



REPUBLIC OF YEMEN

ADVOCACY STRATEGY IN SUPPORT OF THE REPUBLIC OF YEMEN'S MULTISECTORAL NUTRITION ACTION PLAN

2020–2023



March 2020



Acknowledgments

The development of the Yemen advocacy strategy in support of the Yemen Multisectoral Nutrition Action Plan (MSNAP) and its associated updated common results framework (CRF) and monitoring and evaluation (M&E) plan was led by the government of the Republic of Yemen. The work builds upon a nutrition situation analysis, a CRF and a costing exercise conducted in 2018. The process was led by the Scaling Up Nutrition (SUN) Yemen Secretariat under the Ministry of Planning and International Cooperation (MOPIC).

We are sincerely indebted to the entire SUN Secretariat, its team and the Sectoral Focal Points for continually working to develop the MSNAP to improve the food and nutrition situation of the people of the Republic of Yemen, in particular mothers and children. We are especially grateful to the Yemen's SUN Secretariat and the National SUN Steering Committee for the tireless efforts in ensuring contributions and ownership across multiple sectors and stakeholders.

Special gratitude goes to Dr Nazar Basuhaib, MOPIC's Vice Minister and the SUN Coordinator for providing general oversight and facilitating the entire process. We are greatly indebted to Abdulkarim Nasser, Head of the SUN Yemen Secretariat, Karima Al-Hada'a, Planning and Liaison Specialist, and Ahlam Al-Bashiri, M&E Specialist, for their professional guidance and enormous dedication towards driving the development of this advocacy strategy, the MSNAP and its associated documents. Our gratitude is also owed to Ali Alhadheri and Dr Ali Mudhwahi, national consultants, for their tireless efforts, including their work on preparations, consolidation and finalisation of sectors and partners input, being a crucial link across various tasks.

Our special thanks to all the ministries and their Focal Points that came together to work on this plan—particularly, the Ministry of Agriculture and Irrigation, Ministry of Public Health and Populations, Ministry of Education, Ministry of Fish Wealth and the Ministry of Water and Environment.

Our special appreciation goes to the United Nations Children's Fund (UNICEF) for providing the technical assistance and funding the entire range of national activities. Our gratitude is owed to Mr. Nagib Abdulbaqi, nutrition specialist at UNICEF, and the consecutive international staff in the Nutrition Section, as well as Dr Karanveer Singh and Vivienne Forsythe, for their efforts.

Our special appreciation goes to the Maximising the Quality of Scaling Up Nutrition Plus (MQSUN+) project, funded by the UK Department for International Development, for supporting the development of this plan, as well as the SUN Movement Secretariat for mobilising the technical assistance. We would like to particularly acknowledge the MQSUN+ consulting team, whose expertise and hard work were instrumental in the preparation of the MSNAP and the associated CRF, M&E plan and advocacy plan.

We would like to acknowledge the United Nations agencies involved—UNICEF, the World Food Programme, the World Health Organization and the Food and Agriculture Organization, plus their developmental as well as humanitarian focal points—for their technical contributions and assistance in providing local expertise. Our gratitude also to all other development partners, including the World Bank and the UK Department for International Development, for funding important contributions, as well as partners of the civil society organisations and the business sector for providing their input and feedback at various stages of the work. *Cover photos (left to right): World Food Programme; Food and Agriculture Organization of the UN; UNICEF.*

Contents

Acknowledgments.....	ii
Abbreviations	vi
Introduction	7
Why an advocacy strategy?	7
The process of developing the advocacy strategy	8
Alignments and accompanying plans	8
Time frame.....	9
The Issue	10
Goal and Objectives.....	12
Overall goal.....	12
Advocacy objectives.....	12
Expected Changes, Audiences and Messages by Objectives	14
Expected changes.....	14
Audiences	14
Messages.....	15
Framework by objective	15
Monitoring and Evaluation.....	29
Way Forward for Implementing this Advocacy Strategy	31
Social and behaviour change communication	31
Budget advocacy.....	31
References	32

List of Tables

Table 1. Key elements to meet Objective 1: Foster buy-in and leadership for a multisectoral approach to nutrition.....	16
Table 2. Key elements to meet objective 2: Promote supportive policies, regulatory environment and compliance, and operational environment, with particular attention to nutrition-specific interventions and related information management.....	18
Table 3. Key elements to meet objective 3: Support the creation of a governance structure fit for a multisectoral approach.....	22
Table 4. Key elements to meet objective 4: Advocate for mobilising resources.....	24
Table 5. Key elements to meet objective 5: Create accountability and generate demand for nutrition services.....	26
Table 6. Indicators to evaluate advocacy (modified from the Global Nutrition Cluster Advocacy tool to allow tracking of the MSNAP advocacy indicators).....	30

List of Annexes

Annex 1: Audiences per Sector	35
Annex 2: Sectoral Expected Changes and Messages by Objective.....	38
Annex 3: Elements to Be Incorporated into a Social and Behaviour Change Communication Strategy	45
Annex 4: Advocacy Action Plan	47

Abbreviations

CRF	Common Results Framework
CSO	civil society organisation
FAO	Food and Agriculture Organization of the United Nations
GOY	government of Yemen
HIMS	health information management system
IYCF	infant and young child feeding
MOAI	Ministry of Agriculture and Irrigation
MOE	Ministry of Education
MOF	Ministry of Finance
MOFW	Ministry of Fish Wealth
MOI	Ministry of Information
MOPHP	Ministry of Public Health and Population
MOPIC	Ministry of Planning and International Cooperation
MOWE	Ministry of Water and Environment
MSNAP	Multisectoral Nutrition Action Plan
NGO	nongovernmental organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
SBCC	social and behaviour change communication
SDG	Sustainable Development Goal
SUN	Scaling Up Nutrition
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization
YNHDS	Yemen National Health & Demographic Survey

Introduction

The escalation of the conflict in Yemen since 2015 has exacerbated an already critical nutrition emergency—with 80% of the population in need of humanitarian assistance in 2019 (United Nations Office for the Coordination of Humanitarian Affairs [OCHA] 2019). However, beyond the indisputable immediate needs aggravated by conflict, malnutrition in Yemen is also a long-term, development issue.

The government of Yemen (GOY) has adopted a new multisectoral approach to nutrition, laid out in a Multisectoral Nutrition Action Plan (MSNAP) and a Common Results Framework (CRF) to reduce all forms of malnutrition in Yemen. The MSNAP approach calls for close collaboration between multiple sectors and actors to address both the immediate and underlying/basic causes of malnutrition. It also seeks an alignment between developmental programming and humanitarian responses in an effort to maximise the investments made in nutrition, thus addressing immediate needs whilst also providing longer-term programmatic support.

The MSNAP sets out key priority and evidence-based interventions across sectors, which have been identified by the GOY and its partners as most likely to have an impact on the nutritional status of the population.

Why an advocacy strategy?

Nutrition has a direct and immense impact on maternal and child morbidity and mortality; maternal and child malnutrition is the cause of almost half of all child deaths (45%) (Black et al. 2013; Food and Agriculture Organization of the United Nations [FAO] 2014; United Nations Children’s Fund [UNICEF] 2019) *and contributes to maternal mortality significantly*. Yet, the links between malnutrition and maternal and child mortality interventions are not adequately considered, neither in any related policy nor national health policies and strategies. In 2012, acceleration efforts were made towards achieving the health-related Millennium Development Goals, but the resulting acceleration plan developed to reduce maternal and under-five mortality did not mention nutrition interventions or inter-sectoral coordination.

Malnutrition jeopardises human capital. Malnutrition in all its forms—undernutrition (wasting, stunting and underweight, including low birth weight); inadequate intake of vitamins or minerals; as well as overweight, obesity and their resulting diet-related noncommunicable diseases—hampers cognitive development, physical work capacity and health. This high impact on human capital translates to weakened productivity and slows down economic development and poverty reduction—with a gross domestic product loss of several billion dollars a year globally.

Investing in nutrition is not just the right thing to do, it is the smart thing to do. The economic returns on investment in nutrition are very high: the Scaling Up Nutrition (SUN) Movement estimates that for a typical country, every dollar invested in reducing chronic undernutrition in children yields a US\$16 dollar return (SUN Movement 2017). In Yemen, every dollar spent on reducing stunting is estimated to bring a \$100 return (Copenhagen Consensus n.d.), according to a cost-benefit analysis of nutrition interventions aimed at reducing stunting in several countries.

However, such long-term action to improve nutrition as a key determinant of development requires government leadership, effective multisectoral coordination and significant investments. Advocacy is therefore required to make nutrition a national priority across all key sectors and actors, and in the long term. A coherent and well-focused advocacy strategy is thus considered an essential element to maintain the momentum amongst the GOY and partners to pursue a multisectoral nutrition approach, mobilise sufficient resources, align efforts and hold decision-makers accountable for implementing their respective responsibilities within the MSNAP. This advocacy strategy: looks at the current situation analysis as provided by the MSNAP; clarifies the policies, institutional arrangements and capacities that are required to deliver the MSNAP; and suggests ways to get there (as detailed in the advocacy action plan).

The process of developing the advocacy strategy

The advocacy strategy was developed through a participative process under the leadership of Yemen's SUN Secretariat under the Ministry of Planning and International Cooperation (MOPIC), with contributions of the main sectors represented through governmental ministries and departments (mainly health, water and environment, agriculture and irrigation, livestock, fisheries and education), and included representatives of development and humanitarian partners. A rapid analysis of relevant stakeholders and their potential contributions to the nutrition advocacy strategy was the first step in guiding preparation and the outline for the in-depth reviews and consultations. This was followed by multi-stakeholder, as well as bilateral, consultations. An advocacy consultation workshop involving all stakeholders was conducted 24–26 November 2019 in Sana'a. Results of the workshop provided the strategic and programmatic content for the strategy presented here. Advocacy objectives, audiences—provided in Annex 1—and processes to achieve the 'expected changes' in terms of policy, awareness raising, leadership and the operational environment were reviewed, discussed and agreed upon. Processes to achieve the expected changes included cross-sectoral advocacy actions, which are detailed in the sections below, as well as actions to be taken within the sectors, which are provided in Annex 2.

Alignments and accompanying plans

The multisectoral nutrition advocacy strategy supports the MSNAP and CRF and, hence, is aligned with Yemen's developmental and humanitarian frameworks and targets, such as the 2030 Agenda, in particular Sustainable Development Goal (SDG) 2, eradicate hunger and malnutrition; SDG 3, ensure healthy lives and promote well-being for all at all ages; and significantly SDG 1, eradicate poverty by 2030.

It is well in line with and complements the Yemen Nutrition Cluster Advocacy Strategy 2018–2021 (Yemen Nutrition Cluster 2018), which addresses nutritional needs of the emergency-affected population. Strong complementarities between the two strategies exist in supporting the implementation of nutrition-specific and nutrition-sensitive actions and in building response capacities. The multisectoral advocacy strategy presented here proposes an integrated package of short, medium and long-term actions with a humanitarian and a developmental approach, addressing immediate, underlying as well as root causes of malnutrition. It intends to foster a continued, long-term engagement in nutrition by the health; safe water, sanitation and hygiene

(WASH); agriculture; livestock; fisheries; and education partners beyond the humanitarian imperative, for coordinated nutrition-relevant interventions during the post-conflict and recovery phase.

Time frame

The time frame for this advocacy strategy is three years, in line with implementation of the MSNAP and CRF. It, however, intends to prepare the ground for longer-term, continued coordination and implementation of multi-stakeholder efforts to combat malnutrition in Yemen.

The Issue

Approximately 80% of the Yemeni population—24.1 million people—is in need of humanitarian assistance, 14.3 million of whom are in acute need, according to the 2019 Yemen Humanitarian Needs Overview (OCHA 2019). This makes Yemen the largest humanitarian crisis globally, as measured by the number of people in need of humanitarian assistance.

More than half (56%) of Yemen's population experiences severe levels of food insecurity, classified either as a crisis, emergency or famine (Government of Yemen 2020).

Due to the escalation of the conflict in 2015, nutrition data are sparse but the country was already experiencing a critical nutrition emergency prior to the current crisis. The 2013

Yemen National Health & Demographic Survey (YNHDS) thus showed that nearly half of all children under 5 years (46.5%) were stunted (too short for their age, also called chronic malnutrition) (Government of Yemen et al. 2013), 16.3% were wasted (too thin for their height, also called acute malnutrition). Underweight affected one-quarter of all women, whilst one-quarter of all women were overweight or obese, yet levels of micronutrient deficiencies were high. According to the same survey, 86% of children under 5 years and 70% of women of reproductive age suffered from anaemia in 2013 (Government of Yemen et al. 2013). Malnutrition affects half of all women, and contributed to a high maternal mortality ratio of 385 per 100,000 live births as estimated by the United Nations Population Fund (UNFPA) (UNFPA 2015). UNFPA further estimated that 750,000 women and girls of childbearing age, including nearly 14,000 pregnant women, were affected by the crisis and risked complications with immediate danger to their lives if they did not receive urgent, life-saving care (UNFPA 2015). According to the Humanitarian Response Plan, approximately 2.3 million pregnant and lactating women and 2.5 million children are in need of supplementary food rations (targeted or blanket), and almost 360,000 severely malnourished children require therapeutic care (OCHA and United Nations Country Team Yemen 2019).

The under-5 mortality rate was 53 deaths per 1,000 live births in 2013; one in 20 children died before the age of 5, and the infant mortality rate was 43 per 1,000 live births (Government of Yemen et al. 2013). Almost half of all child deaths (45%) were attributable to maternal and child malnutrition (Black et al. 2013; FAO 2014; UNICEF 2019). The escalation of the conflict is expected to have contributed to a rise in child mortality. Based on the 2013 YNHDS, it is estimated that not less than 160 children under 5 die every day (Government of Yemen et al. 2013). According to Save the Children, an estimated 85,000 children died due to starvation between 2015 and 2018 (McKernan 2018).

