



Building Foundation for Development

# Multi-Sectoral Nutrition Strategy

## 2022-2030



# Disclaimers

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## **Acknowledgment**

First and foremost, we would like to extend our gratitude to the Global Nutrition Cluster, who interacted with us from the first day, believing the idea and the role played in the current stage of humanitarian work with their dateless support. Undoubtedly, collective efforts have been paid by the Global Nutrition Cluster expert Alliance team represented by Mr. Ben Allen , Ms. Andi Kendle, Ms. Sanja, Ms. Segvic & Ms.Sona Sharma who have been with us from the beginning handing their technical support for the project's success. Moreover, they have been constantly looking for donors for the second phase of the strategy. Therefore, humanitarian providers contributed hardly their experiences and perspectives to us to be practicable. In the case of interviewees, it was tough to identify the interviewees individually as a result of their numbers.

Besides, we would like to thank in particular UNICEF, WHO, WFP, Yemen SUN secretary unit, Yemen national nutrition cluster, FSL cluster, health cluster, World Bank, EU, USAID, GIZ, Save the Children, DKH, Field Medical Foundation, TYF, SUN Movement Secretariat and Inter-Cluster Help Desk Coordinator; We would also like to express our gratitude to the representatives of the government, including Ministry of Public Health and Population, District Health Office, Ministry of Agriculture in Yemen across both sides, experts in these institutions who paid much of their time and experience with us as well.

We are extremely grateful to the pioneer members of our organization who approached this strategic plan with dedication and great enthusiasm. We are very grateful for the invaluable documents and case material they gathered for us as we are deeply indebted to Dr. Faisal Qamhan who is the mastermind and the local technical expert behind the strategy development. Furthermore, we would also like to acknowledge with much appreciation the crucial role of Dr. Hiba in coordinating and facilitating all the activities related to strategy development. Our main thanks are reserved for the members of the nutrition for the development team: Mr. Jeremy, Ms. Chloe Angood , and Ms. Carmel Dolan. The advisors not only helped us to formulate the strategy and to organize interviews with interrelated stakeholders, but also their comments stimulated a great deal of thinking and debate. None of this work would have been possible without the generous financial backing of The United States Agency for International Development (USAID).

Ultimately, sincere thanks go to Dr. Ali Al-Mandaleeq , executive director, and Dr. Nayf Radman , the quality & program manager at BFD who provided invaluable advice, encouragement, and input throughout the strategy development process and writing phases.

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## List of acronyms:

BFHI	Baby Friendly Hospital Initiative
BFD	Building Foundation for Development
CEO	Chief Executive Officer
CRF	common results framework
CHNVs	Community Health and Nutrition Volunteers
CSA	Community-Supported Agriculture
DHS	Demographic Health Survey
ENAs	European Network in Aging Studies
EBF	exclusively breastfed
GNC	General nutrition cluster
HF	Health facilities
HMIS	Health Management Information System
IYCF	Infant and young child feeding
IPC	Integrated phase classification
IDP	Internally Displaced persons
KML	knowledge management and learning
KAP	knowledge, attitudes and behavioral practices
LBW	low birth weight
MoPHP	Ministry of Public Health & population
M&E	monitoring and evaluation
MSNAP	Multi-Sector Nutrition Action Plan
NUC	Nutrition Coordination Unit
N4D	Nutrition for Development
OA	Operational Approach
SBCC	Social and Behavior Change Communication
SMART	Standardized monitoring and assessment for relief and transitions
MOPIC	The Ministry of Planning and Coordination
SUN	the Scaling Up Nutrition Movement
TOT	Training of Trainers
UNCTAD	United Nations Conference on Trade and Development
UNICEF	United Nations International Children's
UHC	Universal Health Coverage
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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## Section One: Background

Yemen has experienced widespread conflict and economic crisis since 2015 affecting large numbers of its population with several million Yemenis forced out of their homes and many thousands dead or injured. A lack of basic services, disease outbreaks, climate fragility, and Covid-19 exacerbate an already fragile situation, driving up levels of poverty, morbidity, malnutrition and food insecurity. Before the outbreak of the conflict, Yemen was already classified among the poorest countries in the region. Today, poverty remains high affecting 34% of the total population and is more widespread in the countryside (40%) than in the urban areas<sup>1</sup>. Yemen is also classified among the 47 least developing countries in the world<sup>2</sup>. The conflict which entered its sixth year in 2020 has meant that about 80% of Yemenis currently live below the poverty line<sup>3</sup> and an estimated 16.2 million people<sup>4</sup> (more than half the population) are affected with severe food insecurity and 16,500 people face catastrophic levels of hunger (IPC Phase 5). The most affected are families in rural and conflict-affected areas, displaced populations and female-headed households.

Access to basic health and nutrition services is low as a result of unemployment, poverty, high prices, low level of awareness related to health and nutrition, population dispersal (over 70% of the population live in rural areas and are distributed over more than 133,000 communities and villages), rugged geographical features and, difficult roads and distances to navigate all of which hinder access to health and nutritional services (Fourth Five-Year Plan). An assessment of health facilities (carried out by the MoPHP in 2018) showed that just 51% of health facilities were operating at full capacity with the remaining working either partially (35%) or not at all (14%). Material damage due to the conflict, lack of health workers, medicines, and equipment, and scarcity or absence of operating expenses all contribute to restricted access to basic health care services for around 14 million Yemenis, of which 8.3 million are children.

