

Strengthening the Humanitarian- Development Nexus for Nutrition in Yemen

An analysis of nutrition programming and the enabling environment

June 2020

About MQSUN+

MQSUN+ aims to provide the UK Department for International Development (DFID) with technical services to improve the quality of nutrition-specific and nutrition-sensitive programmes. The project is resourced by a consortium of five leading nonstate organisations working on nutrition. PATH leads the consortium.

The group is committed to:

- Expanding the evidence base on the causes of undernutrition.
- Enhancing skills and capacity to support scaling up of nutrition-specific and nutrition-sensitive programmes.
- Providing the best guidance available to support programme design, implementation, monitoring and evaluation.
- Increasing innovation in nutrition programmes.
- Knowledge-sharing to ensure lessons are learnt across DFID and beyond.

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About this publication

The Emergency Nutrition Network produced this report through the MQSUN+ programme, as a case study examining how to strengthen the humanitarian-development nexus to support the reduction of wasting and other forms of malnutrition.

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Abbreviations

BSFP	Blanket Supplementary Feeding Programme
CERF	Central Emergency Response Fund
CMAM	Community-based Management of Acute Malnutrition
DFID	UK Department for International Development
ECHO	European Civil Protection and Humanitarian Aid Operations
ENN	Emergency Nutrition Network
EU	European Union
GNC	Global Nutrition Cluster
HCT	Humanitarian Country Team
HDN	Humanitarian-Development Nexus
HDP	Humanitarian-Development-Peace
HRP	Humanitarian Response Plan
ICCM	Inter-Cluster Coordination Mechanism
IFRR	Integrated Famine Risk Reduction
IHS	Information Handling Services
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MOPIC	Minister of Planning and International Cooperation
MQSUN+	Maximising the Quality of Scaling Up Nutrition Plus
OCHA	Office for the Coordination of Humanitarian Affairs
OMT	Operations Management Team
PMT	Programme Management Team
RRM	Rapid Response Mechanism
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goal
SMT	Security Management Team
SUN	Scaling Up Nutrition
UN	United Nations
UNCG	United Nations Communications Group
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Fund
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WB	World Bank
WFP	World Food Program
WHO	World Health Organization
YHRP	Yemen Humanitarian Response Plan

Executive Summary

This case study on how to strengthen the nutritional impact of humanitarian and development assistance in Yemen offers an overview of the political, economic, humanitarian and nutrition context and explores wider efforts to strengthen the humanitarian-development nexus (HDN), before describing and analysing nutrition programmes in the country.

Even before the 2015 outbreak of widespread conflict, Yemen was experiencing extreme and protracted poverty and humanitarian needs. The country is now divided into two main areas of control: the north, largely controlled by Houthi rebels, and the south, run by the internationally recognised government. The economy has shrunk massively, resulting in decreased public service delivery capacity across sectors. As a consequence, Yemen is experiencing the largest humanitarian crisis in the world. In 2019, the United Nations (UN) estimated that 24.1 million people—80 percent of the population—were in need of humanitarian assistance, of which 10 million were one step away from starvation. As of 2018, more than 3 million people—including 2 million children—were acutely malnourished. Yemen has the world's second-highest level of stunted children under 5 years of age, with the conflict reversing previous improvements, increasing 1.7 percent between 2016 and 2018.

The request for humanitarian funding has increased annually, from US\$1.8 billion in 2016 to US\$4.2 billion in 2019. About 15 percent of the request is for activities aimed at building the population's resilience and strengthening public institutions, although these interventions have tended to be underfunded. In 2017, the UN developed a strategic framework to capture more developmental interventions that were not included in the Humanitarian Response Plans (HRPs). Development resources have accounted for approximately 26 percent of all international assistance allocated to Yemen since 2015 (US\$4.5 billion out of a total of US\$17 billion). During 2019, the UN has been developing a plan to improve humanitarian-development coherence and effectiveness with a key aim of scaling up longer-term assistance to mitigate underlying risks and vulnerabilities.

Since the start of the conflict, there have been concerted efforts to implement a range of activities to treat acute malnutrition and address the underlying causes, including through longer-term programmes beyond the HRPs. Collectively, humanitarian and development programmes have contributed to urgent needs being met, famine being prevented and key national institutions being able to continue operating. However, needs continue to outstrip the available capacities and resources, and levels of acute malnutrition and stunting remain extremely high.

Two key factors limit potential to reduce rates and risk of undernutrition: coordination and financing. Coordination between humanitarian and development actors is inadequate, partly as a consequence of the capacity of the national Scaling Up Nutrition (SUN) secretariat in Yemen and the reticence of some humanitarian actors to work with it. Whilst some donors have led the way in providing longer-term financing to address underlying causes of undernutrition, especially in more stable parts of the country, there is still strong political risk aversion to providing this type of assistance.

Nutrition stakeholders need to leverage the high-level commitment being demonstrated by the UN, World Bank and many other partners to strengthen the HDN and ensure that addressing all forms of undernutrition is a priority in both development and humanitarian plans. They need to join with others in building the case being made for multiyear, flexible financing to address underlying risks and vulnerabilities, as well as meeting humanitarian needs; and they need to agree on a common position and approach on the role of engagement with the national SUN secretariat in Yemen.

Introduction

Overview

This paper presents a country case study on Yemen undertaken as part of a wider assignment, led by the Emergency Nutrition Network (ENN) and funded by the United Kingdom Department for International Development (DFID) through the Maximising Quality of Scaling Up Nutrition Plus (MQSUN+) project, reviewing how the HDN can be strengthened to accelerate progress in reducing undernutrition in contexts of protracted fragility. To make such recommendations, it analyses factors enabling and hindering good practice, such as nutrition policies, plans, frameworks, funding modalities and institutional architecture. This analysis considers the key characteristics of protracted crises and a conceptual framework and theory of change prepared under this assignment (**Annex 1**).

The aim is to describe and analyse nutrition programming in Yemen, including how it has evolved since the outbreak of conflict in 2015. The purpose is to identify and share examples of good practice and make suggestions on how the HDN for nutrition in Yemen can be strengthened. The intended audience is those involved in the design, financing, implementation and monitoring of multisectoral, multi-stakeholder nutrition programmes in contexts of protracted fragility. Key amongst them are the coordinators of and participants in national nutrition coordination mechanisms, including nutrition clusters and multi-stakeholder platforms, such as those being promoted by the SUN Movement (SUN Movement, 2016).

Informed by the desk review framing the analysis (MQSUN+ & ENN, 2019), a literature review and key informant interviews—see **Annex 2** for a list of organisations consulted—this paper is structured around the following:

- Situation analysis.
- The HDN in Yemen.
- Nutrition programming and the enabling environment.
- Conclusions and ways forward.

What is good practice in contexts of protracted fragility?

The desk review identified key principles of good practice in promoting nutrition securityⁱ in contexts of protracted fragilityⁱⁱ (Error! Reference source not found.). These elements are used as a basis for analysing nutrition practices in Yemen.

Box 1. Principles of good practice in nutrition programming and the enabling environment in contexts of protracted fragility.

Principles of good practice for multisectoral, multi-stakeholder nutrition programmes:

- Collective outcomes (i.e. promoting nutrition security in relation to all forms of undernutrition).
- Multiyear, multisectoral interventions converging on the same at-risk populations commensurate with needs and collectively (1) treating undernutrition and meeting immediate chronic food and nutrition needs; (2) preventing undernutrition by addressing underlying risks and vulnerabilities; and (3) preparing for and scaling up in response to shocks and hazards.
- Coherent division of responsibilities between implementers based on political economy analysis and comparative advantages, implemented through national sectoral programmes where possible and supported by national and international emergency systems only when necessary.
- Programme priorities and ways of working which vary according to geographical differences within individual states affected by protracted fragility.

Principles of good practice for the enabling environment for nutrition:

- Strong implementation capacities.
- Coherent, evidence-based development and humanitarian policies and plans that are aligned with collective outcomes.
- Coordination and accountability mechanisms that bring humanitarian and development actors together for joint analysis, planning, reviews of progress and impact and course corrections.
- Multiyear, predictable, flexible financing.
- Information systems that assess needs, monitor risks and vulnerabilities, provide early warning and monitor progress and impact.

Good practice varies both between and within contexts of protracted fragility. There is no ‘one size fits all’ approach even within one context. Where political authorities are contributing to undernutrition through human rights violations, as is the case in Yemen, the objectives of nutrition programming (i.e. nutrition security) should remain the same. It is also necessary to aim for a comprehensive approach to both prevent and treat undernutrition, including scaling up in response to shocks. However, the ‘who’ and the ‘how’ of programming, as well as benchmarks of success, may be quite different in these contexts, calling on international nutrition actors to be much more operational, planning over multiple years and working in adherence with humanitarian principles.