Key facts

- Nearly half (46.5%) of children under 5 were stunted in 2013, and 16% were wasted.
- 86% of children under five and 70% of women of reproductive age were anaemic in 2013.
- In 2018, Yemen ranked 177th out of 189 countries in the global Human Development Index.
- More than half (56%) of Yemen's population experiences severe levels of food insecurity: either a crisis, emergency or famine.
- In 2019, only about half of health facilities were still functional.
- Deteriorating WASH infrastructure and severely reduced access to improved sources of water and sanitation contribute to undernutrition and infectious disease.

Nutrition indicators have shown little or no progress during the past decades, comparing previous data arising from national surveys to recent survey data available (Ministry of Public Health and Population [MOPHP] 2003; Government of Yemen et al. 2013; OCHA and United Nations Country Team Yemen 2019; Government of Yemen 2020; MQSUN+ 2020), and the ongoing conflict has considerably exacerbated both the direct causes of malnutrition—disease and inadequate dietary intake—and the underlying causes, such as inadequate access to food, inadequate care for women and children, insufficient health services and unhealthy household environment (UNICEF 1990; The World Bank 2019; OCHA 2019). Indeed, the population lacks access to basic services, with only half of the health facilities still operational (Yemen Nutrition Cluster 2018); large sections of the population are relying on unimproved drinking water (Government of Yemen 2020); and net primary school enrolment is declining (MQSUN+ 2020). In addition, food production has decreased: in the agriculture sector, which in 2014 provided direct employment for more than half the population (FAO et al. 2017), estimates for cereal production in 2019 showed 30% lower yields compared to the previous five-year average, and 45% of households with livestock reported having reduced their herd size (FAO 2019).

Conflict slows the pace of development, and widespread and multi-faceted poverty compounds malnutrition. In 2018, Yemen ranked a low 177th out of 189 countries in the global Human Development Index (United Nations Development Programme [UNDP] 2019a). A new UNDP report, “Assessing the Impact of War in Yemen on Achieving the Sustainable Development Goals” (UNDP 2019b) projects that if the conflict continues past 2019, Yemen will have the greatest depth of poverty and the lowest calorie consumption per capita in the world.

Goal and Objectives

Overall goal

The overall goal of the advocacy strategy is to change policy and practices in order to support a cost-effective and multisectoral approach to reduce all forms of malnutrition in Yemen.

Advocacy objectives

The advocacy strategy promotes the establishment of an enabling policy and operational environment and the institutional architecture for a multisectoral platform to engage actors of key sectors, mainly health, water and environment, agriculture, livestock, fisheries and education, to contribute effectively to achieving the national nutrition targets.

It serves as a mechanism to prioritise, sensitise and raise awareness on the importance of addressing malnutrition. In this regard, it supports achieving the goals of the GOY as laid out in the Yemen MSNAP and CRF. The advocacy's specific objectives contribute to (i) increasing access to essential maternal and newborn health and nutrition services, predominantly defined under MSNAP Priority Area 1; (ii) increasing access to coordinated nutrition-sensitive interventions across all sectors, as formulated under MSNAP Priority Area 2; and (iii) strengthening government leadership, national policies and capacities, as well as strengthening the institutional architecture for multisectoral nutrition, as defined under Priority Area 3.

This strategy will support the MSNAP, laying the foundations to transition from a predominantly humanitarian, short-term approach to nutrition, to a nationally driven, mid- and longer-term effort to scale up nutrition interventions, with a development focus.

Specific objectives:

- 1. Foster buy-in and leadership for a multisectoral approach to nutrition:** Raise awareness amongst policy- and decision-makers within relevant planning and technical institutions on the importance of alleviating malnutrition and enable decision-makers to recognise the opportunities to reduce malnutrition and understand what role they can play. This is to (a) prioritise nutrition amongst the many competing priorities brought on by the development and humanitarian challenges and (b) establish an environment that supports the scale-up of high-impact interventions.
- 2. Promote supportive policies, regulatory environment and compliance, and operational environment, with particular attention to nutrition-specific interventions and related information management:** Along with strengthening the policy and regulatory environment, this includes promotion of compliance with regulations by the private sector as well as promotion of a health information management system (HIMS) that is functional and provides nutrition-specific information to support decisions and trigger corrective actions.

- 3. Support the creation of a governance structure fit for a multisectoral approach:** Advocate for the establishment of a multisectoral governance body to coordinate priority nutrition interventions, multisectoral platforms at the governorate level and strengthened information management to enable actors at the governorate and national levels to make informed decisions.
- 4. Advocate for mobilising resources:** Secure government human, technical and financial resources required to implement the MSNAP and address gaps as needed; advocate for medium- and long-term investments for nutrition; and hence, support incorporating nutrition into the relevant resource and budget mobilisation plans.
- 5. Create accountability and generate demand for nutrition services:** Empower communities, media and civil society organisations (CSOs) to hold stakeholders accountable for their commitment to increase nutrition services for women and children. This focuses presently on direct nutrition interventions, which are mainly under the domain of the MOPHP and partners, and to some extent under the Ministry of Education (MOE), but should be expanded to other sectors. It includes raising public awareness on matters related to maternal and child nutrition and efforts and commitments by government and partners to provide services addressing those needs.

Expected Changes, Audiences and Messages by Objectives

Expected changes

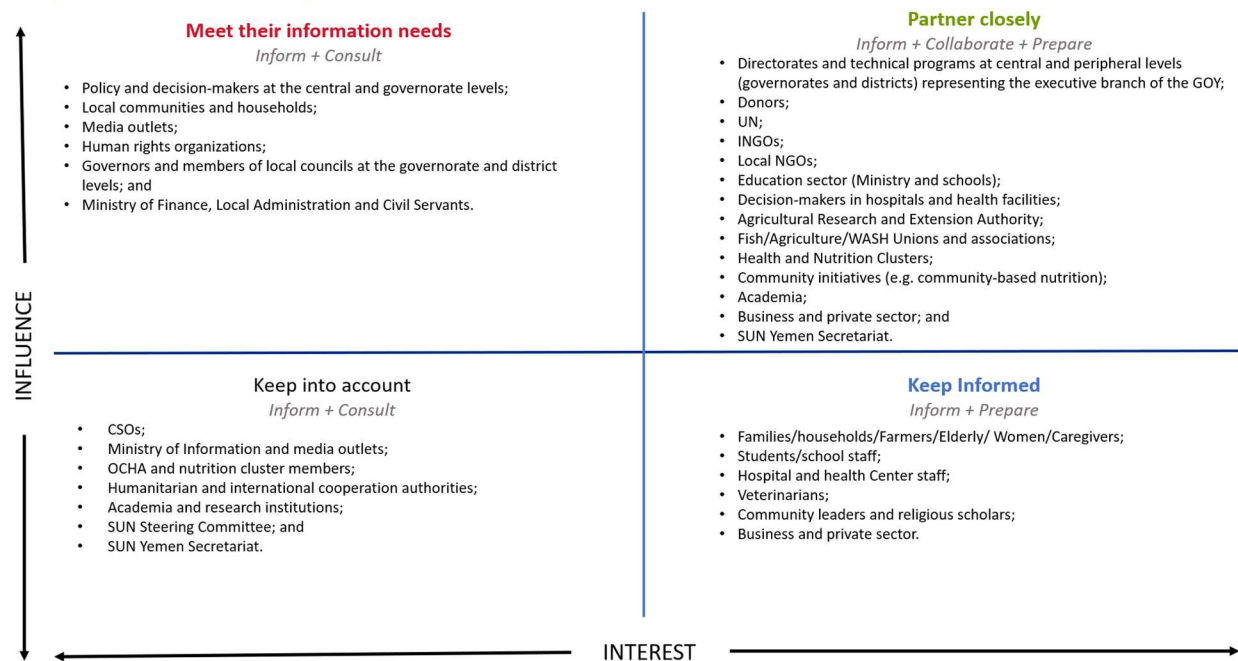
Expected changes are a set of measurable, specific results the advocacy strategy is intended to effect in order to meet each objective stated above. This includes changes in buy-in and leadership, the policy and operational environment, structures and resources required to meet the objectives. Each has indicators: given that policy change is a long process, and that this strategy has a three-year lifespan, the indicators measure both the progress made towards the expected result, as well as the impact.

In this regard, this chapter focuses on the cross-sectoral changes expected. Sectoral changes are detailed in Annex 2.

Audiences

Within sectors, primary, secondary and tertiary audiences were selected by determining their level of interest versus their level of influence, as per Graph 1. The list of audiences for all sectors is included in Annex 1.

Graph 1. Audience analysis tool: influence versus interest axis.



Adapted from: Imperial College London. [Stakeholder management](#); 2017. Retrieved 16 September 2018.

Based on this analysis, across sectors, the advocacy strategy addresses three types of audiences, as per its objectives:

1. Policy and decision-makers at the central (general directorates and directorates) and decentralised (governorates and districts) levels in the executive branch of the GOY, the

sectoral ministries to ensure their buy-in, commitment and accountability to implement the priority interventions listed in the CRF.

2. Development and humanitarian partners and donors, as well as business and private sector, to support the capacity building that is required to implement the MSNAP and align efforts and funding in support of the MSNAP.
3. Organisations and service providers that are directly in contact with the populations that are the most likely to be affected by malnutrition and have the power to influence them: CSOs, nongovernmental organisations (NGOs), media networks, community networks and community workers, including health workers

Messages

The cross-cutting messages are included in Table 1 through 5 below. The narrative and the tables below, organised by advocacy objective, list the (i) expected changes that advocacy will bring; (ii) the suggested entities to lead the advocacy work; (iii) the obstacles to change; and (iv) audience-specific messages to be used in advocacy activities. The specific advocacy activities to be carried out to implement this strategy are listed in a separate advocacy action plan (see Annex 4).

Framework by objective

Objective 1: Foster buy-in and leadership for a multisectoral approach to nutrition

Expected changes: The advocacy strategy will focus on integrating the nutrition-sensitive objectives, interventions and indicators listed in the MSNAP/CRF into sectoral policies, strategies and plans. In addition, the strategy seeks to train champions for a multisectoral approach and to secure an adequate budget for nutrition-sensitive interventions.

Indicators: Along with the above-mentioned policies, plans and strategies being revised to support implementation of the MSNAP, the expressed commitment of MOPIC leaders to champion the MSNAP and development and humanitarian partners publicly supporting multi-year funding for the MSNAP will serve as indicators of progress.

Messages: Messages under this objective address the importance of adopting a multisectoral approach to nutrition and the need to implement nutrition-sensitive interventions that address the underlying causes of malnutrition. They also state why nutrition is not only a humanitarian issue but should also be encompassed within a broader, developmental perspective.

Audiences: The target audiences for advocacy under this objective are mostly MOPIC, MOPHP, Ministry of Water and Environment (MOWE), Ministry of Agriculture and Irrigation (MOAI), Ministry of Fish Wealth (MOFW) and MOE decision-makers at the central, governorate and district levels, as well as humanitarian and development partners.

Responsibility: MOPIC, the National SUN Steering Committee and the SUN Secretariat are the suggested entities to be responsible for implementing the advocacy activities for this objective (listed in the advocacy action plan, in Annex 4).

Table 1 provides more details.

Table 1. Key elements to meet Objective 1: Foster buy-in and leadership for a multisectoral approach to nutrition.

Expected Changes	Indicators of Change	Suggested Responsibility for Advocacy
1.1. Sectoral ministerial policies and strategies are updated/revised to include the related nutrition-sensitive objectives, interventions and indicators as listed in the MSNAP/CRF.	Sectoral policies and strategies include nutrition-sensitive objectives, interventions and indicators listed in the MSNAP/CRF.	MOPIC, National SUN Steering Committee
1.2. Nutrition messaging is included in sectoral plans, detailing how each sector impacts nutrition and the opportunities for multisectoral coordination.	Nutrition messaging is included in sectoral plans.	MOPIC, SUN Secretariat
1.3. Donor nutrition-related programmes reflect the priority areas and objectives of the MNSAP.	Donors recognise the MSNAP as a road map to coordinate and align programmes and funding for nutrition.	MOPIC, National SUN Steering Committee
1.4. Nutrition champions are identified in the MOPHP, MOWE, MOAI, MOFW and MOE at central, governorate and district levels and trained on nutrition facts, issues and messaging and the implications of the MSNAP.	As a first step, MOPIC leadership commits to drive the MSNAP and champion it across sectors and across actors. National and international media hold champions accountable for this commitment and the progress in implementing the MSNAP.	National SUN Steering Committee Media
1.5. An adequate budget is allocated for nutrition-sensitive interventions for the period 2020–2023.	Development and humanitarian partners publicly support multi-year funding for the MSNAP.	National SUN Steering Committee, SUN Donor Network

Key Barriers
<ul style="list-style-type: none"> • Sector strategies are outdated or still in place, and do not reflect the new challenges brought on by the crisis or new opportunities arising from good practices. • Technical competency and capacity gaps in multisectoral coordination and management. • Nutrition coordinating bodies are not given sufficient decision-making authority. • Lack of real-time information, data and assessment studies.

- State fragmentation.
- Financing gaps.

