



REPUBLIC OF YEMEN

# NUTRITION MONITORING AND EVALUATION PLAN

*An accompanying document to the Republic of Yemen's  
Common Results Framework and Multisectoral Nutrition  
Action Plan*

2020-2023



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## Forward

This Monitoring and Evaluation (M&E) Plan is a supplementary document to Yemen’s recently developed Common Results Framework (CRF) for Nutrition and its Multisectoral Nutrition Action Plan (MSNAP). Those two documents were developed through a consultative and participatory process led by the Scaling Up Nutrition (SUN) Yemen Secretariat (housed within the Ministry of Planning and International Cooperation), in close collaboration with selected central-level line ministries that will be instrumental in the delivery of nutrition services and interventions outlined in the CRF and MSNAP. Maximising the Quality of Scaling Up Nutrition Plus provided technical support in the development of this M&E plan, the CRF and the MSNAP.

The M&E approach outlined in this document is rooted in an understanding that the Republic of Yemen is transitioning out of a humanitarian crisis that was disruptive in all realms, including service delivery; individual, institutional and systems capacity; and data availability.

Thus, the plan includes indicators and an M&E approach that is deemed to be *realistic* in the short to medium term. It also highlights M&E-related activities that will facilitate the rebuilding, reactivation and/or introduction of processes and institutional arrangements to do the following: (1) enable the country’s nutrition stakeholders to track MSNAP implementation and outcomes and (2) foster accountability and learning across different stakeholders for timely nutrition-related results that can benefit the people of Yemen for years to come. *Cover photos (left to right): World Food Programme; Food and Agriculture Organization of the UN; UNICEF.*

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## Abbreviations

<b>ANC</b>	Antenatal Care
<b>CHV</b>	Community Health Volunteer
<b>CHW</b>	Community Health Worker
<b>CMAM</b>	Community-based Management of Acute Malnutrition
<b>CRF</b>	Common Results Framework
<b>FAO</b>	Food and Agriculture Organization [of the United Nations]
<b>GOY</b>	Government of Yemen
<b>IDP</b>	Internally Displaced Persons
<b>IYCF</b>	Infant and Young Child Feeding
<b>MEAL</b>	Monitoring, Evaluation, Accountability and Learning
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MOAI</b>	Ministry of Agriculture and Irrigation
<b>MOE</b>	Ministry of Education
<b>MOFW</b>	Ministry of Fish Wealth
<b>MOPHP</b>	Ministry of Public Health and Population
<b>MOPIC</b>	Ministry of Planning and International Cooperation
<b>MOWE</b>	Ministry of Water and Environment
<b>MSNAP</b>	Multisectoral Nutrition Action Plan
<b>PLW</b>	Pregnant and Lactating Women
<b>SDG</b>	Sustainable Development Goal
<b>SUN</b>	Scaling Up Nutrition
<b>TOC</b>	Theory of Change
<b>UN</b>	United Nations
<b>WASH</b>	Water, Sanitation and Hygiene

# Introduction

## Priority areas

Yemen's Common Results Framework (CRF) and Multisectoral Nutrition Action Plan (MSNAP) are organised around three priority areas:

1. Increase access to and utilisation of essential maternal and child health and nutrition services.
2. Increase coordinated nutrition-sensitive action across relevant sectors.
3. Strengthen government leadership, national policies and capacities.

Results aligned with those three priority areas reflect a Theory of Change (TOC) that has been elaborated through several goals and objectives assigned to each of those priority areas (Box 1).

## Purpose of a monitoring and evaluation plan

Yemen nutrition stakeholders recognise the need to institute measures to monitor and evaluate progress towards agreed goals and objectives. An investment in monitoring and evaluation (M&E) is therefore critical to successful implementation of the MSNAP. This M&E plan outlines indicators, processes and tools that serve five key purposes:

1. To track progress of different administrative bodies (e.g. government line ministries) and other implementers in improving key results linked to CRF/MSNAP goals and objectives.
2. To support efforts that will foster accountability for results linked to nutrition impact.
3. To better target support to nutritionally vulnerable populations.
4. To support evidence-informed decision-making (e.g. related to resource mobilisation, resource allocation, service quality improvement, capacity building, policy and plan formulation or revision) by the National Steering Committee, Scaling Up Nutrition (SUN) Yemen Secretariat, SUN Yemen networks, humanitarian clusters and other stakeholders involved in MSNAP implementation.
5. To support learning across different stakeholders.

The focus of this document is on M&E, but the plan does highlight aspects of accountability and learning (see Annexes 1a–f) to guide further dialogue. That dialogue will take place during the inception phase of the MSNAP implementation and will involve reaching consensus on (1) what the roles and responsibilities are in filling gaps in data required for decision-making and (2) how to operationalise processes and mechanisms to foster accountability amongst all stakeholders.

## Process of developing Yemen's Nutrition M&E Plan

Before initiating development of the M&E plan, several consultations were held with stakeholders at various stages, such as in:

- Developing and costing the CRF.
- Preparing the MSNAP.

In developing the M&E plan, consultations were held with stakeholders to:

- Discuss data flow within and between ministries and organisations.
- Review and complete M&E spreadsheets (Annexes 1a–f) that serve as a reference on objectives, indicators and targets for which each sector will be held accountable, as well data flow and reporting arrangements.

As a result of those consultations, each key ministry (1) identified outcome- and output-level indicators and targets responding to the priorities, goals and objectives (presented in Box 1); (2) described data management and data use; and (3) highlighted programmes that need to be evaluated.

### Box 1. Summary of Multisectoral Nutrition Action Plan priority areas, goals and objectives.

Priority Area 1: Increase access to and utilisation of essential maternal and child health and nutrition services

- Goal 1: Improved infant and young child feeding (IYCF) practices

Objectives:

- 1.1 Update guidance on appropriate IYCF and oversee its implementation.
- 1.2 Increase awareness and understanding of the importance of appropriate IYCF practices.
- 1.3 Increase supervision, monitoring and evaluation of compliance with IYCF legislation and policy.
- 1.4 Update and expand the Baby-Friendly Hospital Initiative.

- Goal 2: Scaled-up quality and quantity of *nutrition-specific* services

Objectives:

- 2.1 Scale up coverage and quality of blanket supplementary feeding programmes.
- 2.2 Scale up coverage and quality of services for management of acute malnutrition, severe acute malnutrition and moderate acute malnutrition.
- 2.3 Scale up quantity and quality of nutrition services for pregnant and lactating women.
- 2.4 Provide multiple micronutrient supplementation to populations vulnerable to deficiencies.
- 2.5 Ensure adequate human, financial and physical resources for the Nutrition Department at the national and governorate levels.
- 2.6 Increase coverage, timeliness, reliability and availability of nutrition-related data in Yemen.
- 2.7 Ensure that adequate dietetic support is provided through health services.

- Goal 3: Scaled-up quality and quantity of available nutrition-related health services

Objectives:

- 3.1 Increase numbers, capacity, supervision and support of community health volunteers.
- 3.2 Scale up availability of primary healthcare services.
- 3.3 Increase immunisation coverage.

3.4 Scale up quality and quantity of sexual and reproductive health and family planning services with special emphasis on reducing teenage pregnancies and low birth weight.

**Priority Area 2: Increase coordinated nutrition-sensitive action across relevant sectors**

- Goal 4: Increased incomes, agricultural production, productivity and quantity and quality of food consumed

Objectives:

4.1 Increase the quantity, capacity and supervision of staff providing nutrition sensitive agricultural services.

4.2 Increase productivity, quality and diversity of crop production.

4.3 Increase production, health and quality of livestock.

4.4 Increase sustainable irrigation and on-site farm water management where these factors are significant determinants of malnutrition.

4.5 Support and scale up small-scale food production, processing and retail.

4.6 Increase understanding and awareness around good dietary, food safety and hygiene practices.

4.7 Increase incomes and consumption through cash assistance and provision of temporary employment opportunities.

4.8 Increase production and consumption of iodine-, iron- and folate-fortified foods.

4.9 Establish and operationalise a Food Safety Department.

- Goal 5: Expanded nutrition-sensitive programming within the Ministry of Fish Wealth (MOFW)

Objectives:

5.1 Expand nutrition-sensitive programming within the MOFW.

5.2 Scale up promotion of fatty fish consumption.

5.3 Improve market infrastructure for fish.

5.4 Increase sustainability and resilience of livelihoods for small-scale fishing communities.

5.5 Increase small-scale private-sector fish farming.

- Goal 6: Improved access to safe and adequate water and sanitation services, clean environments and improved hygiene practices

Objectives:

6.1 Improve WASH-sector (water, sanitation and hygiene) capacity for multisectoral coordination and emergency response, with special reference to improved nutrition outcomes.

6.2 Increase availability of non-piped potable water at the household level with priority for nutritionally vulnerable populations.