ⁱ Nutrition security exists when all people have adequate nutritional status which is sustained over time, even in the face of man-made and natural hazards such as conflict, political instability, displacement, disease outbreaks, floods, droughts, etc. The concept of nutrition security is particularly relevant in contexts of fragility where people’s nutritional status is vulnerable to threats. Attention needs to be given not only to reducing malnutrition but also to ensuring that adequate nutrition is sustainable (MQSUN+ & ENN, 2019).

ⁱⁱ Contexts for the term ‘protracted fragility’ are situations in which a high proportion of the population is at high risk of death, disease and loss of livelihoods over a prolonged period of time (Harmer & Macrae, 2004). The term is used synonymously with ‘protracted crises’ in this paper.

Situation Analysis

This section provides a brief overview of how the political, economic, humanitarian and nutrition situations have evolved since the start of the conflict in 2015. It provides a basis for understanding and analysing humanitarian and development responses in general and to nutrition in particular.

Prior to the conflict

Even before the onset of the current crisis, poverty in Yemen was more prevalent and more severe than in other countries in the Middle East and North Africa. This low-middle-income country of 30 million people ranked as follows: 153rd on the Human Development Index, 138th in extreme poverty, 147th in life expectancy and 172nd in educational attainment (UNDP, 2019a). Projections suggest that Yemen would not have achieved any of the 2030 Sustainable Development Goals even in the absence of conflict (Moyer, Bohl, Hanna, Mapes, & Rafa, 2019).

Political situation

As part of the Arab Awakening, Yemen experienced a major political change in 2011, resulting in significant political and civil unrest and increasing humanitarian needs. Since the 2015 insurgency in the north led to the outbreak of major conflict, Yemen has been in a state of turmoil.

Currently, the country is divided into two main areas of control (**Figure 1**). The north is largely controlled by Houthi rebels, with their main base in Sanaa, who champions Yemen's Zaidi Muslim minority and are believed to be backed by Shia Iran. The south is nominally governed by the internationally recognised government led by Abd-rabbuh Mansour Hadi, who was forced to flee abroad in March 2015. The government is supported by a Saudi-led coalition (and eight other mostly Sunni Arab states) which receives logistical and intelligence support from the United States, United Kingdom and France. Hadi's government has established a temporary home in Aden, but it struggles to provide basic services and security, and the president remains in exile. Parallel authority has led to administrative bifurcation, including two separate branches of the Central Bank (International Crisis Group, 2019).

Figure 1. Areas of political control in Yemen, adapted from HIS Conflict Monitor.



Source: (IHS Conflict Monitor, 2019)

Abbreviation: IHS, Information Handling Services.

In the south, a separatist movement—supported by the United Arab Emirates (also a member of the Saudi-led coalition) and known as the Southern Transitional Council—accuses the Hadi government of corruption and mismanagement. In August 2019, the separatists seized control of the city of Aden from government forces. In November, a power-sharing deal intended to end months of infighting was signed between the government and the separatists. The situation has been further complicated by al-Qaeda in the Arabian Peninsula’s and the local affiliate of the rival Islamic State group’s having taken advantage of the chaos by seizing territory in the south and carrying out deadly attacks, notably in Aden (International Crisis Group, 2019).

The conflict is much more complex than a battle between the north and south. Rather, it ‘resembles a region of ministates at varying degrees of war with one another—beset by a complex range of internal politics and conflicts—more than a single state engaged in a binary conflict’ (Salisbury, 2017). The conflict is characterised by subnational, national and regional dimensions and roots in long-standing tribal, geographic and sectarian divisions; deep socioeconomic inequalities and political exclusion; and competition over scarce natural resources, such as water and petrol. These factors pose obstacles to peace negotiations and make the trajectory of peace, eventual political settlement and transition uncertain and contingent on a deep-rooted ‘re-visioning’ of the nature of the Yemeni state and its relation to its citizens (UNDP, 2019b).

Economic situation

According to a 2019 study assessing the impact of war on development in Yemen, the conflict has already set back human development by 21 years (Moyer et al., 2019). The economy has shrunk massively, resulting in decreased spending across all sectors. In April 2017, the World Bank (WB) estimated that Yemen’s gross domestic product had cumulatively contracted by about 40 percent since 2015 (World Bank, 2017). Waves of currency depreciations in 2018 and 2019 created inflationary pressures which have exacerbated the humanitarian crisis and disruptions to public infrastructure and financial services which severely affected private-sector activity.

More than 40 percent of Yemeni households are estimated to have lost their primary source of income and, consequently, find it difficult to buy even a minimum amount of food (World Bank, 2019c). Poverty affected almost half the population before the crisis and now affects an estimated 71 to 78 percent of Yemenis. Women are more severely affected than men (World Bank, 2019c).

Access to basic services has been severely impacted, and state wages in many sectors have gone unpaid for extended periods of time. The conflict has led to increased unemployment, disruptions in production input supplies, higher prices, decreases in agricultural production and reduced access to essential services, such as water and health services. These, in turn, have led to increased levels of poverty, food insecurity and malnutrition (MQSUN+, 2018).

Humanitarian situation

The UN Office for the Coordination of Humanitarian Affairs (OCHA) has had an HRP in place in Yemen since 2010, with an associated active funding appeal and cluster system, including a Nutrition Clusterⁱⁱⁱ.

Yemen is currently experiencing the largest humanitarian crisis in the world (Yemen OCHA, 2019b). The war has displaced more than 3.3 million people, including 685,000 who have fled fighting along the west coast since June 2018. The UN says at least 7,025 civilians have been killed and 11,140 injured in the fighting since March 2015, with 65 percent of the deaths attributed to Saudi-led coalition airstrikes (UN News, 2019). International groups believe the death toll is far higher. Thousands more have died from preventable causes, including malnutrition.

In 2019, the UN estimated that 24.1 million people—80 percent of the population—were ‘at risk’ of hunger and disease, of which roughly 14.3 million were in acute need of assistance (Yemen OCHA, 2019b). An estimated 17.8 million people were without safe water and sanitation, and with only half of the country’s 3,500 medical facilities fully functioning, 19.7 million people were without adequate healthcare. Consequently, medics have struggled to deal with the largest cholera outbreak in history, with 1.49 million suspected cases and 2,960 related deaths since April 2017 (WHO, 2019).

Yemen is the second-largest recipient of humanitarian assistance in the world, second only to Syria. In 2018, Yemen received US\$2.58 billion in humanitarian aid. However, the amount of funding provided has been consistently lower than the requirement, according to HRPs. For example, in 2018 Yemen received 83 percent of the requested amount of US\$3.11 billion (Yemen OCHA, 2019b).

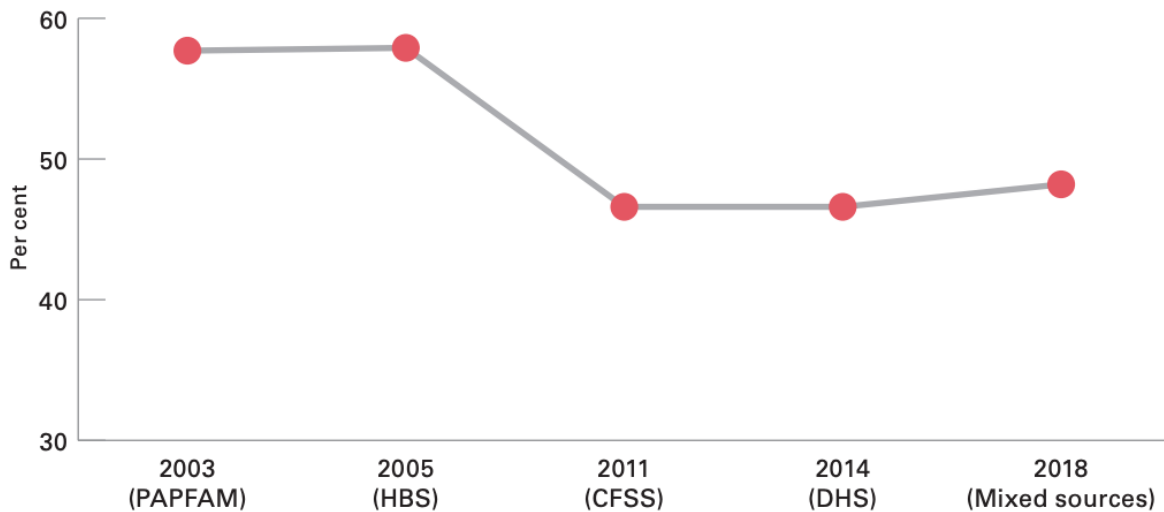
Nutrition situation and trends

The conflict has exacerbated an already extremely dire situation, as the nutrition scenario was extremely poor before the onset of the current crisis in 2015. Yemen has the second-highest prevalence of stunted children under 5 years of age in the world. Whilst stunting decreased nationally from 58 percent in 2003 to 47 percent in 2013—the last year for which nationally representative data were available—this is significantly greater than the developing-country average of 25 percent (Global Nutrition Report, 2019). Estimates since 2015 suggest that the conflict has

ⁱⁱⁱ For more on the cluster approach [see here](#)

reversed the gains made (**Figure 2**), with stunting increasing 1.7 percent between 2016 and 2018 (GNC, WFP, WHO, 2018).