Messages	Audiences
With nearly half (46.5%) of children under 5 stunted in 2013 (Government of Yemen 2020), nutrition must be a national priority, reflected and acted upon across sectors.	MOPIC, MOPHP, MOWE, MOAI, MOFW and MOE at central, governorate and district levels.
Malnutrition is not only a health issue, it is a humanitarian and development one that requires a multisectoral approach.	MOPIC, MOPHP, MOWE, MOAI, MOFW and MOE at central, governorate and district levels; humanitarian and development partners.
Multisectoral and multi-stakeholder collaboration are vital to addressing the numerous drivers of malnutrition in Yemen. However, for this to work all actors and sectors need to pull in the same direction and that is why we have a CRF and an MSNAP.	MOPIC, MOPHP, MOWE, MOAI, MOFW and MOE at central, governorate and district levels; humanitarian and development partners.
MOPIC, MOPHP, MOWE, MOAI, MOFW and MOE officials at central, governorate and district levels must demonstrate leadership for nutrition and champion the MSNAP.	MOPIC, MOPHP, MOWE, MOAI, MOFW and MOE.
Nutrition programming is largely driven by the current emergency. A multisectoral and multi-stakeholder approach to nutrition creates the conditions to address nutrition also <u>after</u> the emergency—within a developmental context over the longer term.	Humanitarian and development partners, SUN Yemen United Nations (UN) Network, SUN Yemen Donor Network, Emergency Cluster system (Health, WASH, Nutrition, Food Security).
Investing in nutrition-sensitive interventions will lead to progress in education, employment and health, and will impact productivity, economic development and poverty reduction.	Development partners, SUN Yemen UN Network, SUN Yemen Donor Network.
Access to nutrition-specific and related health services is essential but not sufficient to improve nutrition. Effective, large-scale nutrition-sensitive programmes that address key underlying causes of malnutrition are also vital.	Humanitarian and development partners, SUN Yemen UN Network, SUN Yemen Donor Network, Emergency Cluster system.

Objective 2: Promote supportive policies, regulatory environment and compliance, and operational environment, with particular attention to nutrition-specific interventions and related information management.

Expected changes: Priority maternal and child health and nutrition interventions are included in the package of essential services delivered by the MOPHP; the MSNAP nutrition-specific objectives are reflected in the Yemen Nutrition Cluster’s objectives. The MOPHP Department of Nutrition is allocated an adequate operating budget and the HIMS is functional. In addition, the private sector is involved and gearing up to comply with regulations and become an advocate for improved nutrition.

Indicators: Indicators of progress include the commitment of private-sector companies (through the SUN Business Network) to adhere to the regulations and the International Code of Marketing of Breast-milk Substitutes for improved infant and young child feeding (IYCF) as well as food quality, hygiene and safety standards and the required budget being allocated to the MOPHP Department of Nutrition.

Messages: Messages under this objective highlight the importance of life-saving direct and nutrition-specific interventions and their interconnectedness with the sectors, and the need to expand coverage and access to these interventions and to provide the resources to deliver them: skilled staff, equipment and supplies, information materials, management, an efficient HIMS and funding. Messages also stress the role the private sector can play in improving the regulatory and operational environment and ensuring full compliance with regulations.

Audiences: This advocacy objective targets principally the MOPHP, development and humanitarian partners and the private sector with regard to adhering to regulations to protect consumers.

Responsibility: MOPIC, the National SUN Steering Committee, UNICEF, the World Health Organization (WHO) and the SUN Business Network are suggested for most of the advocacy work under this objective.

Table 2 provides more details.

Table 2. Key elements to meet objective 2: Promote supportive policies, regulatory environment and compliance, and operational environment, with particular attention to nutrition-specific interventions and related information management.

Expected Changes	Indicator of Change	Suggested Responsibility for Advocacy
2.1. Priority maternal and child health and nutrition interventions listed in the MSNAP are included in the package of essential services delivered by the MOPHP, including interventions to improve IYCF practices, increase access to nutrition-specific services	Priority maternal and child health and nutrition interventions listed in the MSNAP are included in the package of essential services delivered by the MOPHP.	National SUN Steering Committee

Expected Changes	Indicator of Change	Suggested Responsibility for Advocacy
<p>and increase access to nutrition-related health services.</p> <p>National and international media disseminate the expected package and the services to which populations should have increased access, and monitor progress in expanding coverage/quality of services.</p>	<p>Media coverage on access to nutrition-specific interventions.</p>	<p>Media, with monitoring support from the SUN CSO Network</p>
<p>2.2. The MSNAP nutrition-specific objectives, interventions and indicators are reflected in the Yemen Nutrition Cluster's objectives and plans and are under implementation.</p>	<p>Relevant MSNAP objectives are integrated into the Nutrition Cluster Advocacy Strategy and are under implementation by the cluster and its partners.</p>	<p>MOPIC</p>
<p>2.3. The national nutrition policy, regulations and standards reflect the inputs of the private sector (food and non-food companies).</p>	<p>The national nutrition policy, regulations and standards reflect the inputs of the private sector (food and non-food companies).</p>	<p>SUN Business Network</p>
<p>2.4. The nutrition commitments of SUN Business Network members are aligned with the MNSAP priorities (as per the SUN Business Network's work plan).</p>	<p>Nutrition commitments of the SUN Business Network members are aligned with the MNSAP priorities.</p>	<p>SUN Business Network</p>
<p>2.5. The International Code of Marketing of Breast-milk Substitutes for Improved IYCF practices is promoted and enforced systematically across service providers.</p>	<p>Members of the SUN Business Network comply with the provisions of the Code and promote complementary foods appropriately, as defined by the World Health Assembly (as per the Principles of Engagement of the SUN Yemen Business Network).</p>	<p>WHO, UNICEF, FAO, SUN Business Network</p>
<p>2.6. SUN Business Network partners comply with food quality and safety standards and regulations as per Codex Alimentarius.</p>	<p>SUN Business Network members' commitment includes a pledge to comply to these standards and regulations.</p>	<p>SUN Business Network, MOPHP Food Safety Department, World Food Programme (WFP), FAO</p>
<p>2.7. Small and medium-sized enterprises are sensitised on their role in the food system,</p>	<p>Products traded by Yemeni small and medium-sized enterprises meet the food</p>	<p>SUN Business Network, MOPHP Food Safety Department, in</p>

Expected Changes	Indicator of Change	Suggested Responsibility for Advocacy
support promotion of healthy nutrition and ensure compliance with regulations.	quality and safety standards as per Codex Alimentarius.	addition to WFP and FAO
2.8. The guidance on appropriate IYCF is updated.	The guidance on appropriate infant and young child feeding is updated.	WHO, UNICEF
2.9. The MOPHP Department of Nutrition has allocated an appropriate operating budget to achieve nutrition targets.	The MOPHP Department of Nutrition is allocated an appropriate operating budget.	National SUN Steering Committee
2.10. The MOPHP HIMS is functional and provides high-quality data, including on nutrition, in a timely fashion.	A plan is developed to improve, integrate indicators of nutrition and resource the HIMS.	MOPHP

Key Barriers
<ul style="list-style-type: none"> • Reduced capacity to deliver basic health services since the conflict erupted (lack of staff, commodities, equipment and funds, as well as a 50% reduction in the number of operational facilities). • Response is largely donor driven and geared towards emergency (e.g. cholera outbreak) humanitarian assistance, not the longer term. • Scarcity of high-quality nutrition-related data to inform interventions, track progress and hold decision-makers to account.

Messages	Audiences
<p>Nutrition-specific interventions save lives. With more than half of Yemen’s population experiencing severe levels of food insecurity (Government of Yemen 2020), investing to scale up the quality and quantity of nutrition-specific interventions is critical.</p> <p>Maternal and child health care is not only life-saving but essential to improve nutrition and, thus, provides a significant contribution to reduction of maternal and child mortality.</p>	MOPHP, with WFP, UNICEF, Health, Nutrition and Food Security Clusters, European Union, WHO
We know what works: the MOPHP must prioritise proven effective interventions for the prevention and treatment of acute malnutrition and micronutrient deficiency.	MOPHP, with WFP, UNICEF, Health, Nutrition and Food Security Clusters, European Union, WHO
IYCF has the single greatest impact on child survival (Jones et al. 2003), yet only 10% of infants were exclusively breastfed for the first six months of life and less than half (43%) of	MOPHP, with UNICEF

Messages	Audiences
<p>children of breastfeeding age (6 to 23 months) were breastfed the day prior to the survey (Government of Yemen et al. 2013). All stakeholders must promote exclusive, early breastfeeding for newborns up to 6 months, and balanced complementary feeding in conjunction with extended breastfeeding up to 23 months as a priority, across service providers and in all directorates.</p>	
<p>There will be no expanded nutrition and health-related programmes without skilled staff to deliver them: the GOY must deliver on its commitment to increase the number and capacity of qualified community health workers and volunteers to 67,000 by 2023.</p>	<p>MOPHP and Ministry of Finance (MOF), with European Union and World Bank</p>
<p>Providing a primary health care service package, including delivery of essential vaccines (polio, measles and diphtheria), will have a high impact on nutrition outcomes.</p>	<p>MOPHP, with WHO, Health Cluster</p>
<p>The private sector plays an important role in improving nutrition for its workforce. Good nutrition is key to workers' productivity. To help reduce the burden of sick leave and improve productivity, the private sector should introduce workplace nutrition commitments, including protecting, promoting and supporting breastfeeding (as per the Principles of Engagement of the SUN Business Network).</p>	<p>SUN Business Network</p>
<p>The private sector has the ability and the responsibility to make nutritious foods more accessible: private companies should commit, as part of their commitment to the SUN Business Network, to develop fortified food and drink products for sale to low-income consumers and implement innovative sales models to improve the purchasing power and accessibility to nutritious foods for women and consumers in rural areas. Compliance with the food safety and quality standards is essential to ensure that food is safe and fit for human consumption.</p>	<p>SUN Business Network</p>
<p>Efficient, evidence-based interventions require access to timely and high-quality nutrition-related data. An information management unit within the MOPHP, comprising a data management system, will support the GOY in developing an efficient, accurate emergency nutrition response as well as maintaining high-quality essential nutrition services in the long term.</p>	<p>MOPHP with WHO, Health Cluster</p>

Objective 3: Support the creation of a governance structure fit for a multisectoral approach

Expected changes: Under this objective, the advocacy strategy aims to enable the establishment of a multisectoral coordination body at the central level, replicated at the governorate level, with nutrition units in key sectors, and a multisectoral information management system.

Indicators: An agreement between the GOY and partners on the mandate and format of the multisectoral governance body, and the decentralised nutrition coordination platforms will indicate progress towards achievement of this objective. In addition, an official order to establish the nutrition units in each sector will serve as a further indicator of progress. In the long term, the regularity of meetings and effectiveness in carrying out their mandates will be monitored.

Messages: The messages focus on the coordinating bodies and mechanism that are required to implement the multisectoral approach in practice, including establishing responsibilities and accountabilities, authority and control of resource allocations.

Audiences: The audiences for the advocacy work under this objective are mostly the MOPHP, MOWE, MOAI, MOFW, MOE and UN and humanitarian and development donors.

Responsibility: MOPIC and the National SUN Steering Committee are the suggested responsible entities to lead this part of the advocacy work.

Table 3 provides more details.

Table 3. Key elements to meet objective 3: Support the creation of a governance structure fit for a multisectoral approach.

Expected Changes	Indicator of Change	Suggested Responsibility for Advocacy
3.1. A multisectoral governance body tasked with the coordination of priority nutrition-specific and nutrition-sensitive interventions is established and spans the health, water, agriculture, fisheries and education sectors.	GOY and partners agree on the format of the multisectoral governance body, its mandate and composition.	National SUN Steering Committee
3.2. Multisectoral nutrition coordination platforms are in place in selected governorates.	GOY and partners agree on the format of the multisectoral nutrition coordination platforms, mandate and composition and in which governorates they will operate.	MOPIC, National SUN Steering Committee
3.3. Nutrition units are created in the MOWE, MOAI and MOFW at the central level.	Official order to establish the nutrition units is passed and announced.	MOPIC, National SUN Committee

Expected Changes	Indicator of Change	Suggested Responsibility for Advocacy
3.4. A multisectoral and multi-stakeholder management information system is established and operational.	Multisectoral nutrition information system provides real-time, high-quality data to support the National SUN Steering Committee and inform decisions.	SUN Secretariat and sector contributions

Key Barriers
<ul style="list-style-type: none"> • Multiplicity of actors. • Fragmentation of the existing management information system; nutrition surveillance is not sufficiently established; delays in submission of reports.

Messages	Audiences
A multisectoral approach to nutrition requires ownership and clear lines of responsibility, which should be reflected in the governance structures and adopted by participating sectors, agencies and actors.	MOPIC, MOPHP, MOWE, MOAI, MOFW, MOE
Multisectoral coordination increases national commitments to scaling up nutrition.	MOPIC, UN, humanitarian and development donors
Coordination between stakeholders and sectors should not be limited to the central level of government and policymaking but be enabled as well in the governorates and districts.	MOPHP, MOWE, MOAI, MOFW, MOE
Yemen’s Monitoring Food Security and Nutrition unified the HIMS based on data provided by sectors over the past ten years should be developed further to support tracking of investments and progress towards the MSNAP and CRF targets.	MOPIC

Objective 4: Advocate for mobilising resources

Expected changes: The aim of advocacy is to secure the total budget to implement the MSNAP and align the budgets of the districts and governorates to incorporate the priorities of the MSNAP, and to increase the transparency in the budgetary process.

Indicators: Along with the required budget being allocated for the MSNAP implementation, indicators include a comprehensive executive budget proposal from the GOY that spans the

scope of the MSNAP and sharing of key documents with Parliament to allow greater budgetary oversight.

Messages: The messages under this objective stress the economic impact of investing in nutrition, and how the MSNAP sets up the foundation for a long-term, sustainable approach to nutrition with a development perspective.