Endemic diseases such as diarrhea and acute respiratory infections are common among infants and children. Four years ago, Yemen experienced the worst cholera outbreak in modern times, and the conditions for the continued transmission of infections are estimated to exist in more than 70% of the country<sup>5</sup>. Immunization coverage has significantly declined to just 30% coverage in 2018 and there is a large gap in the provision of reproductive health services, as integrated health care for mothers and children is provided by only 20% of health facilities<sup>6</sup>. Women of childbearing age, particularly pregnant and lactating women, have limited or no access to reproductive health services, including antenatal care, safe delivery, postpartum care, family planning, emergency obstetric care, and newborns<sup>7</sup>. According to reports from the Ministry of Health, just 3 out of 10 births take place in health facilities, and every two hours a woman and 6 newborns die from complications of pregnancy and childbirth.

Women who are malnourished before or during pregnancy are more likely to give birth to babies with low birth weight (LBW) and a LBW infant has an increased risk of illness and death and, in the future, is at higher risk of non-communicable diseases such as diabetes and hypertension<sup>8</sup>. The last Demographic Health Survey for Yemen (2013) reported that 25% of women between the ages of 15 and 49 suffered from severe acute malnutrition and that 23.4% of newborns were LBW. Added to this, Yemen has the highest maternal mortality rate in the Arab region. The prevalence of child malnutrition in Yemen is extremely high. Child stunting was reported to be over 48% in 2018<sup>9</sup> and child wasting at 16.4%, which is higher than

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<sup>1</sup> MoPHP, The Fourth Five-Year Plan for Health Development and Poverty Alleviation 2011-2015

<sup>2</sup> United Nations (UNCTAD), 2019

<sup>3</sup> OCHA, Yemen Humanitarian Needs Overview, 2021

<sup>4</sup> Integrated Food Security Phase Classification (IPC) of October 2020

<sup>5</sup> Yemen 2021 Humanitarian Needs Overview Document

<sup>6</sup> Humanitarian Response Plan 2018

<sup>7</sup> Humanitarian Needs Overview Yemen 2021

<sup>8</sup> (Comprehensive Implementation Plan on Maternal and Young Child Nutrition, May 2012)

<sup>9</sup> (Humanitarian Response Plan 2018)

average for the Asia region <sup>10</sup>. According to UNICEF reports, an estimated 2.26 million children under five years of age are severely wasted - 1.4 million more than in 2015 – and an estimated 20% of these children are not receiving life-saving treatment.

The prevalence of anemia among children between the ages of 6 and 59 months is very high at 86% and is estimated at 71% among pregnant and lactating women <sup>11</sup>. High levels of anemia increase the risk of mortality, weakens immunity, impedes cognitive development in children and can lead to birth complications in women. Adolescent girls are also at increased risk of undernourishment due to their rapid growth during puberty and they are more susceptible to complications in early pregnancy and childbirth. It is important, therefore, to reach adolescent girls early and improve their health and nutritional status before they enter their reproductive health years. Infant and young child feeding (IYCF) practices are poor with 10% of infants under six months of age exclusively breastfed (EBF) and 44% receiving breast milk substitutes through bottle-feeding <sup>12</sup>. More recent data indicates that the rate of EBF has increased to 20% in 17 out of 22 governorates <sup>13</sup> though an alarming 85% of children between the ages of 6 and 23 months do not receive a minimum acceptable diet <sup>14</sup>.

In recognition of the need to scale up efforts to tackle malnutrition, Yemen recently launched a National Nutrition Strategy (2022-2030) and National Multi-Sector Nutrition Plan (MSNAP 2020-2025). The MSNAP promotes multi-sector actions and alignment between the development and humanitarian sectors to meet both immediate and long-term nutrition needs in Yemen. Yemen joined the Scaling Up Nutrition (SUN) Movement in 2012 and, since 2009 has had an active Nutrition Cluster co-chaired by the Ministry of Public Health and Population (MoPHP).

Building Foundation for Development (BFD) is a non-governmental organization, which was founded in 2015 on the principles of building resilience, partnership with other actors, and solid knowledge of and engagement with the communities it serves. BFD implements activities in 16 of the 21 governorates in Yemen covering most of the fragile and conflict-affected areas both in the north and south of the country, providing emergency response across multiple sectors as well as developmental approaches which aim to empower crisis-affected communities and local actors to build long term resilience to shocks and malnutrition. BFD focuses on improving nutritional status through integrated treatment services for women and children suffering from acute malnutrition, training of health workers and community volunteers to deliver basic health and nutrition services, and behavior change. BFD's overall vision is to help promote multi-sector socio-economic development in Yemen which will contribute to sustainable peacebuilding and an optimistic post-conflict future.

This document represents BFD's first nutrition strategy, covering the period 2022 to 2030 with a mid-term review of progress scheduled for 2025. It is based on a highly consultative process involving national actors and international humanitarian and development agencies (see Annex 2) and focuses on priority areas for BFD in order to contribute to government policies and strategies which aim to improve the quality of life of present and future generations in Yemen.

The strategy was written by a core team of BFD staff and was supported by the GNC Technical Alliance. Alliance support is provided by N4D<sup>15</sup> covering the overall structure, nutrition content support, and interviews with key informants and the Alliance's Social and Behaviour Change Advisor has supported the social and behaviour change aspect. Accompanying this strategy is BFD's Operational Approach (OA), also supported by the Alliance and N4D, which sets out the steps BFD will apply to overcome external and

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<sup>10</sup> (Demographic Health Survey (DHS) 2013)

<sup>11</sup> (Yemen Humanitarian Needs Overview 2021)

<sup>12</sup> (Demographic and Health 2013)

<sup>13</sup> (SMART surveys-2018)

<sup>14</sup> (National Nutrition Strategy Framework 2022-2025)

<sup>15</sup> [www.n4d.group](http://www.n4d.group)



internal challenges in order to implement the strategy. The strategy comprises three sections; Section One (this section) provides the background to the situation in Yemen, Section Two sets out the strategic vision and Section Three describes the systems that BFD will seek to strengthen to implement this strategy.