Figure 2. Trends in stunting in Yemen 2003–2018. (GNC, WFP, WHO, 2018)



Source: (GNC, WFP, WHO, 2018).

Abbreviations: GNC, Global Nutrition Cluster; WFP, World Food Program; WHO, World Health Organization.

The 2013 estimate (16.4 percent) of wasting amongst children under five years of age (CU5) was higher than any other national estimate produced since 2003 and greater than the developing country average of 8.9 percent (Global Nutrition Report, 2019). As of 2018, more than 3 million people—including 2 million children—were acutely malnourished (Yemen OCHA, 2019b). Save the Children estimated that 85,000 children with severe acute malnutrition (SAM) may have died between April 2015 and October 2018 (Save the Children, 2018). In Yemen, acute malnutrition contributes directly and indirectly to almost half of the deaths amongst CU5 (GNC, WFP, WHO, 2018).

Yemen's adult population also face a malnutrition burden. Since 1997, there has been no improvement in the nutritional status of women of child-bearing age, and almost 25 percent of women are malnourished (low Body Mass Index), and 70 percent are anaemic. In terms of chronic disease, 13 percent of adult men and 10 percent of women are diabetic, and 12 percent of men and 22 percent of women are obese (Global Nutrition Report, 2019).

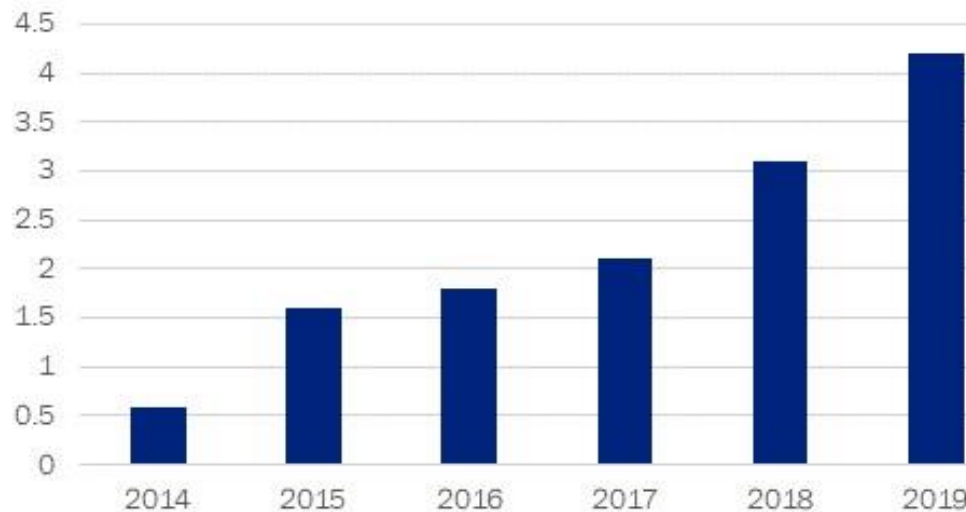
The Humanitarian-Development Nexus in Yemen

This section explores the overall humanitarian and development response to the conflict in Yemen since 2015 in the context of historically high levels of poverty and fragility in the country. Efforts to reduce undernutrition are inextricably linked to wider humanitarian and development efforts, given the multifaceted and multicausal nature of the problem.

Humanitarian Response Plans

Following the start of the conflict in 2015, most donors and implementing agencies suspended their ongoing development programmes. Whilst there had been humanitarian appeals and programmes in Yemen since as far back as 2008, the outbreak of conflict saw a major increase in the request for humanitarian funding—from US\$592 million in 2014 to US\$1.6 billion for the period between April and December 2015, including for the Refugee and Migrant Response. The request for funding of HRPs has increased annually since then: in 2016, US\$1.8 billion; in 2017, US\$2.1 billion; in 2018, US\$3.11 billion; and in 2019, US\$4.2 billion (Figure 3).

Figure 3. Humanitarian Response Plan funding requests (USD billions). (OCHA, 2019)



Source: OCHA, 2019c.

Abbreviations: OCHA, Office for the Coordination of Humanitarian Affairs; USD, United States dollar.

Even before the conflict, HRPs contained strategic objectives to increase resilience and reduce the need for humanitarian assistance, as well as improve access to services, resources and protection (OCHA, 2015). All HRPs since 2015 also include strengthening of local institutions.

The 2019 HRP includes a strategic focus on resilience measures to complement life-saving assistance, with a focus on enhancing livelihoods and preserving vital national social service institutions and delivery mechanisms. Of the US\$4.2 billion foreseen in the HRP, US\$640 million is allocated towards these objectives. The plan states that partners will be ‘working across the humanitarian and development nexus to address the drivers of food insecurity [...] partners are adding a major livelihoods component to the HRP designed to boost household incomes. Partners working across the nexus, including through WB-funded programmes, are committed to expanding the social protection floor’ (Yemen OCHA, 2019b).

A key strategic objective of the HRP is preserving the capacity of public-sector institutions to deliver life-saving basic services by rehabilitating public infrastructure, providing key inputs and helping to cover priority operational costs. Progress is monitored by tracking the percentage of humanitarian assistance provided through public-sector institutions.

In theory, actions to build more resilient livelihoods and strengthen public institutions should help prevent malnutrition. However, such activities in HRPs have been underfunded even though many actors consider livelihood programmes to be less expensive than food aid (consultations, **Annex 2**).

UN Strategic Framework 2017–2019

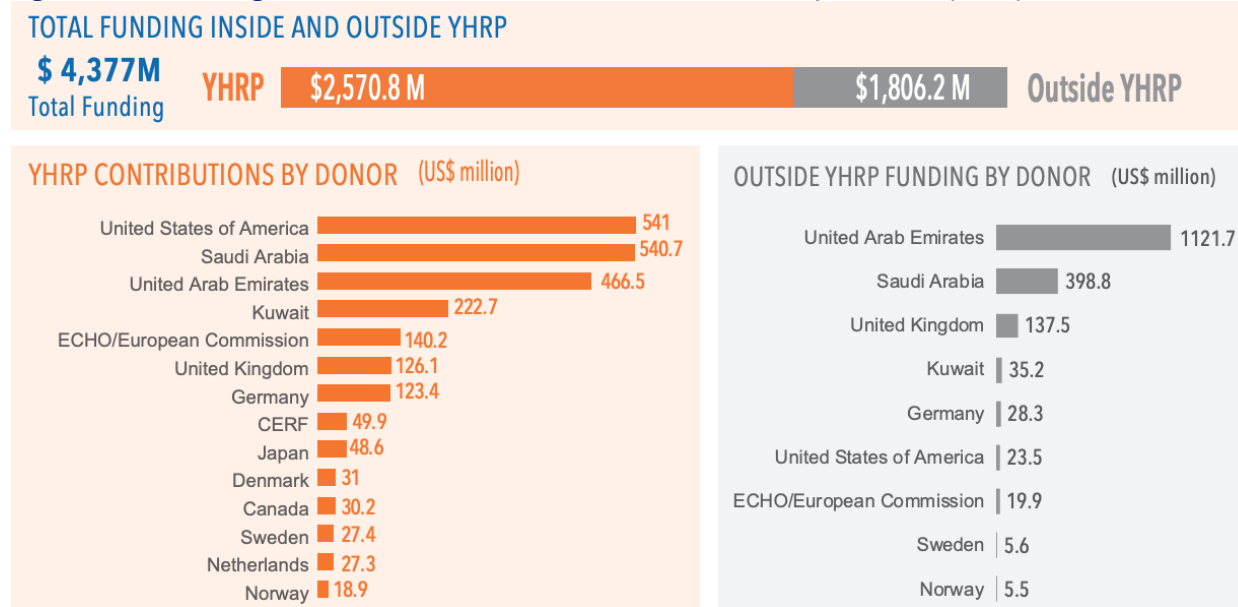
The need for a dual humanitarian-development approach in Yemen has been recognised from the start of the conflict. In October 2015, the Consultative Meeting for Yemen held in Larnaca concluded that ‘humanitarian assistance is critical, but it is not the only need. Yemen requires a broader approach that allows for support for people to cope and build resilience to recover from the crisis’ (UN, EU, 2015).