Audiences: The audiences are mainly the executive branch of the GOY, MOPIC, MOF, the SUN Yemen Donor Network and the governorate leadership.

Responsibility: MOPIC, the National SUN Steering Committee and the SUN networks are the suggested responsible entities to implement the part of the advocacy work that focuses on aligning funding for the MSNAP, whilst CSOs and the media are suggested to work on improving the transparency and accountability in the budgetary process.

Table 4 provides more details.

Table 4. Key elements to meet objective 4: Advocate for mobilising resources.

Expected Changes	Indicators of Change	Suggested Responsibility for Advocacy
4.1. An adequate budget is allocated to implementation of the MSNAP over three years, as per the costed CRF.	An adequate budget is allocated to the implementation of the MSNAP over three years.	MOPIC, National SUN Steering Committee
4.2. Public-sector funding allocations are aligned with the priority actions listed in the MSNAP, at central and decentralised levels.	District and governorate annual budgets reflect the priority actions listed in the CRF.	MOPIC, National SUN Steering Committee
4.3. Multi-year donor funding is secured, harmonised and aligned with the priorities of the MSNAP/CRF, including humanitarian and development funding.	Development and humanitarian partners publicly support multi-year funding for the MSNAP.	MOPIC, SUN Donor Network, SUN UN Network, OCHA
4.4. The GOY executive budget proposal is comprehensive and covers all sectors and programmes involved in delivering the MSNAP.	The GOY executive budget proposal is comprehensive and covers all sectors and programmes involved in delivering the MSNAP.	MOPIC, National SUN Steering Committee
4.5. The budgetary process is more transparent, with the GOY sharing key documents with Parliament (draft budget, budget implementation and audit findings). The media is monitoring the budgetary process and scrutinising whether the budget allocations are in line with GOY commitments to the MSNAP.	The GOY shares key budgetary documents with Parliament (draft budget, budget implementation and audit findings). Media reports on elaboration of the budget, required allocations to improve the	CSOs, NGOs, media Media, supported by the SUN CSO Network

Expected Changes	Indicators of Change	Suggested Responsibility for Advocacy
	health and well-being of the populations and any shortcomings.	
4.6. Accountability is increased, with Parliament able to hold public hearings on the budget and the Central Organization for Control and Auditing (the top audit institution) having proper channels of communication with the public.	Central Organization for Control and Auditing has established channels of communication with the public.	CSOs, NGOs, media

Key Barriers
<ul style="list-style-type: none"> • Humanitarian emergency driving funding towards life-saving actions and not sufficiently towards preventive actions. • Financial gaps in sectoral ministries, which rely largely on external funding. • Lack of coordination between sectors. • Poor transparency in the budgetary process. • Poor financial autonomy of the governorates since the conflict erupted; priorities not aligned.

Messages	Audiences
Funding the MSNAP/CRF fosters a continued, long-term engagement of the health, water and environment, agriculture and irrigation, livestock, fisheries and education line ministries and partners beyond the humanitarian imperative, for coordinated nutrition-sensitive interventions during the post-conflict and recovery phase.	MOPIC, MOF, humanitarian and development donors
Investing in nutrition is not only the right thing to do, it is the smart thing to do (Hoddinott and Horton 2014): recent data for Yemen show that every dollar spent on reducing stunting is estimated to bring a \$100 return (Copenhagen Consensus n.d.).	Humanitarian and development donors, UN, European Union, GOY
Funding the MSNAP/CRF represents a major step towards rebuilding the capacity to deliver essential maternal and child health and nutrition services and sustainable diets.	Governorates (own budget)
The three-year, multisectoral and multi-stakeholder MSNAP builds the foundation for a long-term, sustainable approach to nutrition.	Humanitarian and development donors, UN, European Union, MOF

Transparency is key to accountability: the GOY should publish information about the budgetary procedure (draft budget, budget implementation and audit findings), and enable Parliament to hold public budgetary hearings.	GOY (MOF, Office of the Prime Minister), media
Nutrition must be a national priority at all levels of government: the governorates' plans and budgets must reflect the priorities in the MSNAP/CRF.	Local councils of governorates and districts, governorate plan and budget committees

Objective 5: Create accountability and generate demand for nutrition services

Expected changes: The advocacy work seeks to mobilise CSO networks, private-sector partners where possible and the media to generate demand for nutrition and health services and foster accountability, and to train community health workers to be able to deliver the messages of the MSNAP. The engagement of Yemen's business and private sector to create demand for services will be further discussed and tested.

Indicators: Involvement of CSOs in the implementation of the MSNAP, training of a pool of journalists on nutrition issues and development of training materials for community health workers will serve as indicators under this objective.

Messages: Messages focus on the role/ability of CSOs to engage communities in demanding more and better health and nutrition services, the role of the media in raising awareness about the causes and consequences of malnutrition and how to prevent it and the capacity of health workers to help in reducing malnutrition.

Audiences: Audiences are mostly CSOs and media organisations, as well as the National SUN Steering Committee to ensure the involvement of CSOs in the MSNAP process and the MOPHP to lead the training of community health workers.

Responsibility: The SUN CSO Network, the Ministry of Information (MOI) and the MOPHP, with support from UNICEF, WFP and international NGOs are suggested as leads to run this advocacy work. The Ministry of Culture will be involved, where possible, to support the promotion of traditional healthy practices and cultural change.

Table 5 provides more details.

Table 5. Key elements to meet objective 5: Create accountability and generate demand for nutrition services.

Expected Changes	Indicators of Change	Suggested Responsibility for Advocacy
5.1. CSO networks (in particular, advocates for health, education, youth and children's rights, women's rights, etc.) are empowered and mobilised at national and subnational	CSO networks are actively engaged in implementation of the MSNAP at every step.	SUN CSO Network SUN Yemen media network (foreseen to be established as

Expected Changes	Indicators of Change	Suggested Responsibility for Advocacy
levels to (a) raise community awareness about existing preventive and curative nutrition and health services and (b) hold service providers accountable for the delivery of these services.		one of the SUN CSO Alliances)
5.2. Media reporting on nutrition issues and improved practices is increased and accurate, and spans underlying as well as direct causes of malnutrition.	A pool of journalists is trained on nutrition issues and commitments made in the MSNAP and able to report accurately.	MOI Ministry of Culture will support efforts were possible
5.3. Media content dedicated to raising awareness on nutrition issues, good nutrition practices and healthy lifestyle, influencing populations' nutrition practices, is produced and regularly available.	A series of content for social media, radio and television is agreed upon with media houses and produced/ scheduled.	MOI, SUN CSO Network
5.4. Community health workers are qualified (a) in nutrition messaging and social and behaviour change communication techniques, and incorporate them into their work within their communities; (b) to provide services promoting best nutrition practices, especially IYCF practices, in particular breastfeeding; and (c) to provide services promoting best food hygiene and safety practices.	Community health workers are trained on best nutrition practices.	MOPHP, with support of UNICEF, WFP, international NGOs Ministry of Culture will support efforts were possible

Key Barriers
<ul style="list-style-type: none"> • Lack of information about what constitutes good feeding practices and lack of information amongst communities on services to which they are entitled. • Reluctance to seek care, given the state of the health system; lack of trust. • Lack of knowledge about the existence of the updated and mainstreamed nutrition services in facilities and communities. • Difficulty accessing the services

Messages	Audiences
CSOs have a deep understanding of the needs at the community level and the best ways to engage communities. CSO networks must be extensively involved in implementation of the MSNAP, and their member organisations trained on its	National SUN Steering Committee

Messages	Audiences
content and what it means in terms of access and quality of services.	
CSOs have the potential to conduct awareness-raising activities on nutrition at the community level and to mobilise communities in demanding more and better health and nutrition services.	CSOs coordinated by the SUN CSO Network
CSOs have the authority to hold central and decentralised authorities responsible for delivering the commitments set out in the MSNAP.	CSOs coordinated by the SUN CSO Network
The GOY has adopted a comprehensive approach to reduce all forms of malnutrition in Yemen, involving all relevant sectors: health, water and environment, agriculture and irrigation, livestock, fisheries and education. This multisectoral plan includes a detailed, costed, three-year plan listing what the GOY and its partners have committed to. The media is well positioned to hold the GOY and its partners accountable for these commitments.	Media (in particular radio, television and social media) and their professional associations
The causes of malnutrition are multiple and complex: Explaining and reporting on nutrition must cover access to health services, food production, poverty reduction, water and sanitation and the environment and education. Malnutrition affects all aspects of life. The media has the ability to convey these complex causes in compelling stories and shape both public opinion on nutrition and the decision-makers' agenda.	Media, SUN CSO Network
Almost half of children under 5 years were stunted in 2013 (Government of Yemen et al. 2013). Nutrition is everybody's concern and starts at the household level. The media has the capacity to raise awareness on the causes and consequences of malnutrition, what practices can help to prevent it and what services are available to prevent and manage it.	Media (in particular radio, television and online media) and their professional associations
Community health volunteers provide services to families in the hard-to-reach areas and help in reducing malnutrition. They should be trained on the key points of the MSNAP and on social and behaviour change communication techniques to convey these points to communities.	MOPHP with UNICEF, World Bank, US Agency for International Development

The sector-specific messages in Annex 2 provide arguments on the expected impact each sector will have on the nutritional status of the population. The messages also support the reasoning for the effective implementation of the priority nutrition activities set out in the MSNAP/CRF.

Monitoring and Evaluation

Monitoring and evaluation of this advocacy strategy and related action plan is in three parts:

1. Assessment of progress in implementing the advocacy strategy against the advocacy action plan (this amounts to tracking activities listed in the advocacy action plan, in Annex 4). Progress against the action plan should be reported and discussed with the relevant SUN coordinating bodies on a quarterly basis.
2. Assessment of progress towards the expected change defined in the advocacy strategy (e.g. new or revised policies and strategies, funding, champions, governance structure). This will be done using the advocacy impact reporting tool developed by the Global Nutrition Cluster (see Table 6 below). The tool will be adopted to allow reporting on the expected changes. Indicators for the expected changes will be reported on an annual basis.

Given that the advocacy strategy aims for changes in policy and practices, which are long processes, monitoring will be two pronged: it will consider the *impact of advocacy*, or whether the expected changes have indeed taken place; and review *progress*—the significant steps towards the expected change, such as increased multisectoral coordination, advocacy champions, commitment/buy-in, strengthened capacities. Periodic assessments of this progress will be measured through the MSNAP’s monitoring and evaluation system. Evaluations of changes—improving practices for better nutrition (e.g. breastfeeding, complementary feeding, consumption of a diversified diet, improved hygiene and sanitation practices)—will be supported, but performed through the MSNAP responsible institutions.

3. Comprehensive review of the implementation status of the advocacy strategy and action plan and submission to the National SUN Steering Committee for approval and adjustments. This will be done yearly, as stated in the Monitoring, Evaluation, Accountability and Learning plan for the MSNAP and the CRF.

Table 6. Indicators to evaluate advocacy (modified from the Global Nutrition Cluster Advocacy tool to allow tracking of the MSNAP advocacy indicators).

Expected Changes		Indicators
1. Policy/practice change has taken place	As per 'expected changes' in advocacy strategy.	Sectoral policy proposals revised; funding secured for MSNAP activities; sectoral nutrition units established; coordination governance body established; etc.
2. Significant steps taken towards policy/practice change	<p>Multisectoral coordination</p> <p>Advocacy champions</p> <p>Commitment/buy-in to the multisectoral approach</p> <p>Strengthened capacities</p> <p>Networks in place to raise awareness at the community level</p>	<p>Policy agenda alignment with partners; representation of multisector, multi-stakeholder approach to nutrition in Yemen in appropriate platforms at global and national levels.</p> <p>Key individuals who adopt and support an issue or position regarding nutrition.</p> <p>Citations of positions/messages by decision-makers in policy debates; government officials/key stakeholders publicly supporting the advocacy effort; MSNAP/CRF priorities included in the policy agenda at different stages during the decision-making process.</p> <p>Advocacy activities developed/updated as part of MSNAP planning processes; financial and human resources for advocacy.</p> <p>Identified CSOs and media organisations are trained on nutrition issues and have identified how to include nutrition in their existing work (campaigns, awareness raising, special content).</p>

Adapted from: Global Nutrition Cluster, 2016. *The Nutrition Cluster Advocacy Strategic Framework 2016–2019*. <http://nutritioncluster.net/wp-content/uploads/sites/4/2016/02/Nutrition-Cluster-Final-Advocacy-Framework-v2.pdf>.

Way Forward for Implementing this Advocacy Strategy

Social and behaviour change communication

During the development of this advocacy strategy, stakeholders brought up additional expected changes that fall outside the scope of the strategy and will require the development of a social and behaviour change communication strategy. Elements for social and behaviour change communication arising from the advocacy workshop are presented in Annex 3.

These activities focus on directly engaging populations that are likely to be affected by malnutrition (e.g. pregnant and lactating women, adolescent girls, school students, family members) and those organisations or individuals that have a direct influence on them (e.g. community leaders, religious leaders, community health workers, teachers). They aim to deepen the understanding of nutrition and how to prevent it at household and community levels; encourage the adoption of good nutrition practices and practices that improve the environment (e.g. waste disposal); and generate demand for preventive and curative nutrition-relevant services.

The Yemen Technical Rapid Response Team, in support of the Nutrition Cluster, developed a Yemen National Strategy for Social and Behaviour Change in Nutrition 2018–2021, which focuses on improving the adoption of good IYCF practices. In addition, as of February 2020, the MOPHP is, in fact, in the process of developing a communication strategy with a strong focus on nutrition, to encourage social mobilisation and generate demand for services. It covers mainly awareness raising amongst pregnant and lactating women; behaviour change and adoption of nutrition best practices, including ICYF; and girls' education. It could expand and aim also for the adoption of more nutrition-related practices across sectors, such as ensuring hygiene standards and improved practices for food production.

