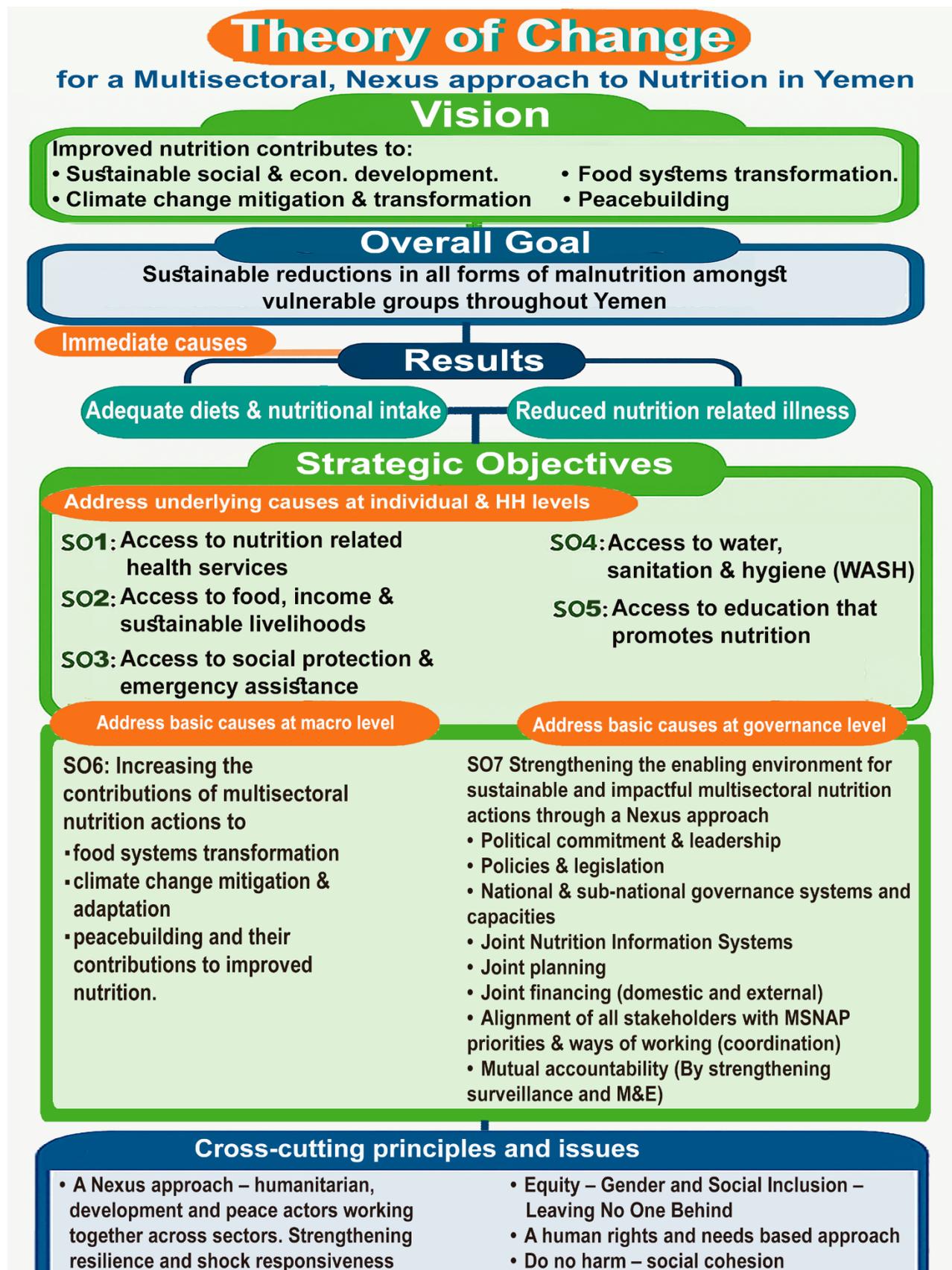
Goal: To sustainably reduce undernutrition

Strategic outcomes: Sustainable improvements in nutrition intake and decreases in nutrition-related morbidity.

International evidence shows that a combination of interventions from different sectors converging on the same at-risk people is more effective at sustainably preventing undernutrition than siloed sectoral interventions⁹⁴. The sustainability of results is emphasised at each level within the MSNAP Theory of Change and Common Results Framework.

⁹⁴ Sadler K, Walters T, Brown R, Cherotich L, Abi Akar R. (2024) 'Multisectoral prevention of undernutrition for food insecure contexts: An evidence synthesis'. Elrha: London

Figure 4: Theory of Change for a Multisectoral, Nexus approach to nutrition in Yemen



Yemen's common results framework and national nutrition targets

SUN Yemen partners have identified the national targets that should be achieved by 2030 at different levels of the MSNAP Common Results Framework, together with the indicators that will be used to measure progress (Figure 5). These targets stem from sectoral 2030 strategies; MSNAP drives their achievement through the accelerator programmes modality. Figure 5: Yemen Common Results Framework and National Nutrition Targets 2030

Results	Indicator	Baseline (2024)	National Target (2030)
Goal: Sustainable reductions in all forms of undernutrition.	Reduce the prevalence of stunting among children under 5	46.50%	<36.5%
	Reduce the prevalence of wasting among children under 5	16.40%	<10%
	Reduce the prevalence of Low Birth Weight from the current level	23%	<16%
	Prevalence of Anaemia (children U5)	86.30%	50%
	Prevalence of Anaemia (PLW)	70.60%	50%
	Reduced underweight (low BMI) for women (40% reduction)	23.40%	<9.36%
Outcome 1: Sustainable improvements in nutrition intake, feeding practices and diets throughout the lifecycle	Minimum Dietary Diversity - MDD (children)	30.30%	40-45%
	Household Dietary Diversity (HDDS) Proportion of Households with Low HDDS (<4 food groups)	60–70%	<30%
	Increase exclusive breastfeeding (EBF) rates of infants 0-6 months	20%	50%
	Increase MAD for U5	11.50%	50%
	Prevalence of wasting among PLW from the current level (30% reduction)	27.2%	19.04%
Outcome 2: Sustainable reductions in nutrition related morbidity	Reduce under-five mortality from diarrhoea (Reduce by 50%)	43.30%	21.65%
	Reduce under-five mortality from pneumonia and ARIs (Reduce by 50%)	54.70%	27.35%
	Reduced fever diseases among children (Reduce by 50%)	59.60%	29.80%

Strategic objectives

Under the MSNAP's Common Results Framework (CRF), there are seven strategic objectives (SO's) that address the underlying causes of undernutrition through a menu of evidence-based interventions as described in Section 4. Five SO's improve access to nutrition-related services and promote key nutrition behaviours within the health, food security and livelihoods, social protection, WASH, and education sectors. The remaining two ensure the enabling environment, governance, and sectoral integration. Cross-cutting principles include equity, needs-based approaches, collaboration, and social cohesion to create an inclusive and resilient framework for addressing the complex nutrition challenges.

Strategic shifts in Yemen's approach to tackling undernutrition

Ending the war and reaching a just and sustainable peace is the fundamental solution to ending the suffering of millions of Yemenis. However, even in the current context it is possible to work towards more sustainable, impactful and efficient solutions to the challenge of malnutrition. Short-term, humanitarian responses are vital but on their own cannot bring about the changes required. Rather, the following shifts in approach are needed:

1. Scale up longer-term, locally led programmes across a range of sectors that build resilience, strengthen public institutions and prevent malnutrition alongside life-saving interventions.

2. Increase alignment and coherence of all actors with the nationally owned, Multi-Sectoral Nutrition Plan of Action (MSNAP).
3. Empower national, local and community-based actors to develop evidence-based policies, coordinate actions, provide services and promote mutual accountability.
4. Increase multi-year, predictable and flexible investments in sustainable nutrition relevant programming across sectors.

These shifts are in line with international commitments relevant to countries affected by protracted crisis, including commitments to build resilience, promote coherence across the humanitarian-development-peace nexus and increasing the localisation of international assistance. The MSNAP aims to promote changes in ways of working as described in (Box 1) to achieve more effective and sustainable development outcomes.

Box 1: What will be different as a result of the MSNAP strategic approach?

Strengthened **government leadership** at national and sub-national levels.

Common **strategic priorities** among all stakeholders and better **alignment** of investments and actions with national priorities and needs of vulnerable people.

Better **integration of nutrition** outcomes and priorities in sectoral and multisectoral plans and budgets.

Increased focus on building resilience, addressing underlying causes and **preventing** undernutrition, alongside lifesaving humanitarian assistance.

Strengthened **capabilities of local and national actors** and systems to coordinate, manage resources, implement, monitor, evaluate and capture learning.

Longer term plans, investments and actions.

Humanitarian, development and peace actions across sectors **converge** on the same at-risk populations.

More **efficient and effective** use of humanitarian, development and peacebuilding resources.

More **sustainable** service delivery systems and nutrition outcomes.

Guiding principles

To orient national efforts toward reducing malnutrition through enhanced efficiency, effectiveness, integration, and sustainability, the Multisectoral Nutrition Action Plan (MSNAP) is guided by the principles endorsed during the SUN Yemen National Gathering, held in Amman, Jordan, in June 2023, as outlined in Box 2. This consensus serves as a foundational step toward strengthening coordination among stakeholders, optimising resource allocation, and achieving more equitable and sustainable nutrition outcomes.

Box 2: Principles to guide MSNAP design and implementation

Needs based: all investments and actions are guided by the needs of the Yemeni people informed by joint situation and response analysis.

National leadership and coordination: multistakeholder, multisectoral actions are led and coordinated by Government structures at national and sub-national levels.

Multistakeholder: the approach draws on the comparative advantages of humanitarian, development and peacebuilding actors.

Multisectoral: actions are implemented in different sectors in order to collectively prevent and treat malnutrition.

Alignment with collective outcomes: all stakeholders align their investments and actions with collectively agreed outcomes and priorities as defined in a joint national plan.

Coherence: all actors ensure that their investments and actions are coherent with national and sub-national priorities, policies and with each other.

Multi-year: investments and actions are guided by long term plans and commitments.

Predictable, flexible and shock responsive: investments and actions are predictable but flexible to respond to changing circumstances, including the impact of shocks.

Integration into sectoral plans and implementation led by Line Ministries

The MSNAP guides and promotes the integration of nutrition investments and actions within sectoral plans and supports implementation by the sectors in accordance with the formal governance mechanisms. The MSNAP is developed through an iterative process between sectors and national multisectoral coordination structures for nutrition. The MSNAP brings together and builds on what is already being implemented across sectors (including Humanitarian Clusters) for nutrition and identifies additional actions that are needed. Planning and implementation are led by the Line Ministries with the support of Humanitarian Clusters and other sectoral support mechanisms. Multisectoral structures provide guidance and collate sectoral plans into the overall MSNAP.

A Humanitarian-Development-Peace Nexus approach

Given that Yemen is experiencing a large scale, protracted nutrition crisis, the country is adopting and operationalising a Humanitarian-Development-Peace Nexus approach to nutrition (see Box 3 for Yemen's definition of a Nexus approach to nutrition). This approach is described in the National Guidelines on *Scaling up sustainable*

Box 3: Yemen's national definition of a HDP Nexus approach to nutrition

A Nexus approach to nutrition in Yemen means that all humanitarian, development and peace actors are drawing on their comparative advantages, working in collaboration and coherence with each other under government leadership, and aligning with national and sub-national priorities and plans as outlined in the national MSNAP, in order to achieve the collective outcome of improved nutrition for all Yemenis.

multisectoral nutrition investments and actions through a Humanitarian-Development-Peace Nexus approach.

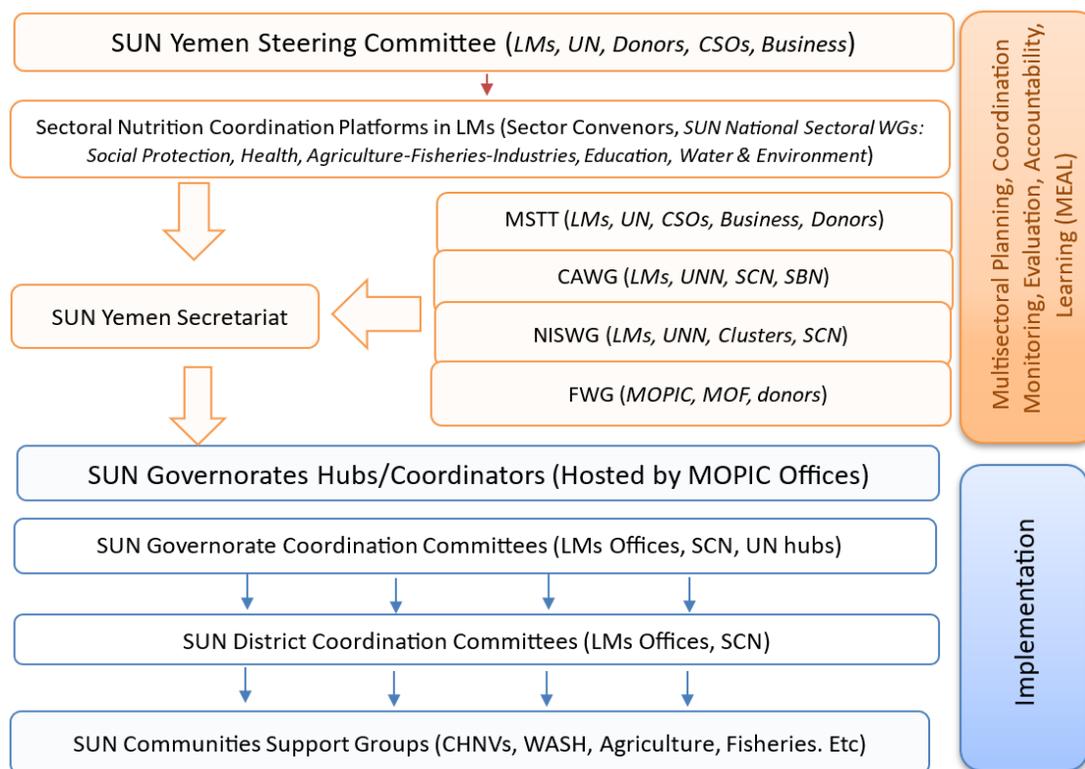
As also agreed at the SUN Yemen National Gathering, key implications of these principles for ways of working between humanitarian, development and peace actors are as follows:

- ✓ **Joint political and technical coordination and accountability mechanisms** for humanitarian, development and peace actors at national and subnational levels.
- ✓ **Joint situation analysis and needs assessment**, to agree on priority needs and actions.
- ✓ One **overarching plan** for achieving the collective outcomes, informed by evidence, with which all stakeholders align and hold each other to account.
- ✓ **Long-term development financing** and service delivery alongside **humanitarian assistance**.
- ✓ Strengthening of **national and sub-national system and capacities**.
- ✓ **Joint monitoring, evaluation and learning** approaches that feed back into planning and implementation.
- ✓ **Joint information systems**: All donors and implementing agencies share information on needs, investments and actions. Information is collated in a joint information system to inform monitoring, evaluation, learning and planning.

National multisectoral nutrition governance arrangements

In order to implement the MSNAP strategic approach, there is a need for institutional arrangements and ways of working that enable it. There is a need for national and sub-national mechanisms at strategic and technical levels that bring humanitarian, development and peace actors together from across sectors to identify joint strategic priorities, coordinate their actions in alignment with agreed priorities and to ensure mutual accountability. The governance and institutional arrangements to deliver the MSNAP are shown in Figure 6. The development, implementation and monitoring of the MSNAP is guided by government-led, multisectoral, multistakeholder mechanisms at national and sub-national levels to ensure an inclusive, transparent, needs based and accountable approach.

Figure 6: Yemen’s multisectoral nutrition governance arrangements



Yemen’s Multisectoral Nutrition Action Plan (MSNAP-3) is governed by a collaborative, government-led structure spanning national and sub-national levels. The *SUN Yemen Steering Committee (SC)* provides strategic direction and political accountability, while the *Multisectoral Technical Team (MSTT)* oversees MSNAP development, implementation, and monitoring. It draws technical input from four working groups: *Sector Working Groups (SWGs)*, *Nutrition Information Systems (NISWG)*, *Finance Working Group (FWG)*, and *Communications and Advocacy (CAWG)*. The *SUN Yemen Secretariat (SYS)* ensures coordination and coherence, operating under the Ministry of Planning and International Cooperation. The roles and composition of the different structures are summarised in Figure 7.

Figure 7: Composition & functions of SUN Yemen structures

SUN structure	Composition	Main functions
SUN National Steering Committee (NSC) (Established and functional)	Chaired by the Ministry of Planning. Consists of high-level representatives from the Ministry of Finance, Line Ministries, UN system, Clusters, donors, business and civil society	Provides strategic leadership and guidance. Endorses the MSNAP/APs and budget, helps mobilise resources and reviews implementation.
SUN Yemen Secretariat (SYS) ((Established and functional)	Located within the Ministry of Planning. Consists of MoP staff.	Supports the SUN National Steering Committee & other SUN structures
SUN Multisectoral Technical Team (MSTT) (Established and functional)	Chaired by the SUN Yemen Secretariat. Consists of senior technical representatives of Ministry of Planning, Line Ministries, UN agencies, Clusters, donors, business & civil society.	Provides evidence-based guidance to sectors. Collates analysis & plans from sectors and integrates into MSNAP. Oversees implementation & monitoring.

Sector Working Groups (SWGs) (5 SWGs established and functional)	Each SWG is chaired by senior representatives of Line Ministries, while SYS coordinates among them. Consists of sector's officials, technical representatives of UN agencies, Clusters, donors, business & civil society.	Undertakes sectoral analysis and integrates nutrition actions into sectoral plans and budgets. Reviews implementation & impact within sectors.
SUN Nutrition Information System (NIS) Working Group (Established and functional)	Chaired by the SUN Yemen Secretariat. Consists of technical representatives of Line Ministries, UN agencies, Clusters, donors, business & civil society.	Compiles and analyses data from the sectors and produces situation and response analysis to inform the MSNAP. Develops MSNAP monitoring, evaluation & learning (MEL) system and produces reports on implementation & impacts.
SUN Communications & Advocacy Working Group (CAWG) (Established and functional)	Chaired by the SUN Yemen Secretariat. Consists of representatives from Line Ministries, UN agencies, Clusters, donors, business & civil society.	Coordinates communications on multisectoral actions for nutrition, including via the SUN Yemen website. Supports advocacy and resource mobilisation efforts.
SUN Yemen Finance Working Group (FWG) (To be Established)	Chaired by the Chair of the SUN Steering Committee. Consists of senior representatives of Ministry of Planning, Ministry of Finance, Line Ministries, UN agencies, donors, business & civil society.	Oversees the costing of the MSNAP, promotes integration into sectoral budgets, supports resource mobilisation and oversees tracking of financial investments.
Governorate-Level Coordination Committees	Led by Ministry of Planning offices in target governorates with APs, composed of senior decision-makers	Needs identification, Implementation oversight aligned with execution plans, Monitoring and accountability
Governorate-Level Technical Working Groups	Led by Ministry of Planning offices under the supervision of the Coordination Committees	Field-level implementation, Monitoring and evaluation, Lessons learned sharing

National **SUN Networks** are the means by which UN, donors, civil society and business stakeholder groups align and coordinate their actions and organise their participation in the SUN NSC, the SUN TT, Sectoral and other SUN working groups (NIS, communications and financing). The SUN Networks are autonomous and self-organised whilst also being mechanisms for promoting the alignment of stakeholder actions with the MSNAP goals and priorities. The UN agencies organise their participation through the UN Nutrition mechanism. SUN Civil Society Network (CSN) and businesses will need to establish national mechanisms through which they organise their own participation. It is foreseen that the SUN CSN can play a major role as implementer partners to ensure the localization principles.

The national-level governance components (SC, MSTT, SWGs, NISWG, CAWG) are functional. However, it is necessary to strengthen the sector convenors' roles by establishing Nutrition Programmes Management Units (PMUs). The subnational level (governorate coordination committees and working groups) will be established in accordance with the geographic Accelerator Programmes at the subnational level (see Section 5).

Ensuring that services and assistance reach the people who need them most.

A common concern of all humanitarian, development and peace stakeholders is to ensure that all types of services and assistance reach the most vulnerable people throughout the country in line with their needs. As highlighted in Figure 8, the national and sub-national coordination systems and processes will operate in ways which ensure that this is the case.

Figure 8: Ways of working to ensure services and interventions reach the people most in need

Multistakeholder coordination mechanisms	<ul style="list-style-type: none"> • Multistakeholder coordination mechanisms ensure that there is transparency in decision making and provide fora for mutual accountability. • There is separation between technical and political mechanisms and processes. • The SUN Yemen Secretariat is a national, technical body working in the interests of all vulnerable people and is accountable to the SUN multistakeholder Steering Committee.
Nutrition information system (NIS), involving the following activities: <ul style="list-style-type: none"> • Situation and response analysis • Monitoring, evaluation and learning 	<ul style="list-style-type: none"> • NIS activities are technical, consensus-based processes separate from political decision making and accountability. • NIS processes collate all sources of information from multiple sources, transparently analyse it according to a common analytical framework and reach technical consensus. • There are independent, third-party reviews and verification of the technical validity and reliability of NIS outputs.
Planning and costing	<ul style="list-style-type: none"> • The MSNAP (plan and budget) are produced by the SUN multistakeholder Technical Team that ensure they are needs based, informed by data and analysis from NIS activities. • The national MSNAP is developed through a bottom up approach from district to governorate to national levels. • Multistakeholder planning and costing processes ensure transparency in technical decision making. • The SUN multistakeholder Steering Committee is responsible for approving the MSNAP and budget.
Financing	<ul style="list-style-type: none"> • Financial resources are allocated according to need in alignment with programmatic and geographical priorities agreed through technical consensus in the MSNAP. • Financing mechanisms ensure transparency in funding flows and decision-making processes.
Implementation & systems strengthening	<ul style="list-style-type: none"> • Implementing agencies provide data and reports on what they are doing where in relation to MSNAP priorities.
Communications and advocacy	<ul style="list-style-type: none"> • Communications and advocacy activities are independent, technical processes, informed by joint NIS activities and amplify jointly agreed outcomes and priorities as agreed in the MSNAP.
Decision making and Accountability	<ul style="list-style-type: none"> • Decision making and accountability are government led, multistakeholder processes through SUN Steering Committee at national and SUN Coordination Committee at sub-national levels.

Section 4: Yemen's multisectoral framework for action on nutrition

To achieve the Yemen's vision, strategic goal, and outcomes, interventions and actions are needed across different sectors, supported by an enabling policy, financial and institutional environment. This section outlines the actions and interventions that are needed in different sectors and multisectorally under the seven MSNAP strategic objectives. More detail on the interventions and actions can be found in Annex 2. The framework for action provides a menu of evidence-based response options to guide sectoral planning and implementation.

S01: Improved Access to Nutrition-Related Health Services

S01 aims to improve and sustain equitable access to essential nutrition services by integrating them into universal health care (UHC), national health plans, and all components of the health system. It includes a menu of nutrition interventions across the life cycle (from pregnancy through adulthood) with an emphasis on the first 1,000 days (from pregnancy until two years of age), including both preventative and treatment services that address the underlying barriers to undernutrition. The interventions are categorized into five strategic areas: infant and young child nutrition (with social protection and food security sectors); nutrition for school-age children and adolescents (with the education sector); maternal nutrition and reproductive health; nutrition and care for children and women with wasting; and prevention and management of nutrition-related diseases (see examples of interventions in Box 4). To create an enabling environment for nutrition service

Box 4: Examples of MSNAP nutrition interventions delivered through the health sector

- Exclusive breastfeeding for infants (up to 6 months)
- Complementary feeding for young children (6-23 months)
- Vitamin A supplementation for children (6-59 months)
- Micronutrient supplementation (MMS) with deworming for children (6-59 months)
- WASH/hygiene counseling for children (6-59 months)
- Zinc supplementation during diarrhea for children (under five)
- Management of severe and moderate malnutrition for children (6-59 months)
- Iron Folic Acid (IFA) tablets for mothers during pregnancy

provision there is also an overarching, cross-cutting strategic area that focuses on advocacy and policy reform, integration of nutrition within the health system to increase contact points for nutrition counselling, community-based initiatives to reinforce key nutrition behaviours across sectors, training for frontline workers to improve quality of services, and strengthening the nutrition information system.

A 2024 World Bank costing study in Yemen showed that scaling up a minimum package of eight evidence-based, high impact nutrition interventions delivered through the health sector (Figure 5) would more than double the return on investment.⁹⁵ The total incremental cost of this core package would be approximately US \$72 million or about US\$10 million per year over a seven-year period (2024-2030). Conservative estimates were used in the benefit-cost analysis for the Yemeni context. Assuming a 5 percent annual increase in coverage of nutrition services, there is a 2.73 benefit cost ratio (every \$1 invested would yield 2.73 in economic benefits), which rises to 4.0 if a 10 percent

⁹⁵ World Bank, Qureshy, Lubina, et al. Draft Report: Benefit-cost and cost-effectiveness analysis of nutrition interventions in Yemen, 2024

annual coverage increase is assumed. The core package has a cost effectiveness ratio of US\$1,113/disability-adjusted life year (DALY) saved that is, it costs US\$1,113 to gain one DALY. The analysis showed that adding maternal nutrition counselling to the core package is a cost-effective option that would save one DALY for a cost of US\$1,011 for the seven-year period with a total incremental cost of about US\$76 million. While a less cost-effective option would be adding IFA for adolescents to the minimum package, which would save one DALY for a higher cost of US\$1,428 and would increase the total incremental cost to US\$94 million over seven years.