The UN Country Team developed a UN Strategic Framework for Yemen 2017-2019 (UN, 2017) in the absence of a UN Development Assistance Framework. The Strategic Framework is meant to be an ‘umbrella’ for existing and potential interventions that are not captured by the HRPs. Its activities are aimed at strengthening and sustaining institutional systems and community resilience with the focus of enhancing the impact of humanitarian response and building a stronger foundation for sustainable solutions to the crisis when possible. It intends to serve as a programmatic bridge between the HRP and future recovery and postcrisis programming.

Development resources accounted for approximately 26 percent of all international assistance allocated to Yemen since 2015 (US\$4.5 of \$17 billion).^{iv} Out of these, US\$1.8 billion was channelled through the WB (OECD, 2018). **Figure 4** shows the total funding provided by donors inside and outside the HRP during 2018 and the contributions of the top donors; US\$2,570.80 (59 percent of funds) was provided through the HRP, whereas US\$1,806.20 (41 percent) was provided outside of it (OCHA, 2018).

^{iv} The figure for development assistance to Yemen is not exhaustive and reflects known contributions from the WB, United Arab Emirates, EU, US Agency for International Development and Germany. The actual figure is undoubtedly higher if other international donors are taken into account.

Figure 4. Total funding inside and outside the Yemen Humanitarian Response Plan (YHRP) in 2018.



Source: (OCHA, 2018).

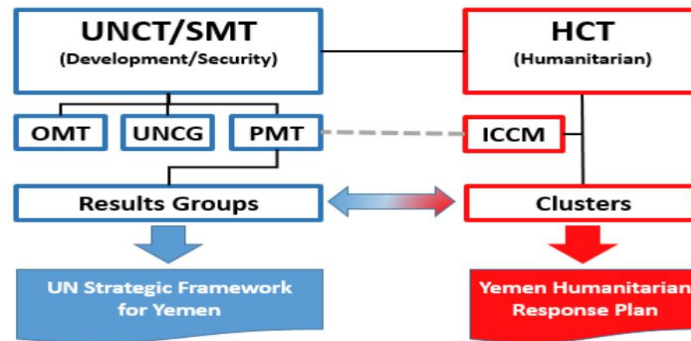
Abbreviations: CERF, Central Emergency Response Fund; ECHO, European Civil Protection and Humanitarian Aid Operations; OCHA, Office for the Coordination of Humanitarian Affairs.

The WB has been the largest provider of developmental assistance during the conflict. It currently has a US\$1.36 billion portfolio and is the only international actor that has programmatic coverage in all 333 districts. The WB is purposely aiming to provide support at the ‘frontier of the humanitarian-development nexus’, as described in its 2020-2021 Yemen Country Engagement Strategy, and ‘to reanimate a call to the international community to increase the share of developmental assistance to take Yemen forward, rather than to hold the country in a humanitarian aid equilibrium’(World Bank, 2019b). It adapted its conventional working arrangement, which it had utilised prior to the outbreak of war. Standard project supervision by the WB has been replaced with an operational partnership with the UN under which the WB contributes financing as well as technical and operational expertise, and UN agencies carry out on-the-ground project implementation in coordination with national institutions and supervise project implementation.

Institutional arrangements

The relationship between the UN Strategic Framework and Humanitarian System and associated coordination mechanisms is described in **Figure 5**. In 2017 when the Strategic Framework was developed, it was recognised that there would need to be close collaboration between structures that coordinate existing humanitarian operations (clusters) and the ‘humanitarian plus’ activities under the Strategic Framework. However, the structure was not defined at that time. It was proposed that the Programme Management Team and Inter-Cluster Coordination Mechanism members meet on a quarterly basis. This was particularly important as some of the existing initiatives under the humanitarian programmes covered some of the ‘humanitarian plus’ activities, and vice versa.

Figure 5. UN institutional arrangements.



Source: (UN, 2017).

Abbreviations: HCT, Humanitarian Country Team; ICCM, Inter-Cluster Coordination Mechanism; OMT, Operations Management Team; PMT, Programme Management Team; SMT, Security Management Team; UN, United Nations; UNCG, United Nations Communications Group; UNCT, United Nations Country Team.

Current plans to strengthen the humanitarian-development-peace nexus

During 2019, the UN has been developing a plan to improve humanitarian-development coherence and effectiveness. The aim has been to start implementing the approach from January 2020. The following have been identified as collective goals:

- Strengthened delivery of assistance and mitigated underlying risks and vulnerabilities.
- Strengthened service delivery systems at the local level.
- Support for peacebuilding and transition with a focus on governance and state-building, security, rule of law, protection and economic recovery.

Figure 6 illustrates how humanitarian, development and peacebuilding actions are potentially contributing to the collective outcomes identified above.

Figure 6. Strategic areas of focus for converging humanitarian, development and peace efforts. (UNDP, 2019b)

	Meet needs and reduce vulnerability	Strengthen socioeconomic systems and institutions as foundations for recovery	Support post-conflict transition, recovery and transformational change (SDGs)
Humanitarian	Life-saving assistance to address critical needs	Enhance & scale up delivery of assistance through local and national institutions; prioritize HDP delivery in areas of highest vulnerability/need	Humanitarian assistance linked to progress in peacebuilding (e.g. returns, increased access) and support for marginalized populations
Development	Strengthen HH/community coping mechanisms; enhance livelihoods and social protection; strengthen local service delivery	National institutional & systems capacity development; strengthen private sector & value chain development; sustainable employment; infrastructure rehabilitation; local governance strengthening	Governance and state-building reforms, SSR/RoL/DDR, human rights, development 'peace dividends' and CBMs; macro-economic stabilization, economic growth and reconstruction, SDG reforms
Peacebuilding	Conflict sensitivity, access issues and policy measures to enable delivery & address conflict-related drivers of vulnerability	Macro-economic stabilization measures; national institutional priorities; support for conflict resolution mechanisms.	Support an inclusive, just and comprehensive peace settlement and transition process that addresses core governance, social and economic priorities for long-term development and peace.

Source: UNDP, 2019b.

Abbreviations: SDG, Sustainable Development Goal; UNDP, United Nations Development Programme.

Institutional arrangements have been agreed to bring together the full range of humanitarian-development-peace (HDP) actors and promote a coordinated and coherent approach. These include the establishment of a Leadership Forum at the Head of Agency level, a Task Force at the Deputy Head of Agency level and a Technical Unit. The preparation of the 2020 HRP and a new UN Integrated Transition Framework provide opportunities for identifying how HDP actions can be better aligned and coordinated to facilitate programmatic and operational coherence across the HDP nexus (UNDP, 2019b).

The need for a more strategic approach to financing has been identified in order to enhance targeting, coherence, predictability and flexibility—particularly in relation to funds provided outside the HRP framework (UNDP, 2019b). The HDP nexus plan proposes two building blocks: (1) a comprehensive funding strategy encompassing requirements for collective outcomes—subsets of the HRP and the development and peace plans and (2) a financing platform (coordination structure) for strategic dialogue on financing, including choice of funding instruments and modalities.

Nutrition Programming and the Enabling Environment

In this section, following a brief history of nutrition programming and a description of some of the main nutrition programmes in Yemen, the coherence of the humanitarian-development response to undernutrition is analysed, and key factors influencing the coherence and effectiveness of nutrition programmes are identified.

A brief history of evolutions in the nutrition environment

Key informants reported that, prior to Yemen joining the SUN Movement in 2012, there was very little awareness of the need for a multisectoral approach to nutrition despite the efforts of nutrition staff in UN agencies and nongovernmental organisations. Malnutrition was primarily considered to be a health issue, with the Ministry of Health leading nutrition programming.

Joining the SUN Movement led to the adoption of a multisectoral approach, and the Minister of Planning and International Cooperation (MOPIC) was appointed as the SUN Government Focal Point. A national SUN secretariat in Yemen was established in MOPIC. That same year, the prime minister issued a decree which advised line ministries to address nutrition as a priority in their respective plans. A High Council for Food Security, chaired by the prime minister, was established and supported by a multisectoral National SUN Steering Committee. The Steering Committee included representatives from MOPIC and from the Ministries of Health, Agriculture, Fisheries, Water and Sanitation and Education. It also included donors and representatives from UN agencies, civil society, academia and the private sector.