## 2. Section Two: Aim, objectives, approach and principles

### 2.1. Aim and Objectives

**Aim** To reduce levels of malnutrition and build population resilience to crises.

**Overall Objective:** To increase BFD's contribution to the prevention and treatment of malnutrition in Yemen by scaling up multi-sector nutrition programs<sup>16</sup> across its portfolio and seek to influence others through advocacy and sharing of experiences and learning.

**Strategic objectives:** BFD will mobilize each of its program sectors (nutrition and health; food security and livelihoods; water, sanitation and hygiene; economic empowerment and resilience (cash programming); and education and child rights) to priorities interventions that meet the needs of children under the age of five, women of childbearing age and adolescent girls due to their high vulnerability to malnutrition. The focus will be on delivering a package of high-impact, high quality, accessible and well-managed nutrition services and approaches across multiple sectors in each of BFD's areas of operation.

Table 1 in Section Three shows the expected results, indicators and means of verification for the five strategic objectives. BFD's various sectors will formulate detailed operational action plans that specify activities, costs, time, implementation responsibilities, and measurable indicators for follow-up and evaluation according to financial support by donors and partnership in coordination with development partners. This will be guided according to BFD's OA document. BFD's five strategic objectives are outlined in Box 1 below and further detailed in the rest of this section.

#### Box 1: BFD's Strategic objectives

**Strategic Objective 1:** Increase access to and equitable use of essential health and nutrition services.

**Strategic Objective 2:** Increase access to and equitable use of multi-sector nutrition services.

**Strategic Objective 3:** Enhance nutritional behaviors that can positively influence nutrition outcomes.

**Strategic Objective 4:** Strengthen district level coordination and planning, volunteer capabilities, community mobilization and engagement for multi-sector nutrition programming.

**Strategic Objective 5:** Strengthen BFD systems and processes to implement multi-sector nutrition programming including cross sectoral planning and coordination, capacity building, financial management, reporting and monitoring, evaluation and learning.

#### 2.1.1 Strategic Objective 1: Increase access to and equitable use of essential health and nutrition services.

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<sup>16</sup> For this strategy the term multi-sector nutrition refer to programs which include nutrition objectives. These programs may involve one sector or multiple sectors working together. The term 'nutrition sensitive' is often used synonymously with multisector nutrition, but usually refers to a sector program that indirectly impacts nutrition or has been modified to include activities which it is believed will enhance nutrition impact.

BFD already has a strong track record in health and nutrition programming and will strive to build on this expertise by obtaining further funding from donors in coordination with the MoPHP, to support the ambition of Universal Health Coverage (UHC). Program areas for BFD in line with MoPHP priorities and Yemen's MNSAP are: 1) improved Infant and Young Child Feeding (IYCF); 2) increased access to preventative and curative nutrition-specific services; and 3) increased access to preventative and curative nutrition-related health services. BFD aims to strengthen the delivery of these services in a sustainable way that reduces dependence on short-term humanitarian funding cycles.

Particular changes in BFD's strategy will be a greater emphasis on the roll out of the Baby Friendly Hospital Initiative (BFHI) as well as ensuring context-specific support for non-breastfed infants who are the majority in Yemen and are identified as a very vulnerable group; support to the government to further integrate wasting management services into the health system; and the strengthening of Community Health and Nutrition Volunteers (CHNVs) to provide primary health and nutrition services. Approaches that BFD will use to this end are described in BFD's OA document.

### **2.1.2 Strategic Objective 2: Increase access to and equitable use of multi-sector nutrition services.**

Whilst BFD implements many sectoral activities, these are not always planned jointly and are not currently implemented with nutrition objectives in mind. To address this, BFD will ensure that sectoral programs are designed to increase their nutrition impact by building in nutrition-sensitive actions and coordinating multiple sectoral activities to allow for co-location and/or linkages to nutritionally vulnerable households.

Approaches that BFD will use within each sector are described in the OA document, focusing on the food security and livelihoods, WASH, economic empowerment (cash programming) and education sectors, where opportunities exist for increasing BFD's nutrition impact.

### **2.1.3 Strategic Objective 3: Enhance nutritional behaviors that can positively influence nutritional outcomes.**

Parents, caregivers, community members, leaders and networks will be encouraged to advocate for the adoption of positive behaviors that promote optimal health and nutrition. BFD will focus on actions to support positive practices at every point of contact between care and service providers at health facility and community levels and will integrate Social and Behavior Change Communication (SBCC) for nutrition across multiple sectors including agricultural, water and sanitation, and education. BFD will be guided by the National Strategy for Social and Behavioral Change in Nutrition (2018-2021).

A wide range of communication channels will be used, building on what is provided by CHNVs who counsel mothers, facilitate mother support groups and carry out awareness raising sessions. Men will also be targeted through community networks and community committees and local authorities will be engaged to mobilize and advocate for nutrition related issues. BFD will work to coordinate efforts and create a relationship between all these components at community-level to increase coverage and effectiveness of the SBCC approach. More details are laid out in BFD's new SBCC strategy.