6.3 Increase access to improved sanitation and safe and hygienic environments.

6.4 Ensure ability to conduct regular water testing.

6.5 Improve hygiene awareness and practices.

- Goal 7: Increased support of good nutrition and health of pupils and their families through school-based interventions

Objectives:

7.1 Deliver key nutrition and health interventions for children and adolescents through schools.

7.2 Provide students with nutritious food and/or nutrient supplements.

7.3 Improve WASH in schools.

7.4 Activate the role of health supervisors and volunteers in improving the nutritional and health status of mothers and children through school-based activities.

7.5 Activate the role of society in improving the nutritional and health status of mothers and children through school-based activities.

7.6 Improve enrolment and retention of girls in primary and (increasingly) secondary education.

### **Priority Area 3: Strengthen government leadership, national policies and capacities**

- **Goal 8:** Strengthened enabling policy and legislative environment for nutrition

Objectives:

8.1 Carry out SUN Yemen activities in line with mandate and responsibilities.

8.2 Validate, launch, disseminate and advocate for the Multisectoral Nutrition Action Plan at international, national and subnational levels.

8.3 Develop and operationalise nutrition-relevant policies and programmes.

- **Goal 9:** Strengthened enabling institutional architecture and mechanisms for nutrition

Objectives:

9.1 Strengthen multi-stakeholder coordination platforms and processes.

9.2 Establish and orient SUN Yemen alliances and networks.

9.3 Strengthen nutrition and food security Monitoring, Evaluation, Accountability and Learning (MEAL) system.

## **M&E Framework Focused on Priority Outcomes**

### **Overview**

The MSNAP presented an overarching TOC. **M&E tools, systems and processes will be strengthened to enable SUN Yemen stakeholders to track progress along that pathway.**

Figure 1 of this document distils all the TOC elements into priority, high-level IMPACT-LEVEL results (related to improving nutritional status) and expected OUTCOME-LEVEL results (related primarily to improved service coverage and positive, nutrition-related behaviour change). Annexes 1a–e include detailed Excel spreadsheets for the five main ministries/sectors—health, education, agriculture, fisheries and water—that are responsible for technical implementation of the MSNAP. Annex 1f outlines priority indicators related to nutrition governance and coordination. In addition to highlighting outcomes of relevance to the above sectors, the annexes also present OUTPUT-LEVEL results that relate to direct by-products of planned nutrition activities.

As shown in Figure 1, key impacts relate to the reduction of prevalence rates for various forms of malnutrition (stunting, wasting, underweight, anaemia, low birth weight, overweight/obesity). These are high-level results that will not be the ‘responsibility’ of a single sector or stakeholder group. The following section highlights the role that integrated data collection (e.g. via a national and/or population-based survey) will serve as a source of both impact- and outcome-level data.



A deliberate effort has been made to identify standard, internationally recognised outcome indicators that can serve multiple purposes for the Republic of Yemen (e.g. M&E for the multisectoral nutrition response, creating relevance and building synergies with humanitarian efforts, Sustainable Development Goal [SDG] tracking and reporting). As will be described in the following section, the data for most outcome-level indicators are collected periodically (e.g. every three to five years). As a consequence, and in-between such periodic surveys, output-level indicators (which can be tabulated using routine data sources) will play an important role in tracking progress and taking timely corrective measures when needed.

For all sectors, output falls into four general categories:

1. **Social and behaviour change** (i.e. reflecting activities that extend the reach of awareness raising, demand generation, community engagement), with a particular emphasis on specific segments of the target population that cannot be left behind (e.g. women, girls, rural farmers).
2. **Specific demand drivers** (e.g. cash and/or material support to ensure that girls attend school and agricultural input to small farm households).
3. Supply-side readiness and quality improvement, such as:
  - a. 'Infrastructure' improvements for service delivery (e.g. treatment units in the health sector, irrigation systems in agriculture, improved drinking water sources in WASH).
  - b. Human resource strengthening (e.g. training for persons who will be involved in management and/or service delivery at different levels).
  - c. Commodity distribution to frontline workers (e.g. provision of mid-upper arm circumference tapes to community health workers and seeds/agricultural input to farmers to improve availability of good-quality, diverse foods).
4. **Management strengthening** (e.g. introduction of, or improvement in the functionality of, ministry nutrition units and information units; supportive supervision to frontline workers).

The output indicators presented in Annexes 1a–f have been identified and/or approved by the central line ministries, in cooperation with their partners, and thus **reflect Yemeni-identified data needs related to the CRF within each sector of focus**. In addition, **at least one output indicator was identified per CRF 'objective' as a sentinel measure of progress related to that objective**. In identifying the output indicators, stakeholders ensured that the indicators **are perfectly aligned with planned CRF activities**. The framework presenting priority areas, objectives and responding outcomes, output, multisectoral and sectoral indicators and reporting responsibility is presented in Appendix A (as part of this document).

## Importance of monitoring nutrition governance

Priority Area 3 of Yemen's MSNAP is to 'strengthen government leadership, national policies and capacities'. Monitoring governance differs from the monitoring of programme or activity implementation. The spreadsheets that appear in Annexes 1a–f have been linked to specific sectors/line ministries and their contributing partners' actions. Monitoring aspects of overall nutrition governance under MSNAP Priority Area 3 will be the responsibility of the SUN Yemen Secretariat in the Ministry of Planning and International Cooperation (MOPIC).

Governance indicators that will be assessed as MILESTONES

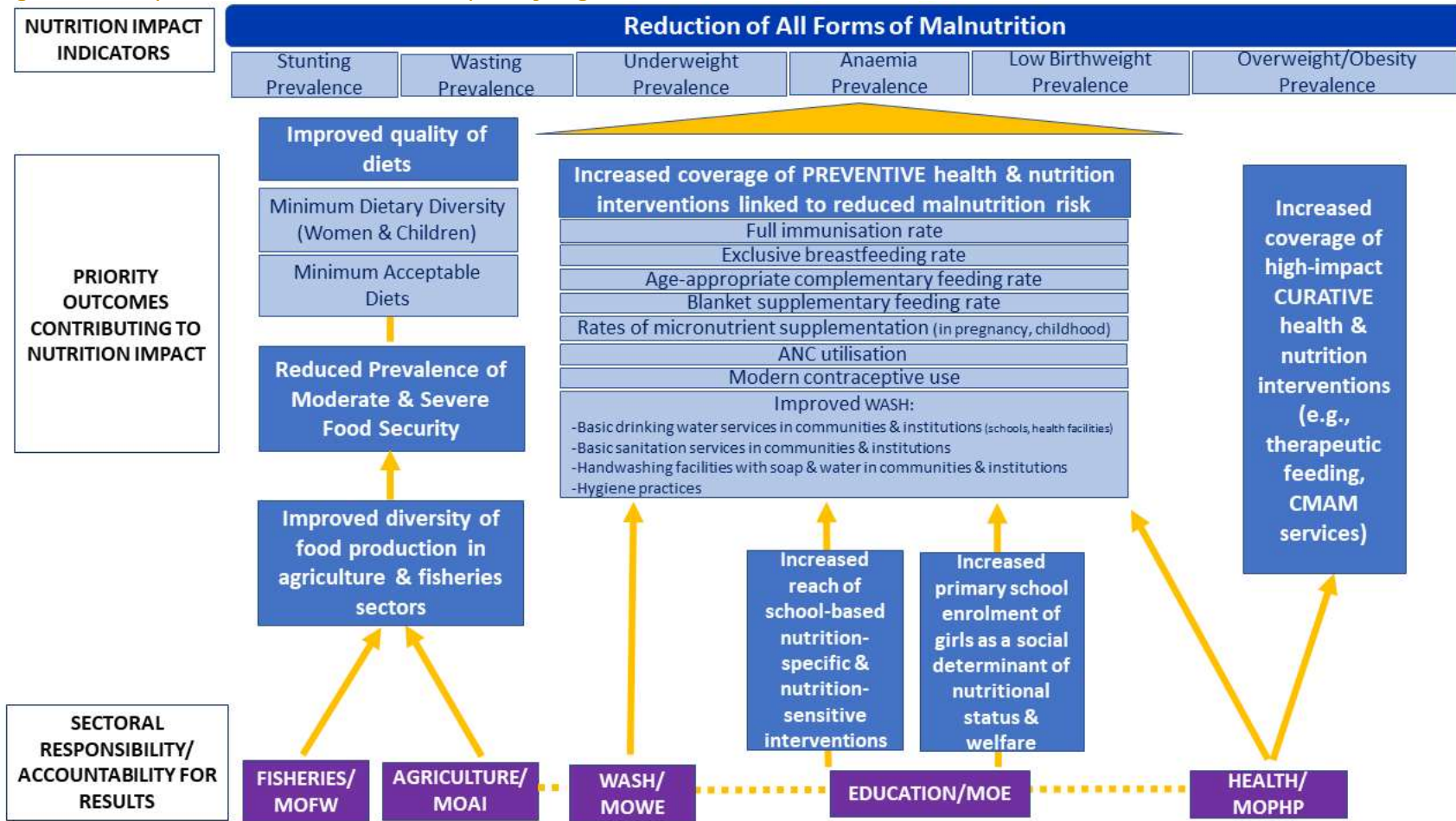
(i.e. to be assessed as 'achieved' or 'not achieved'):

- Yemen nutrition budget analysis profile.
- CRF, reviewed annually and updated, as appropriate.
- M&E plan, reviewed annually and updated to align with CRF.
- Updated National Food Security Strategy and Action Plan.
- Advocacy Strategy and Action Plan, reviewed annually.
- Yemen nutrition policy paper/brief (at least one to be produced).
- Operational Yemen nutrition MEAL system (either updated manually by SUN Yemen -or- by online user interface / MAP Yemen dashboard [see 'Data warehousing' section of this M&E plan]).
- Guide to the Nutrition Laws and Legislations in Yemen (to be produced).