The MOPHP is involving other sectors and will work in close collaboration with SUN Yemen to implement this communication strategy. The communication strategy presents an opportunity to address the social and behaviour change elements that are left out of this advocacy strategy. Both strategies should align their objectives and be seen as complementary.

Budget advocacy

Mobilising domestic and external funds for the implementation of the MSNAP, based on the costing of the CRF activities, is one of the objectives of the advocacy strategy. However, the inception phase of the MSNAP will include development of a distinct budget advocacy plan, which will include estimation of funding gaps, prioritisation of activities and establishment of a system for resource management. Accordingly, mobilisation of funds is mentioned in two instances in this advocacy strategy: (i) as part of the operational strategy under the various objectives and (ii) as suggestions of possible budget advocacy intents, audiences and messages, summarised under Objective 5, which will need to be developed further and tested with stakeholders in-country.

References

- Black RE, Cesar G, Victoria CG, et al. Maternal and child undernutrition and overweight in low-income and middle income countries. *The Lancet Series on Maternal and Child Nutrition*. 2013;382(9890):427–451. doi:10.1016/S0140-6736(13)60937-X.
- Carnegie Endowment for International Peace. Peace and State Fragmentation in Yemen.; 2019. <https://carnegieendowment.org/sada/80399>. Accessed 19 March 2020.
- Coffman J and Beet T. *Advocacy Strategy Framework*.; 2015. <https://www.evaluationinnovation.org/publication/the-advocacy-strategy-framework-3/>.
- Copenhagen Consensus. *Reducing Stunting: Benefit for every dollar spent by country*.; n.d. <https://www.copenhagenconsensus.com/post-2015-consensus/nutrition>. Accessed 05 February 2019.
- Evidence Action. The Evidence for Deworming.; n.d. <https://www.evidenceaction.org/the-evidence-for-deworming/>. Accessed 19 March 2020.
- Food and Agriculture Organization of the United Nations. Child and maternal nutrition.; 2014. <http://www.fao.org/resources/infographics/infographics-details/en/c/254546/>. Accessed 19 March 2020.
- Food and Agriculture Organization of the United Nations. Family Farming Knowledge Platform.; n.d. <http://www.fao.org/family-farming/countries/yem/en/>. Accessed 19 March 2020.
- Food and Agriculture Organization of the United Nations. Global Information and Early Warning System: Yemen.; 2019. <http://www.fao.org/gIEWS/countrybrief/country.jsp?code=YEM>. Accessed 19 March 2020.
- Food and Agriculture Organization of the United Nations, International Fund for Agricultural Development, United Nations Children’s Fund, World Food Programme, World Health Organization. *The State of Food Security and Nutrition in the World*; 2017. <http://www.fao.org/3/a-i7695e.pdf>.
- Global Nutrition Cluster. *The Nutrition Cluster Advocacy Strategic Framework 2016–2019*.; 2016. <http://nutritioncluster.net/wp-content/uploads/sites/4/2016/02/Nutrition-Cluster-Final-Advocacy-Framework-v2.pdf>.
- Government of Yemen. *Common Results Framework for Nutrition*.; 2019.
- Government of Yemen. *Partnership Framework Between the Government of Yemen and Civil Society Organizations*.; 2013.
- Government of Yemen. *Yemen Multisectoral Nutrition Action Plan (MSNAP)*.; 2020.
- Government of Yemen, Ministry of Public Health and Population (MOPHP) and Central Statistical Organization (CSO). *Yemen National Health and Demographic Survey 2013*.; 2013. <https://dhsprogram.com/pubs/pdf/FR296/FR296.pdf>.

Hoddinott J and Horton S. *Food security and nutrition perspective paper: Benefits and costs of the food security and nutrition targets in the post 2015 development agenda*. Copenhagen Consensus Centre; 2014.

Imperial College London. *Stakeholder management*.; 2017.
<https://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/staff-development/public/impex/Stakeholder-management-21jun17.pdf>. Accessed 16 September 2018.

International Budget Partnership. *Open Budget Index, Yemen*.; 2010.
<https://www.internationalbudget.org/wp-content/uploads/2011/04/OBI2010-Yemen.pdf>.

Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS; Bellagio Child Survival Study Group. How many child deaths can we prevent this year? *The Lancet*. 2003;362(9377):65–71. doi:10.1016/S0140-6736(03)13811-1.

Ministry of Public Health and Population. *Yemen Family Health Survey 2003*.; 2003.

McKernan B. *Yemen: up to 85,000 young children dead from starvation*.; 2018.
<https://www.theguardian.com/world/2018/nov/21/yemen-young-children-dead-starvation-disease-save-the-children>.

MQSUN+. Analysis of SMART Surveys Conducted in Yemen from March 2015 Until August 2019.; 2020 (not published).

United Nations Office for the Coordination of Humanitarian Affairs. *Humanitarian Needs Overview: Yemen*.; 2019.
https://reliefweb.int/sites/reliefweb.int/files/resources/2019_Yemen_HNO_FINAL.pdf.

United Nations Office for the Coordination of Humanitarian Affairs and United Nations Country Team Yemen. *Yemen Humanitarian Response Plan, January to December 2019*.; 2019.
<https://reliefweb.int/report/yemen/2019-yemen-humanitarian-response-plan-january-december-2019-enar>.

Scaling Up Nutrition Movement. *Annual Progress Report 2017*.; 2017.
http://docs.scalingupnutrition.org/wp-content/uploads/2017/11/SUN_Main_Report_ENG_2017_WEB2.pdf.

The World Bank. *Yemen Country Overview*.; 2019.
<https://www.worldbank.org/en/country/yemen/overview>. Accessed 19 March 2020.

United Nations Development Programme. *Human Development Report 2019--Beyond income, beyond averages, beyond today: Inequalities in human development in the 21st century*.; 2019a.

United Nations Development Programme. *Assessing the Impact of War in Yemen on Achieving the Sustainable Development Goals*; 2019b.
<https://www.ye.undp.org/content/yemen/en/home/library/assessing-the-impact-of-war-on-development-in-yemen-SDGs.html>.

United Nations Population Fund. *World Population Dashboard: Yemen. Mortality Rates.*; 2015. <https://www.unfpa.org/data/world-population/YE>. Accessed 19 March 2020.

United Nations Children's Fund. Conceptual Framework on the causes of Malnutrition.; 1990. https://www.researchgate.net/figure/UNICEF-Conceptual-Framework-on-the-causes-of-Malnutrition_fig1_309391579.

United Nations Children's Fund. *The State of the World's Children 2019. Children, food and nutrition: Growing well in a changing world.*; 2019. <https://www.unicef.org/media/63016/file/SOWC-2019.pdf>.

United Nations Children's Fund Yemen. *How access to clean water changes the lives of displaced communities.*; 2018. <https://www.unicef.org/yemen/stories/how-access-clean-water-changes-lives-displaced-communities>.

Yemen Nutrition Cluster. *Yemen Nutrition Cluster Advocacy Strategy, 2018-2020.*; 2018. <https://reliefweb.int/sites/reliefweb.int/files/resources/Yemen%20NC%20Advocacy%20Strategy%202018-2020%20FINAL.pdf>.

Yemen Technical Rapid Response Team. *Yemen National Strategy for Social and Behaviour Change in Nutrition 2018–2021.*; 2018. https://reliefweb.int/sites/reliefweb.int/files/resources/National-Strategy-for-SBC-for-Nutrition_Yemen%28English-version%29.pdf.

Annex 1: Audiences per Sector

The following are the priority audiences, by sector, identified during the advocacy stakeholders workshop conducted in November 2019. Results were also captured and presented on an “interest/influence” axis (see Graph 1 on page 8).

1. Ministry of Public Health and Population

1.1 Primary audiences

- Health offices and health facilities.
- Donors and international nongovernmental organisations (NGOs).
- Local councils.

1.2 Secondary audiences

- International organisations.
- Government institution offices in the coastal areas of Yemen.
- Nutrition Cluster.
- Health Cluster.

1.3 Tertiary audiences

- Families/households in coastal governorates/districts.
- Youth initiatives and organisations.
- Civil society organisations (CSOs) in coastal governorates/districts.
- Yemeni Women’s Union.
- Women National Committee.
- Ministry of Information (MOI), media outlets.
- International NGOs.

2. Ministry of Water and Environment

2.1 Primary audiences

- Farmers.
- Local councils.
- Heads of households.

2.2 Secondary audiences

- Central ministries level: Ministry of Public Health and Population (MOPHP), Ministry of Finance (MOF), MOI, Ministry of Endowment and Guidance, Ministry of Planning and International Cooperation decision-makers.
- Humanitarian and international cooperation authorities.
- Donors/international organisations.

2.3 Tertiary audiences

- MOI, media outlets.
- Social Fund for Development.
- Elderly.
- Women.
- Caregivers of children under five years.
- CSOs.
- International NGOs.

3. Ministry of Agriculture and Irrigation

3.1 Primary audiences

- Ministry of Agriculture and Irrigation.
- Agricultural Research and Extension Authority.
- Tihama Development Authority.
- Agricultural societies.
- Local councils.

3.2 Secondary audiences

- International organisations.
- Government institution offices.
- Veterinarians.

3.3 Tertiary audiences

- Community level: families/households, CSOs, farmers.
- National level: Yemeni Women's Union, Women National Committee, MOI, media outlets.
- International level: international NGOs.

4. Ministry of Fish Wealth

4.1 Primary audiences

- Central government level: sector/programme leaders of the Ministry of Fish Wealth, MOF, Ministry of Local Administration, Ministry of Planning and International Cooperation.
- Scaling Up Nutrition (SUN) Movement Yemen Secretariat, National SUN Steering Committee.
- National authorities: Yemen Standardization, Meteorology and Quality Control Organization, Marine Science and Biological Research Authority.
- Private sector.

4.2 Secondary audiences

- International organisations.
- Government institution offices in the coastal areas of Yemen.
- Nutrition, Health, Food Security and Agriculture Clusters.

4.3 Tertiary audiences

- Community level: families/households in coastal governorates/districts, youth initiatives and organisations, CSOs in coastal governorates/districts, local communities in coastal governorates/districts, fishers and fish societies in coastal governorates/districts.
- National level: Yemeni Women's Union, Women National Committee, MOI, media outlets.
- Funding mechanisms: Agriculture and Fisheries Production Promotion Fund, Social Fund for Development, Cooperative and Agricultural Credit Bank.
- International NGOs.

5. Ministry of Education

5.1 Primary audiences

- Ministry of Education leaders, MOPHP decision-makers.
- Humanitarian and international cooperation authorities.
- School staff.
- Students and caregivers.

5.2 Secondary audiences

- Donors/international organisations.
- CSOs.

5.3 Tertiary audiences

- MOI, media outlets.
- Social Fund for Development.
- International NGOs.

6. National SUN Yemen Secretariat

6.1 Primary audiences

- MOPHP, Ministry of Water and Environment, Ministry of Agriculture and Irrigation, Ministry of Fish Wealth and Ministry of Education decision-makers at central, governorate and district levels.
- Ministry of Trade and Industry, Ministry of Planning and International Cooperation, MOF and MOI decision-makers at central, governorate and district levels.
- Donors.
- United Nations, international organisations.
- Humanitarian and development partners, Emergency Cluster system.

6.2 Secondary audiences

- Business sector.
- CSOs.
- Youth initiatives and organisations.
- Women's initiatives, unions and organisations.
- Labour cooperative unions (agriculture, fishers, etc.).
- Media and journalists initiatives and organisations.

Annex 2: Sectoral Expected Changes and Messages by Objective

The tables in this annex capture the objectives and key messages developed during the November 2019 advocacy stakeholders meeting by the sectors with a high potential impact on nutrition: health, water and environment, agriculture and irrigation, livestock, fisheries and education.

Table 1. Public health sector.

Objective 1: Foster buy-in and leadership for a multisectoral approach to nutrition.	
Expected changes	Messages
Priority maternal and child health and nutrition interventions listed in the MSNAP are included in the package of essential services delivered by the MOPHP, including interventions to improve IYCF practices, increase access to nutrition-specific services and increase access to nutrition-related health services.	<ul style="list-style-type: none"> • Nutrition-specific interventions save lives, and the MSNAP identifies those that have a high impact on the nutritional status of the population and should be prioritised. • We know what works: the MOPHP must prioritise proven effective interventions for the prevention and treatment of acute malnutrition and micronutrient deficiency. • Providing a primary health care services package, including delivery of essential vaccines (polio, measles and diphtheria) will have a high impact on nutrition outcomes.
The MSNAP nutrition-specific objectives, interventions and indicators are reflected in the Yemen Nutrition Cluster's objectives, priorities and plans.	<ul style="list-style-type: none"> • Nutrition-specific interventions save lives. With more than half of Yemen's population experiencing severe levels of food insecurity, investing the USD\$501 million required to scale up the quality and quantity of nutrition-specific interventions is critical.
Objective 2: Promote supportive policies, regulatory environment and compliance, and operational environment, with particular attention to nutrition-specific interventions and related information management.	
Expected changes	Messages
Guidance on appropriate IYCF is updated.	<ul style="list-style-type: none"> • IYCF has the single greatest impact on child survival (Jones et al. 2003), yet only 10% of infants were exclusively breastfed for the first six months of life and less than half (43%) of children of breastfeeding age (6 to 23 months) were breastfed the day prior to the survey (Government of Yemen et al. 2013). All stakeholders must promote exclusive, early breastfeeding for newborns up to 6 months, and balanced complementary feeding in conjunction with breastfeeding up to 23 months as a priority, across service providers and in all directorates.
Local authorities are engaged in selecting, training and maintaining community health volunteers to participate in the management and treatment of malnutrition.	<ul style="list-style-type: none"> • Community health volunteers provide services to families in hard-to-reach areas and help in reducing malnutrition. • Community health volunteers are qualified to screen and monitor cases of malnutrition.