SO2: Improved Access to Food, Income, and Livelihoods

SO2 aims to improve household food and livelihood security. It includes a menu of evidence-based food-based interventions across five strategic areas: livestock and fisheries; crops and horticulture; irrigation and water resources; food processing, fortification, storage; and promoting healthy food consumption (Box 5). The first three areas mainly cover the production of animal-source foods and fruits and vegetables with linkages to the market as well as SBCC activities to promote consumption of nutritious foods produced and enabling actions across the value chain. The food processing, fortification, and storage strategic area focuses on actions that make nutritious foods available throughout the year to support healthy diets. The fifth area includes actions that promote optimal food consumption, especially during the first 1,000 days. SBCC and enabling factors are mainstreamed into the last two strategic areas. SO2 also includes an overarching strategic area on developing and implementing policies, legislation, regulations, standards, protocols, and guidelines to inform and persuade local authorities to endorse policies that promote nutritious local food production by leveraging partnerships and strengthening government coordination mechanisms and establishing effective systems for monitoring, evaluation, and feedback.

Box 5: Examples of MSNAP nutrition interventions delivered through the food security and livelihoods sector

- **Homestead animal-rearing** (poultry, goats, small ruminants) targeting female-headed households and poor, rural families.
- **Aquaculture** support targeting fisherman, fish traders, and coastal communities.
- **Fruit and vegetable production** targeting female-headed households, farmers, cooperatives, and extension workers.
- **Irrigation and water protection** (e.g. water shed management, solar water pumps, rainwater harvesting, stabilizing sand dunes)
- **Food processing and storage** (e.g. drying, salting, preserving fish; producing powdered fish; food safety/hygiene for food storage)
- **Promotion of healthy foods** (e.g., in schools, community, and household in collaboration with education and health sectors)

SO3: Improved Access to Social Protection and Emergency Assistance

SO3 aims to improve, sustain, and increase equitable access to social protection and assistance. It includes a menu of evidence-based interventions across three strategic areas: social assistance, social insurance, and labour market programmes with crosscutting enabling environment and SBCC actions embedded under each theme, as well as comprehensive assessments to improve the quality and scale of these programmes. Examples of SO3 interventions are shown in Box 6. The social assistance interventions safeguard the nutrition of mothers and young children (particularly during the first 1,000 days) through activities such as specialized food (in-kind) transfers and cash vouchers for nutritious foods and nutrition-related health services, combined with nutrition counselling and support. SO3 also includes interventions to advocate for social insurance coverage for vulnerable families (especially pregnant and lactating women and young children) to increase uptake of nutrition-related health services. Labour market interventions involve the integration of nutritious food production, processing, and storage into skills-based training for food/cash transfer programmes and facilitating market linkages so that families can sell their products and reinvest in nutrition. Activities under the assessment theme include developing guidance on how to effectively integrate nutrition into social protection programmes and capacity building on nutrition-sensitive programming.

Box 6: Examples of MSNAP nutrition interventions delivered through the social protection sector

- **Specialized food transfers (in kind)** targeting vulnerable women and children combined with nutrition promotion.
- **General food distribution** targeting vulnerable women and children with nutrition SBCC and health services.
- **Cash vouchers for nutritious foods** targeting vulnerable women and children with SBCC and health services.
- **Advocacy for social insurance** (health insurance and social security) targeting vulnerable women and children
- **Labor market programmes** integrating nutrition SBCC into skills training and public works programmes.

SO4: Improved Access to WASH services

SO4 aims to ensure universal and sustainable access to safe, affordable, and equitable WASH services. It includes a menu of evidence-based interventions across four strategic areas: hygiene promotion; environmental safety; improved sanitation; and safe water provision with a focus on reducing incidence of childhood diarrhoea, one of the key underlying causes of child undernutrition in Yemen. Additionally, it involves creating an enabling environment for WASH within the nutrition-related sector, including policies, strategies, planning, financing, capacity building, and monitoring and evaluation. Examples of SO4 interventions are shown in Box 7. Optimal handwashing, food safety, and clean environment practices are promoted across sectors according to a unified SBCC strategy together with

Box 7: Examples of interventions delivered through the water & environment sector

- **Hygiene Promotion** – handwashing with soap and water at appropriate times; safe food handling and preparation, especially for young children to prevent diarrhea.
- **Environmental Safety** – domestic and environmental hygiene actions in partnership with food security sector.
- **Improved Sanitation** – community-led total sanitation, latrine construction and rehabilitation, waste disposal management, mobile toilets for emergency assistance.
- **Safe Water Provision**- Rehabilitation and maintenance of protected wells, rainwater harvesting tanks, solar energy water pumps, bore holes, water tanks for emergencies.

increased access to safe water provision and improved sanitation facilities. Recommended SBCC activities build on existing platforms at the household, community, health facility, and school levels, while also mobilizing another cadre of community hygiene promotion volunteers to reinforce key hygiene practices and health seeking behaviour. Enabling environmental actions include reviewing and updating national WASH guidelines and establishing effective governance structures in the water and environment sector to facilitate coordination with the SUN Secretariat and other nutrition-related sectors.

S05: Improved Access to Nutrition-related Education Services

S05 aims to strengthen the role of education in promoting good nutrition. It includes a menu of evidence-based interventions to establish nutrition friendly schools across four strategic areas: school feeding programmes; health integration and referral; WASH improvements; and promotion of girls' education. There are enabling environment actions to strengthen nutrition access within the education sector such as mapping exercises, integrating nutrition into the curriculum, strengthening information systems, improving governance and coordination, and updating legislation. Examples of S05 interventions are shown in Box 8. School feeding programmes target both kindergarten and school age children and may include take home rations for vulnerable families. Kindergarten feeding programmes safeguard nutrition for the early years by providing high-energy biscuits for under five

Box 8: Examples of MSNAP nutrition interventions delivered through the Education sector

- **School feeding programmes** – targeting children under five (kindergarten) and primary school age children with fortified biscuits, meals, and/or take-home rations.
- **Integrated Health services** – platform for delivering public health interventions (like deworming, nutrition screening) and referral for treatment at the health facility.
- **Integrated WASH services** - providing clean, safe water to schools, rehabilitate sanitation systems, distributing hygiene kits to students in emergency settings.
- **Promoting girls' education** - providing conditional cash transfers for female students, recruiting more female teachers
- **Cross-cutting services** – school education and promotion programmes in health nutrition, hygiene and environment, and food safety.

children in vulnerable communities and teaming up with the health sector to conduct nutrition screenings, deworming, micronutrient and complementary feeding supplements. School feeding programmes target primary school children in food-insecure areas and activities require assessing needs, establishing kitchens, targeting eligible students, providing meals and/or high-energy biscuits, and training nutrition committees to address undernutrition and improve student health. Schools could also serve as platforms for distribution of food baskets to families of school-age children along with nutrition promotion. Health services can be better integrated within the education sector through preventative programmes and by strengthening the referral systems between the school and health system. School WASH interventions include safe water provision, improved sanitation facilities, and distribution of hygiene kits. Interventions to facilitate girls' access education include conditional cash transfers for female students, recruiting more female teachers, and improving school infrastructure. Cross-cutting interventions include comprehensive school education and awareness programmes in health, nutrition, WASH, and food safety, including training for students, parents, and staff, and leveraging community and media engagement to promote healthy behaviours that improve nutrition outcomes.

SO6: Increased Multisectoral Action for Food Systems, Climate Mitigation, and Peace

SO6 reflects the humanitarian-development-peace nexus by integrating broader development interventions beyond the nutrition-sensitive scope to ensure sustainability, institutionalization, and a gradual reduction in humanitarian needs over time. It aims to increase the contribution of multisectoral nutrition actions to food systems transformation, climate mitigation and adaptation, and peacebuilding —, highlighting the mutual influence between these domains and nutrition. It includes a menu of interventions across these three strategic areas (Box 9). Food systems interventions include advocacy for public health officials and policy makers about the importance of food safety and hygiene and setting quality food standards and institutionalizing best practices across sectors. Decision-makers are encouraged to

Box 9: Examples of MSNAP nutrition interventions that increase multisector action for food systems, climate, and peace building

- **Food Systems Transformation** – surveillance system for food and water borne illnesses; food safety interventions; improved capacity of food system monitoring; innovations (game changers) to improve food systems.
- **Climate Mitigation** – early warning systems to protect livelihoods; provision of solar energy for basic services; climate-resilient water systems; enhanced value chains; rehabilitation of fishery harbors.
- **Peacebuilding** – promoting social and institutional cohesion; fostering trust between communities and public institutions; and supporting education, skills development, and livelihood interventions that contribute to sustainable peace.

incorporate nutrition and food safety measures into all relevant development policies, creating a cohesive approach for improving public health and nutrition. Another critical area is the establishment of a robust monitoring system to track and respond to food and water-borne diseases, ensuring public safety. In addition, there are capacity building activities to improve food systems monitoring and risks surveillance mechanisms and support for innovative, game changer initiatives to enhance food systems. Some of the climate mitigation interventions include strengthening digital early warning information systems to protect livelihoods; scaling up online solar platforms for renewable energy programming with engagement from regional and global institutions; establishing climate resilient WASH systems; increasing water availability for agricultural systems; enhancing agriculture value chains; rehabilitating aqua infrastructure; and assessing the impact of climate change on women and children to develop tailored mitigation efforts. While the peacebuilding dimension is embedded across all strategic objectives, SO6 places particular emphasis on areas with the highest potential for sustaining peace—by promoting social and institutional cohesion, fostering trust between communities and public institutions, and supporting education, skills development, and livelihoods as key enablers of inclusive and lasting peace.

SO7: Strengthened Multisectoral Enabling Environment for Nutrition

SO7 aims to strengthen the enabling environment for sustainable and impactful multisectoral nutrition actions through a nexus approach. This involves securing political commitment and leadership, implementing supportive policies and legislation, and strengthening governance systems at national and sub-national levels. It also includes establishing joint nutrition information systems, planning and financing efforts (both domestic and external), and ensuring all stakeholders align with

MSNAP priorities and coordination practices. Finally, mutual accountability is fostered by enhancing surveillance and monitoring and evaluation systems. SO7 aims to build a robust framework for impactful nutrition interventions through these measures. It also includes a unified advocacy and SBCC strategy at the national, sub-national, community and household to promote the MSNAP vision and nutrition behaviours to address the key barriers to undernutrition.

Cross-Cutting Principles and Issues for Nutrition

The cross-cutting principles and issues in the MSNAP Theory of Change encompass key themes such as equity, gender, and social inclusion, ensuring that no one is left behind. A nexus approach is emphasized, where humanitarian, development, and peace actors collaborate across sectors to enhance resilience and responsiveness to shocks. This strategic approach is rooted in human rights and needs, prioritizing the principle of 'do no harm' to foster social cohesion. Through these principles, the focus remains on creating an inclusive and resilient framework for addressing the complex barriers to nutrition in Yemen.

Section 5: Implementation and financing modalities

There are two main MSNAP implementation modalities:

1. **Nutrition integration** into sectoral plans, budgets and service delivery systems
2. **Accelerator Programmes** to drive progress on strategic priorities (geographic and thematic)

Implementation modality 1: Nutrition integration into sectors

The MSNAP CRF identifies priority interventions within different sectors and systems, including health, agriculture and food systems, education, social protection, water and sanitation and climate. Each strategic objective in the CRF has one Line Ministry that is responsible for ensuring implementation of associated interventions, in collaboration with other relevant Line Ministries. MSNAP implementation requires sectoral Line Ministries to integrate nutrition objectives, interventions and indicators into their sectoral plans, budgets and service delivery systems.

Sectoral integration and implementation will be led by the Nutrition Programme Management Units within each Line Ministry and guided and supported by the multistakeholder Sector Working Groups. Line Ministries will receive capacity strengthening support to enable the integration of nutrition into sector plans and budgets and strengthen service delivery through to community level. The SYS will advocate and provide capacity building for governorates to integrate nutrition interventions in their recovery and developments plans.

Humanitarian and development partners will align their investments and programmes with sectoral priorities. Partners will engage and develop sectoral programmes in collaboration with Line Ministries and other stakeholders through the Sector Working Groups and other SUN Yemen structures. When possible, resource partners will directly finance Line Ministry and public service delivery systems. All sectoral investments and programmes, including nutrition relevant interventions in the Humanitarian Response Plan, are expected to be on plan even if they are off budget. Partners should report to Line Ministries and the SYS on resourcing and implementation of nutrition relevant programmes.

Implementation modality 2: Accelerator Programmes

In addition to the integration of nutrition into sectoral plans, SUN Yemen Accelerator Programmes will focus on the highest strategic priorities within the MSNAP and promote coordinated implementation across sectors at a sub-national level ensuring convergence of sectoral interventions on the same vulnerable communities and households.

Accelerator Programmes are a recognition of the context of highly constrained resources in comparison to levels of need in the country. The CRF presents the full range of interventions in each sector that might be needed to sustainably reduce malnutrition. However, there will not be the funding to implement all interventions in all sectors across the whole country. Hence, there is a need to prioritise within sectors, on multisectoral interventions and on highest priority geographical areas.

Accelerator Programmes (AP's) are innovative strategies designed to fast-track progress on key strategic priorities. There will be two categories of APs—Geographic and Thematic—as described below. They will both be designed as game-changer initiatives to address the complex, multisectoral barriers to undernutrition in Yemen drawing from the menu of evidence-based interventions under the SO's in the CRF described in Section 3. These APs will mobilize financial commitments, showcase successes, and improve the quality and scale of MSNAP interventions. Proposed AP's will be funded by donors and reviewed and endorsed by the SUN Yemen Steering Committee according to established criteria and guidelines to coordinate efforts and maximize impact with limited resources.

Geographic Accelerator Programmes

Geographic Accelerator Programmes (sub-national MSNAPs) will converge a package of evidence-based sectoral interventions in MSNAP priority districts targeting the same at-risk populations using the MSNAP geographic prioritization tool (see Figure 2 in Section 1). Whilst it will not be possible, due to resource constraints, to provide a fully comprehensive, context specific package of interventions to all people across the country, geographic Accelerator Programmes will do so for high priority districts through a phased scale up approach. The intention is to promote more sustainable nutrition, health and food security outcomes by tackling the full range of locally specific causes of malnutrition through strengthened political leadership and local service delivery systems in different sectors. This tailored area-based approach ensures that the solutions implemented are not only relevant to the local context but also more likely to succeed, resulting in highly effective and sustainable outcomes.

Thematic Accelerator Programmes

Thematic programmes will focus on specific thematic areas such as: micronutrient deficiencies; education and other interventions targeting young and adolescent girls; strengthening the national nutrition information system (NIS) and advancing the national nutrition communication and advocacy (CAS) programmes (Figure 9). By addressing specific thematic challenges and gaps, these programmes will drive systemic changes that support overall nutritional improvements across the country. Targeting these critical areas will help achieve the broader goals of MSNAP, promoting sustainable and far-reaching enhancements in nutrition and well-being.

Figure 9: An example of a MSNAP Thematic Accelerator Programme - Advancing the Yemen Nutrition Communication and Advocacy Strategy

Thematic accelerator programmes that advance the national CAS strategic framework would focus on advocacy or SBCC or both.

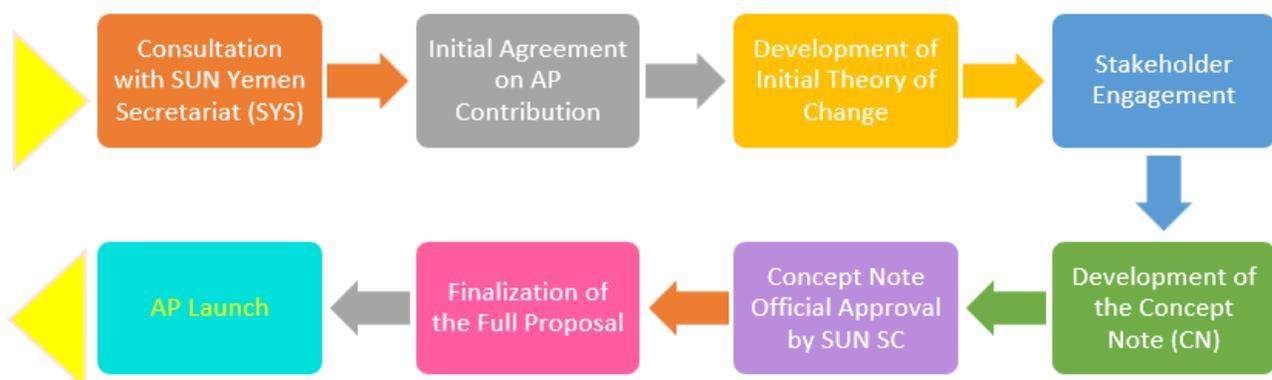
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Advocacy interventions would target decision-makers to prioritize nutrition within national policies and regulations across sectors and increase financial commitments for nutrition (domestic and international). This would entail developing advocacy tools such as policy papers and mobilizing champions for nutrition through activities such as high-level MSNAP briefing events and leadership trainings. SBCC interventions would target caregivers, households, and communities to promote optimal nutrition and caregiving practices and women and girls’ empowerment. This would include mass media campaigns and community-level interventions to promote behavior change through key influencers at the community level such as health providers, community volunteers, and teachers. It is worth mentioning that grassroots organizations and community leaders play a pivotal role as a “community-based mechanism” underpinning both the Advocacy and Social and Behavioural Change Communication (SBCC) programmes. Their direct engagement with local populations—especially in high-priority or hard-to-reach districts—enhances program reach, fosters greater impact, and strengthens local ownership of the MSNAP.

Accelerator Program Development Process

The development of the APs will require regular stakeholder engagement sessions based on the MSNAP Governance Structure (Figure 6) throughout the AP's development phases (Figure 10), from initiating the idea of the AP, designing it, to finalizing its monitoring, evaluation, accountability, and learning (MEAL) plan. These sessions should include the government bodies, local communities, civil society organizations, the private sector, and international partners. Regular engagement will facilitate transparent communication, ensure alignment of objectives, and foster collaborative problem-solving, ultimately leading to more cohesive and impactful program outcomes from the initial consultation to the launch of the program.

Figure 10: MSNAP Accelerator Programme development process



MSNAP costing and financing

The multisectoral framework of action is not costed for the whole country as it would not be feasible to mobilise the resources required. However, each responsible Line Ministry should integrate the costs of nutrition interventions into its own sectoral plan and budgets and mobilise resources accordingly. The main costing approach within the MSNAP is the costing of Accelerator Programmes, which address the agreed strategic priorities. Accelerator Programmes can be financed in two ways:

- Financed directly by donors
- Financed by the SUN Yemen Multi-Partner Trust Fund (MPTF)

Whatever the financing flow, proposed programmes should be submitted to the MSTT for technical review and endorsement by the SUN Yemen Steering Committee. Clear criteria will be used to assess whether proposed programmes should be endorsed as MSNAP APs and additional criteria to assess whether they merit funding via the SUN Yemen MPTF.

As recommended by SUN Yemen National Gathering 2023, it is proposed to establish a SUN Multi-Partner Trust Fund (MPTF). The MPTF will be overseen by the SUN Steering Committee which would be responsible for making decisions on the allocation of funds, review the alignment of funding allocations and utilisation with MSNAP priorities. The SUN Finance Working Group (SUN FWG), accountable to the SUN SC, will technically oversee the implementation of decisions and collate reports. The SUN MPTF will be hosted on a temporary basis by an agency yet to be identified. There will be a plan to transition the hosting of the MPTF to the Ministry of Finance when circumstances allow. The SYS will provide secretariat support to the SUN Yemen Steering Committee and SUN Finance Working Group.

Even if a SUN MPTF is established, it is likely that some donors will continue to channel funds through multiple channels to multiple recipients. It is also highly likely that many donors will continue to make decisions independently on the allocation of funds. In this scenario, more efficient and effective nutrition financing requires a joint financial information and coordination system. The SUN FWG will track funding flows in relation to MSNAP priorities and budget. Donors, intermediary agencies and implementing agencies will report MSNAP relevant funding allocations and utilisation to the FWG on a regular basis. Strengthening the capacity of local actors to manage increased financial resources will be needed to increase levels of localisation of aid.

Box 10: Potential sources of MSNAP financing

Domestic

- District and governorate budgets
- National budgets
- Donations from the private sector, philanthropists and other wealthy individuals
- Charitable organizations and associations
- Fundraising campaigns organized by civil society groups
- Crowdfunding platforms utilized by local communities
- Zakat funds allocated at national and sub-national levels
- Awqaf (endowment) funds established through religious institutions
- Community self-help and in-kind support for priority projects

International

- Humanitarian and development partner budgets (Yemeni NGOs, INGOs, UN agencies, donors, Yemen Humanitarian Fund etc)

Section 6: Monitoring, Evaluation, Accountability, Learning

Yemen’s nutrition information ecosystem is extensive and evolving, encompassing population-based surveys, targeted assessments, and routine monitoring data managed by government entities, UN agencies, and NGOs. SMART surveys remain central to identifying nutrition needs and trends. Programming data is made available through cluster coordination mechanisms and agency-specific platforms, while the Ministry of Public Health and Population (MoPHP) is piloting DHIS-2—featuring a nutrition module—to improve facility-based data capture and system integration.

Strategic investment in the SUN Yemen Nutrition Information System (NIS) offers a unique opportunity to advance evidence-based decision-making and promote multisectoral coordination. By consolidating fragmented datasets into a unified platform, the NIS will enable timely planning, implementation, and monitoring of nutrition interventions under the MSNAP. Investors can contribute to strengthening this core data infrastructure, ensuring the sustainability, efficiency, and transparency of national nutrition efforts. The NIS is foundational to delivering long-term impact and accountability across the Humanitarian-Development-Peace Nexus.

Box 11: Issues to be addressed through a joint Nutrition Information System

- ✚ Data processes are politically influenced, compromising neutrality and equity.
- ✚ No ‘one-stop shop’, unified multisectoral NIS for HDP actors; data is scattered and under-shared.
- ✚ Absent NIS working group to coordinate HDP stakeholders.
- ✚ MSNAP data is not fully mapped for availability and quality.
- ✚ Development data are limited and siloed from humanitarian data.
- ✚ Data are weakly linked to longer-term decision-making and policy formulation.
- ✚ Overreliance on SMART surveys; limited structural analysis.
- ✚ Gaps in coverage, sector integration, targeting, and programme design.
- ✚ Inadequate reporting to the Line Ministries on implementation.
- ✚ No joint CRF reviews; weak learning culture.
- ✚ Poor data integration hampers aligned investment decisions.
- ✚ Resource competition limits data quality.
- ✚ NGOs are underrepresented despite key community insights.

Strengthening the overall Nutrition Information System

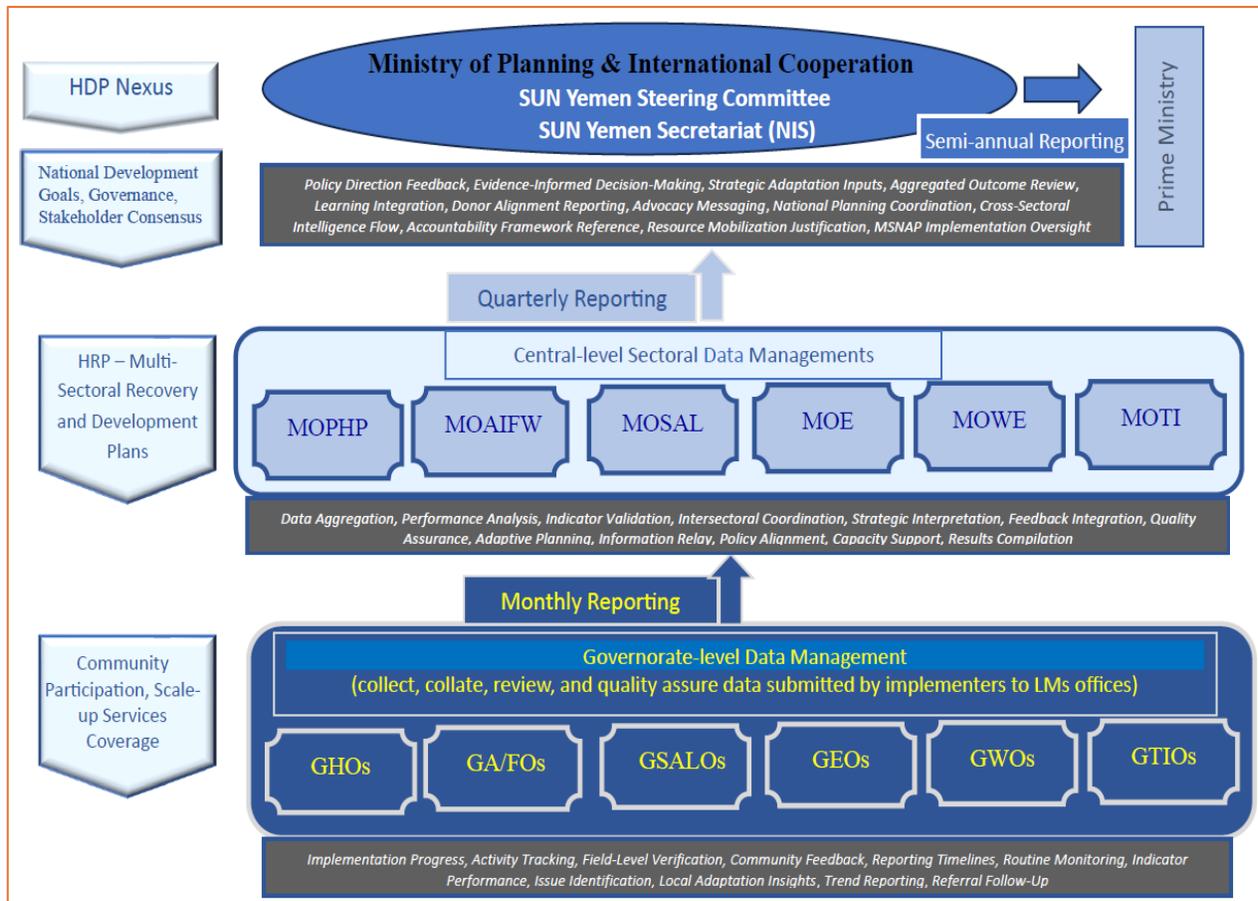
The SUN NIS will serve as a central mechanism for consolidating diverse data sources, bridging critical gaps, and enabling responsive, evidence-driven decision-making. By integrating situation and response analyses, the system will strengthen monitoring, evaluation, and learning to accelerate MSNAP implementation, drive resilience, and target actions to those most at risk of malnutrition.