Governance indicators that will be assessed ANNUALLY:

- Number of Joint Progress Reports produced by SUN Yemen Secretariat.
- Number of National Steering Committee meetings held.
- Cumulative number of SUN Yemen Secretariat staff trained on nutrition technical topics.
- Cumulative number of SUN Yemen Secretariat staff trained on project management.
- Cumulative number of SUN Yemen Secretariat staff trained on MEAL.
- Cumulative number of active (meets at least twice per year) subnational (governorate) local multi-stakeholder Steering Committees.
- Number of reference documents produced on new Yemeni Food Identity Project.

Figure 1. A Simplified framework focused on priority, high-level nutrition-related results for Yemen.



Abbreviations: ANC, antenatal care; CMAM, community-based management of acute malnutrition; MOAI, Ministry of Agriculture and Irrigation; MOE, Ministry of Education; MOFW, Ministry of Fish Wealth; MOPHP, Ministry of Public Health and Population; MOWE, Ministry of Water and Environment; WASH, water, sanitation and hygiene.

## Overview of Data Sources and Gaps

### Observations on the general state of Yemen's evidence base for nutrition

The SUN Yemen Secretariat will work closely with Government of Yemen (GOY) entities, such as the Central Authority for Statistics, to integrate different forms of evidence (e.g. research evidence, household survey data), as well as administrative data, into the nutrition M&E system.

One crosscutting issue that has nutrition M&E implications relates to the current body of evidence on nutrition. **In general, there is an absence of valid, up-to-date nationally representative data, particularly at the outcome level.** More specifically, a large portion of available data were generated prior to the most recent humanitarian crisis and do not reflect current realities within the country.

There are some exceptions. For example, the Ministry of Public Health and Population (MOPHP) maintains an up-to-date database that incorporates new data (e.g. Standardised Monitoring and Assessment of Relief and Transitions [SMART] surveys of 2018 and 2019). There is also an ongoing project to deploy the District Health Information System 2 system to support the MOPHP's data-management efforts.

Data gaps exist and will be filled gradually during year 1 of MSNAP implementation. As a matter of priority, efforts will be made on the part of development partners (e.g. the United Nations [UN] and bilateral and/or multilateral donors) to **support the GOY in conducting a nationally representative survey**, such as a Multiple Indicator Cluster Survey (MICS) that can yield nationally representative estimates on several outcome-level, nutrition-sensitive and nutrition-specific indicators. This **integrated data collection through special surveys and research will fill information gaps for multiple sectors.**

For example, the MICS will yield updated data for several health, nutrition, WASH and education outcome-level indicators. The following is an illustrative list of nutrition-relevant indicators that can be tabulated using MICS data:<sup>1</sup>

- Stunting prevalence in children under 5 years of age (moderate and severe).
- Wasting prevalence in children under 5 years of age (moderate and severe).
- Underweight prevalence in children under 5 years of age (moderate and severe).
- Overweight prevalence in children under 5 years of age (moderate and severe).
- Low birthweight prevalence.
- Anaemia prevalence in children.
- Exclusive breastfeeding rate.
- Rate of Minimum Dietary Diversity for Women.
- Rate of Minimum Dietary Diversity in children.
- Rate of Minimum Acceptable Diets in children.

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<sup>1</sup> UNICEF. MICS6 Tools.; 2019. Available at <http://mics.unicef.org/tools#analysis>.

- School attendance ratios (primary and secondary schools).
- Gender parity indices in education (primary and secondary schools).
- Antenatal care coverage (at least four visits).
- Household population access to at least basic drinking water services.
- Household population access to at least basic sanitation services.
- Household population access to at least basic hygiene.

Indicators such as those listed above are included as outcome indicators in Annexes 1a–e. They reflect state-of-the-art thinking related to the types of outcomes stakeholders in Yemen should be striving to improve.

With the availability of valid and current outcome-level data, the SUN Yemen Secretariat will work with sectors and stakeholders to review their M&E spreadsheets and set (or revise) multiyear targets, where necessary.

Key assumptions related to all of the above:

1. Funding will be mobilised/available to support national data collection efforts that establish a solid baseline and evidence base for nutrition implementers.
2. Technical and capacity-building support will be provided to Yemeni institutions to ensure that there is (a) local ownership in large-scale data-gathering efforts and the in the evidence produced and (b) transfer of capacities (e.g. in relation to sampling, data management, data analysis, data presentation and report writing) through M&E technical training/skills building, tools, reference materials and/or systems that facilitate data flow and use (e.g. automation).
3. Constraints related to population access (e.g. as a result of conflict or other factors) can be mitigated to ensure that the survey is indeed nationally representative and that critical segments of the population are not excluded from data-gathering and M&E efforts.

## Data for output-level indicators

In light of (1) limitations in valid and up-to-date outcome data and (2) the relative infrequency of surveys such as MICS, Demographic and Health Surveys are conducted (e.g. every three to five years) and **administrative data/routine information systems and periodic assessments (e.g. SMART surveys) will form the backbone of nutrition monitoring during MSNAP implementation.**

Table 1 provides an overview of key types of monitoring data and their sources.

Administrative data are not, however, without their own challenges. Data flow and data sharing between implementers / service providers, governorate authorities in each sector and central line ministries were disrupted during the crisis. Thus, current monitoring figures reported by central ministries likely do not reflect all implementers/implementation activities in the country. This M&E plan and its annexes are a deliberate effort to consolidate information across nutrition implementers.

In the earliest stages of M&E plan implementation, an investment will be made in working with line ministries and sectors to strengthen the completeness, availability, accessibility and quality of nutrition-related information within their own administrative data sources (e.g. the Education Management Information System of the Ministry of Education [MOE], the MOPHP's Health Management Information System, surveillance and early warning systems) to track CRF/MSNAP implementation and results. The Ministry of Water and Environment (MOWE) has a special information system to track data related to humanitarian projects. The Ministry of Agriculture and Irrigation (MOAI) used to have an information system, but it is not operational due to a lack of budget. MOFW has an information system in place, but it is not activated at data collection points. In 2019/20, data sharing and exchange between central line ministries in Sana'a and UN agencies and international nongovernmental organisations has been limited primarily to files exchanged during humanitarian cluster meetings.

Ideally, the frequency of nutrition data collection and reporting based on administrative data will be at least monthly. However, given the challenges within the country (e.g. geographical access, lack of automated/IT-based systems for data reporting, analysis and use), quarterly reporting to SUN Yemen is a more realistic expectation. Nonetheless, as shown in the 'Data flow' subsection of the 'Data Management' section of this plan, data managers within specific sectors, particularly at the governorate level, will be expected to manage more frequent data flows (e.g. monthly reporting from implementers / implementation sites) before consolidation at and reporting to the national level.

**Table 1. Overview of key sources of monitoring evidence from selected sectors.**

Nature Of Activity	Pathway For Contribution To Nutrition Impact	Data Source (As Identified By Line Ministries)	Frequency Of Reporting To SUN
Media campaigns	Behavioural/demand-side	Post-marketing reports (MOAI, MOFW)	Quarterly
Community-based awareness-raising & promotion activities	Behavioural/demand-side	Field reports (MOWE, MOFW)	Quarterly
Cash and material support	Behavioural/demand-side	Distribution and/or delivery sheets (MOAI, MOE)	Quarterly
Infrastructure improvement (e.g. pipeline construction for improved drinking water, WASH in schools, improved irrigation systems for agriculture)	Supply-side	Progress reports from frontline implementers (e.g. MOWE, MOAI, MOWE, MOFW)	Quarterly
Commodity distribution (e.g. mid-upper arm circumference tapes to CHWs, seeds to farmers)	Supply-side	Distribution reports (MOAI, MOFW)	Quarterly



Nature Of Activity	Pathway For Contribution To Nutrition Impact	Data Source (As Identified By Line Ministries)	Frequency Of Reporting To SUN
Training	Supply-side	Training logs / attendance reports (all sectors)	Quarterly
Various forms of quality improvement (e.g. supervision to frontline providers, water quality testing)	Supply-side	Annual field 'surveys' (MOE) or examination or supervision reports (e.g. MOWE, MOPHP)	Annually

Abbreviations: CHW, community health worker; MOAI, Ministry of Agriculture and Irrigation; MOE, Ministry of Education; MOFW, Ministry of Fish Wealth; MOPHP, Ministry of Public Health and Population; MOWE, Ministry of Water and Environment; SUN, Scaling Up Nutrition; WASH, water, sanitation and hygiene.