### **2.1.4 Strategic Objective 4: Strengthen district level coordination and planning, volunteer capabilities, community mobilization and engagement for multi-sector nutrition programming.**

In line with the MNSAP, BFD will support the development of multi-sector platforms to plan and coordinate multi-sector action at governorate and district levels. BFD is committed to supporting efforts to increase governmental capacity to develop annual action plans around which external and governmental actors can converge. As part of this coordination effort, it will be important to increase the participation of

community members so that they are more aware of their needs and rights, and are fully involved in planning, implementation, monitoring, and maintenance of services to ensure their sustainability<sup>17</sup>. BFD will achieve this by supporting the development of community networks, which is described in BFD's OA document.

### **2.1.5 Strategic Objective 5: Strengthen BFD systems and processes to implement multi-sector nutrition programming including cross sectoral planning and coordination, capacity building, financial management, reporting and monitoring, evaluation and learning.**

In order to deliver multi-sector programs as envisaged, BFD will make internal changes to how the different internal sectors assess, plan and jointly organize their work. BFD will also strive to grow the technical capabilities of its staff and find ways to increase the retention rate of these staff to support the delivery of a more diversified and integrated package of interventions. In addition, BFD will invest in the capabilities of fundraising and support staff to identify strategically aligned donors and formulate proposals and business plans.

BFD will also adopt a more active monitoring, evaluation and learning agenda which will aim to capture evidence for programming success. Findings will be disseminated to government, donors and other members of civil society in Yemen for advocacy and learning. BFD aims to occupy a more pro-active role in operational research and to seek partnerships with others who have this interest and capability.

Finally, BFD will seek to strengthen its financial systems to ensure these meet the exacting standards of international donors by growing this capability, regularizing financial reporting and ensuring the necessary processes to be fully audit compliant.

## **2.2 Overall principles of operation**

### **2.2.1 Alignment and contributions to national policies, strategies and coordination platforms**

BFD's action plan and interventions will align with several key national policies, strategies and plans. These include the MSNAP (2020-2023), National Nutrition Strategy (2022-2030), National Strategy for Social and Behavioral Change in Nutrition (2018-2021), World Health Organization (WHO) Regional Nutrition Strategy (2022-2030); Global Action Plan on Child Wasting (and Yemen country roadmap); and the national strategy for poverty reduction. There will also be alignment and coordination with multi-sector nutrition initiatives led by the Nutrition Cluster involving other clusters such as WASH, food security and health. In addition, BFD will participate in the newly forming Scaling up Nutrition (SUN) Movement Civil Society Alliance coordinated through the SUN Secretariat in the Ministry of Planning and Coordination (MOPIC).

### **2.2.2 Geographic and population-based targeting**

BFD will aim to implement multi-sector nutrition activities targeted to those most at risk of the main forms of malnutrition as well as where there are identified gaps in program coverage, as identified by the nutrition cluster dashboard. Priority target groups will be children under five and pregnant and lactating women with a focus on the first 1000 days of a child's life. There will also be activities that target girls in schools from 10 to 19 years of age in grades 5 to 12, and out-of-school girls in high-risk areas. BFD will aim to routinely target all households with malnourished children with (or refer to) multi-sector interventions.

Geographic targeting will be based on several criteria indicating the risk of malnutrition based on available data such as Integrated Phase Classification (IPC) acute malnutrition and food security, the existence of Internally Displaced persons (IDP) populations living in host communities or outside camps, and those in IDP camps.

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<sup>17</sup> (Project Appraisal Document Towards Elimination of Stunting in Djibouti 4 June 2018)

### **2.2.3 multi-sector programming**

BFD will adopt evidence-based nutrition-sensitive elements into the design of sector activities going forward, particularly focusing on the health and nutrition; food security and livelihoods; WASH; economic empowerment (cash programming); and education sectors. These new elements of program design, laid out in BFD's operational approach, aim to increase the nutrition impact of sector specific interventions. This will require strong coordination and joint planning between BFD sectors and the BFD nutrition team. Certain nutrition-sensitive activities will only be achievable within longer-term funding support.

BFD also aims to increase its scale and range of co-located multi-sector programs in order to address the many underlying causes of malnutrition in target populations. The aim will be to ensure that vulnerable households receive a multi-sector package of support in line with the needs identified and prioritized by communities and frontline field staff. This will require close coordination and planning between BFD sector teams, identification of optimal coordination platforms at district and governorate level and coordination with other service providers working amongst the same population groups and in the same areas as BFD. In some contexts, it may be appropriate for multiple sector interventions to be delivered and linked through health facility or CHNVs. In these instances, households with malnourished children will be identified by the most appropriate health staff and referred for sector support initiatives either implemented by BFD or other agency programs operating in the same area. Models of multi sector program convergence that BFD aims to pilot and potentially roll out are detailed in the OA document.

BFD will seek to strengthen partnerships and coordination with various government institutions and sector ministries and relevant partners including other NGOs with whom BFD can jointly plan and implement integrated and comprehensive multi-sector interventions. BFD will actively seek donors to finance the planning and implementation of multi-sector, humanitarian and development nutrition programs. BFD will coordinate with partners to use common targeting criteria to provide integrated, results-based interventions that will raise the level of coverage, quality, and impact, and reduce costs to ensure that families, especially the most nutritionally vulnerable, have adequate and equitable access to sector-specific services including nutrition and health, food security and livelihoods, WASH, economic empowerment and education.

### **2.2.4 Capacity strengthening and awareness-raising within BFD**

BFD will work to develop its technical, administrative, and financial knowledge and skills at all central and branch levels to plan and implement multi-sector nutrition programs directed toward the prevention of malnutrition. Although BFD has growing experience in the multi-sector provision, there are many opportunities to learn from global expertise and training resources as well as learning from other NGOs that have successfully navigated an expansion of capacity to include long-term multi-sector nutrition programming as well as humanitarian programming. BFD will develop the necessary tools to improve the performance of and retention of its staff to enable the outworking of the strategy. Training within BFD is a critical element of this.