Local councils are mobilised to hold the local authorities (governorates) accountable for delivering on the commitment to increase the number and capacity of community health workers and reaching the national target of 67,000 qualified community health workers and volunteers.	<ul style="list-style-type: none"> There will be no expanded nutrition and health-related programmes without skilled staff to deliver them: the GOY must deliver on its commitment to increase the number and capacity of qualified community health workers and volunteers to 67,000 by 2023.
Commitment of hospitals and health centres is secured to provide high-quality nutrition interventions, including food, to patients, and in accordance with food safety standards; hold hospital and health centre management accountable for that commitment.	<ul style="list-style-type: none"> Food provided by the facility under the supervision of health staff helps to improve the health of patients and reduce long hospital stays.
Objective 3: Support the creation of a governance structure fit for a multisectoral approach.	
Expected changes	Messages
The mandate and capacities of the MOPHP Department of Nutrition are strengthened.	<ul style="list-style-type: none"> The Department of Nutrition must have the capacities to implement the ambitious priority nutrition programmes of the MSNAP/CRF.
The MOPHP Department of Nutrition health information management system is improved.	<ul style="list-style-type: none"> Efficient, evidence-based interventions require access to timely, high-quality nutrition-related data. An information management unit within the MOPHP, comprising a data management system, will support the GOY in developing an efficient, accurate emergency nutrition response.
Objective 4: Advocate for mobilising resources.	
Expected changes	Messages
The MOPHP Department of Nutrition is allocated an appropriate operating budget for nutrition programmes (as presented in the CRF).	<ul style="list-style-type: none"> The Department of Nutrition must have the capacities to implement the ambitious priority nutrition programmes of the MSNAP/CRF.
Objective 5: Create accountability and generate demand for nutrition services.	
Expected changes	Messages
CSO networks (in particular, advocates for health, education, youth and children rights, women's rights, etc.) are empowered and mobilised at national and subnational levels to (a) raise community awareness about existing preventive and curative nutrition and health services and (b) hold service providers accountable for the delivery of these services.	<ul style="list-style-type: none"> CSOs have a deep understanding of the needs at the community level and the best ways to engage communities. CSO networks must be extensively involved in implementation of the MSNAP, and their member organisations trained on its content and what it means in terms of access and quality of services. CSOs have the potential to conduct awareness-raising activities on nutrition at the community level and to mobilise communities to demand more, and better, health and nutrition services. CSOs have the responsibility to hold central and decentralised authorities responsible for delivering the commitments set out in the MSNAP.
A pool of journalists is trained on the commitments made in the MSNAP and able to create content on nutrition issues.	<ul style="list-style-type: none"> The GOY has adopted a new approach to reduce all forms of malnutrition in Yemen, involving all relevant sectors: health, agriculture, education, water and sanitation and fisheries. This multisectoral plan includes a detailed, costed, three-year plan listing what the GOY and its partners have committed to. The media has the

	<p>responsibility to hold the GOY and its partners accountable to meet these commitments.</p> <ul style="list-style-type: none"> • Almost half of children under five are stunted (Government of Yemen et al. 2013). Nutrition is everybody's concern and starts at the household level. The media has the capacity to raise awareness on the causes and consequences of malnutrition, what practices help to prevent it and what services are available to treat it.
Community health workers are trained in (a) best nutrition practices, especially IYCF practices; and (b) nutrition messaging and SBCC techniques.	<ul style="list-style-type: none"> • Community health volunteers provide services to families in the hard-to-reach areas and help in reducing malnutrition. • Community health volunteers are qualified to screen and monitor cases of malnutrition.
Local communities are mobilised to gain their engagement in the design, implementation and monitoring of nutrition initiatives (through social mobilisation activities).	<ul style="list-style-type: none"> • Communities are not just passive recipients of services: to ensure nutrition services respond to their needs, they should be actively involved from the planning stage.
Demand for clean water is generated amongst local communities.	No message identified yet.

Abbreviations: CRF, Common Results Framework; CSO, civil society organisation; GOY, government of Yemen; IYCF, infant and young child feeding; MOPHP, Ministry of Public Health and Population; MSNAP, Multisectoral Nutrition Action Plan; SBCC, social and behaviour change communication.

Table 2. Water and environment sector.

Objective 1: Foster buy-in and leadership for a multisectoral approach to nutrition.	
Expected changes	Messages
Increased awareness of what impact access to safe drinking water has on the nutritional status of local communities.	<ul style="list-style-type: none"> • Providing safe drinking water, safe water networks and effective sanitation measures contributes to improving health and nutritional status. • Expanding coverage of government drinking water networks prevents waterborne diseases and related epidemics.
Coordination between the MOWE, MOI and the Ministry of Public Works and Highways to ensure sewage networks operate efficiently, for a cleaner household environment.	<ul style="list-style-type: none"> • In Yemen, 16 million people lack access to safe WASH services (UNICEF Yemen 2018). Working to support sanitation projects will reduce pollution and limit the spread of deadly epidemics. • Preventing sewage from being dumped outdoors reduces water and environmental pollution, improves the environment and reduces the risk of disease.
Objective 2: Promote supportive policies, regulatory environment and compliance, and operational environment, with particular attention to nutrition-specific interventions and related information management.	
Expected changes	Messages
To be determined	To be determined
Objective 3: Support the creation of a governance structure fit for a multisectoral approach.	
Expected changes	Messages
A nutrition unit is established in the MOWE.	<ul style="list-style-type: none"> • Multisectoral coordination improves health and nutritional status and saves lives.
Objective 4: Advocate for mobilising resources.	
Expected changes	Messages
An appropriate budget (presented in the CRF) is allocated to improve access to safe and adequate water and sanitation services, clean environments and improved hygiene practices.	Messages not yet developed for this objective
Objective 5: Create accountability and generate demand for nutrition services.	
Expected changes	Messages
To be determined	To be determined

Abbreviations: CRF, Common Results Framework; MOI Ministry of Information; MOWE, Ministry of Water and Environment; UNICEF, United Nations Children’s Fund; WASH, water, sanitation and hygiene.

Table 3. Agriculture, livestock and irrigation sector.

Objective 1: Foster buy-in and leadership for a multisectoral approach to nutrition.	
Expected changes	Messages
More nutrition-sensitive agricultural interventions are in place.	<ul style="list-style-type: none"> • The agriculture sector has a major role in meeting food needs and improving nutrition and food security. • Agriculture is one of the most important sectors of Yemen's national economy. It accounts for about 15% of gross domestic product and for more than 50% of the total workforce in the country (FAO n.d.).
MOAI staff have increased capacity to adopt the new multisectoral approach to nutrition.	<ul style="list-style-type: none"> • Robust multisectoral coordination of nutrition interventions enhances production and improves nutrition indicators. • Rapid agricultural growth requires multisectoral coordination and decreases vulnerability to diseases. • Chronic malnutrition is a multi-faceted issue that requires multisectoral and multi-stakeholder collaboration.
Objective 2: Promote supportive policies, regulatory environment and compliance, and operational environment, with particular attention to nutrition-specific interventions and related information management.	
Expected changes	Messages
To be determined	To be determined
Objective 3: Support the creation of a governance structure fit for a multisectoral approach.	
Expected changes	Messages
A nutrition unit is established in the MOAI for supervising central- and community-level activities for scaling up nutrition.	<ul style="list-style-type: none"> • Multisectoral coordination improves health and nutritional status and saves lives.
Increased funds, equipment and support are advocated to strengthen the Agricultural Research and Extension Authority.	<ul style="list-style-type: none"> • Post-harvest losses are estimated to remove as much as 50% of crops from the food supply in developing countries.
The plant protection authority is supported to increase efficiency and effectiveness to protect products from pests and epidemics.	<ul style="list-style-type: none"> • Post-harvest losses are estimated to remove as much as 50% of crops from the food supply in developing countries.
Objective 4: Advocate for mobilising resources.	
Expected changes	Messages
An appropriate budget (presented in the CRF) is allocated to increase agriculture production, productivity and incomes and quantity and quality of food consumed.	Messages for this objective not yet developed.
Objective 5: Create accountability and generate demand for nutrition services.	
Expected changes	Messages
To be determined	To be determined

Abbreviations: CRF, Common Results Framework; FAO, Food and Agriculture Organization of the United Nations; MOAI, Ministry of Agriculture and Irrigation.

Table 4. Fisheries sector.

Objective 1: Foster buy-in and leadership for a multisectoral approach to nutrition.	
Expected changes	Messages
Nutrition is integrated into the core of the MOFW's policies and strategies.	<ul style="list-style-type: none"> • The high nutritional value of fish protects against malnutrition. • Fish wealth contributes to improving nutrition, health and quality of life.
Governorates include improving fish distribution in their priorities included in plans and budget allocation.	<ul style="list-style-type: none"> • Improved fish distribution from coastal areas to landlocked areas improves health and nutrition across the country. • Expansion of fish markets contributes to job opportunities in coastal areas.
High-level awareness-raising programmes are developed to establish a high-quality market model in areas not reached by sea products.	<ul style="list-style-type: none"> • Applying a quality market model increases job opportunities and contributes to alleviating poverty in coastal societies. • Demand creation for fish products in mountainous areas improves health and boosts local economies. • Investing in fish farming contributes to increasing production, raising nutrition levels and increasing local economic opportunities.
Objective 2: Promote supportive policies, regulatory environment and compliance, and operational environment, with particular attention to nutrition-specific interventions and related information management.	
Expected changes	Messages
Not applicable	Not applicable
Objective 3: Support the creation of a governance structure fit for a multisectoral approach.	
Expected changes	Messages
A nutrition unit is created in the MOFW.	<ul style="list-style-type: none"> • Multisectoral coordination improves health and nutritional status and saves lives.
Objective 4: Advocate for mobilising resources.	
Expected changes	Messages
An appropriate budget (as presented in the CRF) is allocated to increase fish catch, processing, preservation and consumption.	<ul style="list-style-type: none"> • Investing in fisheries not only increases consumption of fish products and the nutritional status of the population, it creates jobs and supports communities.
Objective 5: Create accountability and generate demand for nutrition services.	
Expected changes	Messages
A pool of journalists is trained on the nutritional value and health benefits of fish and marine products.	<ul style="list-style-type: none"> • Fish is a main source of protein, fatty acid and omega 3. • Consuming the recommended dietary intake of fish helps in cognitive development.

Abbreviations: CRF, Common Results Framework; MOFW, Ministry of Fish Wealth.

Table 5. Education sector.

Objective 1: Foster buy-in and leadership for a multisectoral approach to nutrition.	
Expected changes	Messages
Promotion of coordinated efforts with the MOPHP through joint planning for providing deworming drugs.	<ul style="list-style-type: none"> • Children with parasitic worms suffer from nutritional impairment, impacting their growth and physical development (Evidence Action n.d.). • Deworming treatment leads to significant weight gains and allows more energy to be focused on growth and development (Evidence Action n.d.). • Parasitic worms cause diseases. Deworming helps prevent new infections.
Objective 2: Promote supportive policies, regulatory environment and compliance, and operational environment, with particular attention to nutrition-specific interventions and related information management.	
Expected changes	Messages
To be determined	To be determined
Objective 3: Support the creation of a governance structure fit for a multisectoral approach.	
Expected changes	Messages
To be determined	To be determined
Objective 4: Advocate for mobilising resources.	
Expected changes	Messages
An appropriate budget (as presented in the CRF) is allocated to support good nutrition and health of pupils and their families through school-based interventions.	To be determined
Objective 5: Create accountability and generate demand for nutrition services.	
Expected changes	Messages
Support is provided to spread a culture of consuming safe food in schools.	<ul style="list-style-type: none"> • Availability of healthy food in schools contributes to reducing morbidity and mortality rates amongst adolescents and youth. • School meals help in improving nutrition indicators.
Partners and communities are mobilised to support enrolment of girls in school, which encourages healthy nutrition practices.	<ul style="list-style-type: none"> • Increasing enrolment of girls in school is a major component of a community's social determinants of health. • Educating girls, educating the whole nation. • We know that households with girls in school and women who are educated adopt better nutrition practices.

Abbreviations: CRF, Common Results Framework; MOPHP, Ministry of Public Health and Population.

Annex 3: Elements to Be Incorporated into a Social and Behaviour Change Communication Strategy

During the November 2019 advocacy stakeholders meeting, each sector included 'expected changes' that fall outside of the scope of this advocacy strategy but are elements to be addressed through a multisectoral social and behaviour change (SBCC) strategy. Elements arising from the workshop and partners' input to be incorporated into the SBCC strategy are summarised below. These should be incorporated into the communication strategy being developed by the Ministry of Public Health and Population to encourage social mobilisation and generate demand for services, and which has a focus on nutrition. It covers mainly awareness raising amongst pregnant and lactating women, behaviour change and adoption of nutrition best practices, including infant and young child feeding, and girls' education. It could expand and also aim for the adoption of more nutrition-related practices across sectors, such as, for example, ensuring hygiene standards and improved practices for food production.