A national Multi-sectoral Nutrition Action Plan (2015-2019) was developed and endorsed by a ministerial committee in 2014. An operational plan was then prepared to implement the sectoral programmes. The Action Plan included budget estimates for each sector. Before the current crisis, the government made strong policy commitments to increase multisector budget allocations for nutrition, including an increase in spending on human resources for nutrition by 10 to 20 percent.

However, the outbreak of conflict in 2015 stopped the development and implementation of the plan, as there was no leadership (MQSUN+, 2018). The conflict led to a large reduction in the domestic public financing of nutrition services at the same time as an increase in undernutrition rates. Many donors also initially suspended their nutrition programmes.

Despite this, the Nutrition Cluster was established at the national level, with five subnational clusters at the zonal level in Hodeidah, Ibb, Aden, Sa'ada and Sanaa. The Cluster is co-led by the Ministry of Public Health and Population (MOPHP) and United Nations Children's Fund (UNICEF) and consists of 37 partners. A Strategic Advisory Group provides directions to the Cluster, whilst several technical groups and ad hoc task forces have been established to support partners in different technical areas.

Since the escalation of conflict in 2015, the majority of nutrition programming has been implemented under the HRP. However, major nutrition-related programmes outside of the HRP have been supported by DFID, the European Union (EU), WB and others.

In 2018, recognising the need to address both wasting and stunting through scaling up both preventative and curative services and strengthening local capacities, the Global Nutrition Cluster, World Food Program, World Health Organization (WHO) and UNICEF issued a joint Call to Action at the UN General Assembly. Commitments were made to support authorities in Yemen over the subsequent three years to achieve the following targets:

- Reduce wasting to pre-crisis levels in all governorates and in the long term aim for rates below the serious threshold of 10 percent in each of the 22 governorates.
- Reverse stunting prevalence to pre-crisis levels and in the long-term aim for a national 1 percent annual rate of reduction.

A Steering Committee comprising representatives of the Call to Action was established to take stock on annual progress and provide recommendations and a design for the next phase after the three years are completed.

The multisectoral nutrition plan is currently being revised, and a common results framework is being produced by the national SUN secretariat with the support of MQSUN+. The aim is to finalise these and initiate resource mobilisation in 2020.

An overview of nutrition programmes

During this case study, it was not possible to differentiate between nutrition programmes that are implemented under the HRP and those that fall outside of it. However, the majority of nutrition programming has been implemented under and financed through the HRP.

Programmes to treat wasting and address immediate causes of undernutrition

A comprehensive package of nutrition-specific interventions was developed by the Nutrition Cluster in 2015. The package includes all the components of a community-based management of acute malnutrition (CMAM) programme, infant and young child feeding (IYCF) counselling and micronutrient supplementation (through blanket supplementary feeding or multiple micronutrient powders). However, due to limited financing, the focus has been mainly on the treatment of acute malnutrition, with activities to address immediate causes (such as IYCF, blanket supplementary feeding and micronutrient supplementation) only being scaled up more recently.

There has been a massive scale-up of services to treat malnutrition. CMAM programmes are now available in 325 of 333 districts, with moderate acute malnutrition (MAM) treatment in 56 percent and SAM treatment available in 79 percent of health facilities. Over 2.5 years, moderate acute malnutrition (MAM) services increased from 607 to 2,590 targeted supplementary feeding programme sites, and SAM services, from 2,364 to 3,501, with treatment to address SAM with complications increasing from 38 to 62 therapeutic feeding centres. Major efforts have also been made to reduce defaulter and increase cure rates; for example, 78 percent of children under 5 years of age with MAM and 77 percent of those with SAM were cured in 2017, which was an 11 percent and 6 percent increase, respectively, since 2015 (Global Nutrition Cluster, 2018).

Likewise, IYCF interventions are being scaled up—available in 901 health facilities—focusing on providing skilled counselling to mothers and children. The number of women receiving IYCF counselling services almost doubled between 2015 and 2017, from 445,351 to 867,853, and increased further to 1,046,604 in the first eight months of 2018 (Global Nutrition Cluster, 2018). The case study did not find data on the effectiveness of these interventions.

Humanitarian partners managed one of the largest, fastest and most difficult scale-ups of food assistance. The number of people provided with food and livelihood assistance each month in 2018 increased from 5.9 million to 7.5 million, a 27 percent increase. As a result, the food and nutrition situation has improved in more than half of the 107 districts at risk for famine, and as of the end of 2019, one-fifth were no longer at risk (Yemen OCHA, 2019b).

The WB has partnered with UNICEF to implement a US\$448.58 million Emergency Cash Transfer programme which has nutrition objectives. It is partially financed through the WB's Crisis Response

Window, with co-financing from DFID through the Yemen Emergency Multi-Donor Trust Fund. The project provides cash transfers to beneficiaries in all districts. By early 2019, the programme had reached 1.45 million poor and vulnerable households (9 million individuals), with five payment cycles of emergency cash transfers carried out nationwide and the sixth payment planned for October 2019. Post-distribution monitoring found that 91 percent of beneficiaries used cash transfers to purchase food. Women comprise around 45 percent of the direct recipients (World Bank, 2019c).

Furthermore, OCHA reports that the response to displacement has improved with the establishment of a Rapid Response Mechanism (RRM) to assist people in the immediate aftermath of a crisis. An RRM for newly displaced families was introduced in 2018 in response to escalation of hostilities in Al Hudaydah. Some 680,000 newly displaced people received emergency assistance within days—and sometimes within hours—of their displacement, following its launch (Yemen OCHA, 2019a).

Programmes to address the underlying causes and prevent undernutrition

According to OCHA millions of destitute families benefited from direct livelihoods support, including agricultural, livestock and fisheries assistance to improve their livelihoods. Food Security Cluster partners reached a total of 2.26 million people, and 160,000 people were provided with longer-term livelihoods support. Similarly, Emergency Employment and Community Rehabilitation Cluster partners reached a total of 331,912 people, with emergency employment opportunities in 102 districts in 19 governorates. This represents a 14 percent increase from 2017, when 290,000 people were reached by the cluster (Yemen OCHA, 2019a).

OCHA also reported that millions of people were reached with safe drinking water and sanitation support thanks to the considerable scale up of water, sanitation and hygiene (WASH) service provision and Rapid Response Teams. WASH Cluster partners reached an estimated 11.5 million people compared with 8.9 million in 2017, representing a 29 percent increase in people reached. WASH Cluster partners also addressed increasing emergency needs, including the cholera epidemic, displacement and the risk of famine, as well as sustaining essential infrastructure. This involved restoring and repairing water and sanitation systems, such as water treatment units and sewage disposal sites (Yemen OCHA, 2019a).

To support livelihood opportunities in partnership with the United Nations Development Programme (UNDP) and key local institutions, namely the Social Fund for Development and the Public Works Project, the WB's US\$400 million International Development Association Grant supports a cash-for-work and community-based investment programme. The project has reached over 367,000 direct beneficiaries of wage employment; 3.52 million people have received access to community services (such as water, irrigation and better roads) and carried out 9.15 million workdays. Over 296,000 mothers and children have received nutrition services. Nine microfinance institutions were supported and over 3,000 microenterprises revived (World Bank, 2019c).

To provide essential health and nutrition services, the Emergency Health and Nutrition Project, in partnership with UNICEF and WHO, has assisted 15 million people in all governorates. About 2 million people have gained access to improved water sources and 2 million to improved sanitation, and over 2 million people in districts at high risk of cholera have received the oral cholera vaccine. Nearly 7 million women and children have received nutrition services, and 7.4 million children have been immunised. Over 20,000 health personnel have been trained and 3,550 health facilities supported with equipment and medical/nonmedical supplies. About 200 health facilities

that were not functioning before 2017 are now functional, with Emergency Health and Nutrition Project support (World Bank, 2019c).

To restore services in urban areas, the WB has partnered with the UN Office for Project Services and local institutions in conflict-affected cities, acting through the Integrated Urban Services Delivery Project to provide more than 700,000 beneficiaries with access to critical services. The project will eventually support 1.4 million Yemenis, create 1.5 million days of employment and 400 km of urban roads and generate an estimated 60,000 megawatt-hours of energy.

Yemen Integrated Famine Risk Reduction strategy: Converging multisectoral programmes on the same highly vulnerable populations

The Nutrition, WASH, Food Security and Health Clusters have established multi-cluster coordination with all four clusters prioritising the same districts at high risk of famine. Guidance for the implementation of an Integrated Famine Risk Reduction (IFRR) strategy (**Box 2**) was developed by the four clusters and is being piloted to address both immediate and underlying causes of malnutrition (Yemen Humanitarian Clusters, 2018).

Box 2. Yemen Integrated Famine Risk Reduction (IFRR) Strategy.