In addition to developing its own training resources and capacity, BFD will benefit from work being undertaken by the SUN focal point in MOPIC who is working closely with many NGOs on the development of a Community-Supported Agriculture (CSA) Initiative. The primary objective of this initiative is to build the capacity of local NGOs to plan and implement long-term, multi-sector, nutrition-sensitive programs aligned with a standardized reporting form. BFD will engage in this process wherever there are opportunities to do so.

### **2.2.5 Proactive engagement with donors to advance a longer-term multi-sector nutrition agenda**

BFD will proactively develop partnerships with donors willing to support an expanded role in nutrition-sensitive and multi-sector nutrition programming. This will involve building donor profiles to determine which donors are most likely to be suitable partners for BFD in its multi-sector nutrition agenda. Key variables will include country policies and strategies that indicate interest in resilience building and prevention of malnutrition, duration of the funding cycle, stipulations on the minimum size of grants, legislative frameworks that allow or constrain supporting national actors (policies on localization), and interest or track-record in supporting consortia of NGOs.

Donors in Yemen all apply criteria to determine fiduciary, political, and capacity risks of grantees. Thus, BFD will need to understand how individual donors assess these risks and take steps to address them where necessary, and demonstrate these steps in all future proposals. In Yemen, political and capacity risks are particularly challenging. BFD's ability and approach to negotiating access and permission from de facto local governments while maintaining independence of action will need to be clearly articulated, demonstrated and transparent. Proof of implementation capacity will need to address contingencies when access is denied, ability to recruit and retain staff as necessary and capacity to monitor programs in real time whilst also being open to third party monitoring.

Given the paucity of development donors in Yemen, BFD will identify where there may be room for manoeuvre to utilize humanitarian financing to implement multi-sector programming as well as opportunities to pool humanitarian and development financing. This will require clarity around program approaches that can be effectively implemented within short time frames (humanitarian financing). This is considered in the OA.

BFD will also continue to build partnerships with national NGOs, for example through the yet to be formed SUN Civil Society Alliance, and the newly formed Yemen Civil Society Organization Union, as well as consortia of INGO's/NGOs that are able to propose and implement multi-sector programs at a scale that enables donor support. For some donors, there are minimum budgets they wish to see in proposals to make the costs of partnering worthwhile. It is important to bear these requirements in mind when seeking financing. In addition, BFD will seek to explore potential partnerships with 'non-traditional donors', who may have easier administrative processes to navigate and open an international branch to increase access to international development donor support.

#### **2.2.6 Advancing the links between humanitarian and development approaches**

The need to strengthen the nexus between humanitarian and development systems has long been recognized in Yemen ([Leather, Dolan, and Shoham 2019](#)). BFD can play both a facilitatory and leadership role in supporting the realization of this nexus. Engaging fully with the nutrition cluster and SUN working group mechanisms will enable BFD to identify opportunities to strengthen coherence between humanitarian and development actions at a policy and strategy level while demonstrating a program approach that combines the treatment of malnutrition with its prevention which will help other agencies and stakeholders pursue similar approaches in their programming. This will be led through practice. The programming model will need to ensure that nutrition-sensitive and multi-sector nutrition activities have contingencies built in that allow scale-up where the acute crisis occurs while treatment programs will aim to focus more on strengthening systems and their sustainability.

#### **2.2.7 Engagement with community and local government**

A significant comparative strength of BFD is its capacity for community outreach. Enabling communities to identify and address the local nutrition problems they face by involving them in all stages of project planning and implementation is central to the way in which BFD will work.

There are many nutrition-specific and nutrition-sensitive services provided by CHNVs and other community volunteer actors, such as Communication for Development volunteers. BFD will explore

opportunities, in alignment with the MSNAP and MoPHP, to further build the capacity of these volunteers to play a role in the identification of nutritionally vulnerable households and the coordination of multi-sectors to target these households to meet their multiple needs.

BFD will also explore opportunities to develop community networks of local actors and leaders who will be trained to identify play a role in the identification of local needs and coordination of local services. To support this, the TRIPLE-A-Approach will be piloted, as a means of enabling communities to assess and address identified problems and their causes. This is detailed in the OA.

BFD will also link and partner with relevant government institutions operating in target districts to support the development of needs-based action plans, and coordination of quality activities. To this end, BFD will use unified integrated multi-sector and results-based approach to improve program coverage and management efficiency and motivate employees to translate sectoral goals into improved results within the framework of a decentralized structure. This is also detailed in the OA.

### **2.2.8 Leadership and Influencing**

BFD will aspire to a leadership and influencing role regarding building resilience and prevention of malnutrition in Yemen. The development of this nutrition strategy, operational approach and training materials will have relevance for other NGOs/INGOs implementing nutrition programs in Yemen. It is hoped that through the fledgling SUN CSA, the nutrition cluster and other coordination platforms, BFD will be able to influence and support other national organizations (including government) to sustain expertise in life saving treatment of acute malnutrition and other nutrition relevant short-term interventions whilst slowly transitioning to a broader preventive focused approach to nutrition in Yemen. BFD will coordinate and cooperate with civil society organizations active in the field of nutrition and food security, especially those located in BFD operational areas, to exchange experiences and help build their capacity.

BFD will explore opportunities to form consortia with other NGOs with a common vision for multi-sector nutrition programming in Yemen. This will require criteria for excellence in internal consortium programming, financing, and management as well as accountability for service delivery to communities, compliance to donors, and to each other. Any consortium will be structured through a formal and mutually agreed organizational agreement, that includes details of the contribution of each agency, synergies that will capitalize on each member's organizational structures and areas of comparative advantage, and clear processes for conflict resolution, communication, and decision-making that reinforce transparency and accountability. Methods for knowledge management and learning will also be embedded to support change based on best practice experiences and evidence of what works.