Public Health Sector	
Sectoral objectives	Sectoral messages
Promotion of best breastfeeding and IYCF practices through behaviour change communication targeting health workers and communities.	<ul style="list-style-type: none"> Breastfeeding has many health benefits for both the mother and infant. Breast milk contains all the nutrients an infant needs in the first six months of life (WHO n.d.). Exclusive breastfeeding for the first six months of life helps infants achieve optimal growth, development and health (WHO n.d.). Complementary feeding and continued breastfeeding during the period from the seventh month to two years enhances the health and development of children and protects them from malnutrition.
Awareness raised on the importance of food diversity and healthy nutritional behaviour.	<ul style="list-style-type: none"> Food diversity and micronutrient-rich diets improves health and reduce morbidity and mortality.
Awareness raised on the importance of a micronutrient-rich diet.	<ul style="list-style-type: none"> Malnutrition is avoidable and treatable; know the causes and recognise the signs.
Awareness raised on nutrition education and related practices enhances the effectiveness of routine vaccination.	<ul style="list-style-type: none"> Good nutrition improves immunity amongst women children and improves effectiveness of the routine vaccines.
Local authorities and communities are convinced of the nutritional benefits of local products, and the feasibility of producing complementary, preventive and curative nutritional foods locally.	No message identified yet.
Water and Environment Sector	
Sectoral objectives	Sectoral messages
Community awareness on the management of waste disposal is raised, and communities are encouraged to adopt best practices.	<ul style="list-style-type: none"> Solid waste collection sites reduce water contamination and environmental pollution. Waste disposal in designated places is the disposal of diseases.
Agriculture, Irrigation and Livestock Sector	

Sectoral objectives	Sectoral messages
Farmers are educated on ways to improve irrigation efficiency.	<ul style="list-style-type: none"> Irrigation activities are of great priority in improving efficient use of water and contributing to scaling up nutrition.
Fisheries Sector	
Sectoral objectives	Sectoral messages
Awareness and understanding amongst communities about the nutritional benefits of fish and sea products is raised in order to increase their consumption.	<ul style="list-style-type: none"> Fish is a main source of protein, fatty acids and omega 3. Consuming the recommended dietary intake of fish helps in the cognitive development.
Education Sector	
No SBBC activities.	
SUN Yemen Secretariat	
Sectoral objectives	Sectoral messages
Decisions-makers at all levels of the administrative system are trained in behaviour change communication and advocacy.	<ul style="list-style-type: none"> Behaviour change communication at all levels increases commitment to scaling up nutrition and enhances accountability for the best utilisation of resources.

Abbreviations: IYCF, infant and young child feeding; SBCC, social and behaviour change communication; WHO, World Health Organization.

4: Advocacy Action Plan

Advocacy action plan is intended to operationalise the Multisectoral Nutrition Action Plan advocacy strategy; its outline is adopted for the only used advocacy framework (Coffman and Beet 2015). It is organised along the five key objectives listed in the advocacy strategy under the objective 'expected changes'. The advocacy activities target mostly decision-makers at the central (directorates-generals and directorates) and regional (governorates) levels, and to a lesser extent 'influencers such as civil society and nongovernmental organisations, the media and health workers. The activities move along a scale of 'raising awareness, gaining willingness and triggering action' for nutrition. Activities include education of policymakers, policy analysis, advocacy capacity building, champion development, leadership development and lobbying.

Objective 4: Foster buy-in and leadership for the multisectoral approach to nutrition.

Expected Change	Action(s)	Materials	Lead(s)	Means of Verification
<p>Central ministerial policies and strategies are updated/revised to include the related nutrition-sensitive interventions, and actors as listed in MSNAP/CRF.</p>	<p>Build on the MSNAP mapping of policies, strategies and programmes of development and humanitarian actors and conduct a deeper analysis to identify options for updates and incorporation of nutrition-sensitive elements and provide recommendations.</p> <p>Develop an advocacy paper with a summary of evidence and the policy implications of the MSNAP, with clear roles/linkages for each sector (which policies and strategies need to be revised), presenting recommendations and propose formulations.</p> <p>Organise face-to-face meetings with directors, deputy ministers and advisers in the relevant sectors to present/argue for the advocacy paper/findings of policy analysis and present key strategies to integrate nutrition into sectoral policies.</p>	<p>Policy research findings/ recommendations</p> <p>Advocacy paper</p> <p>Summary of paper, call to action, advocacy video, question and answer</p>	<p>MOPIC, National SUN Steering Committee</p>	<p>Deeper analysis of policies, strategies and programmes conducted</p> <p>Advocacy paper developed with customised messages with linkages for each sector</p> <p># face-to-face meetings; feedback from meetings</p>

Strategy for the Yemen Multisectoral Nutrition Action Plan

Expected Change	Action(s)	Materials	Lead(s)	Means of Verification
<p>ion messaging included in national plans, detailing how each sector impacts nutrition and the opportunities for sectoral coordination.</p>	<p>Develop sector-specific approaches and messages that translate policies (under 1.1) into plans, action and implementation.</p> <p>Hold trainings on leadership for nutrition in each sector, detailing these strategies to integrate nutrition into existing plans, and seek cross-sector coordination.</p> <p>Conduct field visits to learn from best practices, as part of building capacities and ensuring buy in of high-level decision-makers.</p>	<p>Two-pager for each sector</p> <p>Training module, advocacy video, examples from other countries</p>	MOPIC/SUN Secretariat	<p>Two-pagers developed and disseminated</p> <p># training sessions organised; # women leaders trained</p> <p># field visits and feedback</p>
<p>or nutrition-related programmes at the priority and objectives MNSAP.</p>	<p>Organise donor dialogues on key points of the MSNAP, national commitment to nutrition and evolving role of donor partners.</p> <p>Identify examples as best practices and organise site visits to demonstrate the impact of coordinated nutrition actions (if feasible/relevant).</p> <p>Draft an investment case detailing the economic impact of malnutrition as well as a high-impact, cost-effective package of interventions and the return on investment.</p> <p>Organise a donor roundtable to elicit pledges of support for the MSNAP.</p>	<p>Summary of MSNAP, call to action</p> <p>Examples of successes and challenges, human stories</p> <p>Investment case</p>	MOPIC, National SUN Steering Committee	<p># briefings conducted</p> <p># site visits, media coverage of site visits if relevant, # site visits demonstrating impact on women and girls</p> <p>Investment case drafted and shared</p> <p>Donor roundtable held</p>

Strategy for the Yemen Multisectoral Nutrition Action Plan

Expected Change	Action(s)	Materials	Lead(s)	Means of Verification
<p>Identify and appoint champions in the HP, MOWE, MOFW and at central, provincial and district levels and coordinate and support nutrition issues and messaging and the activities of the NAP.</p>	<p>Approach potential and emerging 'insider' champions in each line ministry (starting with MOPIC leadership as the first champion) based on their engagement with nutrition issues and their demonstrated ability to be a politically influential authority; develop a relationship with them.</p> <p>Develop terms of engagement for champions.</p> <p>Organise a one-on-one briefing for each champion to build their knowledge on nutrition and agree on the terms of their engagement (e.g. social media, visits, speeches, endorsement etc.).</p> <p>Organise field visits to demonstrate best practices for further promotion.</p> <p>Set up an ongoing communication channel with champions for the latest facts on nutrition, emerging topics and briefs.</p>	<p>Terms of engagement/contract</p> <p>Backgrounders, facts, suggested action</p> <p>For example, one person managing champion relationships, regular updates, repository of resources, etc.</p>	<p>National SUN Steering Committee</p>	<p># champions contracted, # women champions</p> <p># briefings conducted</p> <p>Routine communication structures in place</p>
<p>Allocate budget indicated for nutrition-sensitive interventions for the period 2020–2023.</p>	<p>See 4.1 above.</p>		<p>National SUN Steering Committee, SUN Donor Network</p>	

CRF, Common Results Framework; MOAI, Ministry of Agriculture and Irrigation; MOE, Ministry of Education; MOFW, Ministry of Fish Wealth; MOPHP, Ministry of Health, Planning and Population; MOPIC, Ministry of Planning and Cooperation; MOWE, Ministry of Water and Environment; MSNAP, Multisectoral Nutrition Action Plan; SUN, Sustainable Nutrition

Strategy for the Yemen Multisectoral Nutrition Action Plan

Goal 1: Promote supportive policies, regulatory environment and compliance, and operational environment, with particular attention to specific interventions and related information management.

Expected Change	Action(s)	Materials	Lead(s)	Means of Verification
<p>Priority maternal and child health and nutrition interventions listed in the MSNAP are included in the package of essential services delivered by the MOPHP, including interventions to improve breastfeeding practices, increase access to nutrition-specific services and increase access to nutrition-related health services.</p> <p>International and national media disseminate the selected package and services to which populations should have increased access, and monitor progress in expanding coverage/quality of services.</p>	<p>Organise a training workshop for the MOPHP Department of Nutrition on leadership for nutrition to build capacity to work with other MOPHP services and make nutrition part of the package of services (as per 1.2).</p> <p>Engage with MOPHP champions to carry the message on the importance of access to nutrition-related services.</p> <p>Organise briefings for MOPHP stakeholders to introduce them to MSNAP priority interventions and how to adopt them (as part of the training planned under 1.2).</p> <p>Organise a media briefing on the content of the MSNAP, the implications/commitment for improved access to health and nutrition services, timelines and possible expert/sources for journalists.</p>	<p>Training module, advocacy video, examples from other countries</p> <p>Key facts and figures</p> <p>Backgrounders, facts and figures, contact details</p>	<p>National SUN Steering Committee</p> <p>Media, with the monitoring support of the SUN CSO Network</p>	<p>Workshop organised</p> <p># briefings organised, type (role) of people briefed</p> <p>Media briefing organised</p>
<p>MSNAP nutrition-specific objectives, interventions and indicators are reflected in Yemen Nutrition Cluster's objectives and are under implementation.</p>	<p>Line out the relevant elements to be incorporated into the cluster's objective and priorities; consult with the Nutrition Cluster lead and partners to agree on the way forward to fully incorporate those elements.</p> <p>Review the Nutrition Cluster Advocacy Strategy and provide inputs to update addressing the humanitarian and development nexus.</p>	<p>Briefing paper (MSNAP's input on the Nutrition Cluster objectives)</p>	<p>MOPIC</p>	<p>Briefing paper</p>

Strategy for the Yemen Multisectoral Nutrition Action Plan

Expected Change	Action(s)	Materials	Lead(s)	Means of Verification
International nutrition policy, regulations and standards reflect the interests of the private sector (food and non-food companies).	Organise consultations with business organisations /private sector companies to raise their awareness/interest in the policy and regulatory framework for nutrition and solicit their input		SUN Business Network	# consultations held, outcomes from the consultations
The nutrition commitments of SUN Business Network members are aligned with the MNSAP priorities (as per the SUN Business Network's work plan).	Share/publish the SUN Business Network members commitments and how they further the implementation of the MSNAP ()	Announcements on SUN website, updates shared amongst SUN Business Network, MOPIC channels, social media, cross-sectoral meetings, press releases when relevant	SUN Business Network	# and types of commitments and their expected impact on MSNAP
The International Code of Marketing of Breast-feeding Substitutes for improved IYCF practices is promoted and enforced systematically across service providers.	<p>Develop an advocacy paper listing the arguments for urgent enforcement of the Code, with the problem, solutions and a call to action.</p> <p>Organise one-on-one meetings with stakeholders and partners to argue for enforcement of the Code (and balance industry views).</p> <p>Start a social media campaign on that specific topic.</p>	<p>Advocacy paper</p> <p>Human stories, infographics, Twitter chats, visuals</p>	WHO, UNICEF, FAO, SUN Business Network	<p>Advocacy paper developed and disseminated</p> <p># meetings held</p> <p># and types of engagement in social media campaign</p>
SUN Business Network partners comply with food quality and safety standards and regulations as per Codex Alimentarius.	<p>Include a pledge to comply with these food quality and safety standards in the application form for the SUN Business Network.</p> <p>Share/publish the pledge made by private companies.</p>	Announcements on SUN website, updates shared amongst SUN Business Network, MOPIC channels, social media, cross-sectoral meetings, press releases when relevant	SUN Business Network, MOPHP Food Safety Department, WFP, FAO	

Strategy for the Yemen Multisectoral Nutrition Action Plan

Expected Change	Action(s)	Materials	Lead(s)	Means of Verification
Small and medium-sized enterprises are sensitised on their role in the food system, support promotion of healthy nutrition and ensure compliance with regulations.	Organise consultations with small and medium-sized enterprises to highlight the role they can play in improving nutrition, especially in smallholder nutrition initiatives and as part of a fortification programme. Solicit their input and continued involvement.		SUN Business Network, MOPHP Food Safety Department, WFP, FAO	# small and medium-sized enterprises taking part in consultations, types of feedback
Current guidance on appropriate IYCF is outdated.	Develop and disseminate a two-pager on evidence for IYCF practices as a highly impactful nutrition intervention, and its cost and benefits. Hold a high-level meeting with directors and deputy ministers in relevant sectors (e.g. health, education, agriculture) to present the impact of IYCF and gaps in current guidance, as well as gaps and opportunities to embed IYCF in other sectors as applicable. Inform and guide revisions.	Two-pager	WHO, UNICEF	Two-pager drafted and disseminated # meetings held
The MOPHP Department of Nutrition has allocated appropriate operating budget to achieve nutrition targets.	Based on the budget advocacy strategy developed under 1.5, lobby the MOF for resources needed to support the expanded mandate of the MOPHP Department of Nutrition: cost/benefit and the crucial role in implementing the MSNAP.	Budget advocacy strategy (see 4.1)	SUN Yemen Steering Committee	Increased budget for the Department of Nutrition
The MOPHP HIMS is functional and provides high-quality data, including on nutrition, in a timely fashion.	Review existing information systems that hold a potential to incorporate and provide data on the progress of nutrition (implementation and/or results level, example: District Health Information System). This is to be in line with the MSNAP monitoring and evaluation plan. Prepare a short brief addressed to the relevant bodies and advocate for updates/revisions and required improvements of data management and analysis skills. Build capacities of those involved to improve reporting, data quality and skills to analyse and use the received information, either through face-to-face trainings or workshops.	Two-page brief on incorporation and improvements to reports on nutrition Updated reporting templates, training outlines, modules	MOPHP with partners and SUN Secretariat's inputs	Briefing note presented, system updated

CSO, civil society organisation; FAO, Food and Agriculture Organization of the United Nations; HIMS, health information management system; IYCF, infant and young child feeding; MOF, Ministry of Finance; MOPHP, Ministry of Public Health and Population; MOPIC, Ministry of Planning and International Cooperation; MSNAP, Multi-Sectoral Nutrition Action Plan; SUN, Scaling Up Nutrition; UNICEF, United Nations Children's Fund; WFP, World Food Programme; WHO, World Health Organization.