The system will deploy inclusive data collection methodologies—quantitative, qualitative, and participatory—and build analytical capacity across government institutions, national statistical entities, and the dedicated NIS Unit. Harmonizing nutrition-sensitive indicators and aligning with national data systems will ensure policy coherence and long-term utility.

A NIS Unit, operating under SUN NIS Working Group guidance, will manage multisectoral nutrition data and promote cross-sector collaboration. With strong leadership from Line Ministries and

technical teams, the system will deliver timely, actionable information to inform MSNAP implementation—making it a strategic and scalable investment that supports sustainability and national ownership.

Figure 11: Flow of nutrition information through the SUN Yemen Nutrition Information System



The MEAL framework will play a critical role in monitoring AP progress holistically across sectors and cross-cutting initiatives. To ensure effectiveness, the MEAL plan will track progress against MSNAP's health, social protection, WASH, education, food security and livelihoods, and socioeconomic indicators, with regular assessments evaluating the impact of multi-sectoral programming on nutritional status. Regular assessments will evaluate key outcomes, such as reductions in stunting and wasting, and the overall impact of multi-sectoral programming on nutritional status.

Situation and response analysis

Maintaining objectivity in Yemen’s nutrition planning requires a clear separation of situation and response analyses from political influence. This safeguards evidence-based decision-making rooted in disaggregated data that reveal malnutrition trends, drivers, vulnerabilities, and multisectoral priorities. Targeting efforts are guided by robust tools like the Geographical Prioritization Tool, while response analysis defines strategic objectives and cost-effective, coordinated interventions. This analytical foundation strengthens MSNAP implementation and informs efficient resource allocation.

Line Ministries lead primary data collection across sectors and administrative levels, while the Nutrition Information System Working Group (NIS WG) ensures rigorous validation, consensus-building, and alignment. This coordinated approach ensures transparency and accountability, enabling the development of responsive, data-informed policies and MSNAP strategies.

Response analysis is designed to shift programming toward longer-term, resilient solutions that reinforce national systems and capacities. It considers existing infrastructure, institutional readiness, and structural barriers to nutrition. Sustainable financing is critical, with efforts anchored in national policies and supported through blended domestic and external investments. By reinforcing national stewardship, this approach enhances governance, promotes coherence across humanitarian-development-peace efforts, and ensures measurable impact—making a compelling case for strategic investment in Yemen’s nutrition sector.

Monitoring, evaluation and learning (MEL)

Monitoring, evaluation and learning activities track who is delivering what and where in response to priority nutrition needs, assess service coverage gaps, analyze sectoral and multisectoral effectiveness, and evaluate progress in advancing a Nexus approach across Yemen. The MEL system will use defined indicators and data collection methods, complemented by capacity-building for local and national actors. It will capture and disseminate lessons on multisectoral convergence and integration.

The MEL framework will include joint identification of key evidence-based questions, service implementation monitoring, systematic reporting against agreed indicators within the Common Results Framework (CRF), and targeted workshops to harmonize nutrition-sensitive metrics. It will produce visual tools and evaluation reports to track progress, coverage and effectiveness. Additionally, learning briefs will explore the benefits of Nexus-based nutrition approaches and integration strategies. Annual assessments will analyze progress, remaining gaps and contributions across humanitarian, development and peace efforts toward reducing malnutrition.

Measures of success in advancing a HDP Nexus approach to nutrition

The following are measures of success in advancing the Humanitarian, Development, Peace (HDP) Nexus approach to nutrition in Yemen. These measures will need to be further developed and turned into SMART⁹⁶ indicators integrated into the MSNAP Common Results Framework. Figure 12 contains illustrative measures of progress toward operationalizing a Nexus approach to nutrition in Yemen. These preliminary benchmarks provide a strategic foundation for guiding multisectoral investments and should be refined into SMART indicators for integration within the MSNAP MEAL Framework

⁹⁶ Specific, Measurable, Achievable, Relevant and Timebound.

Figure 12 : Measures of progress towards operationalizing a Nexus approach to nutrition

Collective Outcomes	<ul style="list-style-type: none"> ▪ Numbers of people experiencing different forms of malnutrition declines over time. ▪ Over time number of people in need of humanitarian assistance declines.
Coordination & leadership	<ul style="list-style-type: none"> ▪ The full range of humanitarian, development and peace actors proactively engage and collaborate in national and sub-national nutrition coordination structures and processes.
Information System	<ul style="list-style-type: none"> ▪ There is a joint Nutrition Information System ▪ Joint situation analysis and needs assessment inform agreed priority needs and actions.
Planning & costing	<ul style="list-style-type: none"> ▪ There is agreement between humanitarian, development and peace actors on priority needs and interventions in different sectors and geographical areas. ▪ There is multi-year planning for the full range of actions across sectors and the Nexus.
Financing	<ul style="list-style-type: none"> ▪ Humanitarian, development, and peace stakeholders align their investments with collective outcomes and jointly agreed priority services/interventions in sectors and geographical areas. ▪ Scale up in development and peace financing. ▪ There is overall increased efficiency in the use of financial resources, including through reduced transaction costs. ▪ Financing is flexible and responsive to shocks aided by contingency planning and funds ▪ More direct funding going to local and national actors, including Yemeni civil society organisations. ▪ Improved government commitment to nutrition through increased domestic (national and sub-national) finance for nutrition over time.
Implementation & systems strengthening	<ul style="list-style-type: none"> ▪ Services and programmes implemented by all stakeholders are aligned with MSNAP priorities. ▪ Services and programmes reach the people who need them most throughout the country. ▪ Local and national service delivery and coordination systems are strengthened. ▪ Implementation is increasingly through local and national service delivery systems. ▪ Services and programmes are flexible and responsive to shocks, aided by contingency planning and funds. ▪ Increased capacity for decentralised and earlier response to shocks ▪ Scaled up development services and interventions converging across sectors that build resilience, address underlying causes and prevent malnutrition. ▪ Convergence of humanitarian, development & peacebuilding actions on the same at-risk populations.
Communications/ advocacy	<ul style="list-style-type: none"> ▪ Decision makers receive common analysis, messages and plans from humanitarian, development, and peace actors.
Strategic leadership & accountability	<ul style="list-style-type: none"> ▪ Joint mutual accountability mechanisms review progress in implementation and results, and assess the contributions of humanitarian, development, and peace actors to progress in achieving collective outcomes.

Section 7: Call to Action

Yemen's ongoing nutrition crisis perpetuates a detrimental cycle that jeopardizes peace, stability, and development. Investment in the MSNAP will enable stakeholders to galvanize their efforts to accelerate change. Providing adequate nutrition for vulnerable populations is not only about individual health and well-being; it also contributes to the wider achievement of Yemen's sustainable peacebuilding and humanitarian goals, including social and economic development and food systems transformation.

The MSNAP APs will enable stakeholders and partners to effectively address undernutrition by leveraging their unique comparative advantages. These initiatives are structured to harness the strengths and resources of various entities, fostering a collaborative environment for impactful action. This multifaceted approach ensures that all stakeholders and partners can effectively contribute to the overall goal of improving nutrition, each bringing their unique strengths to the forefront to promote peace and stability.

The Call to Action for each of the key stakeholders and partners is listed below.

Government: Prioritize nutrition within national policies and plans across sectors. Introduce both geographic and thematic APs that align with national strategies, leveraging governmental authority and resources to drive substantial progress in improving nutrition and contributing to development and peace.

Religious Leaders and Tribal Figures: Champion nutrition as a moral and communal imperative. Leverage your influence in mosques, community forums, and tribal gatherings to confront the grave, future-defining threat of widespread malnutrition—particularly among Yemen's most vulnerable: children and mothers. Promote healthy practices, challenge harmful social norms, and support the effective implementation of the MSNAP by fostering trust, mobilizing collective action, and ensuring messages reach even the most remote communities.

Donors: Develop new initiatives and projects as APs that align with MSANP priorities and engage senior level participation in MSNAP governance structures. By committing financial resources and support, donors can play a pivotal role in scaling-up successful MSNAP interventions and ensuring sustainable impacts and mutual accountability.

UN Agencies – Activate UNN Yemen: UN agencies are called upon to formally establish the United Nations Nutrition (UNN) platform in Yemen and support its functionality as a coordination and technical advisory body. Through UNN, agencies should collaborate with line ministries, donors, and implementing partners to co-develop Action Plans (APs) that align with MSNAP strategic priorities. UNN can leverage global expertise, policy frameworks, and operational capacity to deliver high-impact interventions and foster international cooperation. Senior-level UN representation in MSNAP's governance structure will be essential to ensure strategic alignment and sustained engagement.

International NGOs – Strengthen and Operationalize the SUN CSO Network: INGOs operating in Yemen are urged to support the formalisation and functionality of the SUN Civil Society Network (CSN), positioning it as a platform for coordinated advocacy, programme design, and community engagement. INGOs should work through the CSN to develop APs aligned with MSNAP priorities, drawing on their field experience and community ties to implement responsive, locally grounded interventions. The CSN can also serve as a conduit for amplifying community voices and ensuring accountability in nutrition programming.

National NGOs – Establish and Empower the SUN CSO Network for Local Leadership: National NGOs are encouraged to actively participate in the establishment and operationalization of the SUN CSO Network in Yemen, forming consortia to co-develop APs that reflect MSNAP’s integrated approach. By pooling resources and expertise, these consortia can deliver comprehensive, community-driven programmes that address multiple determinants of undernutrition. The CSO Network should be empowered to lead capacity-building efforts, monitor implementation, and advocate for policy coherence across sectors.

Private Sector – Launch and Institutionalize the SUN Business Network (SBN): Private sector actors are invited to support the launch and institutionalization of the SUN Business Network (SBN) in Yemen. The SBN should serve as a platform for mobilizing innovation, investment, and market-based solutions that align with MSNAP priorities. Through the SBN, businesses can form consortia, co-develop APs, and contribute to nutrition-sensitive value chains, local production, and technological advancement. The network will also play a critical role in fostering public-private partnerships and driving economic resilience.

Annex 1: MSNAP Development Process

The Yemen Multisectoral Nutrition Action Plan (MSNAP) was built on the previously [existing MSNAP](#) covers the period 2020-2023. The Scaling up Nutrition (SUN) Secretariat (SYS), on behalf of the Ministry of Planning and the SUN Yemen Steering Committee, coordinated the process of updating the MSNAP for the period 2025-2030.

The SYS led the development of National Guidelines on scaling up multisectoral actions for nutrition through a Humanitarian, Development, Peace Nexus (HDPN) approach. These National Guidelines provided comprehensive guidance to inform both the updating of the MSNAP and its subsequent implementation and monitoring.

The SYS also issued guidance on advancing a HDPN approach during the Humanitarian Programme Cycle to develop the 2024 Humanitarian Response Plan (HRP). Nutrition-relevant interventions in different sectors identified in the 2024 HRP formed major building blocks of the MSNAP 2025-2030. The updated MSNAP identifies priority development and peacebuilding actions relevant to nutrition in different sectors to be scaled up and implemented alongside and, in some cases, integrated within humanitarian interventions.

This Guidance on the process for updating the Yemen MSNAP was informed by international good practices, such as the Toolkit for Multisectoral Planning for Nutrition, developed by MQSUN+ for the global SUN Movement. See: <https://mqsunplus.path.org/multisectoral-nutrition-planning-toolkit/>.

The MSNAP was developed through an iterative process between sectors and national multisectoral coordination structures for nutrition. Planning was led by the Line Ministries with the support of UN agencies, Humanitarian Clusters and other sectoral support mechanisms. Multisectoral structures provided guidance and collate sectoral plans into the overall MSNAP.

A key milestone of the MSNAP update process was the SUN Yemen National Gathering held in June 2023, where the building blocks and roadmap were developed based on the nexus approach to nutrition in Yemen to ensure increased efficiency, effectiveness, coherence and sustainability.

Situation analysis was led by the SUN Yemen Multi-Sectoral Technical Team, Sector Working Groups, and Nutrition Information System (NIS) Working Group. It involved an analysis of the nutrition situation (the magnitude and nature of malnutrition and its underlying causes), in addition to understanding the landscape for nutrition-related policies and plans and the stakeholders engaged in them. The analysis was informed by existing data provided from different sources, including Line Ministries, Clusters, individual agency assessments etc. Sector Working Groups collated sectoral data and analysis and shared with the SUN Nutrition Information System Working Group which produced the multisectoral situation and response analysis.

During all the phases of updating the MSNAP it was important to strengthen the capacity of the SUN NIS WG to collate multi-sector data, undertake analysis, work across sectors to increase understanding of nutrition and to establish processes and linkages with key decision and policy makers within government and amongst development partners.

The MSNAP update process strengthened and built on existing sectoral policies, plans and actions around nutrition. It capitalised on effective interventions that are already being undertaken, and avoided developing completely new areas of work for sectors, which are overly ambitious and under resourced. Sector Working Groups led the first phase of planning informed by the situation and response analysis. Sectoral planning identified opportune moments in ministry planning cycles to advocate for development policies and programmes to include nutrition and align with the MSNAP design by integrating nutrition objectives and outcomes across sector plans and strategies.

The MSNAP incorporated the planning by the sectoral and the sub-national working groups into the overall national MSNAP. It included the development of

- The Common Results Framework and the MEL framework by the NIS Working Group.
- The overall prioritisation of interventions across sectors and geographically by the SUN Multisectoral Technical Team.
- The Communications & Advocacy Plan.

The Common Results Framework (CRF) lays out the objectives, actions, targets, outputs and outcomes of the MSNAP across a timeline and assigning clear roles and responsibilities across sectors and stakeholders. The monitoring, evaluation and learning (MEL) framework includes commitment and support to annual or midterm independent reviews/evaluations, as well as periodic joint monitoring by key stakeholder agencies. Indicators already collected through existing systems will be used and streamlined into the MEL system.

The MSNAP was endorsed by the SUN Yemen Steering Committee under the leadership of the Ministry of Planning and International Cooperation in July 2025. The endorsement by the SUN SC ensures the commitment of all government ministries and partners to play their respective roles in implementing and aligning with the agreed priorities. In mid-September, the SUN Steering Committee formally presented the Multisectoral Nutrition Action Plan (MSNAP) to the Council of Ministers, seeking official endorsement and the issuance of a ministerial decree to support its implementation measures.

The MSNAP's approach and its strategic areas under the Common Results Framework (CRF) are grounded in internationally endorsed commitments and recommended frameworks. These include global guidance on multisectoral nutrition, resilience-building in fragile contexts, and coherence across the humanitarian–development–peace nexus⁹⁷.

⁹⁷ [DAC Recommendation on HDP Nexus / Framework for Action EN REV.indd/ Synthèse Évaluation de l'instrument d'Aide alimentaire programmée / The Grand Bargain \(Official website\) | IASC / GNC HDN GlobalReport.pdf](#)

Annex 2: Multisectoral Framework for Action on Nutrition

Strategic objective 1: Improved, sustained, and equitable access to essential nutrition services by integrating them into UHC, national health plans, and all components of the health system.

Strategic Area	SA Source	Intervention	Key Activity	Sub-activity
Infant and young child nutrition	National Health and Nutrition Strategy (MoPHP)	1.1.1 Promote, Protect and Support Breastfeeding Practices in Early Childhood - 4.5.1.3	1.1.1.1 Strengthen breastfeeding education, counseling and support at PHC at health facilities, through community-based programmes	1.1.1.1.1 Develop, finalise and update a national standard guideline for IYCN services, including training manual and supervision checklist
				1.1.1.1.2 Build the capacity on IYCN for service providers at facility and community level (health workers/midwives/community health workers and volunteers).
	National Health and Nutrition Strategy (Ministry of Public Health and Population) 4.3.4.2 and 4.2.1.5			Provide IYCF messages within reproductive health (antenatal care clinics) , EPI programmesetc then refer to IYCF counselling corner for IYCF counseling services.
	National Health and Nutrition Strategy (Ministry of Public Health and Population)- 6.4.1.4 CA strategy.Yemen's Commitments (2021-2030)			1.1.1.1.3 Develop educational materials (e.g., posters, leaflets, videos) on breastfeeding techniques and common challenges.
	Communication and Advocacy Strategy			1.1.1.1.4 Develop and implement a multi-channel mass media campaign to promote the benefits of breastfeeding (e.g., radio, TV, social media).
	National Health and Nutrition Strategy (Ministry of Public Health and Population)4.3.1.1 and 4.3.3.1 Yemen's Commitments (2021-2030)		1.1.1.2 Establishment Baby-Friendly Hospital Initiative (BFHI)	1.1.1.2.1 Develop, finalize and update the National Breastfeeding Guidelines and contextualize training guidelines for the Baby-Friendly Hospital Initiative to promote, protect and support breastfeeding practices.
	National Health and Nutrition Strategy (Ministry of Public Health and Population)- 4.4.1.1 Yemen's Commitments (2021-2030)		1.1.1.3 Strengthen the national legislation on the Breast Milk Substitutes (BMS) code - to protect and promote breastfeeding	1.1.1.3.1 Develop and update national legislation and regulations to fully align with the International Code of Marketing of BMS and related resolutions.
			1.1.1.4 Strengthening maternity protection in the workplace	1.1.1.4 Develop a cabinet decree on labour law for maternity protection and a tracking mechanism. And Advocate adjusting the Yemeni law of labor for maternity leave of up to 6 months.
	National Health and Nutrition Strategy (Ministry of Public Health and Population)- 3.2.2.7 and 6.4.1.4 cup		1.1.1.5 Improve community-based education and counselling to caregivers by service providers	1.1.1.5.1 Develop and distribute educational materials (such as recipe books, nutrition guides) on age-appropriate complementary feeding practices.
				1.1.1.5.2 Engage and educate families of at-risk infants about the importance of breastfeeding, the benefits of skin-to-skin

				contact, and appropriate feeding practices to support their children’s growth and development.
Nutrition and care for children and women with CMAM	National Health and Nutrition Strategy (Ministry of Public Health and Population) 4.1.2.3	1.2.1 Early detection and treatment services	1.2.1.1 Build the capacity of service providers at facility and community level (Nutrition health workers) on CMAM to ,U5 , and PLW	1.2.1.1.1 Revise and update cMAM and related training manules printed and used
				1.2.1.1.2 Training of health care providers (nutrition) on the community treatment program for children with severe malnutrition. CMAM
				1.2.1.1.3 Integrating routine screening and assessment of nutrition-related conditions into routine health visits in health facilities
	National Health and Nutrition Strategy (Ministry of Public Health and Population) 6.3		1.2.1.2 Establish a strong referral system and coordination mechanisms between different levels of the healthcare system to facilitate appropriate and timely management of complex nutrition-related cases.	1.2.1.2.1 A referral system and Coordination and integretion mechanisms established (to facilitate referrals, data sharing, and joint service deliver).
			1.2.1.3 Providing training to health care providers, including pediatricians, family physicians, nurses, and community health workers, on early recognition, appropriate referral, and effective management of nutrition-related illnesses and diseases in young children (early childhood)	1.2.1.3.1 Revise or develop nutrition curriculum for health institutes and universities in line with global guidance and include nutrition in pre-service training in medical school.
				1.2.1.3.2 Include early detection and treatment into national preservice curricula for PHC providers and community workers
	National Health and Nutrition Strategy (Ministry of Public Health and Population) - 4.6.1.4 and 4.5.1.2	1.2.2 Micronutrient Supplementation Program (MNP), Deworming and Anemia Treatment	1.2.2.1 Promoting the use of micronutrient prophylaxis (MNP), worming, iron and folic acid treatment as part of a strategy to improve complementary feeding practices	1.2.2.1.1 Integrating micronutrient supplements (MNPs) as a routine complementary feeding practice in primary health care (nutrition services) delivery in health facilities and communities.
	National Health and Nutrition Strategy (Ministry of Public Health and Population)- 4.5.1.1			1.2.2.1.2 Integrate Deworming drugs as routine provision of complementary feeding practice in PHC delivery (Nutrition services) of HFs and Communities.
	Yemen's Commitments-1 (2021-2030)			1.2.2.1.3 Provide iron and folic acid supplements in nutrition, maternal and newborn health services and local communities and referring cases to the CMAM program
	National Health and Nutrition Strategy (Ministry of Public Health and Population)4.1.1.1 Yemen's Commitments-1 (2021-2030)	1.2.3 Scale-up of Early Detection and Treatment Services for Children with Wasting (Severe and Moderate)	1.2.3.1 Integrate the early detection and treatment of children with wasting into routine primary health care services	1.2.3.1.1 Integrete the essential nutrition screening into pre natal and postnatel ,infant and children health care platforms public and private, improving the availability of nutritional services and fostering greater well-being and equitable development.

	National Health and Nutrition Strategy (Ministry of Public Health and Population)4.1.2.1			1.2.3.1.2 Provide OTPs services (Plumpy nut) for treating SAM children 6-59 months without complications in all targeted OTPs
	National Health and Nutrition Strategy (Ministry of Public Health and Population) 4.1.2.2			1.2.3.1.3 Establish 120 new Therapeutic Feeding Centres TFCs.
	National Health and Nutrition Strategy (Ministry of Public Health and Population)4.1.2.1			1.2.3.1.4 Provide physiotherapy services (Plumpy Sup) to treat children with moderate acute malnutrition (MAM) aged 6-59 months without complications in all targeted physiotherapy programmes.
Yemen's Commitments-1 (2021-2030)	1.2.4 Scale-up of The Coverage and Quality of Services for Women with Wasting	1.2.4.1 Strengthen the provision of supplementation for undernourished Pregnant and Breastfeeding Women with Fortified Blended Foods (or other BEP) through community platforms		1.2.4.1.1 Provide TSFP services (WBS++) to pregnant and lactating women in need
Yemen Commitments 1 and 3 (2021-2030)	1.2.5 Integrating food supplies into national health systems	1.2.5.1		1.2.5.1.1 Develop and adopt quality standards for wasted essential supplies (i.e., ready-to-use therapeutic foods, ready-to-use complementary foods, and basic health foods) and advocate for their inclusion in national essential medicines and commodity lists and national supply chain systems, strengthening procurement, delivery, storage, and distribution processes.
		1.2.5.2 Improving systems capacity to forecast and monitor essential nutrition supplies to manage wasting and key nutrition supplies for children and women affected by wasting		1.2.5.2.1 Improving systems capacity to forecast and monitor essential nutrition supplies to manage wasting and key nutrition supplies for children and women affected by wasting
	1.2.6 Evidence-informed Policies and Programmes for Children with Wasting	1.2.6.1		1.2.6.1.1 Support updating and alignment of national policies, programmes and protocols with global policies and best practices, while supporting the integration of early detection and treatment of wasted children into national primary health care plans and budgets.
Comprehensive care for at-risk children under 6 months of age.	1.3.1 Strengthen the capacity of the healthcare system to provide comprehensive care for U6-month infants at risk.	1.3.1.1 Strengthen programme for nutritional management of infants <6 months of age at risk of poor growth and development & management of moderate wasting with higher risk of death		1.3.1.1.1 Integrate breastfeeding support and counseling into standard care protocols for at-risk infants under 6 months of age, including techniques for initiating and maintaining breastfeeding, as well as the use of expressed breast milk.