### **2.2.9 Evidence-based approaches and strong learning agenda**

BFD will embrace a strong learning agenda for the implementation of multi-sector nutrition programs. This will strengthen BFD's capacity to develop a sound investment case for such programming and to iteratively develop its resources for internal and external training. BFD will explore different models for knowledge management and learning (KML) and will initiate and participate in national and regional learning fora, partnerships, and dissemination platforms. It will be important for BFD to develop an outward-facing learning portal both to profile BFD multi-sector nutrition activities and to ensure that BFD program staff analyze and distill program learning to contribute to a BFD institutional memory of what works and what doesn't.

Monitoring and evaluation of programs will be crucial to deepening BFD's impact and improving every aspect of its operations during the project cycle and developing new iterations of programming. BFD will develop a unified monitoring and evaluation framework across sectors, and supportive periodic supervision and impact assessment to enable program managers to adapt programming in a timely manner. BFD will continue to work with UNICEF, the Government Technical Committee, and other development

partners to support the implementation of SMART surveys and conduct surveys that provide the indicators required to measure knowledge, attitudes, and behavioral practices (KAP), especially in relation to IYCF. BFD will strive to carry out baseline and follow-up surveys for new programs to measure the extent to which the desired impact has been achieved and to also extract lessons learned to feed into BFDs knowledge and learning agenda.

#### **2.2.10 Accountability of BFD for strategy implementation**

BFD will develop annual actions plans to implement the strategy based on principles laid out in the Operational Approach and a realistic appraisal of funding opportunities. All relevant stakeholders at local and national level will be involved in developing the action plan which will set out timetable for completion, implementation responsibilities and realistic and measurable objectives and associated indicators.

### **3. Section Three: Strengthening organizational systems to deliver the strategy**

#### **3.1 Leadership from senior management**

Leadership by the senior BFD management team is key to the success of strategy implementation. Senior management are responsible for overseeing the implementation of the OA, setting ambitious, achievable goals, monitoring the effectiveness of strategy implementation and for managing the implementation teams and providing them with the support and capabilities they need at all levels. In coordination with other departments and in line with the financial, administrative and human resource departments, senior management will ensure organization-wide commitment to this strategy.

#### **3.2 Creation of a Nutrition Coordination Unit**

BFD will create a new Nutrition Coordination Unit (NCU) chaired by the Chief Executive Officer (CEO) with an appointed coordinator to act as secretary to the Chairman. The duties and responsibilities of the Coordinator will include the coordination of meetings between different sectors for joint planning for the preparation of multi-sector nutrition plans; oversight of the development of multi-sector plans; support for the integration of nutrition activities into sector plans across the organization; coordination with all governmental and non-governmental partners to jointly plan or coordinate efforts to avoid duplication of activities; coordination between project management and financial management for budget lines; working with fund-raising staff to source funding for implementation of multi-sector plans; assessing and determining the training needs of the new employees and capacity building for existing employees in various administrative and financial fields and at all levels; active participation in any further iterations of the nutrition strategy and strategy dissemination.

The NCU will be responsible for developing a monitoring and evaluation (M&E) framework to support quality monitoring and evaluation of multisector nutrition plans and oversee its implementation and application during programming. The M&E framework will help determine the adherence to the joint and integrated implementation of activities in various sectors within BFD and coordination with other partners working in the same region. The NCU will also provide technical support and advice to those responsible for implementation at the governorate and district levels and will submit regular reports on all operations and achievements to the CEO.

#### **3.3 Building capabilities of BFD staff**

Building on a survey undertaken on knowledge of multi-sector nutrition within BFD and a Training of Trainers (TOT) and a full training course also provided (also provided by the Alliance and N4D), a fuller gap analysis of BFD staff will be undertaken to determine the needs across the sectors and departments and training rolled out. Training will be planned and implemented for headquarter and branch office employees with criteria set for selecting trainers with knowledge and skill in various fields in the

organization. Standards and manuals of the MoPHP in nutrition will be adhered to in training and refresher training will help identify knowledge and performance gaps within BFD staff.

Workshops will be held for finance and human resources management staff in BFD to give them greater awareness of the strategy so that they are able to prepare the necessary budgets for implementation activities and determine the human resources needed to deliver the strategy.

BFD will work to build the capabilities of its staff and partners at the local level in planning and implementing, M&E, KML, supportive supervision, data analysis, report writing, presentation and discussion with committees in the community, at district and governorate levels and in the various national platforms with relevant government agencies, partners and donors.

### **3.4 Ensuring transparency and accountability**

BFD works in a complex and hugely challenging policy and program environment in both the north and south of the country. This requires considerable negotiations with governorates in both areas and the demonstration of BFDs independence from political interference in its operations. Demonstrating BFDs organizational integrity has been and remains fundamental to trust at all levels and to securing the diversified and greater financing and leadership role it aspires to implement this strategy.

The accurate and proper application of BFDs internal regulations enhances transparency and accountability and serves all stakeholders, particularly the communities we serve who in turn have the right to have their voices heard, to be aware of the complaint processes and to raise any grievances. BFDs approach to gender equality will ensure programs reduce the burden on women, emphasize their role in participating in planning and implementation at all levels, and improving cultural access by women to health services.