Because the humanitarian-development nexus is a major focus in Yemen, humanitarian actors (via platforms such as the humanitarian cluster system) will play a major role in integrating data from humanitarian efforts into nutrition reporting and data use. In year 1 of the MSNAP implementation, institutional arrangements will be formalised to support nutrition-related data sharing and reporting between stakeholders.

There is overlap in key actors who are involved in both humanitarian and development arenas. Selected line ministries that are already providing leadership and/or are actively involved in humanitarian clusters (e.g. Nutrition, Health, Food Security). For example, the MOPHP is a co-lead of the Health and Nutrition Clusters and thus is strategically placed to promote and facilitate the integration of humanitarian and nonhumanitarian efforts in data collection, reporting and use to the SUN Yemen Secretariat (which, as described in the Data Flow section, will report progress to the SUN Yemen National Steering Committee on a semiannual basis).

In addition to reporting responsibilities, the SUN Yemen Secretariat will monitor emerging data-based evidence from the humanitarian arena to identify changes in Yemen's hazard and risk profile that might have nutrition implications. Periodic review of reports—such as the UN Office for the Coordination of Humanitarian Affairs' annual Humanitarian Needs Overview and Humanitarian Response Plan, as well as the real-time Displacement Tracking Matrix (<https://www.globaldtm.info/yemen/>) managed by the UN's International Organization for Migration—will be under the purview of M&E staff within the SUN Yemen Secretariat.

In addition to being sensitive to the humanitarian-development nexus, there will be a recognition that joint/cross-sectoral CRF activities, such as the following (illustrative activities from the CRF), will require special institutional arrangements between partners to ensure that timely and accurate data are consolidated and shared:

- Creation of school gardens (joint activity between the MOAI and MOE).

- Purification of irrigation water (joint activity between the MOAI and MOWE).
- Provision of multiple micronutrient supplements to students in schools (joint activity between the MOE and MOPHP).

## M&E Capacity

### Overview

As already stated several times, M&E capacities, processes and systems were disrupted during the most recent humanitarian crisis.

Acknowledging that data have limited utility if people and institutions do not have the required capacity in M&E, part of strengthening the broader nutrition MEAL ‘architecture’ will include training SUN Yemen Secretariat staff, line ministry nutrition focal points and SUN network members in core MEAL concepts, standardised tools and processes. There will also be the development/adaptation of standard curricula to strengthen M&E capacities (including critical functions such as data quality assurance and data use for management decision-making) across stakeholders at different levels. Investment will be made in strengthening governorate-level M&E capacities given the important role(s) that governorate-level units within each sector/line ministry will play (e.g. collating data from different service delivery sites and providers [governmental and nongovernmental] and providing frontline data quality assurance to rectify reporting errors before data are shared with the central level).

Capacity-building activities will build on the following resources that had already created a foundation before the peak of crisis:

- Yemen’s development M&E manual (2008)
- Monitoring and Evaluation Strategy of the Third Economic and Social Development Plan for Mitigation from Poverty 2006–2010.
- The World Bank’s multicountry assessment on building M&E capacity.

During year 1 of MSNAP implementation, information in the above will be updated to reflect current strengths and gaps. The SUN Yemen Secretariat will also work with Nutrition Focal Points and cluster leads in each sector to identify and engage **nodes of M&E and research expertise (e.g. within MOPIC, MOPHP, MOAI, Central Authority for Statistics) that are strengths** that can be leveraged for nutrition M&E strengthening.

Part of M&E capacity building will entail addressing information systems. In developing this M&E plan, several line ministries acknowledged that, where data flow exists, reporting and collation is primarily manual in nature. M&E capacity building will focus on first formalising and improving manual data flow and data-reporting arrangements, then introducing/strengthening mechanisms (e.g. Education Management Information System of the Health Management Information System) through automation and digitalisation by addressing skills-building, hardware and networking requirements.



## M&E resources

The following are useful resources that can guide M&E efforts to ensure that Yemen's nutrition data are not just available but of high quality and comparable based on international standards:

- SUN M&E-related resources, such as its **Monitoring and Evaluation Framework**:
  - Available at: <http://scalingupnutrition.org/wp-content/uploads/2013/05/SUN-ME-Framework.pdf>.
  - SUN Yemen will stay updated on SUN's M&E developments (including new resources) to support country-level M&E of multi-stakeholder nutrition action.
- UN's **E-Handbook on Sustainable Development Goals Indicators** (2019):
  - Available for download at: <https://unstats.un.org/wiki/display/SDGeHandbook/Home>.
- The handbook provides clear definitions and tabulation/computation instructions of all SDG indicators, organised according to goal.
- United Nations Children's Fund's **MICS6 Tabulation Plan** (2019). Available for download in Arabic and other languages at: <http://mics.unicef.org/tools#analysis>.
- The **Food and Nutrition Technical Assistance (FANTA) Project** has produced several nutrition M&E resources, such as:
  - <https://www.fantaproject.org/tools>.
  - <https://www.fantaproject.org/sites/default/files/resources/Monitoring-Evaluation-Plan.pdf>.
- The World Bank's **Strengthening Monitoring and Evaluation in the World Bank's Nutrition Portfolio** (2003). Available at: [https://www.unscn.org/web/archives\\_resources/files/ShekarLiddle-StrengtheningME-whole.pdf](https://www.unscn.org/web/archives_resources/files/ShekarLiddle-StrengtheningME-whole.pdf)
- MEASURE Evaluation's **Trainers Guide to the Fundamentals of M&E for Population, Health and Nutrition Programs** (2002). Available for download at: <https://www.measureevaluation.org/resources/publications/ms-02-05>.
- Food and Agriculture Organization's (FAO's) **Compendium of Indicators for Nutrition-sensitive Agriculture** (2016). Available at: <http://www.fao.org/3/a-i6275e.pdf>.
- FAO's Food Security Analysis Unit in Somalia's **Nutrition: A Guide to Data Collection, Analysis, Interpretation and Use** (2005). Available at: [https://www.unscn.org/web/archives\\_resources/files/Refman\\_65\\_FSAU\\_FAO\\_nutrition\\_a\\_guid\\_239.pdf](https://www.unscn.org/web/archives_resources/files/Refman_65_FSAU_FAO_nutrition_a_guid_239.pdf).
- Other relevant materials produced by different agencies, which can be found on the UN Standing Committee on Nutrition's web resource page dedicated to nutrition assessment and M&E: [https://www.unscn.org/web/archives\\_resources/html/theme\\_000181.html](https://www.unscn.org/web/archives_resources/html/theme_000181.html).

## Data Management

### Data flow

Timely data flow and/or results reporting between various implementers and central-level line ministries will be a major area of focus. Within the government sector, MOPIC and line ministries already have institutional arrangements in place for sector-specific data reporting and planning. To systematically integrate evidence from non-GOY actors, data reporting and data review will be priority agenda items for SUN Yemen network meetings, cluster meetings (as long as the humanitarian cluster system is activated) and National Steering Committee meetings. The SUN Yemen Secretariat will play a focal role in reviewing reported figures and information from different sectors before presenting on multisectoral progress (on the different Priority Areas) to the National Steering Committee. Within given sectors/constituencies, there will be protocols for field-level monitoring and routine review of data and reports. Both SUN Yemen and Steering Committee members will be capacitated on data collection, data quality assurance, data interpretation and data use.

As shown in Figure 2, there will be focal units that will be responsible for collecting, collating, reviewing and quality assuring reported data—more specifically:

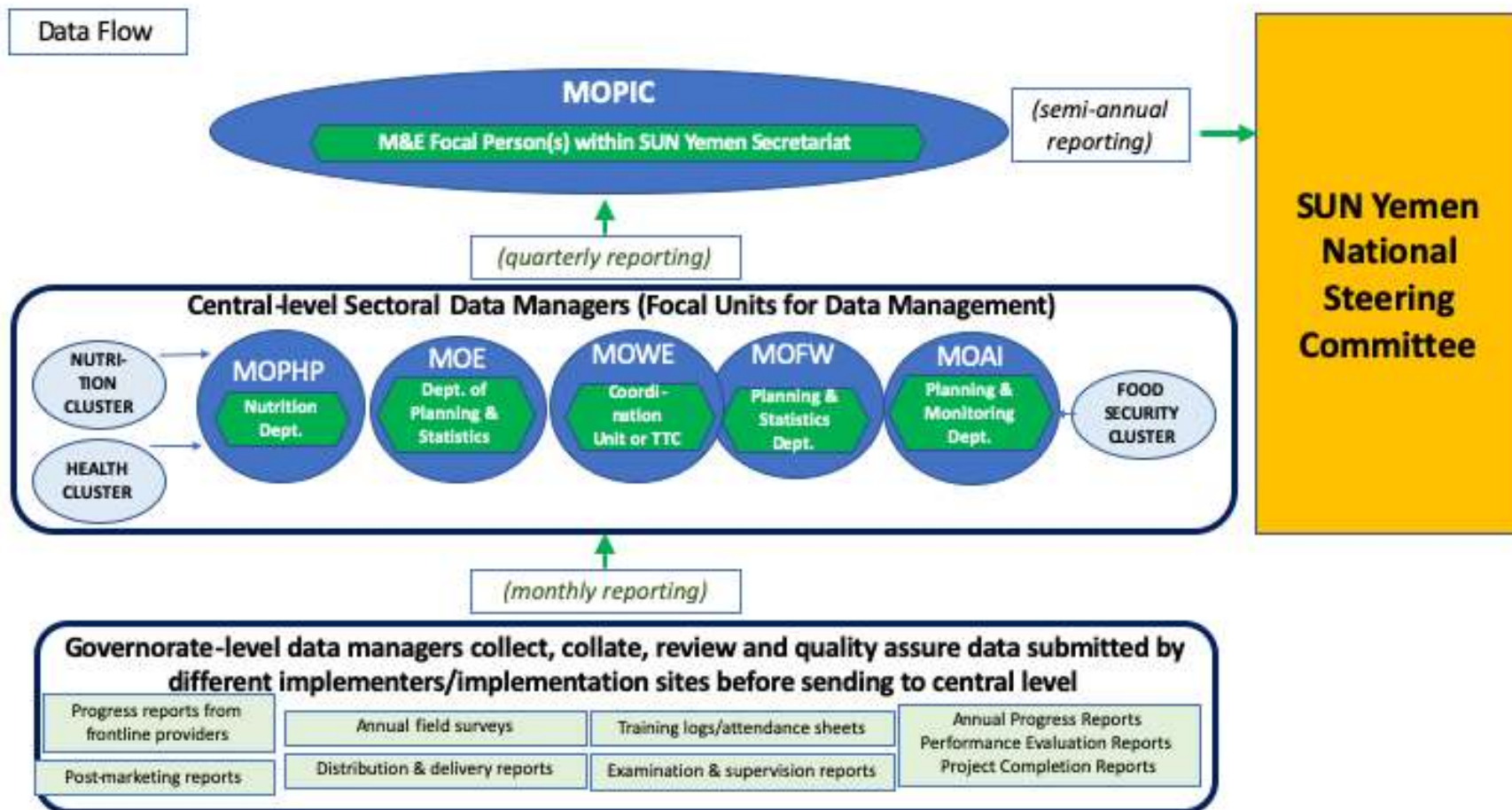
- Within the MOAI: Planning and Monitoring Unit.
- Within the MOE: Department of Planning and Statistics.
- Within the MOFW: Planning and Statistics Department.
- Within the MOPHP: Nutrition Department.
- Within the MOWE: Coordination Unit.
- Within the MOPIC: SUN Yemen Secretariat.

The above units will gather, consolidate, review and quality-assure evidence from different implementers and implementation sites before reporting consolidated indicator data on a quarterly basis to SUN Yemen. SUN Yemen will review, quality-assure and consolidate evidence across sectors and stakeholders (as per the CRF) to present evidence on progress to the Yemen National Steering Committee on a semiannual basis.

### Data warehousing

MOPIC currently manages an interactive databased referred to as MAP Yemen (<https://mapyemen.org>), an online tool for 'Monitoring Food Security and Nutrition' in Yemen. MAP Yemen exists to track agricultural, food security, health and nutrition development projects; monitor their locations, objectives and reach; and improve planning, coordination and effectiveness. MAP Yemen is therefore a possible foundation on which to build in order to strengthen MEAL for a multi-stakeholder nutrition response. However, there is also a need to 'meet stakeholders where they are' in terms of data gathering, data reporting and data management. Several ministries do not have automated systems for routine data and rely largely on logbooks or Microsoft Excel-based spreadsheets to track data that are either emailed or faxed from governorates to the central level, or whose contents are communicated on a routine basis over the phone.

Figure 2. Data flow for Yemen's Nutrition M&E.



Abbreviations: M&E, monitoring and evaluation; MOAI, Ministry of Agriculture and Irrigation; MOE, Ministry of Education; MOFW, Ministry of Fish Wealth; MOPHP, Ministry of Public Health and Population; MOPIC, Ministry of Planning and International Cooperation; MOWE, Ministry of Water and Environment; SUN, Scaling Up Nutrition; WASH, water, sanitation and hygiene.

## Data quality assurance

Mechanisms will need to be introduced (e.g. through spot checks, random site visits, error checking protocols) to ensure that all desired data features reflected in Yemen's nutrition M&E system<sup>2</sup> reach the desired qualities in terms of:

- Validity: measuring what is intended.
- Reliability: giving the same result with data collected using the same methodology.
- Timeliness: providing up-to-date data when needed.
- Precision: having ability to minimise error (due to data collection instruments).
- Integrity: providing data free of wilful or unconscious errors due to manipulation (human or machine).

Tools and protocols will be developed to support data managers in examining those elements of the data they receive from implementers.

### **The Importance of Data Disaggregation**

In the SDG era, when there is a major emphasis on ensuring that no one is left behind, Yemen's nutrition M&E will involve basic disaggregation of data to highlight disparities or inequities related to both the reach of nutrition activities and their impact on different segments of the population. Large-scale surveys such as MICS or Demographic and Health Surveys provide opportunities to examine a broader range of variables (e.g. household wealth quintile, women's level of education, religion, ethnicity, etc.). However, the following shortlist of variables will be considered when analysing and presenting data for Yemen's nutrition M&E:

- Place of residence (urban, rural)
- Governorate
- Gender (male, female)
- Critical age groups (e.g. 0 to 23 months of age; 24 to 59 months of age; all under 5 years, or 0 to 59 months, of age; 15 to 19 year of age)
- Displacement status (e.g. internally displaced person, or IDP, versus non-IDP)

Data collection tools and reporting templates will reflect this level of disaggregation to ensure that the above level of detail is being captured by implementers and reported to the SUN Yemen Secretariat in MOPIC.

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<sup>2</sup> USAID, FANTA and FHI360. USAID's Office of Food for Peace (FFP) M&E Workshop for Newly Awarded FFP Development Food Assistance Activities.; Addis Ababa: 2017. <https://www.fantaproject.org/sites/default/files/resources/Monitoring-Evaluation-Plan.pdf>

## Evaluation and Research Agenda

A research and evaluation agenda that identifies priority data gaps that can be filled through sound research and/or evaluations is an important feature of a national M&E system, and this will also produce information that is relevant to programme, policy and planning processes. In particular, it will be very important to include formative and operations research in conjunction with the design and implementation of the wide range of 'nutrition-sensitive' activities planned (see the MSNAP) in order to better understand the critical conditions that will lead to nutrition improvements in different contexts within Yemen. In addition, such activities will create an opportunity for engagement of academic and research institutions (not just nutrition programme implementers) in Yemen's national nutrition response. Sana'a University already participates in the National Steering Committee, and the MEAL system will establish clear contributions for the university and other academic/research institutions. Linkages to academic and research institutions will be strengthened/formalised, as feasible and appropriate, to bolster the evidence base and learning that can support policy and programme processes. A research and evaluation agenda is not a static concept. Forums such as network meetings, cluster meetings and Steering Committee meetings will be important in identifying emerging data needs as MSNAP implementation progresses over time.

During M&E plan development, focal line ministries identified several programmes within their sectors of operation that have not been evaluated (see line ministry spreadsheets contained in Annex 1). As a matter of priority, Table 2 highlights a subset of those programmes that have direct implications for nutrition. The SUN Secretariat will identify Yemeni entities (e.g. Sana'a University, Central Statistical Authority) and/or development partners (e.g. UN agencies, such as United Nations Children's Fund) that can conduct or support nutrition-related research and evaluations.

**Table 2. Main programmes with direct implications on nutrition.**

Line Ministry	Priority 'Programmes' for Evaluation and Operations Research
MOAI	<p>DEMAND-SIDE/BEHAVIOURAL: Rural Women Development Programme Agricultural Extension Programme</p> <p>SUPPLY-SIDE: Crop production and production programmes Training and qualification programmes</p>
MOE	<p>DEMAND-SIDE/BEHAVIOURAL: Nutrition and health awareness programmes in schools (including but not limited to school feeding programmes)</p> <p>SUPPLY-SIDE: Capacity building of school health and nutrition workers Rehabilitation of canteens available in schools to provide a healthy meal Provision of public and personal hygiene tools and accessories to schools</p>
MOFW	No programmes identified by the line ministry
MOWE	DEMAND-SIDE/BEHAVIOURAL:

	Programmes that are focused on raising public awareness related to: water conservation hygiene practices (including environmental hygiene) protection of communities from the spread of diseases / disease epidemics
MOPHP	Awaiting MOPHP input

Abbreviations: MOAI, Ministry of Agriculture and Irrigation; MOE, Ministry of Education; MOFW, Ministry of Fish Wealth; MOPHP, Ministry of Public Health and Population; MOWE, Ministry of Water and Environment.

