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Complementary Feeding in Emergencies Programming in Yemen

A Case Study Based on the UNICEF Action Framework for Improving the Diets of Young Children during the Complementary Feeding Period

AUGUST 2023

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- UNICEF Yemen
- Save the Children International/Yemen
- United Nations Office for the Coordination of Humanitarian Affairs (UNOHCA) – Yemen
- ADRA Yemen
- SOUL Yemen

Acronyms

AA	Ansar Allah
ANC	antenatal care
BMS	breastmilk substitutes
BSFP	blanket supplementary feeding program
CF	complementary feeding
CFE	complementary feeding programming in emergencies
CHV	community health volunteers
CHW	community health worker
CMAM	Community-Based Management of Acute Malnutrition
CSO	civil society organization
FSAC	Food Security and Agriculture Cluster
FFS	farmer field schools
GAP	UN Global Action Plan on Wasting for Yemen
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IFE	infant feeding in emergencies
IFRR	Integrated Programming for Famine Risk Reduction
IPC	Integrated Food Security Phase Classification
IYCF	infant and young child feeding
KII	key informant interview
MNP	micronutrient powder
MSNAP	multi-sectoral nutrition action plan
NC	Nutrition Cluster
NGO	nongovernmental organization
OCHA	United Nations Office for Coordination of Humanitarian Affairs
SBC	social and behavior change
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SMEB	survival minimum expenditure basket
SUN	Scaling-Up Nutrition
TOR	terms of reference
TWG	technical working group
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WASH	water, sanitation, and hygiene
WFP	World Food Programme

Executive Summary

Why We Conducted This Case Study

The complementary feeding (CF) period between 6 and 23 months of age, when other foods and liquids are introduced in addition to breastmilk, is a short and critical window for child survival, well-being, and development. Humanitarian crises, in particular, present challenges to good CF practices and, therefore, early and sustained action after the onset of an emergency is critical to support caregivers and children to meet their basic needs and ensure that risks to CF are minimized.

Despite the importance of CF, emergency responses often place inadequate focus on complementary feeding. A *Review of Experiences and Direction on Complementary Feeding in Emergencies*, published by the Emergency Nutrition Network (ENN) and the Infant Feeding in Emergencies (IFE) Core Group in 2020, identified gaps in implementers' knowledge about complementary feeding in emergencies (CFE) interventions as a key barrier to effective CFE programming response.

The 2020 UNICEF report titled *Improving Young Children's Diets during the Complementary Feeding Period* provides an Action Framework to improve the diets of children 6–23 months of age. This report is one of four case studies (other countries documented are Nigeria, Sudan, and Myanmar) that use the Action Framework as a tool to examine the efforts in emergency contexts to support CF. Lessons from this case study provide examples, for both country-level practitioners and global-level decision makers, of program interventions and policies to support complementary feeding in emergencies.

