Yemen Nutrition Cluster
Integrated Famine Prevention Package: Yemen country actions

Global Nutrition Cluster Annual Meeting
10-12th October, 2017
Geneva, Switzerland
Cluster structure

• Co-led by UNICEF and MoPHP
• Dedicated NCC and IMO at national level
• Double hatting NCCs and IMOs at subnational level
• UNICEF is taking their responsibility as a CLA seriously
• Hired Roving Nutrition Coordinator to support three hubs + National NCC
• Currently: hiring additional Nutrition Specialist + NCC capacity for Aden and Hodeidhah
Context

- Escalating conflict since March 2015, over 2M IDPs
- Estimated 20.7M (of 27.4M) people in need of humanitarian assistance
- Estimated 17M people (60% of population) food insecure (10.2 M IPC Phase 3, 6.8M people IPC Phase 4)
- Economic status of 78% of HH worse than in pre-crisis period
- High levels of chronic and acute malnutrition (0.4M SAM, 1.8M MAM and 1.1M PLW)
- 14.5M people need support to meet basic WASH needs
- 14.8M people require assistance to ensure adequate access to healthcare and only 45% of health facilities functional (from 16 governorates surveyed)
- Cholera with more than 750,000 suspected cases
Nutrition priorities

1. **NUTRITION OBJECTIVE 1**
   - Deliver quality, life-saving interventions for acutely malnourished girls and boys and pregnant or lactating women.
   - Relates to SO1 & 2

2. **NUTRITION OBJECTIVE 2**
   - Contribute to prevention of malnutrition by enhancing BSFP, micronutrient support, de-worming and IYCF.
   - Relates to SO1 & 2

3. **NUTRITION OBJECTIVE 3**
   - Strengthen capacity of relevant authorities and local partners to ensure effective, decentralized nutrition response.
   - Relates to SO3

4. **NUTRITION OBJECTIVE 4**
   - Ensure a predictable, timely and effective nutrition response through needs analysis, monitoring and coordination.
   - Relates to SO4

- Clear shift towards integrated programming in 2017, following the IPC and risk of famine discussions.
Integrated programming before Rome meeting

- Integrated response began in-country **prior to Rome meeting**
- Initially **Nutrition Cluster and Food Security and Agriculture (FSAC) Cluster** led process (prioritisation of locations at high risk of famine + minimum response package)
Joint prioritization of famine prevention locations
Country buy-in

- Post Rome, brought **WASH and Health Clusters** on board
- Did not use Rome action plan - perceived as developed by 2 CCs, not 4 clusters
- Instead discussed suggested way forward with 4 CCs and 4 SAGs
- **Advocacy** from the meeting supported to ensure management and HCT buy in (Call for action, letter from ERC)
Country action plan

- **Joint assessment** methodology (SMART based)
- **Joint** IPC and Nutrition **Analysis**
- **Expand minimum response package** to 4 clusters (Nutrition, FS, WASH, Health)
- **YHRP revision**, including joint HNO and HRP chapters and joint monitoring framework
- Advocacy for **joint funding** (CHF 1st and 2nd standard allocations, to bilateral donors)
- Advocacy for **joint response** (UNICEF/WFP scaling up, NGOs)
Progress

- **Led** by Nutrition Cluster
- Way forward **agreed** upon
- **Adaptation** of the guideline and standard SMART questionnaire completed
- **Joint chapter** in the HNO (and HRP) in progress
- October 2017: **joint 4 SAGs meeting**
  - Agree on the joint needs analysis
  - Develop joint minimum package of interventions
  - Agree on implementation modalities
- **Commitment** for **joint funding** secured
Progress to date

Yemen Nutrition Cluster overview of need, targets and response

Need | Targeted | Reached
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SAM 385,842 | 323,197 | 146,186
MAM 1,779,222 | 1,067,533 | 185,884
AM PLW 1,072,721 | 643,632 | 117,820
IYCF 2,258,800 | 1,355,280 | 443,195
MNPs 934,755 | 560,853 | 205,147
Challenges

- Lack of recent mortality data
- Lack of district/level nutrition, WASH, health data
- Challenges with nutrition information collection
- Challenges in standardisation of baseline population among clusters
- Challenges with access
- Health facilities on the verge of collapse
- Non-payment salaries to the HWs
- Cholera outbreak diverted attention
- Cluster-specific partners with no capacity for joint programming
- Somehow disregard to nutrition-only priorities
Context & lessons learned

- The process should be **country-led**
- Availability of **information for joint planning** is lacking
- Global clusters engagement in **high level advocacy** is needed to ensure management commitment
- Constant **sensitisation of partners** on joint response needed
- Need to explore how to develop **capacity of partners** to expand programmes to other technical areas
Next steps

- Scaling up SMART assessments
- Joint IPC and Nutrition Analysis
- Operationalisation of the joint response package at the sub-national level
- YHRP revision
- Continuing advocacy for joint funding, planning and response
Global asks

- Facilitation of the inter-cluster workshop on the joint programming (4 clusters)
- Reflection of GNC partners on their capacity for joint 4-clusters programming
- Support (technical and HR) for INGOs and UN agencies, monitoring