Thus, in addition to strengthening routine monitoring, the GOY will work in close collaboration with development partners to expand the body of evaluation evidence, which should yield information on ‘what works’ in the Yemeni context. This evidence will, in turn, inform dialogue related to scale-up/replication of effective intervention models and best practices.

## Data Use

Linking planned stakeholder activities (as outlined in the CRF) to expected output and outcomes has been an important first step in fostering accountability, with line ministries identifying indicators that can be used to gauge progress. Through quarterly reporting of agreed output-level indicators and participatory data review processes to periodically assess progress and identify challenges or bottlenecks, data will be used to foster accountability by sector and by stakeholder group (e.g. GOY, UN, civil society, donor, business sector). Reporting and reviewing disaggregated data (e.g. by governorate; place of residence, such as urban or rural; gender; humanitarian status, such as IDPs) will also foster accountability across stakeholders in ensuring that no one is being left behind. Surveys will also provide opportunities to identify issues that should inform targeting (e.g. differences by household wealth quintile).

During the inception phase of MSNAP implementation, stakeholders will discuss and agree to accountability and learning arrangements. Annexes 1a–f incorporate preliminary thoughts on data presentation and use supporting learning and ensuring accountabilities (e.g. via annual and/or semiannual reports, during technical field visits within certain sectors, during trainings and other means).

Within the multi-stakeholder platform, data review will also be incorporated into the meeting agendas of the National Steering Committee (e.g. to examine MSNAP implementation progress for different constituencies, to enhance targeting and to identify and address barriers and bottlenecks related to access and quality of MSNAP activities and interventions). Data review to inform decision-making and share information across sectors will also be a feature of the existing agendas of other relevant platforms (e.g. humanitarian cluster meetings on education, food security, health, nutrition and WASH). Also, as shown in the graphic on the following page (Figure 3), data use will not be limited to the National Steering Committee or SUN Yemen Secretariat. The SUN Joint Annual Assessments will be a forum involving a broader set of stakeholders at the central level and in governorates to convene to jointly

assess progress, showcase promising practices and discuss solutions to identified implementation challenges or gaps.

## General Timeline

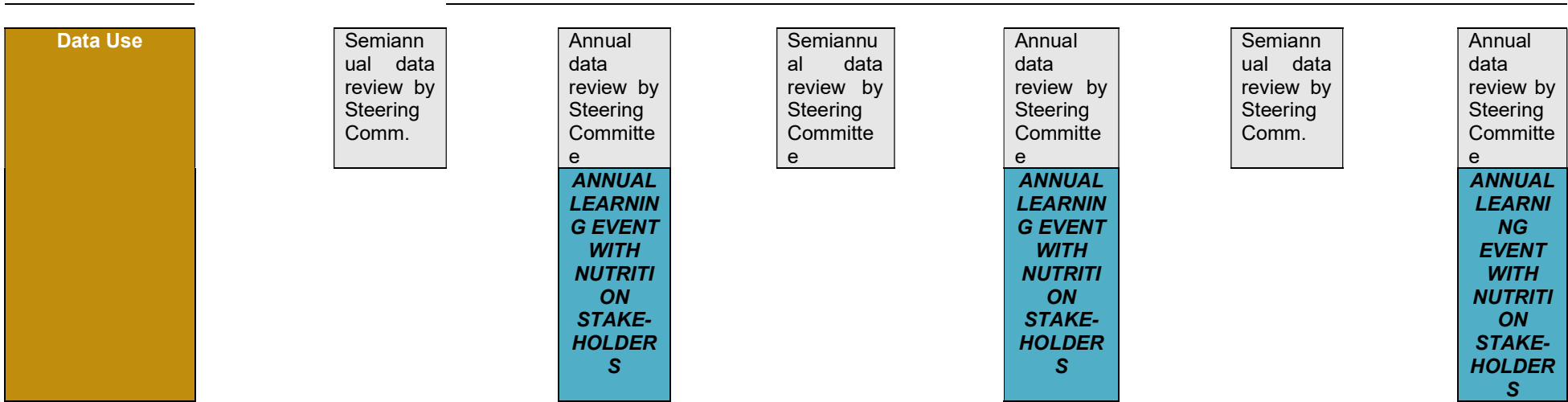
Figure 3 on the following page presents a general timeline of top-line MEAL activities over the course of the next three years. In the short term, there will be an emphasis on establishing a valid and reliable body of evidence that can yield population-based estimates of key indicators, whilst simultaneously strengthening sectoral management information systems—a longer-term endeavour that is essential to ensure that routine monitoring data are available to all stakeholders. The SUN Steering Committee and the SUN Secretariat will be focal players in formalising humanitarian-development linkages related to nutrition, including joint planning, report sharing between coordination platforms and joint review of evidence to inform programming and foster accountability for results.



Figure 3.  
Timeline of  
MEAL activities.

		Year 1				Year 2				Year 3			
<b>Data Collection</b>	Update the evidence base to produce baseline values for key outcome indicators												
	As needed, and funds permitted, conduct research and evaluation studies based on data needs for policy and programme action, including replication/scale-up of effective service models or intervention packages												
	Strengthen monitoring & data use capacity of nutrition stakeholders in different sectors/constituencies through M&E written aids/tools and trainings												
	Establish/revise annual indicator targets for all indicators												
	Adapt standard, quarterly monitoring/reporting formats for use by different stakeholders												
	<i>Quarterly reporting by stakeholders</i>	<i>Quarterly reporting by stakeholders</i>	<i>Quarterly reporting by stakeholders</i>	<i>Quarterly reporting by stakeholders</i>	<i>Quarterly reporting by stakeholders</i>	<i>Quarterly reporting by stakeholders</i>	<i>Quarterly reporting by stakeholders</i>	<i>Quarterly reporting by stakeholders</i>	<i>Quarterly reporting by stakeholders</i>	<i>Quarterly reporting by stakeholders</i>	<i>Quarterly reporting by stakeholders</i>	<i>Quarterly reporting by stakeholders</i>	
<b>Data Analysis</b>	Semiannual synthesis, analysis, progress report by Secretariat to Steering Committee		Semiannual synthesis, analysis, progress report by Secretariat to Steering Committee		Semiannual synthesis, analysis, progress report by Secretariat to Steering Committee		Semiannual synthesis, analysis, progress report by Secretariat to Steering Committee		Semiannual synthesis, analysis, progress report by Secretariat to Steering Committee		Semiannual synthesis, analysis, progress report by Secretariat to Steering Committee		
	Possible automation of a multisectoral nutrition information system (via MAP Yemen or another viable/contextually appropriate platform) to facilitate data report, analysis and data access.												





## **Annex 1: Monitoring and Evaluation Templates by Ministry**

M&E templates for the key Ministries accompany the M&E plan. They are available as Excel worksheets:

- a) MOAI (Annex 1a\_FINAL\_MOAI Outcome and Quarterly Output Indicators)
- b) MOEW (Annex 1b\_FINAL\_MOE Outcome and Quarterly Output Indicators)
- c) MOFW (Annex 1c\_FINAL\_MOFW Outcome and Quarterly Output Indicators)
- d) MOPHP (Annex 1d\_FINAL\_MOPHP Outcome and Quarterly Output Indicators)
- e) MOWE (Annex 1e\_FINAL\_MOWE Outcome and Quarterly Output Indicators)
- f) MOPIC (Annex 1f\_FINAL\_MOPIC Nutrition Governance Indicators)

## **Annex 2: Standard Indicator Reporting Template**

Illustrative template that can be modified by stakeholders for quarterly progress reporting  
(Annex 2\_Quarterly Reporting Template Yemen Nutrition\_29 Jan 2020)