Objective: Prevent famine and mitigate hunger by increasing access to food and other life-saving supplies and services, increasing purchasing power and advocating for measures that bring economic stability.

Indicators: Percentage of targeted households with Food Consumption Score of >42 (target 60 percent); percentage of global acute malnutrition (wasting) amongst CU5.

The strategy focuses on immediate scale up and expansion of an integrated minimum package of activities:

- Distributing food, cash or vouchers for six consecutive months/rounds to the same household.
- Distributing conditional and season-specific Cash for Work / Cash for Asset programmes to rehabilitate community infrastructure and assets.
- Scaling up services to identify and treat SAM and MAM through outreach and CMAM, focusing on outpatient treatment of SAM, therapeutic feeding for SAM with complications and a supplementary feeding programme for MAM for CU5 and PLW and health services, increase screening and referral.
- Scaling up malnutrition preventive interventions amongst CU5 and PLW through community-based management, blanket supplementary feeding programmes and delivery of a minimum health service package.
- Improving access to health services, including immunisation, communicable disease prevention and control, the Minimum Initial Service Package for reproductive health and inpatient care for SAM.
- Improving access to safe drinking water, adequate sanitation and key hygiene items and ensuring safe water and hygiene practices through cash and in-kind to reduce related morbidities and mortality.
- Increasing household purchasing power; expanding cash modalities to stimulate local demand and markets; subsidising basic commodities (food, hygiene items, etc.); scaling up income-generating activities (e.g. Cash for Work/Assets), incentives and daily subsistence allowances for caregivers.
- Providing operational support to services and institutions, including critical repairs to health, nutrition, water, and sanitation services.

The initial scale-up will be in the 45 districts classified as Integrated Phase Classification 5; however, the IFRR response jointly is targeting 94 districts. The strategy is a joint initiative of four clusters (Food Security, WASH, Nutrition and Health), in collaboration with OCHA and donors.

Analysis of nutrition response

Since the start of the conflict in 2015, there have been concerted efforts in Yemen to implement a broad range of programmes to (1) treat acute malnutrition and meet immediate food and nutrition needs, (2) address the underlying causes of different forms of undernutrition and (3) prepare for and scale up in response to acute crises. This combined approach appears to have positive results. The 2019 HRP (Yemen OCHA, 2019b) identifies a number of key achievements that stand out in terms of impact, scale and efficiency, including:

- Of the 107 districts facing extreme food insecurity at the beginning of last year, 45 are no longer pre-famine as a result of the massive, synchronised and very rapid scale-up of all forms of humanitarian aid achieved during 2018.
- Food security partners have successfully managed one of the largest, fastest and most difficult scale-ups of assistance, increasing the number of people reached each month with food assistance from 3 million to an astonishing 10 million by the first month of 2019.
- Nutrition partners, working through public institutions, have helped to cure a higher percentage of children suffering from SAM than in any comparable operation globally (Yemen OCHA, 2019b).

According to UNDP, the combined humanitarian and development responses in Yemen since 2015 have contributed significantly to ensuring that most urgent needs are met, whilst also preventing the occurrence of famine and mitigating the outbreak of diseases such as cholera. Moreover, this combined response has enabled core national institutions to continue operating, provided channels for the delivery of international humanitarian assistance and ensured delivery of critical services in the areas of social protection, education, health and nutrition. This has helped safeguard vital human capital, build resilience to conflict-related and other shocks and maintain essential national capacities—essential for the country’s eventual recovery. However, UNDP also argues the following: ‘More needs to be done in terms of improving the alignment and harmonisation of humanitarian and development assistance at individual, household and community levels; enhancing the effectiveness and sustainability of resilience-oriented interventions; and more effectively leveraging and expanding development resources to mitigate vulnerability at scale’ (UNDP, 2019b). **Figure 7** highlights various activities supported by the Yemen Nutrition Cluster.

Figure 7. Reach and coverage of nutrition cluster interventions, Jan–Oct 2019.

Activity	Progress	Target	Need
288,341 Children treated for severe acute malnutrition Without Complication	108%	268,116	297,906
15,718 Children treated for severe acute malnutrition with Complication	88%	17,874	29,791
483,608 Children treated for moderate acute malnutrition	62%	781,565	1,209,529
461,440 Pregnant or Lactating Women treated for acute malnutrition	87%	532,675	950,443
1,380,373 Children received micronutrient supplementation	58%	2,383,359	3,972,265
88,665 Children 6-59 months received Vitamin A supplementation	2%	3,575,039	3,972,265
553,014 Children under 6-24 months at risk of malnutrition reached with BSFP support	96%	573,415	667,266
616,881 Pregnant or Lactating Women at risk of malnutrition reached with BSFP support	104%	593,556	1,009,288
1,632,845 Pregnant or Lactating Women received Iron folate supplementation	259%	630,876	901,251
2,368,438 Mothers/Caregivers received IYCF Counselling	169%	1,401,947	2,002,781

Source: (Yemen Nutrition Cluster, 2019).

Abbreviations: BSFP, blanket supplementary feeding programme; IYCF, infant and young child feeding.

According to key informant interviews, the main limitations of nutrition programmes in Yemen include:

- Inadequate attention is given to the prevention of stunting in both the HRPs and the UN and WB development programmes.^v
- Limited coverage of needs by different types of nutrition programmes.
- Different types of programmes have not been converging on the same populations. The development of the IFRR programme is a welcome response to this.
- Most programmes have been short term due to the predominance of humanitarian funding.
- There is a failure to adequately consider geographical variations in the context. Some key informants expressed frustration at the lack of longer-term financing available for programmes in more stable parts of the country.

For these reasons, despite the unprecedented scale of programmes which aim to address underlying risks and vulnerabilities and strengthen local service delivery systems, rates of acute malnutrition and stunting remain extremely high.

^v The HRPs, UN Strategic Framework and WB Engagement Plan all focus on the problem of wasting, and none of them has reductions in stunting as a target.

One key informant highlighted the consequences of inadequately addressing underlying causes of undernutrition: ‘Children are being discharged from Therapeutic Feeding Centres and returning to households where the economic and caregiving environment has not changed at all. Therefore, they are likely to return to the same nutritional status. This is a waste of donor money’.

Factors enabling and hindering the effectiveness and coherence of nutrition programmes

Overview

There are many factors that influence the effectiveness of international assistance in sustainably reducing and preventing undernutrition in Yemen. The country is an incredibly challenging and complex political and security environment in which to be operating. The quality of nutrition and other types of programmes is severely constrained by the insecurity restricting access to people in need, and there is political interference in the provision of services and implementation of programmes. The risk of escalations in conflict intensity and geographical scope is high. Given the limited presence of agencies in many parts of the country, there are also high risks of misappropriation and/or diversion of funds, fraud and corruption.

Programming is complicated by the consequences of economic collapse. Most ministries are currently working without any budget for programming, thus functioning at a minimal level, with government staff (including health workers) working without payment.

As the WB highlights, ‘Implementation capacity by the current authorities is extremely weak. Lack of accountability and transparency in institutions and widespread capture by vested interest groups have been fracture points precipitating country conflict for decades. The current political, administrative and institutional bifurcation has created further opportunities for corruption and war profiteering’ (World Bank, 2019a).

However, the ways in which international assistance is provided—including the balance and coherence between programmes to meet immediate needs and programmes to reduce risks and vulnerabilities, as well as the time frame for funding commitments—are also critical. The approach of the international community is analysed below in terms of coordination and financing.

Coordination

Whilst there is agreement between implementing agencies on the composition of a comprehensive package of nutrition services, implementation is fragmented. Coordination has been good within and between humanitarian clusters, but coordination between humanitarian and development nutrition actors is considered to be inadequate.

One key informant stated that ‘interventions are scattered. WB-funded projects are doing [the] same thing that partners of the Food Security Cluster are doing sometimes in the same villages with [the] same approach but paying different wages, causing conflict between agencies. Even within agencies, it is challenging to coordinate between livelihoods programmes funded by the WB and those under Early Recovery and Food Security Clusters’. Agencies’ pursuing their own agendas and approaches

rather than contributing to collective priorities and outcomes is recognised by the UN as ‘possibly the most significant risk to the successful implementation of the Strategic Framework’ (UN, 2017).

In theory, the SUN Movement should be the Technical Focal Point for leading and coordinating humanitarian and development nutrition programmes. However, its ability to play this role is constrained by the political divisions in the country and by the attitudes of international agencies. Relationships, communication and understanding between the Yemen SUN secretariat and the Nutrition Cluster in Sanaa appear to be good. The Nutrition Cluster coordinator has been involved in the development of the new Multisectoral Nutrition Action Plan and is supportive of it. Likewise, the national SUN secretariat participates in the Nutrition Cluster meetings.