				1.3.1.1.2 Training of healthcare providers (nutrition) on optimal infant and young child feeding practices for at-risk infants under 6 months of age.
	Yemen's Commitments-1 (2021-2030)			1.3.1.1.3 Establish a referral mechanism and coordination system between primary, secondary and tertiary health care facilities to ensure appropriate and timely management of at-risk infants under 6 months of age
Therapeutic Nutrition Centers (TFC)		1.4.1 Strengthening the quality of severe acute malnutrition (SAM) management services within TFCs, including integration of infant and young child feeding (IYCF) practices and psychosocial support, and improving data collection and analysis systems	1.4.1.1 Building the capacity of health personnel and workers in therapeutic feeding centers (TFCs)	1.4.1.1.1 Staff training: Refresher courses on updates and raising staff capabilities
				1.4.1.1.2 Conducting training courses during service
				1.4.1.1.3 Training of health workers at TFC centers on infant and young child feeding (IYCF) as well as psychological support for children at risk and mothers.
			1.4.1.2 Data and monitoring systems	1.4.1.2.1 Training of data entry personnel and TFC supervisors on entry and analysis within the national DHIS2 system
Community Health and Nutrition Volunteers (CHNVs)		1.5.1 Providing basic health and nutrition services for mothers and children at the community level	1.5.1.1 Strengthening education, counselling and growth monitoring on breastfeeding, complementary feeding and early detection of malnutrition among mothers and children under five in remote communities in the second and third population health facilities	1.5.1.1.1 Community Health and Nutrition Volunteers (CHNVs) Training Foundation Courses in the Community Health and Nutrition Volunteers Program (10 days)
				1.5.1.1.2 Completing training for community volunteers on monitoring growth and providing advice to children from the age of one day to 23 months (5 days)
				1.5.1.1.3 Training of volunteer supervisors in CHNVs health facilities on volunteer program training sessions and data quality for monthly reports submitted by volunteers

Feeding patients in hospitals	National Health and Nutrition Strategy (Ministry of Public Health and Population) 4.1.2.8	1.6.1 Enhancing hospitals' capacity to provide safe and therapeutic nutrition to patients	1.6.1.1 Establishing an effective and sustainable system for managing safe therapeutic nutrition in hospitals.	1.6.1.1.1 Establishing and managing the Department of Therapeutic and Safe Nutrition in government hospitals
				1.6.1.1.2 Training nutritionists on the system and management of therapeutic nutrition in hospitals
			1.6.1.2 Develop expansion plans that maximize continuity of care and cost-effectiveness.	1.6.1.2.1 Preparing nutrition guidelines for chronic diseases and managing cases of secondary malnutrition in hospitals.
Food safety and healthy nutrition	National Health Policy and Food Security and Nutrition Strategy: 3.2.2.8 Yemen's Commitments-3 (2021-2030)	1.7.1 Legislation and regulations for the marketing of food and non-alcoholic beveragesFood safety, including children, to protect the safety of healthy diets, including children	1.7.1.1 Strengthen the adoption and enforcement of legislation to regulate the marketing of commercially-produced foods and beverages for children (by Work with Ministry of Agriculture(MoA) and other relevant sectors).	1.7.1.1.1 Form specialised committee (MOPHP,/MoAF/,MoTI and Standard & Specification Authority ,..etc). Conduct meetings to discuss and develop strategy and action plan for monitoring and sanction
		1.7.2 Promoting food safety (working with the Ministry of Agriculture and other sectors)	1.7.2.1 Call for mobilizing decision-makers to include nutrition and food safety activities in all relevant national development policies or strategies.	1.7.2.1.1 Forming a specialized committee from relevant authorities and holding meetings to discuss and develop a strategy and action plan for monitoring and sanctions.
			1.7.2.2 Support and expand cross-sectoral coordination among decision-makers in the field of nutrition and food safety, and invest in food safety interventions.	1.7.2.2.1 Forming a specialized committee from relevant authorities and holding meetings to discuss and develop a strategy and action plan for monitoring and sanctions.
	Yemen Commitments 2 and 3 (2021-2030)	1.7.3 Complementary feeding and feeding practices	1.7.3.1 Promote access to and use of nutritious, safe, diverse, and affordable foods, including locally produced complementary foods	1.7.3.1.1 Develop a guidance/manual on national specialized food production in Yemen (including regulations to incentivize the production and distribution of nutrient-dense foods).
	Yemen Commitments 2 and 3 (2021-2030)			1.7.3.1.1 Develop a geographic nutritional guide that meets the dietary needs specific to those people in the geographic areas (Sanaa Basin, Tehama, Abyan, Hadramout, Socatra,..etc)
	Yemen's Commitments_7 (2021-2030)		1.7.3.2 Promoting access to and use of locally produced complementary foods for children aged 6-24 months	1.7.3.2.1 Establish local production of complementary foods for children aged 6-24 months, using nutritious foods from locally sourced inputs (e.g., shebiza), through developing partnerships between government sectors, the private sector, and relevant entities specialized in the local manufacturing of such food products (Ministry of Public Health and Population, Social Fund for Development, etc.).

			1.7.3.3 Support local production of therapeutic food for malnourished children aged 6-59 months	1.7.3.3.1 Establishing local production of therapeutic food for malnourished children aged 7-59 months, using nutritious foods and inputs from neutral sources, through developing partnerships between government sectors, the private sector, and relevant entities specialized in the local manufacturing of such food products (Ministry of Public Health and Population, Social Fund for Development, etc.).
				1.7.3.3.2 Mobilizing and advocating with government agencies, the private sector, public figures, and influential figures to develop and enhance families' capacities to produce nutritious foods at home, and providing the necessary facilities to achieve this.
	National Health and Nutrition Strategy (Ministry of Public Health and Population) 6.4.1.4 CA strategy.			1.7.3.3.3 Develop and implement comprehensive media campaigns targeting caregivers, families, and communities across Yemen to raise awareness of the benefits of nutritious, safe, and diverse foods in complementary feeding for young children aged 6–23 months (e.g., radio, television, and social media), to disseminate key messages.
	National Health and Nutrition Strategy (Ministry of Public Health and Population)- 4.6.1.5 and 4.6.1.7 Yemen Commitments-3 (2021-2030)		1.7.3.4 Support policy and programme for fortification of salt, wheat flour, and edible oil etc.	1.7.3.4.1 Activate laws and regulations related to fortifying foods (salt, flour, and oils) with vitamins A, C, and iodine.
	National Health and Nutrition Strategy (Ministry of Public Health and Population)- 4.6.1.5 and 4.6.1.7 Yemen Commitments-3 (2021-2030)			1.7.3.4.2 Reactivate the micronutrient program by developing guidelines for the micronutrient program (training and monitoring) and developing awareness messages.
	Vision, Strategy and Action Plan	1.7.4 Foodborne Disease Surveillance System	1.7.4.1 Establishing a surveillance system to monitor foodborne diseases	1.7.4.1.1 Implementation of foodborne disease surveillance surveys
Nutrition emergency system		1.8.1 National surveys and comprehensive assessments	1.8.1.1 Strengthening Nutrition Preparedness and Response in the Humanitarian Crisis in Yemen	1.8.1.1.1 Yemen begins full implementation of the emergency nutrition program
				1.8.1.1.2 Training of national experts and implementers at the Ministry of Health level
				1.8.1.1.3 Conduct comprehensive nutrition risk assessments to identify needs, challenges, vulnerable populations, and geographic areas.
				1.8.1.1.4 Develop and regularly update emergency nutrition plans at the national and sub-national levels, then integrate them with the Yemen Humanitarian Response Plan.

				1.8.1.1.5 Training nutrition managers and governorate coordinators on identifying emergency nutrition responses and emergency interventions
				1.8.1.1.6 Strengthening nutrition monitoring and early warning.
				1.8.1.1.7 Capacity building and coordination in nutrition in emergencies: Training health workers, NGOs, and community volunteers in nutrition response in emergencies
				1.8.1.1.8 Conducting a nutritional status assessment to determine the nutritional status in Yemen
				1.8.1.1.9 Conduct a health and nutrition assessment over the next five years DHS
				1.8.1.1.10 Expanding the nutritional surveillance program at the directorate and governorate levels.
				1.8.1.1.11 Conduct a comprehensive assessment of anemia in Yemen, including root causes, socioeconomic factors, misconceptions, underlying causes, challenges, and solutions.
		1.8.2 Nutritional surveillance	1.8.2.1 Integrating nutrition services into health service points in health facilities as part of the basic service package	1.8.2.1.1 Conduct community-based education and awareness campaigns on the importance of attended delivery and the availability of services(engage with community leaders, religious figures, and women's groups to promote the utilization of attended delivery services).
				1.8.2.1.2 Integrating nutrition indicators into immunization platforms
				1.8.2.1.3 Establishing and equipping a unit for collecting, analyzing, and standardizing nutritional data and issuing indicators and periodic bulletins.
				1.8.2.1.4 Training local experts for the unit for collecting, analyzing, and standardizing nutritional data and issuing indicators and periodic bulletins.
		1.8.3 Mobile clinics	1.8.3.1 Enhancing access to essential maternal and child health and nutrition services	1.8.3.1.1 Expanding mobile clinics to provide health and nutritional services to mothers and children at the third level of the population in all governorates and directorates.
Nutritional information	Monitoring and Surveillance Systems (Ministry of Public Health and Population) and the National Nutrition Surveillance System	1.9.1 Strengthening the nutrition information system in the health sector and its integration with the multi-sectoral nutrition information system	1.9.1.1 Completing work on the missing programmes in the current national system (DHIS2).	1.9.1.1.1 Completing the construction of sub-sections for nutrition programmes in the system to include: - Reports on work outside the walls of health points, building and entering historical data for nutrition-related surveys.
				1.9.1.1.2 Training directorate data entry personnel to enter volunteer data into the system, which was recently equipped, and only one governorate has been trained on it.

			1.9.1.2 Capacity building	1.9.1.2.1 Training a number of information cadres at the central level and governorates on the skills and applications of nutrition-related analyses.
				1.9.1.2.2 Training a number of information staff at the central level to work on advanced DHIS
				1.9.1.2.3 Training secretarial specialists, program managers, and various departments on basic office applications, internet applications, and artificial intelligence to improve performance among administration employees.
				1.9.1.2.4 Training data officers in governorate centers on data quality and working on analysis and presentation programmes
				1.9.1.2.5 Supervisory visits from the Ministry to facilities and directorates to verify the accuracy and quality of data and inputs, measure the efficiency of systems in absorbing inputs, employee satisfaction with the system, etc.
Nutrition education	Communication and advocacy strategy. Yemen's Commitments-1 (2021-2030)	1.10.1 Nutrition education and community counseling to promote nutrition throughout the life cycle	1.10.1.1 Promoting Family Nutrition and Health through Community Behavior Change Communication (SBCC)	1.10.1.1.1 Conduct community cooking demonstrations and nutrition education sessions to encourage the consumption of locally available iron-rich foods.
	Communication and advocacy strategy. Yemen's Commitments-1 (2021-2030)			1.10.1.1.2 Implementing awareness campaigns via satellite channels, radio, and social media to encourage the consumption of locally available iron-rich foods.
				1.10.1.1.3 Conduct community-based education and awareness campaigns on the importance of attended delivery and the availability of services(engage with community leaders, religious figures, and women's groups to promote the utilization of attended delivery services).
				1.10.1.1.4 Develop and implement community-level awareness and education sessions, contributing to increased knowledge, acceptance, and adoption of optimal birth spacing practices within the community.
	National Health and Nutrition Strategy (Ministry of Public Health and Population) 2.2.1.1 and 2.2.1.3	1.10.2 Nutrition education and community counseling to promote nutrition throughout the life cycle	1.10.2.1 Integrating health and nutrition services, including social behavior change communication and nutrition, into the package of essential services at the health facility and community levels.	1.10.2.1.1 Review, update and strengthen existing National SBCC strategy on nutrition that was developed by the Nutrition Cluster (2018-2021).Develop SBCC comprehensive operational guideline to identify roles of each stakeholders and the linkage among different levels.
	National Health and Nutrition Strategy (Ministry of Public Health and Population)- 6.4.1.4		1.10.2.2 Promoting breastfeeding education, counselling and support in health facilities,	1.10.2.2.2 Conduct community education sessions on the benefits of exclusive breastfeeding and recommended practices, engaging influential community members, such as religious

	CA strategy.Yemen's Commitments (2021-2030)			leaders, traditional birth attendants, and women's groups, to advocate for and encourage breastfeeding.
	National Health and Nutrition Strategy (Ministry of Public Health and Population)- 3.2.2.7 and 6.4.1.4 cup		1.10.2.3 Improving community education and counseling for caregivers by service providers	1.10.2.3.1 Conduct health facility (IYCF Corners) and community-based education sessions on the importance of diverse, nutrient-rich complementary feeding.
			1.10.2.4 Raising community awareness of adolescent and adult nutrition issues	1.10.2.4.1 Awareness through traditional and modern media (channels, radio stations, social media)
			1.10.2.5 Raising community awareness and improving nutritional practices during the holy month of Ramadan	1.10.2.5.1 Awareness through traditional and modern media (channels, radio stations, social media)
Nutrition for school-age children and adolescents	National Health and Nutrition Strategy (Ministry of Public Health and Population) 6.4.1.5 & 3.2.1.5 & 3.2.1.6 Yemen Commitments 2 and 3 (2021-2030)	1.11.1 Healthy Eating Practices for School-Aged Children and Adolescents, in Coordination with the Education and Food Sectors	1.11.1.1 Support and encourage medical and environmental surveys in all schools, universities and institutes to establish real indicators of the health and environmental status among male and female students.	1.11.1.1.1 Establish school health & nutrition and garden assessment at least one /year by adopting the previously prepared school health file, which contains all the student's health and nutrition indicators, and making it a document included in the student's admission file upon enrollment in school.
	National Health and Nutrition Strategy (Ministry of Public Health and Population) 6.4.1.5 & 3.2.1.5 & 3.2.1.6 Yemen Commitments 2 and 3 (2021-2030)			1.11.1.1.2 Establishing the Health, Nutrition and Environment Friendly Schools Initiative to establish a model and institutionalization as a first phase in three governorates.
	National Health and Nutrition Strategy (Ministry of Public Health and Population) 6.4.1.5 & 3.2.1.5 & 3.2.1.6 Yemen Commitments 2 and 3 (2021-2030)			1.11.1.1.3 Supporting nutrition and youth activities during summer activities. (Community Support Platform).
	National Health and Nutrition Strategy (Ministry of Public Health and Population) 6.4.1.5 & 3.2.1.5 & 3.2.1.6 Yemen Commitments 2 and 3 (2021-2030)			1.11.1.1.4 Health and nutritional supervision of the preparation of meals provided in schools through school feeding (technical supervision of choosing a healthy and balanced diet by applying the health requirements guide for school cafeterias).
	National Health and Nutrition Strategy (Ministry of Public Health and Population)5.4.1.2/3		1.11.1.2 Increase awareness of the benefits of good diets, healthy eating practices, and physical activity among school-age children and adolescents, their families, and their communities.	1.11.1.2.1 Conducting campaigns for adolescent girls in schools and relevant communities to raise awareness about good diets, healthy eating practices, and the importance of dry foods and physical activity (using ICE materials). - Supporting and activating home economics classes in girls' schools and disseminating them to all public and private schools.
	National Health and Nutrition Strategy (Ministry of Public Health and Population)		1.11.1.3 Advocate for the use of fortified foods in schools, and promote	1.11.1.3.1 Conduct school campaigns and events on healthy, balanced diets and nutritional practices.

	Health and Population)- 6.4.1.2 CA Strategy		salt iodization programmes, fortification of wheat flour, rice, cooking oil and other context-relevant forms of food fortification on a large scale	
	National Health and Nutrition Strategy (Ministry of Public Health and Population)- 6.4.1.2 CA Strategy			1.11.1.3.2 Develop and distribute educational materials (e.g., recipe books, guides, brochures, posters, etc.) on school-age nutritional practices and food fortification, such as iodized salts and oils, and encourage students to use them (in settings where nutrient-poor diets and micronutrient deficiencies are common)
			1.11.1.4 Providing nutritional care and support to pregnant and breastfeeding teenage mothers.	1.11.1.4.1 Develop a national guid addressing the adolescents issues including early marriage & early pregnancy and back to schools as well.
			1.11.1.5 Healthy Food Environments for School-Aged Children and Adolescents	1.11.1.5.1 Advocating for food labeling and regulatory incentives/penalties that support good diets for school-age children and adolescents.
	Yemen's Commitments-1 (2021-2030)	1.11.2 Micronutrient supplements and deworming	1.11.2.1 Strengthen policies, strategies, and programmes to address deficiencies in essential micronutrients in middle childhood, adolescence, and pregnant and lactating women, including iron and folic acid supplementation.	1.11.2.1.1 Integrate daily iron, folic acid, and vitamin B supplements into existing service delivery platforms, such as primary health care facilities, communities, and school health programmes.
	National Health and Nutrition Strategy (Ministry of Public Health and Population) 3.2.1.3			1.11.2.1.2 Provide comprehensive training for school staff and cohort variables on the proper distribution and management of intermittent iron and folic acid for adolescent girls.
	Communication and advocacy strategy.Yemen's Commitments-1 (2021-2030)		1.11.2.2 Comprehensive Anemia Control and Prevention (Targeting Adolescent Girls)	1.11.2.2.1 Conducting “comprehensive anemia control and prevention” campaigns for adolescent girls in schools and local communities to raise awareness among adolescent girls and their families.
	Communication and advocacy strategy.Yemen's Commitments-1 (2021-2030)			1.11.2.2.2 Conduct community cooking demonstrations and nutrition education sessions to encourage the consumption of locally available iron-rich foods. A multi-channel media campaign (e.g., radio, television, and social media) should also be developed and implemented.
	Yemen's Commitments-1 (2021-2030)		1.11.2.3 Promote and support the use of preventive deworming treatment for school-age children and adolescents.	1.11.2.3.1 Integrate deworming medicines into existing service delivery platforms, such as primary health care facilities, communities, and school-based health programmes.
	Yemen's Commitments-1 (2021-2030)			1.11.2.3.2 Training school staff (health supervisors, social workers, psychologists, health team, teachers)
	Yemen's Commitments-1 (2021-2030)			1.11.2.3.3 Extensive media campaigns

Nutrition-Integration within Universal Health Coverage (UHC).		1.12.1 Strengthening the nutrition integration: Integrated Child Health Care (IMCI), Integrated Newborn and Child Care (IMNCI), and growth monitoring within Universal Health Coverage (UHC) in Yemen.	1.12.1.1 Contribute to reducing morbidity and mortality among children under five years of age	1.12.1.1.1 Training 2985 workers in the field of child health on the integrated management of paediatric diseases and infectious diseases.
				1.12.1.1.2 Training of 6000 community health volunteers for child health on new updates on nutrition from MAS such as (WHZ- SCORE W/L -H, HAZ- SCORE LH/AGE, weight for height, MC, edema, stunting, malnutrition, anemia) and others.
				1.12.1.1.3 Providing supplies and publications for up-to-date guidelines and ensuring that updates are incorporated into the nutrition package. Determining a mechanism for ensuring referrals between different services at the facility level, for example, between child health and nutrition or immunization and nutrition.
				1.12.1.1.4 Providing medicines to 2,985 health facilities to help prevent and treat malnutrition among children.
Prevention and Management of Vaccine-Preventable Diseases with Nutritional Implications		1.13.1 Expansion and response to immunization services within the care services package	1.13.1.1 Promoting community health education and awareness of the importance of vaccines and the dangers of vaccineable diseases through health messages and disseminating them through appropriate means.	1.13.1.1.1 Preparing and printing a periodical (paper) magazine and preparing health messages on the importance of immunization - and publishing a periodical electronic magazine/newsletter/newsletter across various platforms to raise awareness of the importance of vaccines and the risk of malnutrition and vaccine-preventable diseases related to malnutrition.
				1.13.1.2.1 Training courses to qualify and train health workers to provide immunization services according to the new strategy (Big catch up for children under five)
				1.13.1.3.1 Conduct awareness workshops and community sensitization sessions on various nutrition, water and sanitation, immunization, integrated childhood illness management, and malaria surveillance and prevention topics (e.g., exclusive breastfeeding, complementary feeding, infant feeding, handwashing, vaccinations, disease prevention, and malaria control) targeting: 1. Caregivers, 2. Community leaders, and other relevant stakeholders.
				1.13.1.4.1 Providing vaccinations to children under the age of Fifth (according to the comprehensive vaccination catch-up

				strategy) within the integrated primary health care services package Strengthening the health system by supporting health facilities to continue providing integrated services - and responding to outbreaks by covering the targeted population in all population centers of health facilities.
Maternal and Newborn Nutrition (Maternal and Newborn Health)	National Health and Nutrition Strategy and Safe Motherhood Initiative.	1.14.1 Promoting healthy diets before, during, and after pregnancy (breastfeeding)	1.14.1.1 Strengthening social behavior change communication strategies that emphasize the importance of nutritious, safe, affordable, and sustainable diets for women before, during, and after pregnancy.	1.14.1.1.1 Conduct training sessions for community health workers (midwives)/nutritionists and volunteers on healthy balanced diets (with IEC educational materials).
	Yemen's Commitments-1 (2021-2030)			1.14.1.1.2 Conduct community home visits and support group sessions, to provide nutritional and health advice to women, postpartum mothers, and caregivers of infants and young children.
	Yemen's Commitments-1 (2021-2030)			1.14.1.1.3 Utilize various media channels, such as television, radio, and social media, to disseminate key messages on health balanced diets and dietary practices (coordinate with local authorities, community leaders, and influential personalities to amplify the campaign's reach and impact).
	Yemen's Commitments-1 (2021-2030)		1.14.1.2 Childbirth under the supervision of qualified and skilled hands	1.14.1.2.1 Implementing training on community-based maternal and newborn health care for community midwives.
	Yemen's Commitments-1 (2021-2030)			1.14.1.2.2 Conducting basic newborn care training for midwives and nurses.
				1.14.1.2.3 Psychosocial support for pregnant and lactating women through: 1. Counseling services: Providing individual and group counseling sessions to help pregnant and lactating women deal with stress, anxiety, and depression during pregnancy and after childbirth.
	Yemen's Commitments-1 (2021-2030)		1.14.1.3 Capacity building of healthcare workers (midwives, maternal and newborn health specialists, and health facility managers) through 5-day training workshops on the importance of integrating nutrition into maternal and newborn health services.	1.14.1.3.1 Integrate nutrition counseling into routine antenatal and postnatal care visits in primary health care facilities and communities. Conduct comprehensive training for health workers, community health workers, volunteers, and other frontline service providers on basic optimal maternal nutrition and integrate nutritional indicators with maternal and newborn health services.
	Yemen's Commitments-1 (2021-2030)		1.14.1.4 Providing awareness sessions on nutritional quality and referral to the Nutrition Department for further services and consultations to support mothers during antenatal and postnatal care.	1.14.1.4.1 Conduct training sessions for health workers, community health workers, volunteers, and other service providers on: 1. Integrating nutrition messages into routine antenatal and postnatal care visits in primary health care facilities and communities. 2. MUAC screening for pregnant and

				lactating women and nutrition messages. 2. Referring high-risk mothers to nutrition services.
	Yemen's Commitments-1 (2021-2030)		1.14.1.5 Improving the quality of care for newborns, caesarean sections, low birth weight, and critical cases	1.14.1.5.1 Conducting training on nursing procedures for caring for premature infants and newborns in nursing incubators.
	Yemen's Commitments-1 (2021-2030)		1.14.1.6 Conducting awareness-raising for midwives about BCG vaccination for newborns and tetanus vaccination for women of reproductive age (15-50 years).	1.14.1.6.1 Utilize different media channels, such as television, radio, and social media, to disseminate key messages about BCG vaccination for newborns and tetanus vaccination for women of reproductive age (15-50 years).
				1.14.1.6.2 Conducting workshops for midwives on BCG vaccination for newborns and tetanus vaccination for women of reproductive age (15-50 years).
			1.14.1.7 Care and support for nutritionally at-risk women	1.14.1.7.1 Provision of medicine, infusions and medical appliances and delivery kits
	Yemen's Commitments-1 (2021-2030)		1.14.1.8 Comprehensive control and prevention of anemia (targeting women of reproductive age, pregnant and lactating women)	1.14.1.8 .1 Providing iron and folic acid supplements
	Yemen's Commitments-1 (2021-2030)		1.14.1.9 Conduct training sessions for community health workers and volunteers on birth spacing, maternal and child health, and reproductive rights (with IEC educational materials).	1.14.1.9.1 Conducting training courses on the National Birth Spacing Guide for midwives

Strategic Objective 2: Access to Food, Income and Sustainable Livelihoods

Strategic ArA4:16eas	SA Source	Intervention	Key Activity	Sub-activity
2.1 Livestock and Fisheries	Strategy of Ministry of Agriculture, Irrigation and Fisheries	2.1.1 Promote and support sustainable practices in animal husbandry, fisheries and beekeeping	2.1.1.1 Extensive animal rearing for the production of animal source foods in support of healthy diets	2.1.1.1.1 Enhancing livelihoods and improving food and income levels for poor rural households through the distribution of goats and ruminants, and the distribution of Egg-laying chickens, along with training workers and providing awareness to breeders and marketers on livestock health care:
	N4G Yemen Commitment 1		2.1.1.2 Supporting agricultural projects to produce food to support healthy diets	2.1.1.2.1 Facilitate Access to Start-Up Capital and Grant Funding for: <ol style="list-style-type: none"> 1. Livestock rearing and dairy production initiatives: focused on the production of milk and dairy products. 2. Poultry and Ruminant Farming: Promote the development of poultry and ruminant livestock systems 3. Integrated Small-Farm Food Production: Encourage practices that combine crop cultivation with animal husbandry, fostering a holistic approach to small-scale agriculture.