## Appendix: Key Indicators by Priority Area

Goal	Objectives	Indicators	Focal Agency for Reporting
<b>Crosscutting (Cross-Sectoral) Indicators (Multiple sectors as contributors)</b>			
	<b>Impact Level</b>	<ul style="list-style-type: none"> <li>Stunting Prevalence</li> <li>Wasting Prevalence</li> <li>Underweight Prevalence</li> <li>Low Birth Weight</li> <li>Iron-deficiency Anaemia Prevalence (children/women)</li> <li>Overweight/Obesity Prevalence</li> </ul>	SUN Yemen Secretariat / MOPIC
	<b>Cross-sectoral Outcome Level</b>	<ul style="list-style-type: none"> <li>Rate of Minimum Dietary Diversity for Women(MDD-W)</li> <li>Rate of Minimum Dietary Diversity in Children (MDD)</li> <li>Rate of Minimum Acceptable Diets in Children (MAD)</li> </ul>	SUN Yemen Secretariat / MOPIC; programming in health, agriculture, fisheries
<b>Priority Area 1: Increase access to and utilisation of essential maternal and child health and nutrition services</b>			
Goal 1: Improved infant and young child feeding (IYCF) practices	1.1 Update guidance on appropriate IYCF and oversee its implementation  1.2. Increase awareness and understanding of the importance of appropriate IYCF practices  1.3 Increase supervision, monitoring and evaluation of compliance with IYCF legislation and policy  1.4 Update and expand the Baby-Friendly Hospital Initiative	<b>Outcome:</b> <ul style="list-style-type: none"> <li>Exclusive breastfeeding rate amongst children 0–5 month of age</li> </ul> <b>Output:</b> <ul style="list-style-type: none"> <li>No. of IYCF guidelines distributed, according to governorate and level of health facility</li> <li>No. of health facility staff trained in IYCF guidelines, including breastfeeding</li> <li>No. of pregnant and lactating women (PLW) and caregivers of children 0–23 months receiving IYCF counselling</li> <li>No. of health facilities receiving IYCF supervisory visits within the last 12 months</li> </ul>	MOPHP (in collaboration with Nutrition and Health Clusters)
Goal 2: Scaled-up quality and quantity of	2.1 Scale up coverage and quality of blanket supplementary feeding programmes	<b>Output:</b> <ul style="list-style-type: none"> <li>No. of children 6–23 months of age enrolled in blanket supplementary feeding programme and who received wheat soy blend (WSB+)</li> </ul>	MOPHP (in collaboration with Nutrition Cluster)

Goal	Objectives	Indicators	Focal Agency for Reporting
nutrition-specific services	<p>2.2 Scale up coverage and quality of services for management of acute malnutrition, severe acute malnutrition and moderate acute malnutrition</p> <p>2.3 Scale up quantity and quality of nutrition services for PLW</p> <p>2.4 Provide multiple micronutrient supplementation to populations vulnerable to deficiencies</p> <p>2.5 Ensure adequate human, financial and physical resources for the Nutrition Department at the national and governorate levels</p> <p>2.6 Increase coverage, timeliness, reliability and availability of nutrition-related data in Yemen</p> <p>2.7 Ensure adequate dietetic support is provided through health services</p>	<ul style="list-style-type: none"> <li>• No. of children under 5 years of age in moderate acute malnutrition treatment receiving supplementary foods</li> <li>• Cumulative no. of health facility workers trained to provide community-based management of acute malnutrition services</li> <li>• Cumulative no. of Therapeutic Feeding Centres established</li> <li>• No. of Therapeutic Feeding Centres visited by supervisors during the past 12 months</li> <li>• No./% of children 6–59 months of age receiving Plumpy’Nut</li> <li>• No. of children aged 0–59 months of age with severe acute malnutrition receiving in-patient care</li> <li>• No. of PLW receiving WSB++ for treatment of acute malnutrition in the past 12 months</li> <li>• No. of PLW receiving iron-folate supplementation</li> <li>• No. of children aged 6–23 months of age receiving multiple micronutrient supplementation in the past 12 months</li> <li>• In sites treating acute malnutrition; no. of health workers receiving monthly incentives</li> <li>• No. of Nutrition Department staff receiving some form of training in the past 12 month, according to governorate</li> <li>• No. of information officers trained on data management, data quality assurance and/or data analysis in the past 12 months</li> <li>• No. of governorates reporting monthly data to an automated nutrition information system managed by MOPHP</li> <li>• No. of hospitals with staffed and equipped nutrition units</li> </ul>	
Goal 3: Scaled-up quality and quantity of available nutrition-related health services	<p>3.1 Increase numbers, capacity, supervision and support of community health volunteers (CHVs)</p> <p>3.2 Scale up availability of primary healthcare services</p> <p>3.3 Increase immunisation coverage</p> <p>3.4 Scale up quality and quantity of sexual and reproductive health and family planning services with special emphasis on reducing teenage pregnancies and LBW prevalence</p>	<p><b>Outcome:</b></p> <ul style="list-style-type: none"> <li>• % of children 12–23 months of age receiving all basic vaccinations</li> <li>• Modern contraceptive prevalence rate amongst those currently married</li> </ul> <p><b>Output:</b></p> <ul style="list-style-type: none"> <li>• No. of CHVs trained in integrated package of child healthcare &amp; growth monitoring in the past 12 months</li> <li>• No. of supply kits distributed to CHVs in the past 12 months</li> <li>• No. of CHVs participating in at least one quarterly review meeting or supervisory visit in the past 12 months</li> <li>• No. of newly established primary health units</li> <li>• No. of children receiving vaccinations against polio, measles and diphtheria in the past 12 months</li> <li>• No. of women receiving family planning services</li> </ul>	MOPHP (in collaboration with Health Cluster)

Goal	Objectives	Indicators	Focal Agency for Reporting
		<ul style="list-style-type: none"> <li>No. of pregnant women receiving antenatal care services (at least four visits per pregnancy)</li> <li>Cumulative no. of healthcare providers undergoing in-service family planning training</li> <li>Cumulative no. of community care staff trained on nutrition messaging</li> </ul>	
<b>Priority Area 2: Increase coordinated nutrition-sensitive action across relevant sectors</b>			
<p>Goal 4: Increased incomes, agricultural production, productivity and quantity of food consumed</p>	<p>4.1 Increase the quantity, capacity and supervision of staff providing nutrition-sensitive agricultural services</p> <p>4.2 Increase productivity, quality and diversity of crop production</p> <p>4.3 Increase production, health and quality of livestock</p> <p>4.4 Increase sustainable irrigation and on-site farm water management where these factors are significant determinants of malnutrition</p> <p>4.5 Support and scale up small-scale food production, processing and retail</p> <p>4.6 Increase understanding and awareness around good dietary, food safety and hygiene practices</p> <p>4.7 Increase incomes and consumption through cash assistance and provision of temporary employment opportunities</p> <p>4.8 Increase production and consumption of iodine-, iron-, and folate-fortified foods</p> <p>4.9 Establish and operationalise a Food Safety Department</p>	<p><b>Outcome:</b></p> <ul style="list-style-type: none"> <li>Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale</li> <li>Volume of production per labour unit by classes of farming/pastoral/forestry enterprise size (i.e.ton/hectar)</li> <li>Average annual income of small-scale food producers (USD)</li> </ul> <p><b>Output:</b></p> <ul style="list-style-type: none"> <li>No. of functional nutrition units established</li> <li>No. of agricultural technicians and workers trained</li> <li>No. of extension workers (preferably female) equipped with anthropometric measurement tools such as mid-upper arm circumference tapes</li> <li>No. of families receiving support with improved seeds for legumes, vegetables and potatoes</li> <li>No. of families receiving support with improved seeds for grain crops</li> <li>No. of farmers receiving improved seedlings for coffee, almonds and Sidr</li> <li>No. of new greenhouses / protected houses constructed</li> <li>No. of war-affected farmers receiving fertiliser</li> <li>No. of households provided poultry and small ruminants</li> <li>No. of households/women receiving goats /sheep, chicken and animal food</li> <li>No. of animals treated/vaccinated through animal health campaigns</li> <li>No. of hectares of land covered by the new/improved irrigation system</li> <li>No. of households receiving mini-irrigation kits and seeds for home gardens</li> <li>No. of extension farms supported by MOAI for aquaculture (small fish) projects introduced in vegetable irrigation</li> <li>Number of targeted governorates for purification of irrigation water from contaminants (pests, fungi)</li> <li>No. of schools with functional school gardens</li> <li>No. of local rural markets rehabilitated</li> <li>No. of districts reached by comprehensive package of behavioural interventions, including TV package, radio package and trainings</li> <li>Estimated no. of households reached by media campaigns on diversity, safety and quality of diets</li> </ul>	<p>MOAI (in collaboration with Food Security Cluster)</p> <p>MOPHP (food safety)</p>