Strategy for the Yemen Multisectoral Nutrition Action Plan

: Support the creation of a governance structure fit for a multisectoral approach.

Expected Change	Action(s)	Materials	Lead(s)	Means of Verification
<p>Multisectoral governance structure is established and tasked with the coordination of priority interventions across the health, agriculture, fisheries and education sectors.</p>	<p>Publish an advocacy paper with a detailed suggested governance structure for the central and decentralised levels, including benefits and opportunities.</p> <p>Organise dialogues with each sector and MOPIC to agree on the mandate/composition of the governance body and ensure their buy-in.</p>	<p>Advocacy paper</p> <p>Terms of reference</p>	<p>SUN Yemen Steering Committee</p>	<p>Advocacy paper drafted and disseminated</p> <p># meetings held</p>
<p>Decentralised multisectoral nutrition coordination platforms are established in selected governorates.</p>	<p>Building on activities under 3.1, organise dialogues with the decentralised arm of each line ministry and agree on the mandate/composition of the decentralised multisectoral coordination platform.</p>	<p>Terms of reference</p>	<p>MOPIC, SUN Yemen Steering Committee</p>	<p># meetings held, number of decentralised platforms established and functional</p>
<p>Nutrition units are created in MOWE, MOAI and MOWA at the central level.</p>	<p>Organise a training workshop on leadership for nutrition in each line ministry (building on the outcomes and results of the work under 1.1. and 1.2) for the personnel running these nutrition units.</p>	<p>Training module</p>	<p>MOPIC, SUN Yemen Steering Committee</p>	<p>Training organised</p>

Strategy for the Yemen Multisectoral Nutrition Action Plan

Expected Change	Action(s)	Materials	Lead(s)	Means of Verification
<p>Multisectoral and multi-holder management information system is established and functional.</p>	<p>Analyse existing information management systems that can serve multisectoral information management, including a review of the MSNAP monitoring and evaluation plan and its application. Identify gaps and options for improvements.</p> <p>Develop a two-pager on the information and data needs to inform nutrition interventions across sectors: what are the gaps, how they hamper programming, improvements required and proposed data flow. This should build on and be aligned with the MSNAP monitoring and evaluation plan.</p> <p>Include information management and data access as part of the leadership for nutrition training (see 1.2).</p> <p>A Nutrition Information Management Unit is established at the multisectoral level.</p> <p>Consult with nutrition champions to receive guidance on information required for policy-level advocacy (timing and events).</p>	<p>Brief fact sheet</p> <p>Two-pager titled 'Information management system and needs'</p> <p>Training module</p>	<p>SUN Secretariat and sector contributions</p>	<p>Brief draft fact sheet (working paper)</p> <p>Two-pager disseminated</p> <p># training sessions</p> <p>Unit established</p>

MOAI, Ministry of Agriculture and Irrigation; MOFW, Ministry of Fish Wealth; MOPIC, Ministry of Planning and International Cooperation; MOWE, Ministry of Water and Electricity; MSNAP, Multisectoral Nutrition Action Plan; SUN, Scaling Up Nutrition.

Strategy for the Yemen Multisectoral Nutrition Action Plan

: Advocate for mobilising resources.

Expected Change	Action(s)	Materials	Lead (s)	Means of Verification
<p>adequate budget is allocated to implementation of the MSNAP over three years, for the costed CRF.</p>	<p>Identify gaps in funding for implementation of the MSNAP-CRF. Publish an advocacy paper on the funding gaps (based on CRF costing) to deliver the MSNAP, including both donor and domestic resources.</p> <p>Prepare a budget analysis (commitment of domestic and external resources) and mapping of the budget cycle; identify allies and messages; plan those activities and materials; and monitoring and evaluation and present that as a budgetary advocacy plan. Support mobilisation of the resources for implementation of the MSNAP.</p>	<p>Advocacy paper</p> <p>Budget advocacy plan</p>	<p>MOPIC, National SUN Steering Committee</p>	<p>Advocacy paper developed and disseminated</p> <p>Budget advocacy plan developed and implemented</p>
<p>Multi-sector funding allocations are aligned with priority actions listed in MSNAP, at central and decentralised levels.</p>	<p>Based on the budget analysis conducted under 4.1, map out key steps and actors in the budgetary process at central and decentralised levels.</p> <p>Reach out to and organise dialogues with decision-makers in the MOF and members of the budgetary committee of Parliament about the need to expand the resources for nutrition.</p> <p>Reach out and organise dialogues with members of the governorate plan and budget committee and local councils to request specific allocations for nutrition, as per the CRF.</p>	<p>One-pager summarising the process and the amounts/trends</p> <p>National SUN Steering Committee meetings</p> <p>SUN Yemen bulletin</p> <p>Facts and figures, summary of MSNAP</p>	<p>MOPIC, National SUN Steering Committee</p> <p>CSOs</p>	<p># members of Parliament budgetary committee reached</p> <p># people reached and briefed</p>

Strategy for the Yemen Multisectoral Nutrition Action Plan

Expected Change	Action(s)	Materials	Lead (s)	Means of Verification
<p>Year donor funding is secured, harmonised and aligned with the priorities of MSNAP/CRF, including humanitarian and development funding.</p>	<p>Based on the budget analysis of the funding situation against priorities to improve nutrition, draft an investment case detailing the economic impact of malnutrition as well as a high-impact, cost-effective package of interventions and the return on investment.</p> <p>Organise a donor roundtable to ensure commitment to funding of the MSNAP (as described under 1.3).</p>	<p>As per 1.3</p>	<p>MOPIC, SUN Donor Network, SUN United Nations Network, OCHA</p>	<p>As per 1.3</p> <p>Donor roundtable held</p>
<p>GOY executive budget proposal is comprehensive and covers all sectors and teams involved in delivering the MSNAP.</p>	<p>Issue a call to action for the executive branch to meet its commitment to address nutrition as a national priority—with an adequate budget.</p> <p>Build relationships with budgetary committee members of Parliament and provide a briefing on the key points of the MSNAP; encourage them to consider the MSNAP priority actions during the budgetary review.</p> <p>Pitch stories/narratives to the media on the GOY commitment to deliver the MSNAP (at strategic points of the budgetary process).</p>	<p>Call to action</p> <p>Briefing materials: summary of MSNAP, key facts and figures, required budget</p>	<p>MOPIC, SUN Yemen Steering Committee</p> <p>CSOs, NGOs</p>	<p>Call to action released and shared</p> <p># briefings held</p> <p># stories published</p>

Strategy for the Yemen Multisectoral Nutrition Action Plan

Expected Change	Action(s)	Materials	Lead (s)	Means of Verification
<p>Budgetary process is transparent, with the sharing key moments with Parliament (budget, budget presentation and audit reports).</p> <p>Media is monitoring budgetary process and analysing whether the budget allocations are in line with GOY commitments to the MSNAP.</p>	<p>Organise a capacity training on budgetary advocacy for CSOs and NGOs to understand and influence the budgetary process at each step (which decisions are made by whom at which point).</p> <p>As part of the media training under 5.2, detail the budgetary procedure, key moments and actors, and what to look for.</p>	<p>Budget advocacy training material</p> <p>Module on budgetary procedure</p>	<p>CSOs, NGOs, media</p> <p>Media, supported by the SUN CSO Network</p>	<p># training sessions held</p>
<p>Accountability is increased, Parliament able to hold public hearings on the budget and the Central Bank, and the Central Bank Organization for Control and Auditing (the top audit institution) having proper communication channels of communication with the public.</p>	<p>Covered as part of above-mentioned training for CSOs and NGOs.</p>	<p>Same as above</p>	<p>CSOs, NGOs, media</p>	<p># training sessions held</p>

Abbreviations: CRF, Common Results Framework; CSO, civil society organisation; GOY, government of Yemen; MOF, Ministry of Finance; MOPIC, Ministry of Planning and Economic Cooperation; MSNAP, Multisectoral Nutrition Action Plan; NGO, nongovernmental organisation; OCHA, United Nations Office for the Coordination of Humanitarian Affairs; Scaling Up Nutrition.

Strategy for the Yemen Multisectoral Nutrition Action Plan

3. Create accountability and generate demand for nutrition services.

Expected Change	Action(s)	Materials	Lead(s)	Means of Verification
<p>networks (in particular, advocates for health, education, youth and children's rights, women's rights, etc.) empowered and mobilised national and subnational level to (a) raise community awareness about existing preventive and curative nutrition and health services and (b) hold service providers accountable for the delivery of services.</p>	<p>Organise a series of trainings for CSOs and NGOs to build their capacity to mobilise populations, in particular women, to demand nutrition-related services.</p> <p>Provide ongoing coaching/resources for MSNAP advocacy to CSO and NGO networks.</p> <p>Organise an advocacy meeting bringing together advocates in related sectors to build a coalition for nutrition and see how nutrition could be integrated into their portfolio.</p> <p>Organise follow-up meetings to discuss observations from the field, exchange lessons, ensure a mutual learning, identify opportunities and improve planning and strengthen its implementation.</p>	<p>Training modules</p> <p>Common work plan</p>	<p>SUN CSO Network</p> <p>SUN Yemen media network (foreseen to be established as one of the SUN CSO Alliances)</p>	<p># training sessions held types (roles) of people trained</p> <p># CSOs reached</p>
<p>Media reporting on nutrition issues increased and accurate, and underlying causes of malnutrition.</p>	<p>Organise a series of trainings for a pool of journalists on the multisectoral approach to nutrition to enable them to develop awareness flashes, television and radio programmes and social media content</p> <p>Establish contacts between journalists trained on nutrition and reliable sources on all aspects of nutrition, across sectors.</p>	<p>Training material on developing content, template for media content, facts and figures, quotes, sound bites and images, fact sheets, contacts list</p>	<p>MOI, Ministry of Culture will support efforts where possible</p>	<p># journalists trained</p> <p># female journalists trained</p>
<p>Media content dedicated to raising awareness on nutrition issues, good nutrition practices, healthy lifestyle, and 'empowering populations' on practices, is produced regularly available.</p>	<p>Organise a meeting with media editors and producers to raise interest in and understanding of nutrition issues and support the creation of nutrition-dedicated radio, television and social media content.</p>		<p>MOI, SUN CSO Network</p>	<p># media houses interested in developing content on nutrition</p>

Strategy for the Yemen Multisectoral Nutrition Action Plan

Expected Change	Action(s)	Materials	Lead(s)	Means of Verification
<p>community health workers are trained (a) in nutrition messaging and social and behaviour change communication techniques, incorporate them into their work within their communities; (b) to provide services promoting best nutrition practices, especially IYCF practices, in particular breastfeeding; and (c) to provide services promoting food hygiene and safety practices.</p>	<p>Hold a series of trainings on SBCC communication techniques as part of pre-service training for all new community health workers recruited.</p> <p>Set up a phone line and free text messages to share updates/reminders and answers to frequently asked questions from community health workers.</p>	<p>Training materials</p>	<p>MOPHP, with support from UNICEF, WFP, international NGOs; Ministry of Culture will support efforts where possible</p>	<p># training sessions organised</p> <p># women community health workers trained</p>

CSO, civil society organisation; MOI, Ministry of Information; MOPHP, Ministry of Public Health and Population; MSNAP, Multisectoral Nutrition Action Plan; NGO, non-governmental organisation; SBCC, social and behaviour change communication; SUN, Scaling Up Nutrition; UNICEF, United Nations Population Fund; WFP, World Food Programme

and way forward.

Expected Change	Actions	Materials	Lead	Means of Verification
<p>Advocacy action plan is costed as the budget required for implementation</p>	<p>Review the action plan and estimate the required budget, identify additional budget required (in addition to the budget already allocated to advocacy in the CRF).</p> <p>Prepare budget proposals and seek funding for actions not yet covered by the CRF.</p>		SUN Secretariat	<p>Plan highlighting the funding gap for advocacy available from the SUN Secretariat</p> <p>Funding requests prepared and submitted to finance or discussed with partners</p>
<p>Multisectoral social and behaviour change communication (SBCC) strategy is under implementation</p>	<p>Review the existing nutrition related SBCC strategies and plan (e.g. the health sectors, SBCC for nutrition). Identify areas not yet well covered, in particular with relevance to a change in nutrition-sensitive sectors.</p> <p>Prepare a road map for the development of a multisectoral SBCC strategy for nutrition.</p>		SUN Secretariat, with support of the MOPHP and its partners	SBCC strategy developed

: CRF, Common Results Framework; MOPHP, Ministry of Public Health and Population; SBCC, social and behaviour change communication; SUN, Scaling Up Nutrition

Strategy for the Yemen Multisectoral Nutrition Action Plan