	Common Results Framework (2021-2023)			2.1.1.2.2 Establish and support small and medium-sized projects for women and youth, including IDPs, marginalized, refugees, and PWDs (low-interest loans)
				2.1.1.2.3 Provide grants for small businesses related to livestock that target poor women and youth, including internally displaced women, marginalized women, refugees, and persons with disabilities
			2.1.1.3 Strengthening fisheries infrastructure to improve supply chain and food safety, with the aim of increasing production and reducing waste.	2.1.1.3.1 Rehabilitate four main existing fisheries landing infrastructure (fish landing centers along the Yemeni coastline) to increase the production by reducing losses and improving the safe and healthy handling of fishery products.
				2.1.1.3.2 Establish 12 new fish landing centers (modern, efficient, and climate change adopted) to improve the safe handling of fish and reduce catch losse) on the coasts of the Red Sea, the Gulf of Aden and the Arabian Sea
				2.1.1.3.3 Build the capacities of workers (fishermen, fish transporters, market workers, etc.) in 12 new fish landing centers
				2.1.1.3.4 Establish two sustainable fish farming and aquaculture centers in Hodeidah and Aden
	Ministry of Agriculture and Fisheries Strategy			2.1.1.3.5 Rehabilitation of 3 laboratories for fish quality testing in (Quality Laboratories (Hodeidah Governorate, Haradh Port / Haggah, Al Mahrah Governorate)) with the provision of equipment and training for the staff, contribute to the overall development and sustainability of the fisheries and aquaculture sector
	Common Results Framework (2021-2023)			2.1.1.3.6 Establishing floating basins at sea for fish farming and marine life breeding to support small fishermen
				2.1.1.3.7 Provide in-kind and cash assistance to vulnerable farmers and livestock producers for access to quality seeds, and fodderfertilizers, and tools. Strengthen inspection and quality assurance for agricultural inputs,
	Common Results Framework (2021-2023)		2.1.1.4 Beekeeping to produce animal-source foods to support healthy diets	2.1.1.4.1 Distribution modern honeybee hives with colonies (55,000 modern hives for 5,500 beneficiaries and training them on modern beekeeping methods) to develop value chains for honeybee products.
	Common Results Framework (2021-2023)		2.1.1.5 Processing, handling and market access to support healthy consumption of animal-source foods to achieve dietary diversity.	2.1.1.5.1 Establish 46 model wholesale and retail markets in districts and sub districts hard to reach areas, according to the specifications and standards (set by MoAF) Provide 90 conditionalized vehicles. Provide 1840 motorcycles equipped with ice-pox with a capacity of (50 - 100 kg) for every one of street vendors
	Common Results			2.1.1.5.2 Train transportors and markets sale people on safe handling and marketing of fish, in the new markets that will be established

	Framework (2021-2023)			
	Common Results Framework (2021-2023)			2.1.1.5.3 Establish 1,600 retail fish sales points in areas with high malnutrition rates cities and districts.
	Common Results Framework (2021-2023)			2.1.1.5.4 Establish a plant for grinding fish wastes (fish feed for fish farms) in Al Hudaydah Governorate
	Common Results Framework (2021-2023)			2.1.1.5.5 Establish two model fish farms with the aim of encouraging the private sector to invest in this field to enhance fish production
				2.1.1.5.6 Establish two centralized fish export centres, to set up facilities for fish collection, refrigeration, and storage. And develop the infrastructure for efficient fish exports (in Aden and Hodeidah).
			2.1.1.6 Conduct communication and advocacy for healthy diet, food safety and hygiene practices - in coordination with the health, WASH sector	2.1.1.6.1 Conduct community awareness campaigns on the importance of food safety and hygiene practices, targeting households and community members, engaging leaders, influencers, and community volunteers, and developing user-friendly, culturally-appropriate nutrition education materials and resource
	Communication and Advocacy Strategy		2.1.1.7 Conducting communication and advocacy to increase fish consumption - in coordination with the health, water and sanitation sector	2.1.1.7.1 Conduct awareness-raising programs through radio, TV, workshops, social media platforms and seminars, along with brochures and leaflets, to raise community awareness on the importance of consuming fish as a healthy food for improved nutrition
			2.1.1.8 Conduct evidence base assessments - feasibility and cost-effectiveness studies of local food production.	2.1.1.8.1 Conduct assessments, surveys, studies, data collecting on the nutrient content of locally available animal source foods (Cows, sheep, poultry, fishing and honey among livestock keepers, fishers and beekeeping farmers. Also, Provide evidence base - feasibility studies and cost-effectiveness of local food production.
				2.1.1.8.2 Conduct biological and management studies on five marine species: Shrimp, Crab, Squid, Sardine/Anchovy and Grouper, covering their life cycles, reproduction, seasonal patterns, and management practices
				2.1.1.8.3 Conduct a study to determine fishing effort and determine sustainable fishing levels and quotas.

	Common Results Framework (2021-2023)			2.1.1.8.4 Preparing feasibility studies in the field of fresh and salt water fish farming
	Common Results Framework (2021-2023)			2.1.1.8.5 Providing two advanced research boats belonging to the General Authority for Marine Science Research for its branches in Aden and Hodeidah to study and identify fish stocks to maintain the sustainability of marine resources as a food aspect.
				2.1.1.8.6 Preparing three studies in the field of fisheries: (a study to evaluate and develop fish value chains, a social and economic study of fishing communities, a study of the marine environment and the impact of climate change on the marine ecosystem)
			2.1.1.9 Connecting Agricultural Information and Systems Center with the Animal Wealth and Animal Health Systems	2.1.1.9.1 Strengthening agricultural information and systems centre through linking livestock and animal health systems.
				2.1.1.9.2 Establish and maintain an information system - as an application - to provide market information by connecting fishermen, fish sellers, small animal producers and market traders.
	N4G Yemen's Commitment 2021 - 6		2.1.1.10 Achieving policy coherence	2.1.1.10.1 Update of the Fish Farming Guide in
	N4G Yemen's Commitment 2021 - 8	2.1.2 To enhance food safety, quality and nutritional value by promoting standards, protocols, guidelines, legislation and regulations, thereby enhancing public health and well-being.	2.1.2.1 Development Guides and Guidelines	2.1.2.1.1 Preparing a guide for safe handling of fish and marine life
	Communication and Advocacy Strategy			2.1.2.1.2 Develop a guidance/manual on national specialized food production in Yemen (including regulations to incentivize the production and distribution of nutrient-dense foods).
			2.1.2.2 Coordination, governance and strengthening government mechanisms	2.1.2.2.1 Capacity building to 36 fishing associations in on: Manageral ,Technical ,Operational ,Entrepreneurship ,Finicial,Nutrition concepts...etc(54 memebers)
				2.1.2.2.2 Reorganizing and supporting 36 associations and transforming them from production associations into associations specialized in the field of food industries and fish marketing.

			2.1.2.3 Strengthening the capacities of decentralized livestock and fisheries support departments	2.1.2.3.1 Support the General Authority for Marine Science Research (GAMSR) with research equipment and tools,
				2.1.2.3.2 Building the capacity of the technical team of the (GAMSR) (150 researchers), including the main center and its branches, to ensure the protection and sustainability of fish resources as a sustainable food source.
			2.1.2.4 Other possible environmental factors	2.1.2.4.1 Provide continuous veterinary services through treatment and prevention of diseases.
				2.1.2.4.2 Enhance the surveillance and early warning system for animal diseases.
				2.1.2.4.3 Implementing vaccination campaigns for livestock.
				2.1.2.4.4 Conducting plant protection campaigns.
			2.1.2.5 Promote and expand the use of male and female community animal health workers, who serve as an important link between professional veterinary services and remote/underserved areas.	2.1.2.5.1 Train community animal health veterinary technicians, with a focus on women, and provide them with basic equipment (tool kits) to provide basic animal health care services within their local communities, and conduct effective awareness and advocacy sessions.
2.2 Crops/Horticulture	N4G Yemeni Commitment 4	2.2.1 Promoting diversity and the use of local varieties suitable for agricultural practices to enhance resilience, sustainability and productivity in local agricultural systems(National Plan for Plant Production)	2.2.1.1 Promoting fruit and vegetable gardens for a healthy diet -(National Olive Program for Healthy Nutrition - ,) (National Program for Healthy Nutrition for Guava, Papaya, Mango, Lemon and Palm - Aden)	2.2.1.1.1 Multiply the productivity Olive central ursery
				2.2.1.1.2 Multiply the productivity of government, private, and village nurseries (guava, papaya, mango, lemon, palm trees)
				2.2.1.1.3 Establish a model field school/Establish model schools for farmers
				2.2.1.1.4 Establish 15 extension fields or field days (200,000 seedlings in 1st stage).
				2.2.1.1.5 Supporting public central nurseries to enhance productivity to 8 million seedlings in both . (its current capacity is 3 million seedlings)

				<p>2.2.1.1.6 Produce 10 million seedlings of horticultural,field and forest crops, targeting seedlings (fruits, forest species,cash crops) to be distributed as follow :</p> <p>1.5,140,000 variuos fruits seedlings(15 types) \$ 1,875,000</p> <p>2. 3,310,000 various seedlings (forest, hummingbird , Carob, Tamr Hindi ,Arabic Gum trees). \$ 696,250</p> <p>3.Multiplicate Palm seedling by propagation tissue technique.\$935,000</p> <p>4.Multiplicate cash crops (Sun flowers ,Peanut,Turmeric ,Ginger ,Kardamon and black seeds) in targeted areas.\$81,000</p>
			<p>2.2.1.2 Rural Women Development, to empower, enhance their livelihoods, and contribute to improved food security and nutrition in Yemen.</p>	<p>2.2.1.2.1 Conduct capacity building to women staff in rural women empowerment department in Ministry and offices in</p>
	Strategic Plan of the Ministry of Agriculture and Fisheries			<p>2.2.1.2.2 Conduct training workshops for rural women farmers on sustainable Farming practices, ,eg, crops rotation, and pest management to enhance productivity and sustainability.</p>
				<p>2.2.1.2.3 Provide access to Agricultural Inputs (e.g, quality seeds, tools, irrigation sytem and fertilizers), ensuring they can implement learned practices effectively.</p>
			<p>2.2.1.3 The national program to achieve self-sufficiency in key food crops: grains and legumes (up to 50% self-sufficiency).</p>	<p>2.2.1.3.1 Establish two modern centers to tissue culture which depend on tissue culture method propagation (in) (consisting of a tissue culture laboratory, greenhouses, and acclimatization facilities, to meet the whole needs</p>
	Common Results Framework (2021-2023)			<p>2.2.1.3.2 Provide improved seeds of Wheat, Maize, Sorghum, fine corn, mile/barley, vegetables, and Legumes and high quality healthy seedlings</p>
				<p>2.2.1.3.3 Encourage the investment by ensuring land availability, facilitating access to marketing channels, providing technical assistance, introducing advanced technologies and fertilizers, and enabling the purchase of crops at fair prices.</p>
				<p>2.2.1.3.4 Empower Producers associations to reduce input costs through bulk procurement."</p>
				<p>2.2.1.3.5 Strengthening farmers' capacities to combat agricultural pests, animal diseases, and epidemics through:</p> <ol style="list-style-type: none"> 1. Building institutional capacities for livestock breeders and natural rangeland management. 2. Establishing community committees to oversee and regulate rangeland management. 3. Providing biological and chemical pesticides and training under government supervision and oversight on their safe use.

				2.2.1.3.6 Facilitating access to labor-saving agricultural machinery and equipment to enhance productivity, while expanding the capacity of agricultural extension systems to improve technologies and practices.
	Yemen's commitment		2.2.1.4Promotion of home fruit and vegetable gardens for healthy diets ,targeting women households,including IDPs ,marganalised, refugee and PWDs	2.2.1.4.1 Support the establishment of home fruit and vegetable gardens to women (including training and technical guidance on production, gardening techniques and marketing) in
				2.2.1.4.2 Support the use of greenhouses
	Common Results Framework (2021-2023)			2.2.1.4.3 Enhance the livelihoods of farmers affected by the war through distribution of fertilizers (5,500 in)
				2.2.1.4.4 Establishing and supporting school gardens in : (distributing booklets for students and teachers, providing inputs, and employing extension agents)
			2.2.1.5 Enhance agricultural activity in Kamaran Island	2.2.1.5.1 Expand the Existing Kamaran Island Creek , to serve as a rainwater harvesting resource, allowing local residents to : 1. utilize the water for agricultural activities. 2. Plant trees along the creek's banks.
				2.2.1.5.2 Establishing home garden units for Kamaran Island residents and training farmers on vegetable and fruit cultivation methods.
			2.2.1.6 Sustainable intensification of staple crop production for dietary diversification (cereals, pulses, roots and tubers,	2.2.1.6.1 Support two Agricultural Researches and Extension Authorities (AREA) in ,to develop new genetic structures for the agricultural sector in both plants and animal farms.This requires: 1. Improving operational capacity. 2. Providing equipments and tools. 3.Researches Field workers for all research stations and Building their capacities of researchers and field workers across all research and extension centers.
			2.2.1.7 Improving local genetic breeds to improve productivity (quality and quantity)	2.2.1.7.1 Improve local genetic breeds for improving the productivity (quality and quantity) through : 1.Bringing of high-quality variety seeds from International research centers (e.g,from Mexico) 2.Maintenance of local high-quality varieties (Seed Multiplication Corporation) 3..Improve sorghum

	Communication and Advocacy Strategy	2.2.2 Encouraging farmers and producers to adopt innovative and sustainable agricultural technologies and practices to enhance agricultural productivity, sustainability, and resilience, ultimately improving food security and livelihoods in rural communities.	2.2.2.1 Support the introduction of improved crop varieties and livestock breeds, while facilitating the private sector's production and distribution of high-quality seeds and breeds, with the aim of improving productivity and enhancing food security and nutrition.	2.2.2.1.1 Introducing improved crop varieties and livestock breeds.
				2.2.2.1.2 Providing facilities For the private sector in the production of high quality seeds and strains.
			2.2.2.2 Biodiversity and underutilized crops in Yemen include: 1. Black cumint, fenugreek, ginger, cardamom, turmeric, etc. (.) 2. Black cumint, fenugreek, ginger, turmeric, cassava, frankincense, hibiscus, henna, and endemic potatoes, etc. (Aden).	2.2.2.2.1 Support for underutilized crops (black cumint, fenugreek, ginger, cardamom, turmeric) in , and (black cumint, fenugreek, ginger, turmeric, cassava, frankincense, hibiscus, henna, endemic potatoes) in Aden through: 1. Provide high-quality seeds to enhance cultivation. 2. Improve tillage techniques, methods, and tools. 3. Provide solar-powered systems and advanced irrigation networks for efficient water use. 4. Support producer associations focused on underutilized crops to enhance cooperation and market access.
	Common Results Framework (2021-2023)			2.2.2.2.2 Provide improved seeds (potato) and high quality healthy seedlings of vegetables and legumes for various environmental zones in
	Common Results Framework (2021-2023)			2.2.2.2.3 Provide seedlings of almonds and Sidr tree in , Provide improved seedlings of fruits (lemon, guava, papaya) and sidr tree in Aden.
	Common Results Framework (2021-2023)		2.2.2.3 Enhancing agricultural marketing infrastructure	2.2.2.3.1 Establishing and rehabilitating (110) local rural markets (55) in Aden and (55) in ,, equipping them with well-ventilated warehouses and post-harvest refrigeration, organizing internal marketing, and training 6,600 marketers and transport/distribution workers on effective agricultural marketing.

	Strategic Plan of the Ministry of Agriculture and Fisheries in Yemen, Commitment Four		2.2.2.4 Strengthen the Competitiveness of Coffee Crops and Combating Foreign Coffee:	2.2.2.4.1 Monitor and follow up the implementation of the Cabinet decision banning the import and trade of foreign coffee.
	Ministry of Agriculture and Fisheries Strategic Plan, Yemen's Commitment			2.2.2.4.2 Support the establishment of the National Center for Coffee Production and Marketing, enhance the center's institutional capacities, conduct field surveys to assess production and development needs, and monitor the implementation of measures to ban the import and trade of foreign coffee.
				2.2.2.4.3 Implement a sample survey in four different regions to assess the actual production of coffee trees and update current statistical data. (Similar survey can be conducted to main important plants in Yemen)
				2.2.2.4.4 Conduct 240 training sessions for coffee farmers in production areas on agricultural best practices, harvesting, and post-harvest handling. 120 training session in , 120 training sessions in Aden
				2.2.2.4.5 Establish 71 rural nurseries (35 in , and 36 in Aden).
				2.2.2.4.6 Rehabilitate 25 existing nurseries (15 in , and 10 in Aden)
				2.2.2.4.7 Select and distribute high quality improved coffee seeds to farmers in the targeted areas (3,00,000 seedlings in , - 2,500,000 in Aden)
				2.2.2.4.8 Encourage community for establishing 40 coffee associations in areas where associations have not yet been formed.(25 in , and 15 in Aden)
	Common Results Framework (2021-2023)			2.2.2.4.9 Rehabilitate plant protection Department/centres,(one in Aden and another in ,)
		2.2.3 Promoting the introduction and adoption of biofortified crop varieties to support healthy diets	2.2.3.1 Introduction of biofortified varieties to support healthy diets	2.2.3.1.1 Providing biofortification programs (breeding micronutrient-rich plants)
			2.2.3.2 Social marketing campaigns on biofortified foods to support healthy diets	2.2.3.2.1 Implement awareness campaigns targeting farmers and consumers to adapt to new crops and foods, and provide guidance and awareness programs to improve marketing performance.

			2.2.3.3 Implement a Climate-Smart Agriculture Program	2.2.3.3.1 Conduct training workshops for farmers to educate them on climate-smart practices, such as hydroponics, aquaponics, soil conservation, and diversified crop rotation and production.
				2.2.3.3.2 Develop and distribute climate-Resilient seed varieties : Collaborate with agricultural research institutions to develop and distribute drought-resistant and climate-resilient seed varieties to local farmers.
	Communication and Advocacy Strategy		2.2.3.4 Increased public demand for nutrition-related services in the agriculture and agricultural services sectors	2.2.3.4.1 Conduct awareness and advocacy campaigns for households to educate the public about the importance of nutrition-sensitive agriculture and the availability of nutrition-related services in food security sectors. And Use a variety of communication channels and collaborate with influential community leaders.
			2.2.3.5 Support and encouragement of agricultural crop processing industries	2.2.3.5.1 Conduct studies on manufacturing projects that represent investment opportunities in the production of food products based on agricultural crops, including fruits, vegetables, and cash crops, and encourage the private sector to adopt these initiatives.
			2.2.3.6 Ratings and Information	2.2.3.6.1 Strengthening the monitoring and evaluation system for agricultural crop diseases and animal epidemics
				2.2.3.6.2 Enhance the governmental M&E on public nurseries productions stages (planting, growth, distribution, and marketing phases of seedlings for targeted fields and farmers).
				2.2.3.6.3 Update the electronic information system networking and links all nurseries on ceneteral and governmental level. & Conduct training workshops for the nursery managers and staff on system using, to facilitate active management and get the required data and information
	Ministry of Agriculture, Food and Agriculture Strategy		2.2.3.7 Establishment of the National Center for Monitoring and Control of Epidemic and Migratory Pests	2.2.3.7.1 Establish and maintain a reacershes and studies center, M&E and linked effectively with similar centers worldwide
				2.2.3.7.2 Capacity building for staff of the Center for Research, Studies, Monitoring and Evaluation
	Communication and Advocacy Strategy			2.2.3.7.3 Design and establish mobile application and information platforms or any digital technologies to enhance accessibility and responsiveness
				2.2.3.7.4 Scaling up the national readiness for food systems' positive transformations and responding to emergencies and shocks.
2.3 Irrigation and water resources		2.3.1 Ensuring the sustainability of water resources through effective and efficient	2.3.1.1 Protect and enhance water and land resources within the drainage basin through effective	2.3.1.1.1 Provide an irrigation system to preserve water resources and lands, covering 2,750 hectares ,targeting small farmers ,includes IDPs,PWDs ,refugees and marganalised people in need

		use by implementing strategies that improve water use, conserve water resources, and promote practices that support long-term water availability to meet agricultural, industrial, and domestic needs.	drainage basin management.	
				2.3.1.1.2 Encourage the adoption of integrated soil fertility management practices, such as organic fertilizers, cover cropping, and agroforestry, along with capacity building and technical assistance programs.
	Communication and Advocacy Strategy			2.3.1.1.3 Improve water use efficiency by support the transition to sustainable water management techniques through: Establish farmer field schools at the community level, engaging experienced farmers, agricultural extension workers, and local water management experts to facilitate sessions and share knowledge, and .Encouraging peer-to-peer learning and the exchange of best practices among participating farmers.
	Common Results Framework (2021-2023)			2.3.1.1.4 Provide solar water pumps in (as an alternative to diesel to irrigate crops). 750 solar water pump in , 550 solar water pump in Aden
	Common Results Framework (2021-2023)			2.3.1.1.5 Establishing (1,800 water tanks for rain harvesting) to be used for irrigation, 900 tanks in Aden and 900 tanks in ,.
	Common Results Framework (2021-2023)			2.3.1.1.6 Purify irrigation water from pest and fungal infections
			2.3.1.2Irrigation use efficiency, development and efficient use of water.	2.3.1.2.1 Forming community irrigation management committees comprising local farmers, water user associations, and community leaders. (Evaluating the work of water user associations, building the capacity of irrigation management committees and enabling them to participate in collective planning and monitoring effective use of water resources., and supporting the development of community initiatives focused on water conservation and sustainable irrigation practices.)
				2.3.1.2.2 Establish of 14 dams and water barriers (7 in , and 7 in Aden).
				2.3.1.2.3 Establish of 70 irrigation canals for dams that need irrigation canals (50 in , and 20 in Aden).
				2.3.1.2.4 Rehabilitate and maintain of 37 dams and water barriers (33 in ,
				2.3.1.2.5 Rehabilitation of 33 irrigation canals in ,.
				2.3.1.2.6 Form associations for users of pastures and forests. 2.Early warning programs regarding climate change and its negative impacts on vegetation and pastures."
				2.3.1.2.7 Support agricultural and irrigation associations and cooperatives through capacity building, infrastructure, and operating costs. 60 associations in , and 25 associations in Aden.
			2.3.1.3 Sand dune stabilization and combating desertification	2.3.1.3.1 Stabilize of sand dunes and combating desertification.

				2.3.1.3.2 Implementation of the Green Belt Project for multiple environmental and industrial purposes.
				2.3.1.3.3 Rehabilitation of forest areas that have been degraded due to deforestation and overgrazing.
				2.3.1.3.4 Implementation of a national inventory of forests and pastures.
				2.3.1.3.5 Rehabilitation of pastures to enhance fodder production.
			2.3.1.4 Treat and reuse wastewater Practice, rather than simply disposing of it.	2.3.1.4.1 Reuse of treated wastewater (TSE) (treated sewage water)
2.4 Food preparation, enrichment and storage		2.4.1 Enhancing the efficiency and quality of food manufacturing practices, by adopting advanced technologies, social protection mechanisms and methods aimed at improving the safety, nutritional value and shelf life of processed foods.	2.4.1.1 Fermentation, drying, pickling and processing at home level	2.4.1.1.1 Conducting training courses on Home food processing for women and families. Food safety practices and food hygiene.
			In coordination with the Ministry of Health and Food Committees	2.4.1.1.2 Providing cash transfers to support small food industries and home food processing, such as: 1. Production of jams, pickles, and sauces. 2. Drying fruits and vegetables such as figs, citrus fruits, almonds, apples, tomatoes, etc. 3. Pickling cucumbers, lemons, mangoes, carrots, etc. 4. Processing some canned vegetables and fruits. 5. Encouraging food processing industries.
		2.4.2 Enhancing fortified foods, including salt iodization and fortification of complementary foods, and reformulating foods and beverages to support healthy diets	2.4.2.1 Reformulat foods/drinks for healthier diets	2.4.2.1.1 Create a national directory of food and beverage ingredients available in the Yemeni market. Encourage investment in private projects in the food manufacturing sector.
			2.4.2.2 Mass fortification to support good nutrition, particularly adequate micronutrient intake	2.4.2.2.1 Conduct advocay to the private sectors and national manufacturing to fortification adoption

			2.4.2.3 Community fortification to support good nutrition	2.4.2.3.1 Conduct community session to raise people awareness on the fortification
				2.4.2.3.2 Train 200 regular female trainers to teach fish processing skills (TOT training)
				2.4.2.3.3 Train 2,400 coastal women in fish flakes making and nutrient-rich fish meal production skills within the first 1,000 days, including displaced, marginalized, refugee, and disabled women.
			2.4.2.4 Production of fortified complementary foods to fill documented nutritional gaps in children aged 6 to 23 months	2.4.2.4.1 Support and empower 1,600 coastal women to establish fish drying and processing units to produce (fish wafers, fish flour, fish oil) using small fish species as a complementary food for children.
	Common Results Framework (2021-2023)			2.4.2.4.2 Establish of halls for salting, drying, smoking and preparing fish (to support 8,800 coastal women in)
	Communication and Advocacy Strategy		2.4.2.5 Promote sustainable local food production and consumption	2.4.2.5.1 Encourage local production of nutritious foods using locally sourced inputs (e.g., chips), by developing partnerships between government sectors, the private sector, and relevant entities specialized in the local manufacturing of such food products (Ministry of Health, Social Fund for Development, Yemen Organization for Standardization and Metrology, etc.).
	Communication and Advocacy Strategy		In coordination with the Ministry of Health and Food Committees	2.4.2.5.2 Mobilizing and advocating with government agencies, the private sector, public figures, and influential figures to develop and enhance families' capacities to produce nutritious foods, and providing the necessary facilities to achieve this (.).
				2.4.2.5.3 Establish community-based local food production and processing initiatives and Link CBI to local markets, schools, and other institutions to create sustainable demand and distribution channels for locally produced foods.
			2.4.2.6 Household food storage/silos support for increased food stability to support healthy diets	2.4.2.6.1 Conduct training workshops for 32,000 women on methods of preserving and storing food at home and food safety/hygiene.
	Common Results Framework (2021-2023)		2.4.2.7 Food hygiene/safety infrastructure, technology and quality assurance (HACCP) to safeguard nutrition	2.4.2.7.1 Activate Food Safety Department in the Ministry of Health and the Ministry of Agriculture in .(Providing equipment and devices, training and qualifying technicians in the administration on food safety and hygiene practices in small industries, and developing guidelines, checklists and terms of reference for food safety and hygiene).