Goal	Objectives	Indicators	Focal Agency for Reporting
		<ul style="list-style-type: none"> <li>• No. of households receiving cash support</li> <li>• No. of kilograms of potassium iodine (one-off support [cost recovery]) delivered to all governorates for salt iodisation in Yemen</li> <li>• No. of food safety practices documented</li> <li>• No. of accepted rules practiced amongst high authorities</li> <li>• No. of government, private and civil society institutions trained on adhering to food safety and good nutrition best practices</li> <li>• No. of flour mills producing wheat flour fortified with iron and folate</li> </ul>	
<p>Goal 5: Expanded nutrition-sensitive programming within the MOFW</p>	<p>5.1 Expand nutrition sensitive programming within the MOFW 5.2 Scale up promotion of fatty fish consumption 5.3. Improve market infrastructure for fish 5.4 Increase sustainability and resilience of livelihoods for small-scale fishing communities 5.5 Increase small-scale private-sector fish farming</p>	<p><b>Outcome:</b></p> <ul style="list-style-type: none"> <li>• Proportion of fish stocks within biologically sustainable levels (abundance)</li> <li>• Catch rates</li> <li>• % increase in average income of targeted fishermen</li> <li>• No. of fishermen involved in MSNAP-related activities</li> <li>• Monthly per capita fish consumption by kilo</li> </ul> <p><b>Output:</b></p> <ul style="list-style-type: none"> <li>• No. of fully staffed and equipped MOFW Nutrition Coordination Units established at the central level and in governorates</li> <li>• No. of families reached via radio, TV Radio and TV to promote sustainable seafood consumption for improved nutrition</li> <li>• No. of fish processing facilities with well-equipped fish storage facilities (yards/ halls) operated by trained females</li> <li>• Quantity of fish marketed locally (in kilos)</li> <li>• No. of households trained on fish quality assessment and grading</li> <li>• No. of women supported with loans for small-scale income-generating fish processing projects (drying - salting - smoking), including provision of motorbikes + fiberglass containers to distribute fish products in the target areas</li> <li>• No. of traditional fishing households in coastal villages receiving food baskets</li> <li>• Quantity of fish production of aquaculture (in tons)</li> </ul>	MOFW
<p>Goal 6: Improved access to safe and adequate water and sanitation</p>	<p>6.1 Improve WASH-sector capacity for multisectoral coordination and emergency response, with special reference to improved nutrition outcomes 6.2 Increase availability of non-piped potable water at the household level with priority for nutritionally vulnerable populations</p>	<p><b>Outcome:</b></p> <ul style="list-style-type: none"> <li>• % of the population living in households with access to basic drinking water services (urban areas)</li> <li>• % of the population living in households with access to basic sanitation services (urban areas)</li> <li>• % of the population using safely managed drinking water services (rural areas)</li> <li>• % of the population using safely managed sanitation services (rural areas)</li> </ul>	MOWE

Goal	Objectives	Indicators	Focal Agency for Reporting
services, clean environments and improved hygiene practices	<p>6.3 Increase access to improved sanitation and safe and hygienic environments</p> <p>6.4 Ensure ability to conduct regular water testing</p> <p>6.5 Improve hygiene awareness and practices</p>	<p><b>Output:</b></p> <ul style="list-style-type: none"> <li>• No. of staff from the MOWE and associated agencies trained in response to and management of emergencies</li> <li>• Estimated no. of people benefitting from rehabilitated or better equipped (e.g. solar power, chlorine mixture) wells</li> <li>• No. of households using filtered or chlorinated drinking water</li> <li>• No. of IDPs provided access to at least 14 litres of clean water per day</li> <li>• No. of water system connections partially damaged by the war that are rehabilitated</li> <li>• No. of the population that have access to safe water supplies through pipelines</li> <li>• No. of people provided access to safe sanitation through sewage networks</li> <li>• No. of IDP families provided access to improved sanitation facilities</li> <li>• No. of wastewater treatment plants studied</li> <li>• No. of government hospitals and medical centres with improved wastewater treatment units</li> <li>• No. of water quality tests conducted of public- and private-sector drinking water sources</li> <li>• No. of households and community people receiving awareness-raising interventions on chlorination, environmental sanitation and community hygiene awareness</li> </ul>	
Goal 7: Increased support of good nutrition and health of pupils and their families through school-based interventions	<p>7.1 Deliver key nutrition and health interventions for children and adolescents through schools</p> <p>7.2 Provide students with nutritious food and/or nutrient supplements</p> <p>7.3 Improve WASH in schools</p> <p>7.4 Activate the role of health supervisors and volunteers in improving the nutritional and health status of mothers and children through school-based activities</p> <p>7.5 Activate the role of society in improving the nutritional and health status of mothers and children through school-based activities</p> <p>7.6 Improve enrolment and retention of girls in primary and secondary education</p>	<p><b>Outcome:</b></p> <ul style="list-style-type: none"> <li>• Proportion of school-age population (for basic education) reached by school-based nutrition interventions</li> <li>• School enrolment, primary, female (% net)</li> <li>• Proportion of school-age population (for basic education) reached by school-based health interventions</li> <li>• Gender parity index—primary education</li> <li>• School enrolment, secondary, female (% net)</li> <li>• Gender parity index—secondary education</li> </ul> <p><b>Output:</b></p> <ul style="list-style-type: none"> <li>• No. of students of appropriate age provided with micronutrient supplements</li> <li>• No. of students of appropriate age provided with deworming tablets</li> <li>• No. of students of appropriate age provided with treatment for schistosomiasis</li> <li>• No. of students (boys &amp; girls) of basic education receiving daily dry biscuits</li> <li>• No. of teachers, educational and school administration staff receiving food baskets of dry rations</li> <li>• No. of targeted schools receiving hygiene kits and water tanks</li> <li>• No. of schools provided with clean, safe drinking water</li> <li>• No. of schools with rehabilitated and maintained sanitation facilities</li> </ul>	MOE (in collaboration with Education Cluster)



Goal	Objectives	Indicators	Focal Agency for Reporting
		<ul style="list-style-type: none"> <li>• No. of health supervisors trained on developing the capacity of school health workers in improving the nutritional and health status of mothers and children</li> <li>• No. of school health supervisors participating in annual training on national educational guidance to improve the capacity of school health workers</li> <li>• No. of parent councils established</li> <li>• No. of girls in areas with low girls' school enrolment who are provided with school bags, transportation support and/or other form of material support to promote their school attendance</li> <li>• No. of households receiving conditional cash transfers for girls' school attendance</li> <li>• No. of girls in areas with low girls' school enrolment who are provided with school bags, transportation support and/or other form of material support to promote their school attendance</li> <li>• No. of female teachers recruited, trained and supervised</li> <li>• No. of schools with WASH facilities dedicated for girls</li> </ul>	
<b>Priority Area 3: Strengthen government leadership, national policies and capacities</b>			
Goal 8: Strengthened enabling policy and legislative environment for nutrition	<p>8.1 Carry out SUN Yemen activities in line with mandate and responsibilities</p> <p>8.2 Validate, launch, disseminate and advocate for the Multisectoral Nutrition Action Plan at international, national and subnational levels</p> <p>8.3 Develop and operationalise nutrition relevant policies and programmes</p>	<p><b>Outputs:</b></p> <ul style="list-style-type: none"> <li>• Preparation of Yemen Nutrition Budget Analysis Profile (ACHIEVED/NOT ACHIEVED)</li> <li>• No. of Joint Progress Reports produced by SUN Yemen Secretariat</li> <li>• Cumulative no. of SUN Yemen Secretariat staff trained on nutrition technical topics</li> <li>• Cumulative no. of SUN Yemen Secretariat staff trained on project management</li> <li>• Cumulative no. of SUN Yemen Secretariat staff trained on MEAL</li> <li>• Updated and annually reviewed CRF, as appropriate (ACHIEVED/NOT ACHIEVED)</li> <li>• Advocacy Strategy and Action Plan, reviewed annually (ACHIEVED/NOT ACHIEVED)</li> <li>• No. of individuals participating in high-level nutrition advocacy events, disaggregated by stakeholder group (civil society organisations, youth, women, media, government, donor, United Nations, international nongovernmental organisation, business sector)</li> <li>• Production of at least one Yemen nutrition policy paper/brief (ACHIEVED/NOT ACHIEVED)</li> <li>• No. of reference documents produced on new Yemeni Food Identity Project</li> <li>• Issue and dissemination of A Guide to the Nutrition's laws and legislations in Yemen (ACHIEVED/NOT ACHIEVED)</li> <li>• No. of National Steering Committee meetings held</li> <li>• Cumulative no. of active (meets at least twice per year) subnational (governorate) multi-stakeholder steering committees</li> <li>• No. of WASH, Nutrition, Education, Health and Protection Cluster meetings attended by SUN Yemen staff</li> </ul>	MOPIC

Goal	Objectives	Indicators	Focal Agency for Reporting
		<ul style="list-style-type: none"> <li>• No. of joint activities implemented by SUN Yemen Business Network</li> <li>• No. of SUN Yemen alliances and networks established (priority alliances/networks: SUN Academia and Researchers Network, SUN Media Network, SUN Women's Network, SUN Youth Network, SUN Sectors' Associations Network)</li> <li>• Operational Yemen nutrition MEAL system (either database updated manually by SUN Yemen -or- online user interface/MAP Yemen [see 'Data Warehousing' section of this M&amp;E plan]) (ACHIEVED/NOT ACHIEVED)</li> <li>• Annual review of M&amp;E plan, updated to align with CRF (ACHIEVED/NOT ACHIEVED)</li> <li>• Updated National Food Security Strategy and Action Plan</li> </ul>	

Abbreviations: CRF, Common Results Framework; IDP, internally displaced persons; M&E, monitoring and evaluation; MEAL, Monitoring, Evaluation, Accountability and Learning; MOAI, Ministry of Agriculture and Irrigation; MOE, Ministry of Education; MOFW, Ministry of Fish Wealth; MOPHP, Ministry of Public Health and Population; MOPIC, Ministry of Public Health and Population; MOWE, Ministry of Water and Environment; MSNAP, Multisectoral Nutrition Action Plan; SUN, Scaling Up Nutrition; WASH, water, sanitation and hygiene.