There is reportedly big variation in the extent of engagement of UN agencies with MOPIC in Sanaa. The national SUN secretariat is frustrated by the lack of engagement. OCHA does not attend SUN meetings. Most organisations do not provide reports on activities to the national SUN secretariat. The SUN secretariat also reports having very limited interaction with donors. Coordination is made challenging by many aid agencies being based outside Yemen. The Sanaa Nutrition Focal Points consider that the national SUN secretariat could be separated from MOPIC in recognition of the reluctance of international agencies to work with the Ministry.

According to the head of the Yemeni SUN secretariat in Sanaa, UNICEF has been pushing for there to be two independent Focal Points, one for the north and one for the south. However, the SUN secretariat coordinator in Sanaa and the Nutrition Focal Point in the Ministry of Health believe that it does not matter whether the Focal Point is based in Sanaa or Aden but that it is vital there should continue to be ‘one Secretariat with one Focal Point’. Reportedly, the counterparts in Aden accept the head of the national SUN secretariat. They believe that ‘on a technical level, SUN needs to continue working’ and that until now Sanaa and Aden have been working well together at the technical level without raising issues to a political level.

Financing

In the first few years of the conflict, there was little appetite for development programming in the country despite the UN Strategic Framework. According to one key informant, ‘In 2016, most donors would not talk about resilience when there were cholera epidemics and high risk of famine’.

As of 2019, there was clear high-level commitment to scaling up development finance and programming in Yemen and for HDP actors to work together to support those most in need. The case is being made loudly and strongly by the WB, UNDP, EU and many other actors who have been instrumental in the shift towards longer-term, developmental investments. In a speech in September 2019 to launch a UNDP report on the impact of conflict in Yemen on the achievement of the Sustainable Development Goals, the UNDP administrator, Achim Steiner, stated that ‘across the UN System, we are increasingly making the case that development is central in all contexts, especially when it comes to addressing fragility and where there are large humanitarian needs—as is the case with Yemen’ (Achim, 2019).

The scale of development financing in the country and the collaboration between humanitarian and development actors are impressive when compared to many other fragile contexts. According to the UNDP, ‘the international community has innovated, combining the world’s largest humanitarian operation with unprecedented levels of development financing in a conflict context to address urgent needs, preserve national institutions and mitigate vulnerability’ (UNDP, 2019b).

There are a few key donors, including the EU, DFID and WB, who are leading the way in providing and advocating for longer-term financing to address underlying causes, as well as responding to humanitarian needs. Many agencies are making the case for investments in livelihoods programming and institution strengthening by emphasising the need to address the drivers of vulnerability and humanitarian need. The WB, in particular, makes a strong case for scaling up development assistance in Yemen in its Country Engagement Strategy: 'Although engagement in Yemen under the current context presents IDA [International Development Association] with multiple risks, results are significant and the risk of inaction is exponentially greater' (World Bank, 2019a). They argue that inaction escalation could escalate humanitarian needs and cause costly and time-consuming reengagement.

However, more donors need to recognise that such programmes implemented through public systems and other local actors are appropriate and feasible in many parts of the country. Many donors are still looking at Yemen as if it were a pure emergency and are highly cautious about providing multiyear investments and supporting local institutions. This risk aversion, combined with increasing demand for humanitarian assistance in other countries (e.g. Syria), reduces the overall availability of development assistance for Yemen as humanitarian needs are prioritised in the region.

Conclusions and Possible Ways Forward

This case study aimed to describe and analyse nutrition programming in Yemen, including how it has evolved since the outbreak of conflict in 2015. The study also analyses the factors enabling and hindering good practice with the purpose of identifying and sharing examples of, and suggesting, how the HDN for nutrition in Yemen can be strengthened.

The scale of programmes to meet food and nutrition needs and to address underlying causes in Yemen is impressive given the highly challenging political and operating environment. There have been concerted efforts not only to treat acute malnutrition but also to reduce underlying causes and build the resilience of households, communities and local systems. The development of the IFRR strategy as a joint initiative of four clusters in order to converge treatment and prevention programmes on the same vulnerable populations is an important step and potential example of good practice in promoting sustainable reductions in undernutrition (i.e. nutrition security).

It is necessary to further scale up developmental assistance and programming, targeting the more secure communities and districts; however, humanitarian and, particularly, development services remain inadequate, fragmented and outstripped by the enormous needs.

There is a need to raise the awareness of donors not yet investing in longer-term, development programmes of the opportunities for such programming in parts of the country less affected by conflict and the opportunities for working with local service providers despite the political situation. The risks of not investing in this are greater than doing so, as argued by UNDP, the WB and others.

The development of the 2020 HRP, the new UN Integrated Transition Framework and the HDP nexus strategy provides critical opportunities for nutritionists to promote multisectoral programmes to prevent and treat all forms of undernutrition as priorities for both humanitarian and development priorities. There is a need to engage with the Leadership Forum and Task Force of the HDP Nexus Initiative and ensure that nutrition expertise is included within the Technical Unit.

It will be critical to raise the awareness of these forums regarding the Multisectoral Nutrition Action Plan and common results framework, in turn informing the development of the Integrated Transition Framework.

There is a need to agree on a common position and approach between international actors regarding the role of and engagement with the national SUN secretariat. Ideally, the secretariat would have oversight of all nutrition programmes in the country, even if it does not have direct control over humanitarian programmes.

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Annex 1: Key Methodology Framing for the Study

Box 3. Key characteristics of protracted crises (Maxwell, Russo, & Alinovi, 2012).

Time duration and magnitude: Many have lasted ≥ 30 years and have extreme food insecurity.

Complexity of drivers: Few protracted crises are traceable to a single acute shock. Conflict is often one cause, but climatic, environmental or economic factors may also be causes. Unsustainable livelihoods are both a consequence and cause of protracted crises.

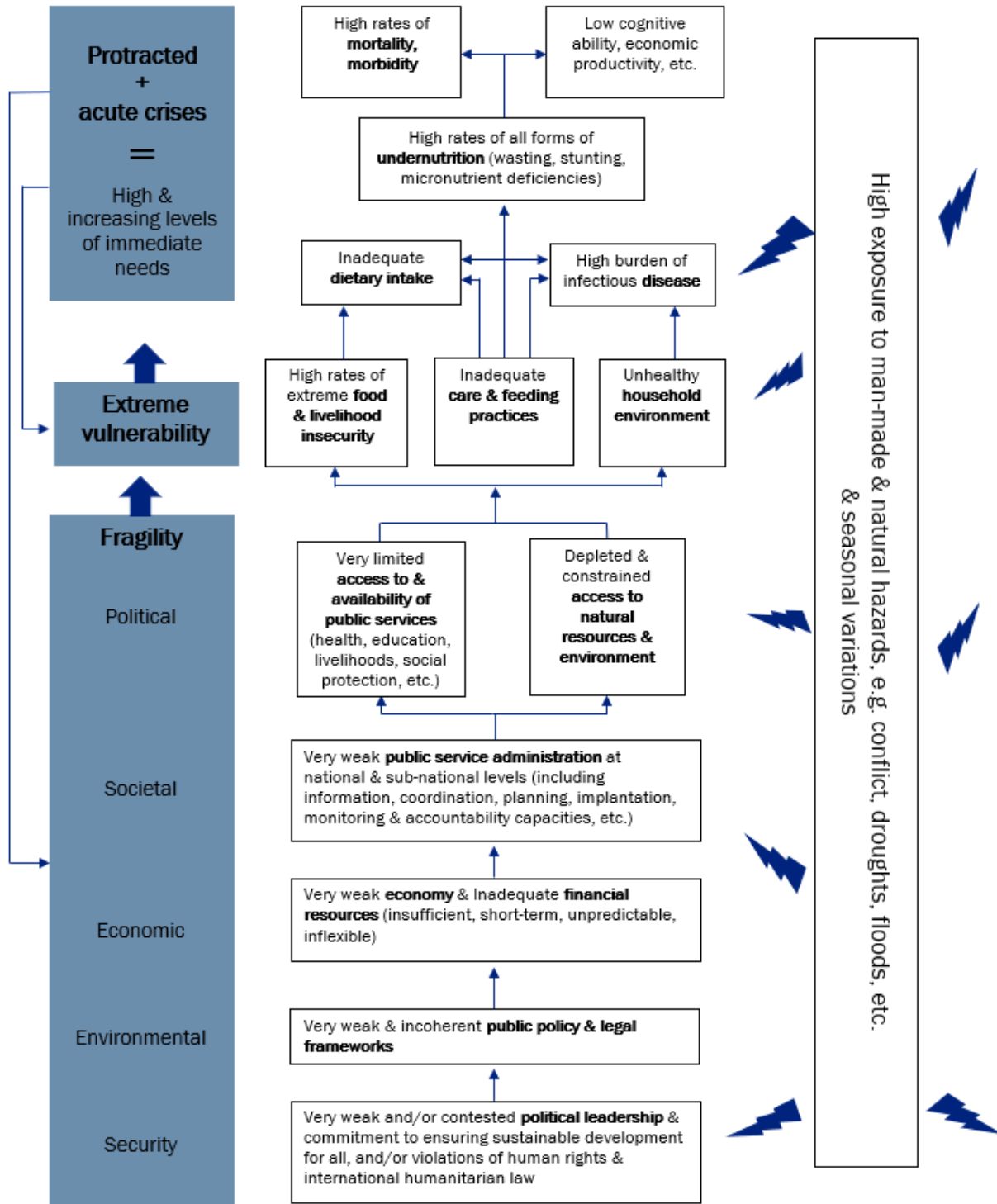
Weak intervention mechanisms: In protracted crisis contexts, development donors are often not willing to make significant investments, and private-sector engagement is often lacking or dominated by informal or illegal economic activities that extract wealth but do little to invest in sustainable improvements—making market-led or technology-driven development extremely difficult to sustain in protracted crises.