	Communication and Advocacy Strategy	<p>2.4.3 Develop and enhance capacity for proper food preservation, handling, and storage methods to ensure the quality and safety of food products, reduce post-harvest losses, and ultimately contribute to improved food security and nutritional outcomes.</p>	<p>2.4.3.1 Construction and rehabilitation of grain silos</p>	<p>2.4.3.1.1 Expand the Public storage capacities and reserves for grains by rehabilitating grain silos.</p>
				<p>2.4.3.1.2 Support and encourage the purchase and consumption of local grains through: - Awareness programs to change dietary patterns that rely on imported flour. Supporting composite flour programs based on locally produced grains.</p>
	Yemeni Commitment No. 5	<p>2.4.4 Strengthening food safety information systems/mechanisms in Yemen by updating legislation and regulations, improving inspection protocols, training producers and retailers, and activating the National Food Safety Committee.</p>	<p>2.4.4.1 Food safety and quality control system, including legislation and regulations, inspection systems, and capacity development for food producers, manufacturers, and retailers</p>	<p>2.4.4.1.1 Activate the National Food Committee (Food Hygiene and Food Regulation) through: 1. Conduct a training workshop on food hygiene and safety and related regulations, including Hazard Analysis and Critical Control Points (HACCP), ISO 22000, and others. 2. Support participation in Codex Alimentarius General and Technical Committee meetings, including voting. 3. Support participation in virtual and in-person working group activities to discuss the international Codex Alimentarius and present Yemeni perspectives. 4. Conduct two workshops to develop Yemeni food safety standards. 5. Provide training on harmonizing Yemeni standards with Codex Alimentarius standards.</p>
		<p>2.4.5 Develop and implement targeted social marketing and behavior change campaigns that promote the consumption of properly processed, fortified, and stored foods.</p>	<p>2.4.5.1 Targeted social marketing campaigns to promote the consumption of processed, fortified, and properly stored foods.</p>	<p>2.4.5.1.1 Implementing several community awareness sessions/programs for farmer field schools and agricultural extension services by: identifying community influencers, leveraging communication channels and media, and training frontline workers on effective nutrition education techniques.</p>
2.5 Food consumption		<p>2.5.1 Promote food-based nutrition education</p>	<p>2.5.1.1 Nutrition education, skills training, and participatory</p>	<p>2.5.1.1.1 Organize regular community-level nutrition education sessions, engaging local health workers, nutritionists, and community leaders to facilitate the sessions and provide information on the nutritional benefits of healthy, balanced, and nutritious foods. Encourage interactive</p>

practices for healthy diets		through various initiatives such as nutrition education, skills training, participatory cooking sessions, awareness programs, and counseling for mothers and other caregivers to empower communities with the knowledge and skills to make healthier food choices, improve nutritional outcomes, and enhance overall well-being.	cooking sessions/awareness/counseling for mothers and other caregivers.	discussions and practical activities to reinforce key messages and address any misconceptions or concerns.
		2.5.2 Providing nutrition education in schools, with a focus on agricultural and fisheries messages, in coordination with the Ministry of Education and the Ministry of Health, to equip students with knowledge and skills related to nutrition, agriculture and fisheries, promote healthy eating habits and encourage sustainable practices from an early age.	2.5.2.1 Nutrition education in schools	2.5.2.1.1 Design and development of a nutrition education and nutrition awareness manual for school students (including training materials for trainers and trainees, educational materials, booklets, posters, flyers, etc.).
				2.5.2.1.2 Conduct awareness sessions in school on improving students' nutritional status, micronutrients and healthy diets, and important nutrition messages and protecting them from misleading health and nutrition propaganda (distribution of ICE materials (brochures, posters, leaflets, etc.)).
		Integrated with Crops and Horticulture Activity No.	2.5.2.2 School garden-based food and nutrition education	2.5.2.2.1 Educating students in food production and food systems literacy through the establishment of school gardens using a climate-friendly schools approach with a focus on the nutritional impacts of children and young people.
		2.5.3 Protecting consumers by ensuring healthy diets through regulating marketing practices to	2.5.3.1 Protection from the marketing of unhealthy foods and beverages	2.5.3.1.1 Conduct an analysis of food products and evaluating them to ensure compliance with international and Yemeni standards. 2. Developing guidelines for disseminating information and awareness in workshops and community discussion sessions.

		prevent the promotion of unhealthy foods and beverages.		
	Communication and Advocacy Strategy	2.5.4 Enhancing local food production at the national and even household levels, and demonstrating the feasibility of producing complementary, preventive, and therapeutic foods locally.	2.5.4.1 Promoting sustainable local food production and consumption	2.5.4.1.1 Establish national-level programs to support local food systems by creating national platforms to connect local producers with consumers, such as farmers' markets, food hubs, and e-commerce initiatives. And Develop and disseminate educational materials (brochures, videos, and community workshops) to raise awareness of the nutritional benefits of locally produced foods.
	Communication and Advocacy Strategy			2.5.4.1.2 Organize hands-on training sessions and demonstration plots to showcase sustainable local food production techniques. Also, Facilitate peer-to-peer learning exchanges and community dialogues to share successful local food production and consumption practices
	Communication and Advocacy Strategy			2.5.4.1.3 Design educational curricula and training materials, emphasizing the importance of consuming nutrient-dense foods, including processed, fortified, and properly stored foods.
	Communication and Advocacy Strategy			2.5.4.1.4 Providing practical training on food preparation techniques, storage methods, and the use of fortified food products.
				2.5.4.1.5 Implement targeted social marketing campaigns to promote the consumption of properly processed, fortified, and stored foods. Identify key influencers and opinion leaders within the community.
	Communication and Advocacy Strategy	2.5.5 Promoting safe food production at home through community food production initiatives, with a focus on women	2.5.5.1 Community-Based Food Production Initiatives (integrated with food processing in above strategic area no.4)	2.5.5.1.1 Facilitate the development of community-level food processing and preservation centers, and engage community members, particularly women, in the management and operation
	Communication and Advocacy Strategy		2.5.5.2 Complementary feeding (In coordination with Health sector)	2.5.5.2.1 Conduct community awareness sessions to promote dietary diversity as part of optimal complementary feeding and promote fortified foods for complementary feeding.

		2.5.6 Develop a comprehensive food safety strategy, and review food and nutrition laws and legislation.	2.5.6.1 Develop a comprehensive food safety strategy, and review food and nutrition laws and legislation.	2.5.6.1.1 Establish Food Safety Strategy, regulation and laws in
2.6 Policies, legislation, regulations/st standards, protocols, and guidelines	CAS and CRF 2021-2023 and the Yemeni commitment 6	2.6.1 Informing and persuading local authorities to support policies that promote nutritious local food production by leveraging partnerships	2.6.1.1 Promote Nutrition in interrelated sectors	2.6.1.1.1 1) Reviewing, updating, and issuing laws and regulations related to food. 2) Holding a joint workshop with relevant food stakeholders to assess current legislation and identify gaps in food-related laws and regulations. 3) Preparing a comprehensive guide to food-related legislation and laws. 4) Promoting the principles of governance, oversight, and accountability in violations of food laws. 5) Integrating all nutrition plans and activities into the government agenda. 6) Establishing a Nutrition Coordination Unit (5 members) in the Ministry of Agriculture and Fisheries to enhance nutrition in Yemen by integrating nutrition into surveys, planning, information systems, evaluation, and accountability.
	Yemeni Commitment 6			2.6.1.1.2 Updating the rules and regulations related to cooperative work.
			2.6.1.2 Coordination, governance and strengthening government mechanisms	2.6.1.2.1 Support and expand cross-sectoral coordination among decision-makers in the field of nutrition and food safety, and invest in food safety interventions.
				2.6.1.2.2 Improve the capacity of departments to coordinate and collaborate with other relevant stakeholders. Establishing effective mechanisms for monitoring, evaluation, and feedback."
			2.6.1.3 Involve local authorities in workshops to exchange information and gain acceptance.	2.6.1.3.1 Involve local authorities in workshops to share information and obtain support.

Strategic objective 3: Improved, Sustainable and Equitable Access to Social Protection and Emergency Assistance

Strategic ArA4:16eas	SA Source	Intervention	Key Activity	Sub-activity
3.1 Social Assistance	Social Protection Strategy	3.1.1 Safeguard the nutrition of mothers, infants, and young children through specialized food (in-kind) transfers, needs assessments, tailored	3.1.1.1 Specialized food transfers for women and children to safeguard maternal, infant and young child nutrition	3.1.1.1.1 Conduct comprehensive needs assessment (NA) to identify the specific social protection needs, gaps, capacities, challenges by affected targeted people.

		programs, stakeholder collaboration, and nutrition awareness.		
				<p>3.1.1.1.2 Develop a tailored programs interventions that adress these needs effectively and effeciently.</p> <p>2. Set specific targeting criteria for identifying eligible beneficiaries among pregnant and breastfeeding women.</p>
				<p>3.1.1.1.3 Conduct meetings with relevant stakeholders including local authorities, health and education , social affairs, social welfare, influential figures, and civil society organizations (CSOs) to discuss cooperation, collaboration and support.</p>
				<p>3.1.1.1.4 Develop an in-kind food transfer plan, to ensure effective distribution of food nutritious products.</p>
				<p>3.1.1.1.5 Provide nutritious food transfer assistance to the most vulnerable mothers and young children, to improve their nutrition status</p>
				<p>3.1.1.1.6 Promote nutrition awareness among beneficiaries to enhance their understanding of nutrition and its importance to PLW and young children</p>
			<p>3.1.1.2 General food distribution (GFD) to safeguard nutrition</p>	<p>3.1.1.2.1 Conduct comprehensive NA to identify the specific social protection needs, gaps, capacities, challanges by affected targeted people.</p>
				<p>3.1.1.2.2 Determine the number of People in Need (PIN) based on the findings from the needs assessment, funding availability, and project duration.</p> <p>2. Develop a plan to establish criteria for targeting BNFs families (the most vulnerable HHs that include PLW and/or U5 children)</p>
				<p>3.1.1.2.3 Provide GFD to the targeted HHs , along with nutrition services.:</p> <p>1.Nutrition counselling</p> <p>2.Growth Monitoring</p> <p>3.Immunization compaigns (EPI)</p> <p>4 IMCI and IYCF services</p>
		<p>3.1.2 provide vouchers with restricted food choices and food-denominated vouchers to safeguard the nutrition of mothers, infants, and young children. (Quasi in-kind transfers)</p>	<p>3.1.2.1 Money vouchers with restricted food choices and Food Denominated Vouchers to safeguard maternal, infant and young child nutrition</p>	<p>3.1.2.1.1 Establish criteria for selecting beneficiaries for cash vouchers and obtain necessary approvals.</p>

		<p>3.1.3 Provide vouchers with restricted food choices to safeguard nutrition of mothers, infants, and young children, with focus on the 1,000 Days</p>	<p>3.1.3.1 Vouchers for maternal health services through which nutritional support is provided</p>	<p>3.1.3.1.1 Provide cash vouchers for daily, weekly, or monthly dietary consumption of fruits and vegetables to targeted mothers and young children during the 1,000 Golden Days.</p>
				<p>3.1.3.1.2 Provide cash vouchers for weekly or monthly health and nutrition care to targeted mothers and young children during the 1,000 Golden Days.</p>
			<p>3.1.3.2 Vouchers for child daycare for children to support recommended infant and young child feeding (IYCF) practices</p>	<p>3.1.3.2.1 Provide conditional cash transfers to HHs with young children to reduce acute malnutrition among vulnerable beneficiaries and enable them to purchase food and necessities in targeted areas.</p>
			<p>3.1.3.3 User fee removal for child health services through which nutritional support is provided</p>	<p>3.1.3.3.1 Establish a mechanism to exempt BNFs from health and education fees (Under Law No. (39) of 2008 regarding social care, ensuring that those covered by this law are exempt from health and educational service fees through a system using cards issued to beneficiaries)</p>
		<p>3.1.4 Provide unconditional cash transfers to safeguard healthy diets, especially for pregnant and lactating women and children under 5 years old, by establishing beneficiary criteria and providing Multi-Purpose Cash Transfers (MPCT) to eligible families.</p>	<p>3.1.4.1 Cash transfers to safeguard healthy diets, particularly of pregnant and lactating women and children U5</p>	<p>3.1.4.1.1 Establish criteria for selecting beneficiaries for Unconditional cash transfer (Multi Purpose Cash Transfer (MPCT) and obtain necessary approvals.</p>
				<p>3.1.4.1.2 Provide MPCT for PLW and/or U5 children families</p>
		<p>3.1.5 Safeguard nutrition by providing school meals and food baskets for families of students in need</p>	<p>3.1.5.1 School Feeding to safeguard Nutrition (In coordination with MoE)</p>	<p>3.1.5.1.1 Provide school meals (according to the specifications) to the target schools in determined time (under the supervision of the school feeding program)</p>
			<p>3.1.5.2 Take home food rations to safeguard nutrition In coordination with MoE</p>	<p>3.1.5.2.1 Provide food baskets for families of targeted boys and girls students in needs at the targeted schools</p>
		<p>3.1.6 Amend social insurance legislation to safeguard nutrition through non-contributory pensions, child support grants for nutrition vouchers, and conditional cash/voucher transfers for school enrollment, maternal health</p>	<p>3.1.6.1 Non-contributory pensions to safeguard nutrition</p>	<p>3.1.6.1.1 Amend social insurance legislation to grant children a share of investment profits for nutrition (without deductions from the employee's salary)</p>

		services, and nutrition education sessions.		
			3.1.6.2 Child support grants to safeguard nutrition	3.1.6.2.1 Enroll children in the social transfer investment program to receive nutrition vouchers. (The mechanism involves nutrition vouchers, as a part of the investment by the General Authority for Social Insurance).
			3.1.6.3 Cash/voucher transfers issued conditionally on meeting child school enrolment and attendance to safeguard child nutrition	3.1.6.3.1 Provide tuition fee waivers for the children of beneficiaries from the Social Welfare Fund, in addition to conditional assistance for the nutrition of children U5
			3.1.6.4 Cash/voucher transfers issued conditionally on uptake of mother and child health services to safeguard maternal and child nutrition	3.1.6.4.1 Prepare electronic vouchers for mothers and U5 children to obtain assistance after conducting case management. (The electronic vouchers issued through the database after determining eligibility for project beneficiaries and include the beneficiary's identification number according to the field survey form)
			3.1.6.5 Cash/voucher transfers issued conditionally on attendance of mothers at nutrition education/ behaviour change sessions	3.1.6.5.1 Develop an educational program for mothers to promote Social behavior change (SBCC) , and issue conditional vouchers for receiving cash assistance.
		3.1.7 Implement public works programs with in-kind food transfers to promote healthy diets, provide technical training for labor market integration, and supply necessary equipment.	3.1.7.1 In-kind food transfers for participation in public works programmes to safeguard healthy diets for good nutrition	3.1.7.1.1 Provide technical training courses in various fields to acquire skills for integration into the labor market, and provision of related equipments
				3.1.7.1.2 Enhance activities/initiatives to preserve community assets
				3.1.7.1.3 Establish and/or Support vocational training centers for beneficiary families in exchange for asset preservation and achieving sustainability.
				3.1.7.1.4 Provide food/ in kind transfer to the targeted families in exchange with business contract for work established

			<p>3.1.7.2 Cash transfers for participation in public works programmes to safeguard healthy diets for good nutrition</p>	<p>3.1.7.2.1 Provide Cash transfer to the targeted families in exchange with business contract for work established</p>
			<p>3.1.7.3 Building synergies between child nutrition and social protection to address malnutrition and poverty</p>	<p>3.1.7.3.1 1. Ensure continuous coordination between both components : Social Protection/Social welfare and MSNAP II. 2. Create guidelines and regulations to organize collaboration between them and organise the interrelationship.</p>
			<p>3.1.7.4 Availability of tools and mechanisms as part of a national warning system to alert shock responsive measures to respond to shocks and emergencies once triggered</p>	<p>3.1.7.4.1 Establish an Early Warning System (EWS) for emergencies or disasters in districts, ports, and airports.(Focus more on wasting , stunting and social protection triggers)</p>
				<p>3.1.7.4.2 1. Create a coordination mechanism among stakeholders, including local authorities, civil defense, the Ministry of Interior, the military, and security forces. 2. Develop a communication strategy to disseminate alerts to communities and stakeholders effectively.</p>
				<p>3.1.7.4.3 Establish an Emergency Rapid Response Mechanism (ERRM or EPRM) to facilitate prompt action in response to alerts.(Focus more on wasting , stunting and social protection triggers)</p>
				<p>3.1.7.4.4 1. Establish a hotline for effective communication and contact during emergencies and disasters. 2. Create a platform for submitting alerts, sharing information, suggestions, and complaints related to emergency situations.</p>
				<p>3.1.7.4.5 Provide immediate and emergency assistance for people in need based on the Social Welfare Fund (SWF) updated BNFs list</p>
			<p>3.1.7.5 Microfinance Programms</p>	<p>3.1.7.5.1 1. Conduct Vulnerability and Need Assessment (VNA) for identifying needs of human, technical knowledge, gaps, capacities, challenges by affected targeted people. 2. Conduct Market assessment to identify available micro-business opportunities and assessing capacity building needs of target groups</p>
				<p>3.1.7.5.2 Build targeted people (PIN) capacities in the areas of life-skills, financial literacy, entrepreneurship skills and vocational training in order to prepare them for employment stage.</p>
				<p>3.1.7.5.3 Provide and develop Start up, microfinance business or entrepreneurial projects to target beneficiaries ,to enhance social and economic empowerment</p>

				3.1.7.5.4 Provide business advisory services for business owners and engage them in financial inclusion process.
3.2 Social Insurance		3.2.1 advocate for health insurance to increase the uptake of nutrition-related health services	3.2.1.1 Health insurance to increase uptake of nutrition-related health services coupled with enhanced health services and health workforce to foster good health and nutritional status	3.2.1.1.1 1. Advocacy for health Insurance 2. Conduct educational program to the communities on the benefits of enrolling in health insurance.
			3.2.1.2 Social security insurance to safeguard nutrition	3.2.1.2.1 Implement awareness campaigns highlighting the role of social security in improving nutrition and food security.
3.3 Labour Market Programmes		3.3.1 Implement publicly funded asset and cash/food transfers with skills training and nutrition education, improve data, evaluate programs, and enhance Nutrition-sensitive Cash Plus initiatives.	3.3.1.1 Skills training, asset transfer, and cash or food transfer to safeguard nutrition	3.3.1.1.1 Develop a comprehensive curriculum that incorporates nutrition education into skills training programs.
				3.3.1.1.2 1. Implement hands-on training sessions for beneficiaries focusing on food production, preservation, and preparation techniques. 2. Facilitate access to markets for beneficiaries to sell their products and reinvest in nutrition and health.
3.4 Assessments and Information		3.4.1	3.4.1.1 1. Increase quality of nutrition related data from within the Protection system. 2. Assessments and evaluations of social protection programs and assistance that has a focus on nutrition	3.4.1.1.1 1. Establish a platform for collecting and sharing information. 2. Gather data based on evidence based
				3.4.1.1.2 Conduct comprehensive needs assessment (NA) to identify the specific social protection needs, gaps, capacities, challenges by all affected people in wasting and stunting districts (focusing more on mothers and children)
				3.4.1.1.3 Amend certain provisions of the social welfare law and its regulatory and executive framework.

			<p>3.4.1.2 Evidence generation to inform the design and scale up of Nutrition-sensitive Cash Plus.2.Evidence and tools to promote convergence in geographical targeting of nutrition and social protection interventions</p>	<p>3.4.1.2.1 Develop and Update the field manual of SWF (it has been in place since 2017)</p>
		<p>3.4.2 Provide guidance on nutrition-sensitive social protection programs, secure legal endorsement of the national strategy, and grant official status to the national social protection strategy.</p>	<p>3.4.2.1 Guidance on SBC focusing on nutrition within social protection programs and assistance</p>	<p>3.4.2.1.1 Guidance on nutrition-sensitive social protection and assistance programing. 1. Support the legal and official endorsement of the national strategy. 2. Grant official status to the national social protection strategy.</p>
		<p>3.4.3 Support governance and coordination by strengthening the Social Protection Consultative Committee and CMWG, contributing to MSNAP</p>	<p>3.4.3.1 Supporting Social Protection Consultative Committee and CMWG to contribute to MSNAP and coordinate with the SUN</p>	<p>3.4.3.1.1 Activate the role of the General Administration of Food in MoSAL</p>
			<p>3.4.3.2 Mainstream nutrition-focus in SPSF tools and implementation framework</p>	<p>3.4.3.2.1 Develop and update Social protection strategy for being nutrition at the center of SPSF of SWF and MOSAL , and scale up communication ,coordination, cooperation and collaboration with SUN and relevent miniserries .</p>
		<p>3.4.4 Build the capacities of SWF and MoSAL at all levels in case management, data collection and analysis, CFMs, community engagement, and need assessment methodologies and tools.</p>	<p>3.4.4.1 Capacity building of social protection actors on nutrition sensitive social protection programing</p>	<p>3.4.4.1.1 Buid the capacities of the SWF and MOSAL at the central, governorate, and district levels in : 1. Case management, 2. Data collecting ,gathering and analysis and information technology, 3. Complaint feedback mechanisms (CFMs), success stories and lesson learned 4. Community engagment and educational session conducting to Community volunteers 5. Need assessment methodology and tools.</p>

Strategic objective 4: Ensure universal and sustainable access to safe, affordable and equitable WASH services

Strategic Areas	SA Source	Intervention	Key Activity	Sub-Activity
Hygiene for Good Nutrition	SUN Communication and Advocacy Strategy (CAS)	4.1.1 promote hygiene practices that support good nutrition by encouraging handwashing education and practices at critical times. among the households and community levels, including internally displaced persons (IDPs), marginalized groups, refugees, and persons with disabilities (PWD), to improve overall health and nutritional outcomes.	4.1.1.1 Promotion of Handwashing Education and Practices at Critical Periods (HHs and Community level), including IDPs , Marganalised ,Refugees and PWD	4.1.1.1.1 Conduct Training of trainers (TOT) on Handwashing ,Personal hygiene ,Food and environmental hygiene promotion (women encouraged) for 340 trainers
	Ministry of Water and Environment 2024			4.1.1.1.2 Recruit 3500 approved Community Hygiene Promotion Volunteers (CHPVs) , mainly women , (community engaged in nomination and selection).
	Ministry of Water and Environment 2024			4.1.1.1.3 Conduct essential training on : 1. Handwashing education, personal hygiene , Food and environmental hygiene promotion to CHPVs recruited (including IDPs, marganalised and refugees and PWDs). 2. Importance of water purification, treatment and safe clean containers, safe water storage ,safe excreta disposal
	Communication and Advocacy Strategy Ministry of Water and Environment 2024			4.1.1.1.4 Implement community and household campaigns to raise awareness (engage with community leaders, influencers, and community committees) regarding: - The importance of handwashing with soap or sanitizers, personal hygiene, Environmental Hygiene, food safety/hygiene. - The significance of water treatment and purification, and the use of safe, clean containers, storage, and safe waste disposal. 2.Utilize community events, traditional communication channels, and social media platforms to disseminate important messages that need to be conveyed and encourage the adoption of these behaviors. 3. Promote individual and collective voluntary community initiatives based on skills and train these components on effective communication practices. 4. Develop suitable communication materials/IEC materials for the community (such as posters, brochures, and videos, etc.) that highlight the importance of handwashing for health and good nutrition.
			In coordination with Health and Food sectors	4.1.1.1.5 1. Organize various demonstrations and interactive sessions in public places and gathering points to teach proper handwashing techniques and Environmental Hygiene, food safety/hygiene.(Targeting the general public).

				<p>2. Engage various community groups (e.g., women's groups, men's groups) to facilitate peer learning and discussion sessions about handwashing practices and collaborate with community influencers to promote handwashing as a social norm and integrate it into existing cultural practices.</p> <p>3. Enhance individual and collective voluntary community initiatives based on skills and train these components on effective communication practices</p>
	Communication and Advocacy Strategy		In coordination with Health, Education and Food sectors	<p>4.1.1.1.6</p> <p>Organize campaigns, demonstrations, and interactive sessions in schools regarding:</p> <ol style="list-style-type: none"> 1. Handwashing in schools, to deliver essential hygiene messages about handwashing and personal hygiene. 2. Food safety and Food cleanness, and to promote environmental hygiene. 3. The importance of water treatment and purification, the use of safe, clean containers, safe storage, and proper waste disposal, among other related topics. Additionally, engage with parents, parent councils, community leaders, influencers, and community committees.
			In coordination with Health sector	<p>4.1.1.1.7</p> <p>Integrate handwashing promotion activities into existing community-based programs and platforms, such as nutrition counseling sessions, maternal and child health services, Food and water, sanitation, and hygiene (WASH) initiatives and practices</p>
				<p>4.1.1.1.8</p> <p>Provide hygiene (basic and consumable) kits to the targeted People in Need (PIN) , including PWDs, IDPs marginalised, refugees and most vulnerable people</p>
	Communication and Advocacy Strategy	<p>4.1.2</p> <p>promote and support food and environmental hygiene through community cleanliness campaigns and the provision of hygiene tools and equipment at both community and facility levels.</p>	<p>4.1.2.1</p> <p>Strengthening community environmental and health interventions to reduce hygiene-related risks and epidemic outbreaks in high-risk areas.</p>	<p>4.1.2.1.1</p> <ol style="list-style-type: none"> 1. Implement community cleanliness campaigns. 2. Provide environmental hygiene/cleaning tools and equipment at the community and facility levels (e.g., garbage bins, etc.).
				<p>4.1.2.1.2</p> <ol style="list-style-type: none"> 1. Fill swamps in public neighbourhoods, debris removal, dewatering and desludging (suctioning the stagnant water as sewage mixed) in manholes opened 2. Control interventions fogging, spraying & IRS campaigns (at infected sites).
Safe and Sustainable Environment for Good Nutrition	National Strategy of Water and Environment	<p>4.2.1</p> <p>Ensure a healthier and sustainable environment by addressing challenges in urban and industrial areas, agricultural practices, industrial activities, mining operations, and municipal waste management systems.</p>	<p>4.2.1.1</p> <p>Ensure Safe and Sustainable Environment</p>	<p>4.2.1.1.1</p> <p>Activate and maintain Environmental Awareness Center (EAC) /WEC by</p> <ol style="list-style-type: none"> 1. Build the capacity of the Staff and support by qualified personnel/if needed. 2. Technical support 3. Operational cost & laptops, printers and infra structure. (The center will oversee, evaluate, and monitor awareness activities, in addition to supervising agencies, field teams, and CHPVs working to promote hygiene. This will ensure the enhancement of the capabilities of awareness workers, sustainability of

				performance, knowledge accumulation, and provision of government support for CHPVs.).
				4.2.1.1.2 Establish pilot sites for the production of biogas from animal and human waste, utilizing it for household cooking, and disseminate this experience widely
				4.2.1.1.3 Conduct field studies of the specified landfills in five targeted governorates to assess the current status and operational practices of the landfills. through technical work teams with expertise in waste management, environmental engineering, and public health. It works on : 1. Identify the key challenges and vulnerabilities associated with the existing landfills, such as poor site selection, inadequate infrastructure, lack of leachate and gas management systems, and potential contamination. 2. Propose landfill designs according to international standards: are cost-effective, technically feasible, and adaptable to the local context. 3. Conduct a study and evaluation of the surrounding environment and groundwater, assessing their contamination due to leachate from the surrounding area.
	CAS			4.2.1.1.4 Develop and implement comprehensive training programs for government officials, waste management personnel, and relevant stakeholders on the latest techniques and best practices.
	CAS			4.2.1.1.5 Establish/Activate environmental forums at the community level (e.g schools ,..etc)
Sanitation for Good Nutrition		4.3.1 support good nutrition through improved sanitation systems and management by engaging communities in sanitation initiatives, such as community-led total sanitation (CLTS) and participatory hygiene and sanitation transformation approaches.	4.3.1.1 Community Initiatives and Approaches to Improve Sanitation	4.3.1.1.1 Community participation and encouraging initiatives in sanitation (community-led total sanitation CLTS) as Participatory Hygiene and Sanitation transformation.
	Communication and Advocacy Strategy			4.3.1.1.2 Establish community-led waste management and wastewater management initiatives: 1. Support the formation of community committees to lead initiatives at the local level and ensure the sustainability of waste management efforts. 2. Assist these community groups in developing and implementing context-specific waste management plans. 3. Facilitate connections between community waste/wastewater management initiatives and local government authorities/MoW to ensure coordination and support.