In order to enhance transparency and accountability, areas and sectors that suffer from legislative weakness or shortcomings in BFD will be identified and addressed, and inconsistencies in regulations and procedures will be removed. The implementation of the regulations will be followed up by improving the performance of the BFD Follow-up and Evaluation Department through the establishment of a clear and transparent mechanism and system through which complaints are received and answered in line with the principle of transparency and accountability. BFD will continue to enhance the role of the Audit and Financial Control Unit in the organization so that BFD becomes the leading example of a national NGO approach to rigorous checks and balances and audit compliance.

### **3.5 Risks and mitigation**

BFD's main challenge to achieving the strategic objectives set out in this strategy is in securing longer-term financing that would enable the organization to make progress toward implementing a larger set of multi-sector nutrition approaches and interventions. In Yemen, the humanitarian system commands a much larger budget compared to development donor spending, and the nutrition response predominantly focuses on the treatment of acute malnutrition, supplementary feeding, and SBCC. Escalating conflict continues to elevate the humanitarian imperative and compete for scarce donor resources. Thus, the current financing and programming climate is not readily conducive to supporting longer-term multi-sector nutrition approaches although there is increasing recognition of its importance.

Within the humanitarian system, there is a desire to achieve greater inter-cluster coordination and joint approaches, but the large variation in regional and sectoral priorities makes it difficult to provide multi-sector support for the same population groups. Furthermore, sectoral interventions are often assigned to more than one organization in the same directorate with a lack of coordination and joint planning, resulting in duplication and fragmented interventions, which limits the overall impact on nutrition. Without the



scaling up of multi-sector activities and the strengthening of multi-sector nutrition systems, humanitarian activities will need to remain in place to implement cyclical malnutrition treatment interventions.

Donor preferences for particular sectors and areas of the country can create difficulties for sectors to converge on the same at-risk or target population groups to maximize impact and help prevent malnutrition from occurring. Given the above, BFD will need to strengthen its capabilities to make robust investment cases for multi-sector and multi-year nutrition programming and to be able to adapt these business cases to the specific areas of interest and priorities of the individual donors.

Whilst the fledgling SUN CSA is evolving in Yemen, the main coordination mechanism for NGOs implementing nutrition programs (national and international) is the Nutrition Cluster which in itself, promotes inter-sectoral ways of working. However, to collectively promote and access more sustainable resources for multi-sector nutrition programming, the CSA needs to build up its membership and capacity to mitigate the reliance on the short-term coordination of humanitarian nutrition programming which is largely focused on the detection and treatment of malnutrition. The development of the national MSNP 2020-30 and the associated common results framework (CRF) reflects the government’s support for a multi-sector coordinated approach to address malnutrition. While the plan is viewed as an important step towards longer term more sustainable nutrition programming, it now needs to move from well thought through ambitions to implementation.

### 3.6 Indicators of progress

Table 1 below outlines the expected results for the five objectives set out in this strategy, the main indicators to be measured and the means of verification for the indicators. As outlined above, a mid-term review will be undertaken in 2025 to review progress against these results and indicators.

**Table 1: The strategy expected results for the five objectives**

Strategic objectives	Results	Indicators	Means of verification
<b>Strategic Objective 1:</b> Increase access to and equitable use of essential health and nutrition services	1.1: Essential Nutrition Actions are available to local populations and integrated through the government health system.	Percentage increase of health facilities that provide a minimum package of essential nutrition actions through government health systems.	HMIS Annual Report. Health facility reports, supervision reports; a qualitative study.
	1.2: Rehabilitation of health system infrastructure (district and community levels) and the provision of essential equipment to operate health facilities.	Increased number of health facilities that have been adequately rehabilitated and equipped.	BFD annual reports.
	1.3: Greater coverage of ENAs delivered through targeted services in geographically remote and in conflict affected/hard-to-access areas.	Increased proportion of populations receiving ENAs through mobile teams and community outreach activities.	BFD quarterly reports.
<b>Strategic Objective 2:</b> Increase access to and equitable use of	2.1: Strengthen the nutrition sensitivity of food security programming (in-kind food	Number of new nutrition-sensitive program design	Monthly reports Surveys

Strategic objectives	Results	Indicators	Means of verification
multi-sector nutrition services.	provision, cash transfers, agriculture, and livelihoods support) through incorporating new program design elements aligned with principles set out in BFD operational approach	elements (targeting, new activities, nutrition-related indicator monitoring, etc)	
	2.2: Strengthen the nutrition sensitivity of WASH programming through incorporating new program design elements aligned with principles set out in BFD operational approach	Number of new nutrition sensitive design elements incorporated into WASH programs	Health Reports  BFD Reports Community committee reports
	2.3: Strengthen the nutrition sensitivity of social protection programming through incorporating new program design elements aligned with principles set out in BFD operational approach	Number of new nutrition sensitive program design elements incorporated into BFD social protection programming	
	2.4: Nutrition supplements and deworming provided for adolescent girls aged 10-19 years at the school and community levels (including out of school girls).  2.5: Increase awareness of school students on WASH practices and health prevention	<ul style="list-style-type: none"> <li>• Number of adolescent girls aged 10-19 years who received deworming and nutritional supplements (iron, folic acid) and .</li> <li>• Percentage increase in girls' enrollment and attendance.</li> <li>• Number of children aware on WASH and health practices</li> </ul>	School enrollment reports.  CHNVs reports  Awareness session reports
	Integrated multi-sectoral activities converge on at-risk communities, households and individuals	Geographic coverage data showing increased number of integrated programs. Percentage of communities, households and individuals targeted by BFD that access multiple sector BFD support	BFD program reports  BFD head office MEAL reports