Outcomes vs. architecture: Protracted crises remain on the humanitarian agenda (a) because of poor food security or nutritional outcomes and (b) because humanitarian agencies are often the only available vehicle for intervention under the prevailing international assistance architecture.

Political will: Protracted crises often occur in contexts in which states are incapable of providing or unwilling to provide basic services or infrastructure or are predatory towards the population.

Protracted crises—and populations caught in them—fall between standard intervention categories and so are often forgotten.

Conceptual framework of determinants of undernutrition in protracted crises



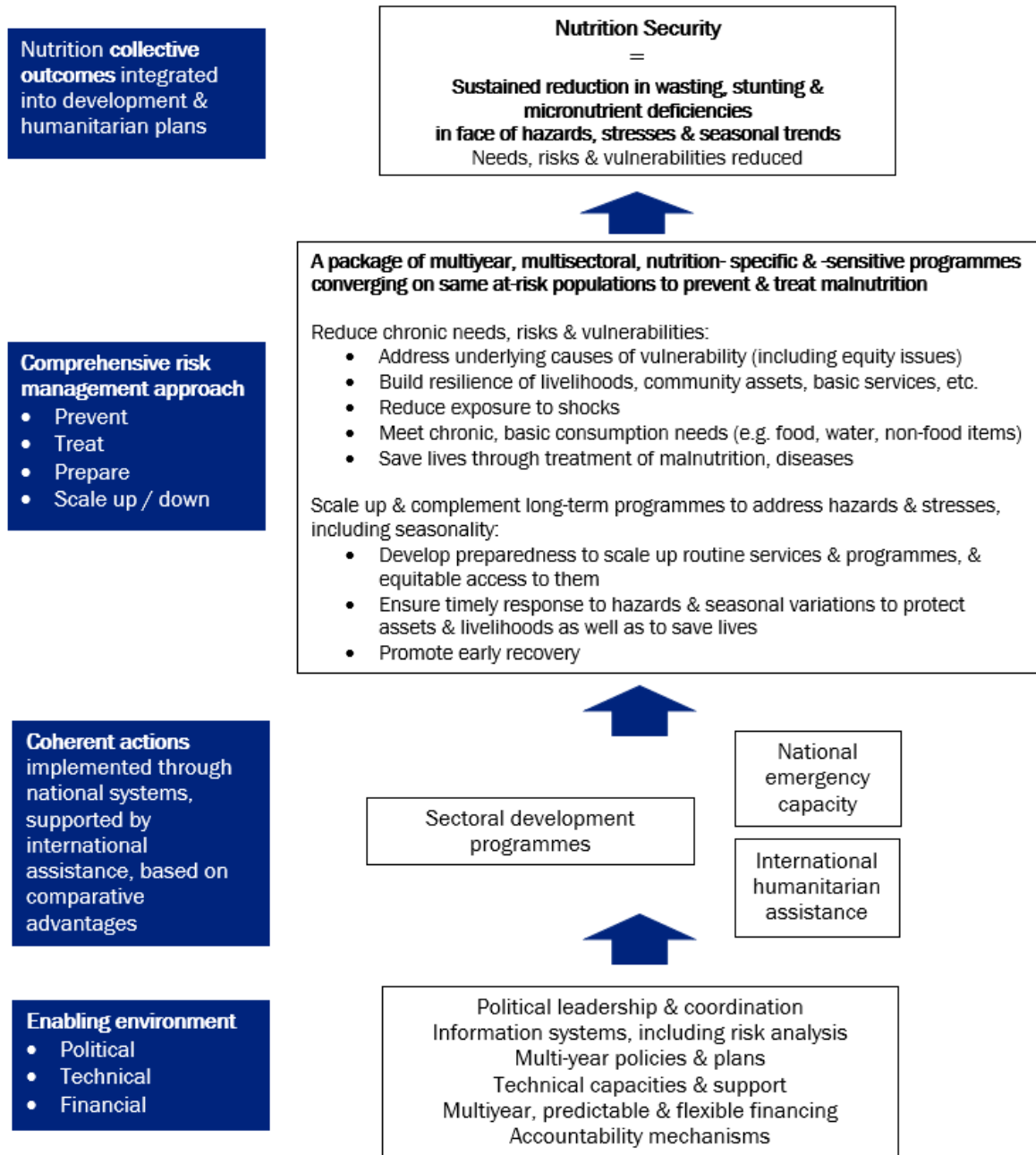
The characteristics of programmes and approaches in contexts of protracted fragility

	Characteristic of contexts	Needed approaches
Protracted crisis	Higher, ongoing prevalence of all forms of undernutrition and disease.	Large scale, longer-term, scalable services to treat all forms of undernutrition.
	Higher levels of protracted, extreme household poverty and food insecurity, i.e. large numbers of people unable to meet their food, income and other basic needs.	Large scale, multiyear social protection programmes, including resource transfers to assist people in accessing food of adequate quality and quantity.
Recurrent acute crises	More frequent and larger-scale acute crises, with increased prevalence of acute malnutrition, micronutrient deficiencies, disease and food insecurity.	Emphasis on emergency preparedness and early response to protect livelihoods, meet basic food and other needs and treat crisis-affected people.
	Higher vulnerability of individuals, households, communities, public services and governance systems to impacts of hazards.	Actions to build resilience and mitigate impacts of hazards on individuals, communities, services, infrastructure and systems, e.g. livelihood diversification.
	Higher incidence of natural / human-made hazards.	Actions to prevent and reduce exposure to hazards.
Fragility	More complex range of basic and underlying causes.	Multisectoral nutrition-sensitive programmes (e.g. universal health coverage, agriculture and livelihoods, WASH) converging on same at-risk populations to address underlying causes and prevent undernutrition.
	Much weaker governance, finance and operational capacities, leading to higher dependence on international assistance.	Actions for enhanced nutrition coordination, planning, implementation and monitoring (national/subnational).
	Lack of political will, violations of human rights and international humanitarian law.	Initiatives to promote adherence to international human rights obligations.

Abbreviation: WASH, water, sanitation and hygiene.

Actions to promote nutrition security must be informed by, and be coherent with, broader principles and processes to reduce needs, risk and vulnerability. Reviewing the growing body of guidance on good practice in achieving this outcome in fragile contexts informed the development of a theory of change (TOC) for promoting nutrition security in contexts of protracted fragility.

Theory of change for nutrition security in protracted crises: reducing needs, risks & vulnerabilities



This TOC takes internationally recognised good practice in *aligning humanitarian and development actions to reduce needs, risks and vulnerabilities* and applies it to efforts to promote nutrition security in contexts of protracted fragility and conflict. It provides a basis for developing strategies and plans for nutrition security in such contexts, as well as for describing and analysing current practices (e.g. in-country case studies).

Annex 2: List of Key Informants / Organisations

Maximising the Quality of Scaling Up Nutrition Plus (MQSUN+) consultant
International Medical Corps
Baraem Foundation for Relief and Development
United Nations' Office for the Coordination of Humanitarian Affairs
Yemen Nutrition Cluster
Building Foundation for Development
World Health Organization Yemen
United Nations Development Programme Yemen
UK Department for International Development
Ministry of Public Health and Population Yemen
Ministry of Planning and International Cooperation
Yemen Scaling Up Nutrition (SUN) Movement Secretariat
SUN Movement Secretariat (global in Geneva)