	CAS			<p>4.3.1.1.3 Conduct large-scale awareness campaigns at the community level regarding sanitation system, the management and wastewater and waste management through :</p> <ol style="list-style-type: none"> 1. Engage community influencers (such as religious leaders, traditional healers, and local celebrities, etc.) to support and promote best practices in sanitation and waste/wastewater management. 2. Organize community meetings and interactive sessions to raise awareness and encourage dialogue about sanitation challenges, waste management issues, and appropriate solutions tailored to the community context. 3. Encourage community contributions to connect to the sanitation network (conduct awareness sessions targeting community groups through social and religious leaders). 4. Develop and disseminate culturally appropriate communication materials** to convey messages about the risks of poor sanitation and waste management (including posters, brochures, and radio/TV ads, etc.).
	CAS			<p>4.3.1.1.4 Establish reward and recognition schemes (e.g., Best Home, Best Neighbor) to encourage and motivate positive behaviors related to sanitation and waste management for households and communities with successful sanitation and waste management practices.</p>
			<p>4.3.1.2 Latrine Construction and Rehabilitation and Excreta Disposal Management, including IDPs, marginalised, Refugees and PWDs</p>	<p>4.3.1.2.1 Construct 1120 Latrines with their septic tanks for vulnerable people, including IDPs in the targeted areas</p>
	National Strategy of Water and Environment		<p>4.3.1.3 Implement, Rehabilitate and Expand Sanitation System or sewage network (Sanitation support for vulnerable groups)</p>	<p>4.3.1.3.1 Implement a sewage network in the targeted areas.</p>
				<p>4.3.1.3.2 Rehabilitate and maintain waste water treatment plants, including all necessary civil, electrical, and mechanical works.</p>
				<p>4.3.1.3.3 Expand sewage networks of varying lengths in the targeted areas.</p>
				<p>4.3.1.3.4 Provide mobile toilets for rapid response to emergencies</p>
				<p>4.3.1.3.5</p>

				Provide 5 vacuum tankers for septic tank pumping (rural areas)
				4.3.1.3.6 Establish wastewater treatment units for six governmental hospitals in an environmentally sound manner before discharging into the public sewage network.
				4.3.1.3.7 Monitor the quality of the output from wastewater treatment plants by testing and evaluating their productivity
Water for Good Nutrition	The NWSSIP Update	4.4.1 Enhance water quantity and quality to support good nutrition by improving water supply systems and services for better access to safe drinking water		4.4.1.1.1 1. Rehabilitate the existing laboratories (according to the above needs assessment study/report). 2. Conduct technical training courses for laboratory staff on water and wastewater testing.
				4.4.1.1.2 Implement a water quality monitoring program across various water supply systems (public networks, private networks, private wells, drinking water treatment plants, Al-Kawthar stations, water distribution tanks, and bottled water factories)
				4.4.1.1.3 Implement a water safety plan program to develop improvement plans for water supply systems (assessing water supply systems and formulating an improvement and development plan for those systems).
				4.4.1.1.4 Supply, install, and operate solar energy systems for wells and water pumping stations (including the construction of concrete tanks, pumping rooms, pumping lines, and all necessary accessories)
				4.4.1.1.5 Construct concrete water tanks with a capacity of 1,500 to 5,000 m ³
				4.4.1.1.6 Rehabilitate and maintain rainwater harvesting tanks.
				4.4.1.1.7 Implement water well drilling projects, including pumping units, accessories, and distribution networks.
				4.4.1.1.8 Rehabilitate and operate wells, including removing obstacles, repairing pumps and infrastructure, and forming community committees for well management.
				4.4.1.1.9 Implement an integrated water supply networks (the infrastructure for water supply, including pipelines, distribution networks, and storage facilities) and execute water network connections/lines.
				4.4.1.1.10

				Rehabilitate water network connections/lines and expand & extend water network connections/lines.
			4.4.1.2 Community and Household Water Treatment, and Safe Storage Support (including IDPs, refugees, marginalised, PWDs of the most vulnerable people)	4.4.1.2.1 Provide 5 experimental units for well adjustment to determine the quality and productivity levels of wells and their suitability for drinking or domestic use.
				4.4.1.2.2 Rehabilitate 133 chlorine injectors ,includes water corporations and private wells.(with chlorine provision)
				4.4.1.2.3 Provide and operate chlorine injectors for several wells, including in areas of IDPs, marginalized communities, and refugees (with chlorine provision)
	YHRP, MSNAP CRF (2021-2023)			4.4.1.2.4 Chlorinate household drinking water, including transport and storage methods, targeting displaced persons, marginalized communities, refugees, and individuals with disabilities.
				4.4.1.2.5 Distribute water filters and tanks ,including IDPs ,marginalised ,refugees and PWDs
	YHRP, MSNAP CRF (2021-2023)		4.4.1.3 Provision of safe water during special circumstances , (including IDPs, refugees, marginalised, PWDs of the most vulnerable people)	4.4.1.3.1 Provide drinking water to IDPs, marginalized communities, and refugees in need, depending on the context (water trucks or water supply network connections).
WASH sector enabling environment for Nutrition		4.5.1 review and update national standards for water, sanitation, and hygiene, ensuring comprehensive and up-to-date legislation, regulations, protocols, and guidelines.	4.5.1.1 Legislation, regulations/standards, protocols and guidelines	4.5.1.1.1 Review and update the national standards for water, sanitation, and hygiene (policies, strategies, planning, financing, capacity building, information, MEL...)
				4.5.1.1.2 Amend the Water Law and advocacy for related amendments and their ratification/Approval
				4.5.1.1.3 Prepare the national water quality guide.
	CAS			4.5.1.1.4

				<p>Prepare a unified national guide for raising awareness about hygiene practices, including the mechanisms for planning, coordinating, and implementing hygiene awareness programs:</p> <ol style="list-style-type: none"> 1. Training materials for national TOT. 2. Training materials for training community Promotion volunteers (CHPVs) on hygiene practices. 3. Develop terms of reference (TOR) for the accreditation of national trainers in hygiene awareness. 4. Develop TOR for the accreditation of CHPVs in hygiene awareness. 5. Prepare IEC materials (e.g., posters, brochures, leaflets ...etc) on hygiene practices.
	CAS			<p>4.5.1.1.5</p> <ol style="list-style-type: none"> 1. Conduct an analysis of the current operational policy to identify gaps and required updates. 2. Update the national operational policy/guideline for water and sanitation in rural areas 3. Establish amendments to the GARWAP regulations and governance.
	MOWE, CAS			<p>4.5.1.1.6</p> <p>Prepare the national guide for designing, operating, managing, and maintaining rural water projects, which includes:</p> <ol style="list-style-type: none"> 1. A guide for assessing, planning, coordinating, and implementing rural water projects. 2. The foundational system and operational and organizational guideline/manual for water user associations. 3. Training materials for training members of water user associations. 4. Training materials for training trainers of water user associations. 5. Develop TOR for the accreditation of national trainers for water user associations (individuals and companies) 6. Develop TOR for the accreditation of shortlists of candidates for membership in water user associations. 7. TOR for the formation and establishment of water user associations.
	MOWE, CAS		<p>4.5.1.2 Assessments and Information</p>	<p>4.5.1.2.1</p> <ol style="list-style-type: none"> 1. Conduct regular surveys, studies, and assessments of water, sanitation, and hygiene on a quarterly, semi-annual, or annual basis (ensuring detailed water and sanitation data disaggregated by gender and age) 2. Engage the community in the planning, all implementation stages and forming community committees.
				<p>4.5.1.2.2</p> <p>Conduct studies to assess pollution sources in critical water basins</p>

	MOWE			<p>4.5.1.2.3</p> <p>1. Develop and maintain a Water and Sanitation Information Management System (PMIS).</p> <p>2. Complete the installation of the Performance Indicators Information System (PIIS) and update the existing system in many local institutions, which has not been updated since its establishment</p>
	MOWE			<p>4.5.1.3.1</p> <p>1. Conduct training courses on monitoring, evaluation, learning, accountability,</p> <p>2. Establish, activate, and develop a monitoring and evaluation unit within the Ministry of Water</p>
	Emergency and Preparedness Response			<p>4.5.1.3.2</p> <p>Conduct Training courses on preparedness and response to water and sanitation-related emergencies (EPRM program on climate change and disaster risk management and prevention)</p>
		<p>4.5.2</p> <p>Establish effective governance and coordination in the water and environment sector by creating a coordination unit for facilitating communication and information exchange with the SUN Secretariat and related sectors</p>	<p>4.5.2.1</p> <p>Enhance coordination and Governance</p>	<p>4.5.2.1.1</p> <p>1. Establish a coordination unit in the water and environment sector to facilitate communication and information exchange with SUN Secretariat partners and with sectors such as health, agriculture, education, natural disasters, and climate change adaptation, etc</p> <p>2. Provide capacity building, terms of reference, regulations, strategy, operational costs, and so on.</p>

Strategic Objective 5: Strengthening the role of education in promoting good nutrition

Strategic ArA4:16eas	SA Source	Intervention	Key Activity	Sub-activity
<p>5.1</p> <p>Education for Good Nutrition (Nutrition-friendly Schools)</p>	<p>MSNAP2021-2023 & YAP</p>	<p>5.1.1</p> <p>Implement a school feeding program by establishing kitchens, assessing needs, targeting eligible students, providing meals and high-energy biscuits, and training nutrition committees to address malnutrition and improve student health.</p>	<p>5.1.1.1</p> <p>Establish and maintain schools Meals kitchen targeting students benefited</p>	<p>5.1.1.1.1 Conduct needs assessment (NA) to identify specific needs, gaps, capacities, challenges</p>
				<p>5.1.1.1.2 Set specific targeting criteria for identifying eligible students in need, as the following :</p> <p>1.High prevalence of wasting and stunting</p> <p>2.Areas with the greatest need</p> <p>3.High rates of student dropout,</p>

				5.1.1.1.3 Develop action plan for school meal kitchen ,includes statistics ,challenges , roles and reponsibilities shortcomings, proposals and recommendations
				5.1.1.1.4 Provide meals to the target schools
				5.1.1.1.5 Provide school high energy Biscuits for essential students (from 1 to 9 grades), to ensure receiving essential nutrition during the school day
				5.1.1.1.6 1. Establish nutrition committees at the governorate, district, and targeted school levels. 2. Train these committees on the distribution process for biscuits, report preparation, food preservation methods, and storage standards.
				5.1.1.1.7 Conduct multiple meetings with relevant stakeholders in the targeted districts, including representatives from local authorities, the education office at the governorate level, district education administrations, community representatives, and health supervisors
				5.1.1.1.8 Select three rural schools near vegetable and fruit farms in each targeted district, ensuring that the total number of students across the three selected schools is no less than 3,000 to 4,000 students."
				5.1.1.1.9 Distribute vitamin-fortified flour and iron supplements to address malnutrition and tackle stunting and wasting(for most vulnerable students and HHs)
		5.1.2 Implement a kindergarten feeding program to safeguard nutrition by providing high-energy biscuits, conducting MUAC screenings, training nutrition committees, and offering deworming, iron folate, and complementary feeding supplements.	5.1.2.1 Establish and maintaian medicine & nutrients supplement, MUAC screening and education sessions for U5 children	5.1.2.1.1 1. Providel high energy Biscuits to ensure receiving essential nutrition during the day. 2. Conduct MUAC screening for U5 children. (target Preschools for biscuit distribution when schools in the district are being targeted)
				5.1.2.1.2 Select and Train the nutrition committees in the targeted preschools, including director, the storekeeper, and a representative from the parents' council."
				5.1.2.1.3 Provide deworming, iron folate and MNS
				5.1.2.1.4 Provide complementary feeding as Shabiza,PlumpySub, Plumpy nut and Plampy doz
				5.1.2.1.5 Conduct a workshop for the joint technical committee between the MoE and MoH for approval of the guid developed
		5.1.3 Implement comprehensive school education and	5.1.3.1	5.1.3.1.1 Develop Health, Nutrition, WASH and Food awareness education Guide for school students

		awareness programs in health, nutrition, WASH, and food safety, including training for students, parents, and staff, and leveraging community and media engagement to promote healthy practices and improve nutritional and health outcomes for students and their families.		(includes training materials for trainers and trainees, and educational materials ,brochurs ,posters leaflets,...etc).
	CRF			5.1.3.1.2 Establish and maintain parent councils in the targeted schools
				5.1.3.1.3 Conduct workshop/Awareness Sessions for Parent Councils on Health, Nutrition, WASH, and Food Safety, with distribute ICE materials (Brochours ,posters ,leaflets ,...etc)
				5.1.3.1.4 Conduct Workshops for Parent Councils (Fathers and Mothers) to improve Nutritional and Health status for Mothers and Children (in level of the governorate/district/school)
				5.1.3.1.5 Engage Parents councils in raising awareness and community awareness sessions ,through regular meeting ,community dialogues on the importance of healthy nutritional situation ,especially to girls students , and school performance and national development
				5.1.3.1.6 Provide high quality Mass media programs : Radio ,TV ,social media ,brochures ,poster ..ect
				5.1.3.1.7 Leverage the influence of religious leaders to promote the importance of healthy eating ,aligning with cultural and religious values - determine some speeches monthly for nutritional aspect and related issues
				5.1.3.1.8 Establish Student Groups in Schools and Train Them to Conduct Peer Education Sessions on Balanced Nutrition and Home/School Gardening,...etc
			5.1.3.2 Activate the role of health supervisors and volunteers in improving the nutritional and health status of mothers and children through school-based activities	5.1.3.2.1 1. Select and maintain schools Health Supervisors and Volunteers only in Schools 2. Implement Health and Nutrition Awareness Programs in Schools
				5.1.3.2.2 Conduct training workshops for school health supervisors on H,N,WASH and Food topics , as : 1. The mid-upper arm circumference (MUAC screening), 2. IYCF concepts 3. Health ,nutritional supplements , MNP ,Deworming , healthy diet , 4. Balanced diet , food production, food and water born

				diseases, 5. Personal hygiene, Food and environmental hygiene
				5.1.3.2.3 Develop and update three parts of the school counseling guidance manuals/s
				5.1.3.2.4 Activate and train social workers on the updated counselling guidance manual (3 parts)
			5.1.3.3 Promotion of Adolescent/teen Girls' Nutrition In Yemen (School-base and out-of-school activities)	5.1.3.3.1 Activate the Home Economics Curriculum and Integrate It into the School Schedule Provide a Dedicated Room for Conducting its activities Supply Necessary required materials
				5.1.3.3.2 Conduct school based workshops at the governorate level/district on community awareness to improve the nutritional and health status of mothers and children for community outreach teams (for 92 people from the governorates,
				5.1.3.3.3 Implement Community Initiatives to Improve Nutritional and Health Status
				5.1.3.3.4 Develop and update a vocational counseling guide
				5.1.3.3.5 Educate students in food production , food systems knowledge approach through the establishment of school gardening using the climate-friendly schools approach with an emphasis on MIYCF implication
			In coordination with Food sector	5.1.3.3.6 Form Student Agricultural Committees Focused on Gardening and Planting Vegetables and Fruits in a Designated Area of the School**
			In coordination with Food sector	5.1.3.3.7 Provide Gardening Tools and Seedlings of Various Vegetables and Fruits, Along with Irrigation Equipment, and Train Students on Their Use and Cultivation
				5.1.3.3.8 Prepare Animated Television Programs on Healthy and balanced diet and important health, nutrition, WASH and Food topics
		5.1.4 Implement school-based programs to safeguard nutrition, provide health treatments and awareness, distribute conditional cash incentives for female students, recruit female teachers, improve school infrastructure, provide educational supplies, and establish referral systems between schools and health centers.	5.1.4.1 Take home food rations to safeguard nutrition	5.1.4.1.1 Distribute nutritional food baskets to families of school-aged children

	CRF 2021 - 2023		5.1.4.2 Provision Bilharaisis and deworming medicine & conduct awareness sessions	5.1.4.2.1 Provide deworming for students
	CRF 2021 - 2024			5.1.4.2.2 Provide medicines for the treatment of schistosomiasis
	CRF 2021 - 2025			5.1.4.2.3 Students provided -iron-folate supplementation
	CRF 2021 - 2023			5.1.4.2.4 Provide micronutrient supplementation for students
			5.1.4.3 Implement awareness raising programs to combat epidemic and prevent cholera ,diphtheria in schools and surrounding local communities	5.1.4.3.1 Develop and Disseminate Community Awareness Materials on Epidemic Prevention and Nutritional Health to raising awareness about the integrated nutritional status of mothers and students, as well as the prevention of epidemics such as cholera and diphtheria. (include brochures, posters, leaflets, and small booklets)
				5.1.4.3.2 Implement community awareness sessions on health issues as epidemic and chronic diseases (approved by the MoH and MoE)
				5.1.4.3.3 Utilize appropriate awareness-raising tools such as school broadcasts, school theater, television, and brochures."
	YAP	5.1.5 Promote girls' education through monitoring contributing social and economic factors	5.1.5.1 Provision of conditional cash incentives for families of girl students , to enhancing girls students attending continuously .	5.1.5.1.1 Conduct Rapid need assessment/survey in to identify the families of girls students in high need , to Identify and adress the schools and girls students in high needs and determine the required conditional cash incentives
				5.1.5.1.2 Provide conditional cash incentives to the families of girls students to encourage their regular attendance.
				5.1.5.1.3 1. Economic empowerment program for girl students families in high need (6500 grants ,SMEs 2. Distribute empowerment materials to the families of girls students.
			5.1.5.2 Implement the Program of Female teachers in Rural Areas	5.1.5.2.1 Identify and select qualified skilled female teachers to be contracted
				5.1.5.2.2 Recruit 2500 female rural teachers (\$150/Female teacher).
				5.1.5.2.3 Conduct capacity building workshops for new contracted female teachers
			5.1.5.3 Implementation and Rehabilitation of school infrastructure (classrooms,	5.1.5.3.1 Conduct comprehensive need assessment for the targeted schools , to address the infrastructure

			toilets) and provision of solar panel system	needs, challenges (classrooms, latrines, solar system, shortage desks, educational materials ...ect)
				5.1.5.3.2 Construct of (600) new classrooms with facilities for girls students in rural districts and hard to reach areas
				5.1.5.3.3 Provide double school desks to furnish to new classrooms for girls.
				5.1.5.3.4 Provide and installation of solar power systems
	CRF		5.1.5.4 School bags are provided for female students in areas with low female enrolment Transportation is provided or otherwise subsidised for girls schools in areas with low female enrolment	5.1.5.4.1 Provide education bags for girls student in need (high prevalence of girls drop out)
		5.1.6 Promote the nutrition referral system between the schools and the health/nutrition centres	5.1.6.1 Develop and activate referral system between the schools and the health/nutrition centres in the catchment area.	5.1.6.1.1 Establish a Protocol for School-Health Facility Referrals (Develop and implement a standardized protocol for referring students from schools to nearby health facilities)
				5.1.6.1.2 Activate Health Facilities as Referral Hubs (In coordination with the health sector, designate and activate key health facilities in urban and rural areas as referral hubs)
				5.1.6.1.3 Create a Communication Network Among Stakeholders (Establish a robust communication network involving the Ministry of Education, Ministry of Health, and relevant community health entities. This network will facilitate the management of student referrals and enhance collaboration between educational and health sectors for better health outcomes.)
		5.1.7 Implement school WASH programs to ensure clean drinking water, improve sanitation facilities, provide hygiene kits, and promote reforestation and the use of external spaces for gardening and sports.	5.1.7.1 Provide clean safe drinking water to the targeted schools through chlorination and drinking water tanks	5.1.7.1.1 Provide plastic water tanks for target schools in the districts (2 tanks/school, a capacity of 2,000 liters).
			5.1.7.2 Implementation and Rehabilitation of school infrastructure (classrooms, toilets) and provision of solar panel system	5.1.7.2.1 Construct drinking water basins with a tank, filters for water purification Provide Refrigerators (in Aden)"

				5.1.7.2.2 Provide chlorine to the targeted schools tanks (twice/y or once/ academic semester).
				5.1.7.2.3 Provide water trucking for the target schools, in emergency situations
				5.1.7.2.4 Construct new sanitary facilities (toilets, regarding separated for boys and girls)(for the targeted schools that do not have) , get PWDs consideration
				5.1.7.2.6 Rehabilitate schools sanitation system (water pipelines network, latrines and sanitation,...etc) including water and sanitation facilities
				5.1.7.2.7 1. Establish adequate water and sanitation facilities in schools, 2. link the water source pipeline between the schools and community, including separate latrines for boys and girls, 3. Establish handwashing stations, and menstrual hygiene management facilities. 4. Provide disinfectants and sterilizers
			5.1.7.3 Provide hygiene kit for students (boys & girls) and water tanks in targeted schools	5.1.7.3.1 Provide hygiene kits for students (boys & girls) and water tanks in the targeted schools , especially in emergency situations
			In coordination with Food sector	5.1.7.3.2 Reforestation of the agricultural areas within the schools and utilizing the external spaces of the schools by planting them, and creating sports annexes in the wider areas.
5.2 Assessments and Information		5.2.1 Improve health and nutrition data quality in the education system by developing a data-sharing framework, enhancing the Health and Nutrition Information System, raising awareness, mapping existing policies and programs, conducting needs assessments, and monitoring foodborne and waterborne diseases linked to malnutrition in schools.	5.2.1.1 Increase quality of health and nutrition related data within education system.	5.2.1.1.1 1. Develop and implement a comprehensive framework that facilitates the sharing of health and nutrition data between the education and health sectors. 2. Enhance the Health and Nutrition Information System within the Education Sector (by establishing robust information system links that integrate school health and nutrition data with district and governmental education offices)
				5.2.1.1.2 Develop websites to raise awareness on nutrition education, malnutrition, and nutritious food ,targeting mainly schools students.
			5.2.1.2 Mapping of existing nutrition and education policies, systems, programmes and platforms	5.2.1.2.1 1. Conduct a detailed review of existing national and local policies related to nutrition and education. 2. Compile an inventory of current nutrition-related programs and platforms operating within schools,

				including school meal programs, nutrition education initiatives, and health services.
				5.2.1.2.2 Conduct a comprehensive needs assessment on the current situation of girl's education and nutrition, including enrollment rates, academic performance, nutritional status, and their access to relevant services.
				5.2.1.2.3 Conduct Regular Surveillance of Foodborne and Waterborne Diseases Linked to Malnutrition in Schools
		5.2.2 Foster nutrition-related knowledge, attitudes, and behaviors through school programs, integrating health, nutrition, WASH, and food aspects into curricula and encouraging active participation from parents and parent councils in school nutrition initiatives.	5.2.2.1 Development of nutrition-related Knowledge, Attitudes, and Behaviors through nutrition education programs at schools	5.2.2.1.1 Integrate Health, Nutrition, WASH, and Food Aspects into School Curricula
				5.2.2.1.2 Encourage Parents/Parents Council to actively participate in school nutrition initiatives.
		5.2.3 Strengthen governance and coordination for nutrition programs in school feeding programs by supporting the dedicated School Feeding Office at the Ministry of Education, building capacity through field visits to exemplary programs, and implementing inclusive educational planning for vulnerable groups.	5.2.3.1 Support school feeding department in MOE to support nutrition and a healthy learning environment.	5.2.3.1.1 Support Dedicated School feeding Office and Its Annexes. (to oversee and coordinate all school feeding initiatives. responsible for developing policies, managing resources, and ensuring that nutrition programs are effectively implemented across schools.)
			5.2.3.2 Capacity building to school feeding program /departmnet and health department	5.2.3.2.1 Facilitate field visits to exemplary national school nutrition programs in Morocco or Brazil to gather insights and best practices for the implementation of sustainable school feeding initiatives in Yemen
				5.2.3.2.2 Implement Integrated Training on Inclusive Educational Planning for Vulnerable Groups (Educational planning sensitive to Vulnerable Groups)
		5.2.4 Develop and implement comprehensive nutritional guidelines tailored for school-aged children and adolescents, as part of the school policy on nutrition.	5.2.4.1 Develop nutrition in school policy	5.2.4.1.1 Develop Comprehensive Nutritional Guidelines for School-Aged Children and Adolescents : (Create a set of operational nutritional guidelines tailored specifically for school-aged children and adolescents)

Strategic Objective 6: Increasing the contribution of multisectoral nutrition actions to food systems transformation, climate mitigation & adaptation, and peacebuilding and their contribution to improved nutrition.