Strategic objectives	Results	Indicators	Means of verification
<p><b>Strategic Objective 3:</b> Enhance nutritional behaviors that can positively influence nutrition outcomes.</p>	<p>Nutrition</p> <p>3.1 : Contribute in enhancing exclusive breastfeeding practices for children under 6 months.</p> <p>3.2: Contribute in Increasing the proportion of parents and caregivers who practice recommended complementary feeding while continuing to breastfeed children from 6 months.</p>	<ul style="list-style-type: none"> <li>• Increase the percentage of exclusive breastfeeding practices for children under 6 months in the targeted areas.</li> <li>• Increase the percentage of caregivers who practice the recommended complementary feeding while continuing to breastfeed children from 6 months in the targeted areas.</li> </ul>	<p>IYCF reports</p>
	<p>Health</p> <p>3.3: Contribute in Enhancing the proportion of pregnant and lactating women who consume recommended doses of IFA tablets.</p> <p>3.4: Contribute in Increasing the proportion of parents/caregivers who seek timely treatment when their child is sick.</p>	<ul style="list-style-type: none"> <li>• Increase the percentage of pregnant and lactating women who consume recommended doses of IFA tablets in the targeted governorates.</li> <li>• Increase the percentage of parents/caregivers who seek timely treatment when their child is sick in the targeted areas.</li> </ul>	<p>CHNVs reports</p> <p>HF's reports</p>
	<p>WASH</p> <p>3.5: Contribute in Increasing the proportion of Caregivers who practice handwashing with soap at all critical times for themselves as well as the children.</p> <p>3.6: Contribute in Increasing proportion of households where all family members use toilets regularly for defecation in all BFD targeted areas.</p>	<ul style="list-style-type: none"> <li>• Increase the percentage of Caregivers who practice handwashing with soap at all critical times for themselves as well as the children.</li> <li>• Increase the percentage of households where all family members use toilets regularly for defecation.</li> </ul>	<p>Smart survey</p>

Strategic objectives	Results	Indicators	Means of verification
	<p>Food Security and Livelihoods</p> <p>3.7: Contribute in Increasing the proportion of farmers to use safe and efficient water dripping in all targeted areas.</p> <p>3.8: Contribute in Increasing the proportion of targeted HHs that are able to work from the skills they have obtained in all BFD program areas.</p>	<ul style="list-style-type: none"> <li>• Increase the percentage of farmers who use safe and efficient water dripping system.</li> <li>• Increase the percentage of HHs that are able to work from the skills they have obtained.</li> </ul>	<p>KAP survey</p> <p>BFD achievement reports</p>
<p><b>Strategic Objective 4:</b> Strengthen district level coordination and planning, volunteer capabilities, community mobilization and engagement for multi-sector nutrition programming</p>	<p>4.1: Increased mobilization and engagement of communities to assess and priorities their needs.</p>	<p>Number of community groups and volunteers involved in needs assessments and incorporation of findings into action plans.</p>	<p>Monthly reports on multi-sectoral interventions</p>
	<p>4.2: Integrating nutrition interventions into sectoral policies and plans with a focus on equality and gender mainstreaming.</p>	<p>Number of sectoral policies and plans in which nutrition interventions are integrated.</p>	<p>Review sector policies and plans</p>
	<p>4.3: Improving the process of follow-up, supportive supervision and evaluation to enhance community accountability.</p>	<p>Provides an active framework for follow-up, supportive supervision, and evaluation, in a way that enhances societal accountability.</p>	<p>Monitoring reports - a framework for follow-up</p>
	<p>4.4: Provide a community action network and support appropriate nutritional behaviors.</p>	<p>Number of areas with community networks to promote and support appropriate nutritional behaviors.</p>	<p>Reviewing supervision reports - a qualitative study</p>
	<p>4.5: Promote community follow-up (community health and nutrition volunteer) for malnutrition cases and counseling, especially IYCF for cases referred from the health facility.</p>	<p>The number of community health and nutrition volunteers working in promoting community follow-up of malnutrition cases and providing advice, especially IYCF for cases referred from the health facility.</p>	<p>Volunteers Reports - Surveys</p>

Strategic objectives	Results	Indicators	Means of verification
<b>Strategic Objective 5:</b> Strengthen BFD systems and processes to implement multi-sector nutrition programming including cross sectoral planning and coordination, capacity building and staff retention, financial management and MEAL.	5.1: Raised levels of capability of the BFD team in planning, coordination, implementation, follow-up and multi-sectoral integrated working with communities.	Number of BFD staff capacity built to deliver multi-sectoral programs	Capacity Building Reports
	5.2: Strengthened MEAL systems in BFD informing program design and implementation.	<ul style="list-style-type: none"> <li>• BFD documents shared with others describing MSP implementation and results.</li> <li>• Participation of BFD in learning for a related to multi-sector programming, e.g., publication of articles, participation in cross-learning meetings, etc.</li> </ul>	Learning reports and documents shared by BFD  Meeting minutes and meeting reports shared with others to exchange experiences and lesson learned
	5.3: Updating guidelines, standards, protocols, job descriptions and other technical tools in line with government standards and regulations.	Provides updated standards, protocols, job descriptions, and other technical tools.	Standards, protocols, job descriptions and other technical tools.
	5.4: Increase funding for long-term multi-sector program activities	Percentage increase in funding for long-term multi-sector nutrition activities obtained by BFD	Projects annual budget
	5.5: Strengthened coordination internally with the relevant sectors.	Number of multisectoral projects implemented by BFD	Final multi-sectoral projects reports

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## Annex 2: Stakeholders Consulted

<b>Government</b>	<b>Name</b>	<b>Position</b>	<b>Email</b>
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