1	Strategic Areas	SA Source	Intervention	Key Activity	Sub-activity
2	6.1 Dietary practices, food safety, and nutrition standards	YAP Food Safty Action Plan	6.1.1 Capacity building on good dietary and food safety and hygiene practices, good nutrition in setting standards and institutionalizing best practices	6.1.1.1 Reduce chemical risk in production by regulating use of agricultural chemicals (pesticides)	6.1.1.1.1 Build the capacity on Good Dietary and Food Safety Practices
3				6.1.1.2 Mobilizing and advocating decision makers to include nutrition and food safety interventions from a multisectoral perspective, and to strengthen the role of stakeholders in all relevant national development policies.	6.1.1.2.1 Organizing multisectoral consultative meetings with decision-makers Developing policies tailored to decision-makers
4	6.2 Integrated Nutrition Surveillance & Early Warning	Food Safty Action Plan	6.2.1 Strengthening surveillance of food and water-borne diseases	6.2.1.1 Establish a national multisectoral surveillance system for food- and waterborne diseases, ensuring effective coordination among the health, water, and sanitation sectors.	6.2.1.1.1 Establish a national multisectoral team for the surveillance of food- and waterborne diseases Design a system and develop a shared national database for collecting and analyzing surveillance data
5		UNRC JWP (FAO)	6.2.2 Improve the capacity of food systems monitoring and risks surveillance mechanisms	6.2.2.1 Improve the capacity of food systems monitoring and risks surveillance mechanisms	6.2.2.1.1 Developing a multisectoral framework for food systems surveillance
6		UNRC JWP (FAO)		6.2.2.2 Increase the quality and availability of data and information for programme design, implementation, monitoring, evaluation and learning and adaptive management	6.2.2.2.1 Improving tools for field and community-level data collection Building the capacity of government and field personnel in data management, analysis, and reporting Integrating community feedback mechanisms to enhance program design
7		UNRC JWP (FAO)		6.2.2.3 Invest in the capacity of authorities to plan, coordinate and implement food security, nutrition and livelihoods plans	6.2.2.3.1 Implement specialized training programs for government and local personnel on planning, coordination, and implementation of food security, nutrition, and livelihoods plans

8			<p>6.2.3 Strengthen multisectoral nutrition analysis and surveillance to inform humanitarian response, food systems planning, and gender-responsive programming</p>	<p>6.2.3.1 Conduct joint multisectoral nutrition needs analysis before, during, and after humanitarian responses to inform coordinated planning and measure progress.</p>	<p>6.2.3.1.1 Integrate expanded nutrition indicators into multisectoral assessments, including: Minimum dietary diversity for women and adolescent girls, Household dietary diversity scores, Infant and young child feeding (IYCF) practices</p>
9					<p>6.2.3.1.2 Assess the impact of seasonal food availability patterns on: Household food access and consumption, IYCF practices and maternal nutrition behaviors, Vulnerability to malnutrition across different livelihood zones</p>
10					<p>6.2.3.1.3 Use findings to inform adaptive programming, including: Timing and targeting of nutrition-sensitive interventions, Design of shock-responsive safety nets and early warning systems, Prioritization of high-burden districts for Accelerator Programs</p>
11					<p>6.2.3.1.4 Ensure sectoral convergence in data collection and analysis, involving: Health, Food Security, Agriculture, WASH, Education, and Social Protection sectors, Local authorities and community-based organizations, Humanitarian and development actors under SUN Yemen coordination</p>
12			<p>6.2.4 Enables integrated investment and coordination in high-risk zones through territorial Food Systems Planning for Nutrition</p>	<p>6.2.4.1 Conduct District-Level Multisectoral Nutrition Diagnostics and development of District-Level Multisectoral Investment Plans</p>	<p>6.2.4.1.1 1.Establish District-Level Coordination Platforms 2.Conduct District-Level Multisectoral Nutrition Diagnostics 3.Develop Integrated District Nutrition Investment Plans 4. Align Humanitarian, Development, and Peace Actors 5. Strengthen Local Capacity for Implementation and Monitoring 6. Mobilize Flexible, Pooled Financing for Territorial Plans</p>

13	6.3 Climate-Resilient Nutrition Service Delivery	YAP	6.3.1 Increase sustainable irrigation and on-farm water management where these factors are significant determinants of malnutrition	6.3.1.1 Purchase and distribute solar water pumps	6.3.1.1.1 1. Purchase and distribute solar water pumps to provide an alternative to diesel for irrigating crops 2. Purchase and distribute rainwater harvesting tanks for irrigation
14		UNDP HEAL Project	6.3.2 Ensuring food safety from a multi-sectoral perspective	6.3.2.1 Sustainably improve access to energy in health facilities	6.3.2.1.1 Provision of Solar systems with a capacity of 74kW for critical health facilities and services - 26th September hospital
15		Food Safty Action Plan	6.3.3 Enabling Yemen to address environmental determinants, including climate change and health (WHO)	6.3.3.1 Strengthen multisectoral action to address environmental determinants of health and nutrition in high-risk areas	6.3.3.1.1 1. Integrate nutrition-sensitive environmental risk assessments into district planning (e.g., flood zones, drought-prone areas) 2. Promote climate-resilient WASH infrastructure to reduce disease burden and improve child nutrition 3. Strengthen intersectoral coordination between Health, Environment, Water, and Planning ministries 4. Develop early warning systems for environmental shocks that impact food security and nutrition 5. Support community-led environmental health initiatives (e.g., safe waste disposal, clean water access) 6. Advocate for inclusion of nutrition-sensitive environmental actions in national climate and health strategies
16			6.3.4 Enabling Yemen to address social determinants of health, including food safety action plan in health systems (WHO)	6.3.4.1 Integrate social determinants of health into nutrition-sensitive health system planning, with a focus on food safety and equity	6.3.4.1.1 1. operationalize a food safety action plan within the health system, in coordination with agriculture, trade, and industry sectors 2. Integrate nutrition-sensitive social determinants (e.g., poverty, gender, education, housing, WASH) into health sector strategies and service delivery 3. Build capacity of health workers to identify and respond to social and environmental risks affecting nutrition 4. strengthen referral systems between health facilities and social protection, education, and food security programs 5. Promote equity-focused service delivery models

					that prioritize marginalized populations (e.g., women, displaced families, rural communities) 6. Advocate for inclusion of social determinants in national health and nutrition policies, monitoring frameworks, and budgeting processes
17		PRODOC	6.3.5 Integrated Water Resources Management to Enhance the Resilience of Agriculture and Food Security (UNDP)	6.3.5.1 Increased water availability for agricultural production	6.3.5.1.1 1. Construction, procurement and installation of water works 2. Increasing water availability and distribution from storage infrastructure and irrigation canals which contributes to the improvement of water management and conservation for irrigation.
18		UNRC (UNICEF) JWP	6.3.6 Identify impact of climate change on children in Yemen (UNICEF)	6.3.6.1 Assess and address the impact of climate change on child health, nutrition, and well-being to inform multisectoral planning and resilience strategies	6.3.6.1.1 1. Conduct multisectoral assessments on how climate shocks (e.g., droughts, floods, heatwaves) affect child nutrition, disease burden, and food access 2. Map geographic hotspots where climate risks intersect with high child malnutrition rates 3. Use findings to inform targeting and design of climate-resilient nutrition interventions (e.g., mobile health units, fortified school meals, adaptive safety nets) 4. Advocate for child-sensitive climate policies and integration of nutrition into national climate adaptation plans 5. Engage communities and youth in participatory climate risk mapping and resilience planning
19		UNRC (UNICEF) JWP	6.3.7 Implement climate resilient Water and Sanitation systems with a special focus on the use of renewable energies (UNICEF)	6.3.7.1 Scale up climate-resilient WASH infrastructure and services using renewable energy to safeguard	6.3.7.1.1 1. Retrofit health and nutrition service points with solar-powered water systems and sanitation facilities 2. Prioritize high-burden districts with recurrent climate shocks (e.g., drought, flooding) for WASH

				nutrition and health outcomes in vulnerable communities	infrastructure upgrades 3. Integrate WASH and nutrition programming to reduce diarrheal disease and improve child growth outcomes 4. Build capacity of local authorities and service providers to maintain renewable energy systems and climate-resilient WASH infrastructure 5. Promote community ownership and behavior change around safe water, hygiene, and sanitation practices 6. Monitor impact on nutrition indicators (e.g., stunting, wasting, diarrhea prevalence) in targeted areas
20		UNDP and ESPECRP Project	6.3.8 Build climate-resilient socio-economic assets to improve access to essential services and small-scale infrastructure in vulnerable communities	6.3.8.1 Integrate climate-resilient and renewable energy solutions to ensure sustainability and reduce operational costs	6.3.8.1.1 1. Construction of irrigation canals, 2.protection of agricultural lands, small holders drip irrigation 3.provision of solar energy
21	6.4 National Food Systems Pathways	Yemen 2021 N4G commitment	6.4.1 Build and strengthen the capacity of all stakeholders to enhance the food systems	6.4.1.1 Developing and strengthening national and subnational coordination mechanisms for food systems platforms and stakeholder;	6.4.1.1.1 Develop and Strengthening National and Subnational Coordination Mechanisms by establishing the National task-forces identified in the National Food Systems Transformation Pathways
22				6.4.1.2 Support value chain addition to local agricultural products such as Horticulture, Dairy, Cereals, Fisheries etc	6.4.1.2.1 Support Value Chain Addition to Local Agricultural Products
23	6.5 Nutrition-Sensitive Livelihoods for Peacebuilding	UNDP SDGs A2J Project	6.5.1 Neighborhood conflict resolution committees	6.5.1.1 Addressing and solving community problems through a trained community committee ensures the safeguarding of social structures that contribute to peacebuilding.	6.5.1.1.1 Address Community Problems through Trained Committees
24		UNDP SDGs SIERY Project	6.5.2 Value chain Development, technical, financial and business skills capacity building support and access to finance for SMEs in the Sesame sector	6.5.2.1 Technical and business skills capacity building for smallholders and SMEs; Access to finance for SMEs and smallholder. Timeframe: August 2025	6.5.2.1.1 Value chain Development, technical, financial and business skills capacity building support and access to finance for SMEs in the Sesame sector
25		UNDP ERRY Project	6.5.3 Supporting Resilient Livelihoods,	6.5.3.1 Improve the capacity of	6.5.3.1.1 Identify, establish, or activate women- and men-led

			Food Security and Climate Adaptation in Yemen (ERRYIII):	community structures and local institutions to strengthen community resilience	community-based institutions (SDC, VCC, Insider Mediators) for mobilization and needs identification
26					6.5.3.1.2 Build capacity of partners (IPs, SDCs, LCs) on CRP, budgeting, planning, rights-based approaches, environmental management, gender, and local conflict
27					6.5.3.1.3 Develop gender-responsive Community Resilience Plans (CRPs) at sub-district level, led by SDCs in consultation with communities and local leaders
28					6.5.3.1.4 Implement small-scale rehabilitation and conflict mitigation projects with a gender focus, in collaboration with partners
29				6.5.3.2 Equip communities with gender-sensitive and culturally appropriate conflict resolution tools	6.5.3.2.1 Conduct conflict analysis (with a gender lens) at sub-district level in consultation with stakeholders
30					6.5.3.2.2 Organize Training of Trainers for SDC, LC, and community representatives on social cohesion, rights-based approaches, gender equality, and conflict resolution
31					6.5.3.2.3 Facilitate community dialogues for conflict resolution, with special support for women insider mediators to lead discussions
32					6.5.3.2.4 Implement conflict resolution priority projects identified through CRPs and dialogues, led by Insider Mediators; document lessons learned
33					6.5.3.2.5 Strengthen capacity of community institutions at sub-district level
34				6.5.3.3 Increase opportunities for communities to access clean and renewable energy solutions	6.5.3.3.1 Establish solar/wind mini-grids in small and medium markets, commercial centers, and shops
35				6.5.3.4 Broaden the volume of skilled workforce in the renewable energy sector	6.5.3.4.1 Increase number of people (disaggregated by sex and age) with knowledge and skills in decentralized renewable energy innovation and solutions

36			6.5.4 Improved income from better markets and enhanced agricultural value chain	6.5.4.1 Supply of value add agricultural food processing equipment	6.5.4.1.1 Supply of Value-Add Agricultural Food Processing Equipment
37			6.5.5 Expand Access to Clean Energy and Strengthen the Renewable Energy Workforce for Climate-Resilient Livelihoods	6.5.5.1 Increase opportunities for communities to access clean and renewable energy solutions	6.5.5.1.1 Scale up the Solar Inventar Online Platform for renewable energy programming in Yemen; engage regional/global institutions and women-led agencies
38					6.5.5.1.2 Activate gender-balanced Solar Working Groups ; engage institutional counterparts
39					6.5.5.1.3 Provide solar systems for schools, health facilities, local administration, safe spaces, protection centers, and productive assets; build capacity on operation and maintenance
40				6.5.5.2 Broaden the volume of skilled workforce in the renewable energy sector	6.5.5.2.1 Build capacity of women and youth on decentralized renewable energy innovation to promote green jobs, environmental protection, climate security, and livelihoods
41					6.5.5.2.2 Continue capacity building of women and youth on decentralized renewable energy innovation and solutions
42					6.5.5.2.3 Support entrepreneurship among women and youth through private sector engagement to strengthen the renewable energy value chain
43					6.5.5.2.4 Support development of solar/wind energy business models for small and medium markets, commercial centers, and shops
44					6.5.5.2.5 Support water desalination initiatives with active engagement of women and youth
45					6.5.5.2.6 Conduct lessons learned workshop on renewable energy interventions in collaboration with Ministry of Water and Environment (Department of Energy, EPA) and partners
46			6.5.6 Promote Inclusive MSME Growth and	6.5.6.1 Strengthen entrepreneurship and	6.5.6.1.1 Provide 12-day business skill-based training in

			Financial Access for Youth and Women Entrepreneurs	access to finance for MSMEs, with a focus on youth and women	collaboration with ILO, Ministry of Technical and Vocational Education, and local technical organizations
47					6.5.6.1.2 Support identified beneficiaries to access business tele-advisory services and online market opportunities
48					6.5.6.1.3 Establish E-grant support mechanism with banks and financial institutions to provide grants to identified beneficiaries in collaboration with partners
49					6.5.6.1.4 Support establishment of small and micro businesses and provide grants through implementing partners to selected beneficiaries
50					6.5.6.1.5 Scale up the business-to-business platform with engagement from private sector, banks, MFIs, chamber of commerce, and Yemen Business Club
51					6.5.6.1.6 Develop Credit Risk Protection Mechanism for MSMEs to mitigate business and market risks
52					6.5.6.1.7 Provide 12-day business skill-based training in collaboration with ILO, Ministry of Technical and Vocational Education, and local technical organizations
53		PRODOC	6.5.7 Advance Integrated Water and Agricultural Systems to Strengthen Food Security and Reduce Import Dependency	6.5.7.1 Integrated Water Resources Management to Enhance the Resilience of Agriculture and Food Security (UNDP)	6.5.7.1.1 Rural roads rehabilitations and civil works Rehabilitate rural roads and Civil Works
54	6.6 Nutrition-Sensitive Shock-Responsive Safety Nets	UNDP SDGs Ports Project	6.6.1 Promote Equitable Access to Nutritious Food and Resilient Livelihoods for Vulnerable Populations	6.6.1.1 Reduce the cost and time of the food import process by facilitating humanitarian assistance and providing access to food for the Yemeni people, bringing peace and economic development to Yemen.	6.6.1.1.1 1.reduce reliance upon food imports by reducing qat and increasing producing consumable and nutritious food. 2.Rehabilitation of 2 transit sheds in Ma'alla wharf (in progress, aiming to complete by July2024 end)
55		UNDP SDGs Ports Project		6.6.1.2 People in Yemen especially women adolescents and girls and those in the most vulnerable and marginalized communities benefit	

				from better equal and inclusive access to nutritious food sustainable and resilient livelihoods and environmental stability.	
56		UNDP SFISH Project		6.6.1.3 Restoration and development of key fisheries assets for	6.6.1.3.1 Rehabilitate and develop 9 fishery landing sites in 4 governorates
57		UNDP AFH Project		6.6.1.4 Procure key equipment to reactivate the quality control lab, cooling and processing facilities, forklifts (4), laboratory equipment and weighing equipment.	
58		UNDP ERRY III	6.6.2 Support rural community resilience and crisis affected communities' capacities (including women and the most vulnerable) to manage local risks and shocks for increased resilience and self-reliance.	6.6.2.1 Community institutions are strengthened and capacitated on gender sensitive resilience planning, conflict resolution and social cohesion	6.6.2.1.1 ERRY III Interventions for Community Resilience
59		UNDP ERRY III		6.6.2.2 Vulnerable communities' benefit from equal access to clean energy solutions, environmental protection, and climate adaptive capacity in sustainable manner.	
60		UNDP ERRY III		6.6.2.3 Sustainable livelihoods of women and men created through improved production, food security and income opportunities	
61	6.7 Nutrition Governance & Institutional Strengthening			6.7.1.1 Build capacities of national codex programmes/structures and enhance their participation globally to codex alimentarius meeting and through addressing the weaknesses or gaps; develop national food standards based on codex texts as appropriate; a have well-functioning Codex Contact Point. Develop and operationalize	

				food safety multisectoral action plan in the health sector	
62		UNDP AFH Project	6.7.2 Priority infrastructure facilities of the Aden fishery harbour are rehabilitated and equipped ensuring their effective functioning	6.7.2.1 Rehabilitate key selected facilities such as quay (553m), ice plant, cold storage (1000tons), fish processing center and facilities, administrative building and warehouses (7units), the powering systems and replacement of exit gate	
63		UNDP AFH Project		6.7.2.2 Repair and install effective water drainage and sanitation systems (including sewage system) and firefighting system	
64			6.7.3 UNDP SFISH Project	6.7.3.1 Development of a digital information system	

Strategic Objective 7: Strengthening the enabling environment for sustainable and impactful multisectoral nutrition actions through a HDP Nexus approach

	#	Strategic Areas	Intervention	Key Activity	Sub-activity
1.	7.1	Governance Leadership &	7.1.1 Strengthen multisectoral coordination	7.1.1.1 Facilitate SUN-Yemen and sectoral leadership	7.1.1.1.1 Update SUN structures
2.					7.1.1.1.2 Organize quarterly reviews
3.					7.1.1.1.3 Establish leadership platforms
4.					7.1.1.1.4 Conduct stakeholder mapping
5.			7.1.2 Enhance institutional mandates	7.1.2.1 Formalize governance arrangements	7.1.2.1.1 Organize dialogues
6.					7.1.2.1.2 Propose mandates
7.					7.1.2.1.3 Establish review mechanisms

8.	7.2	Policy & Advocacy	7.2.1 Advance nutrition-sensitive policies	7.2.1.1 Develop and update policy frameworks	7.2.1.1.1 Draft policy briefs for MSNAP SOs
9.					7.2.1.1.2 Conduct policy reviews
10.					7.2.1.1.3 Finalize advocacy papers
11.			7.2.2 Promote strategic advocacy	7.2.2.1 Launch multisectoral campaigns	7.2.2.1.1 develop specialized Calls to Action
12.					7.2.2.1.2 Develop briefing packages
13.					7.2.2.1.3 Facilitate inclusive dialogue
14.	7.3	Financing & Resource Mobilization	7.3.1 Mobilize resources	7.3.1.1 Coordinate budget advocacy and donor engagement	7.3.1.1.1 Analyze funding gaps
15.					7.3.1.1.2 Organize dialogues
16.					7.3.1.1.3 Host donor roundtables
17.			7.3.2 Strengthen fiscal systems	7.3.2.1 Develop nutrition financing mechanisms	7.3.2.1.1 Conduct financial discussions
18.					7.3.2.1.2 Promote joint financing
19.					7.3.2.1.3 Train ministries
20.	7.4	Monitoring & Evaluation	7.4.1 Strengthen data systems	7.4.1.1 Build multisectoral M&E framework	7.4.1.1.1 Develop indicators
21.					7.4.1.1.2 Harmonize data systems
22.					7.4.1.1.3 Establish SUN-NIS group
23.			7.4.2 Build M&E capacity	7.4.2.1 Conduct training and mentorship	7.4.2.1.1 Train on reporting
24.					7.4.2.1.2 Integrate M&E in leadership
25.					7.4.2.1.3 Share guidance notes
26.	7.5	Accelerator Programme Development	7.5.1 Support AP identification and implementation	7.5.1.1 Provide technical and coordination support to LMs and partners	7.5.1.1.1 Facilitate AP identification with LMs and UN/donor partners
27.					7.5.1.1.2 Provide technical guidance on AP design

28.					7.5.1.1.3 Support proposal development and costing
29.					7.5.1.1.4 Coordinate implementation and monitoring
30.	7.6	Social & Behavior Change	7.6.1 Promote behavior change	7.6.1.1 Apply Health Belief Model (HBM)	7.6.1.1.1 Establish Communication and Advocacy Working Group
31.					7.6.1.1.2 Train decision-makers
32.					7.6.1.1.3 Design SBC interventions
33.					7.6.1.1.4 Address perceived threats
34.			7.6.2 Strengthen community demand	7.6.2.1 Implement community-level SBC	7.6.2.1.1 Pilot demand generation
35.					7.6.2.1.2 Address barriers
36.					7.6.2.1.3 Train CHWs, CHNVs
37.	7.7	Media & Public Engagement	7.7.1 Raise awareness	7.7.1.1 Launch national media campaigns	7.7.1.1.1 Use media platforms
38.					7.7.1.1.2 Share stories
39.					7.7.1.1.3 Design messages
40.					7.7.1.1.4 Produce nutrition podcast
41.			7.7.2 Build media capacity	7.7.2.1 Train journalists and CSOs	7.7.2.1.1 Develop media kits
42.					7.7.2.1.2 Organize training series
43.					7.7.2.1.3 Link journalists to sources
44.			7.7.3 Mobilize influencers	7.7.3.1 Engage advocates and platforms	7.7.3.1.1 Collaborate with influencers
45.					7.7.3.1.2 Promote government commitment
46.	7.8	Nutrition-Sensitive Programming	7.8.1 Mobilize enabling interventions	7.8.1.1 Integrate cross-sectoral actions	7.8.1.1.1 Promote gardens, education, social protection
47.					7.8.1.1.2 Link self-care to WASH
48.					7.8.1.1.3 Engage households

49.			7.8.2 Expand safety nets	7.8.2.1 Scale up social protection	7.8.2.1.1 leadership and coordination support for WB-SFD initiatives
50.					7.8.2.1.2 Study financing schemes
51.					7.8.2.1.3 Reduce vulnerability
52.	7.9	Food Systems & Safety	7.9.1 Strengthen food production	7.9.1.1 Enhance agriculture and fisheries for local nutrient-rich food production	7.9.1.1.1 Advocacy for improved irrigation practices
53.					7.9.1.1.2 Support fisheries and agriculture sectors to produce local nutrient-rich food
54.					7.9.1.1.3 Promote home gardening
55.			7.9.2 Promote food safety	7.9.2.1 Regulate food commodities	7.9.2.1.1 Redefine commodities
56.					7.9.2.1.2 Supervise mixtures
57.					7.9.2.1.3 Set marketing criteria
58.			7.9.3 Improve market oversight	7.9.3.1 Monitor food quality	7.9.3.1.1 Supervise markets
59.					7.9.3.1.2 Coordinate with YACP
60.	7.10	Education & Nutrition	7.10.1 Promote education-sensitive nutrition	7.10.1.1 Integrate nutrition into schools	7.10.1.1.1 develop policies for promoting girls' education
61.					7.10.1.1.2 Monitor school indicators
62.			7.10.2 Link education to agriculture	7.10.2.1 Integrate learning into farming	7.10.2.1.1 Promote vocational training
63.					7.10.2.1.2 Align with agriculture initiatives
64.	7.11	Research & Investment Case	7.11.1 Quantify nutrition impact	7.11.1.1 Conduct economic analysis	7.11.1.1.1 Estimate DALY, cost-benefit
65.					7.11.1.1.2 Prepare investment case
66.					7.11.1.1.3 Present findings
67.			7.11.2 Promote applied research	7.11.2.1 Engage academia and epidemiology	7.11.2.1.1 Support studies

68.					7.11.2.1.2 Link to epidemiology programs
69.					7.11.2.1.3 Document outcomes
70.	7.12	Enhance CSO & Business Sector Engagement	7.12.1 Institutionalize multisectoral platforms	7.12.1.1 Establish and operationalize SUN Yemen Networks	7.12.1.1.1 Establish the SUN Yemen CSOs Alliance
71.					7.12.1.1.2 Establish SUN Yemen Business Network
72.					7.12.1.1.3 Define roles, responsibilities, and terms of reference through stakeholder consultations
73.					7.12.1.1.4 Facilitate onboarding and capacity-building sessions for network members
74.					7.12.1.1.5 Develop coordination mechanisms and joint action plans
75.					7.12.1.1.6 Promote cross-sectoral advocacy and participation in MSNAP implementation