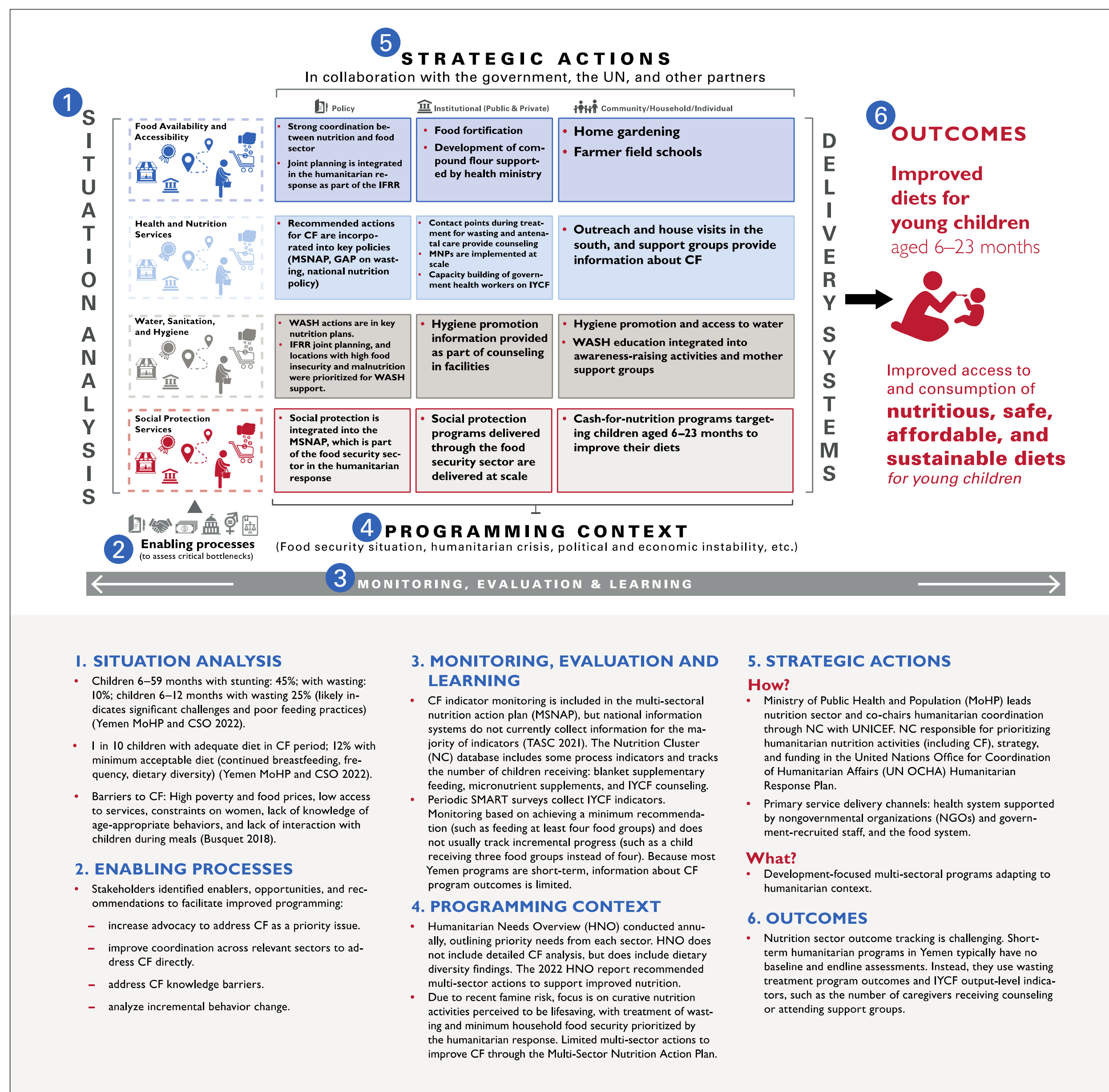
How We Conducted It

This case study documents CF actions and interventions in Yemen between 2017 and 2022, using the UNICEF Action Framework as an organizing tool. We used information from both primary and secondary data sources. We conducted a desk review of available documentation of CF/CFE programming in Yemen, including guidance documents (e.g., policies), job aids, data collection and reporting tools, reports, and evaluations. Then, we conducted interviews with key informants. We undertook a thematic analysis using research questions aligned based on the UNICEF Action Framework. We then summarized the findings according to the Action Framework for this report.

What We Found

Using the template of the Action Framework, we summarized the findings of this case study in the following figure. These are further elaborated in annex L.

CFE Programming Using the UNICEF Action Framework in Yemen



1. SITUATION ANALYSIS

- Children 6–59 months with stunting: 45%; with wasting: 10%; children 6–12 months with wasting 25% (likely indicates significant challenges and poor feeding practices) (Yemen MoHP and CSO 2022).
- 1 in 10 children with adequate diet in CF period; 12% with minimum acceptable diet (continued breastfeeding, frequency, dietary diversity) (Yemen MoHP and CSO 2022).
- Barriers to CF: High poverty and food prices, low access to services, constraints on women, lack of knowledge of age-appropriate behaviors, and lack of interaction with children during meals (Busquet 2018).

2. ENABLING PROCESSES

- Stakeholders identified enablers, opportunities, and recommendations to facilitate improved programming:
  - increase advocacy to address CF as a priority issue.
  - improve coordination across relevant sectors to address CF directly.
  - address CF knowledge barriers.
  - analyze incremental behavior change.

3. MONITORING, EVALUATION AND LEARNING

- CF indicator monitoring is included in the multi-sectoral nutrition action plan (MSNAP), but national information systems do not currently collect information for the majority of indicators (TASC 2021). The Nutrition Cluster (NC) database includes some process indicators and tracks the number of children receiving: blanket supplementary feeding, micronutrient supplements, and IYCF counseling.
- Periodic SMART surveys collect IYCF indicators. Monitoring based on achieving a minimum recommendation (such as feeding at least four food groups) and does not usually track incremental progress (such as a child receiving three food groups instead of four). Because most Yemen programs are short-term, information about CF program outcomes is limited.

4. PROGRAMMING CONTEXT

- Humanitarian Needs Overview (HNO) conducted annually, outlining priority needs from each sector. HNO does not include detailed CF analysis, but does include dietary diversity findings. The 2022 HNO report recommended multi-sector actions to support improved nutrition.
- Due to recent famine risk, focus is on curative nutrition activities perceived to be lifesaving, with treatment of wasting and minimum household food security prioritized by the humanitarian response. Limited multi-sector actions to improve CF through the Multi-Sector Nutrition Action Plan.

5. STRATEGIC ACTIONS

How?

- Ministry of Public Health and Population (MoHP) leads nutrition sector and co-chairs humanitarian coordination through NC with UNICEF. NC responsible for prioritizing humanitarian nutrition activities (including CF), strategy, and funding in the United Nations Office for Coordination of Humanitarian Affairs (UN OCHA) Humanitarian Response Plan.
- Primary service delivery channels: health system supported by nongovernmental organizations (NGOs) and government-recruited staff, and the food system.

What?

- Development-focused multi-sectoral programs adapting to humanitarian context.

6. OUTCOMES

- Nutrition sector outcome tracking is challenging. Short-term humanitarian programs in Yemen typically have no baseline and endline assessments. Instead, they use wasting treatment program outcomes and IYCF output-level indicators, such as the number of caregivers receiving counseling or attending support groups.

1. Introduction

1.1 Background

1.1.1 Importance of the Complementary Feeding Period

The complementary feeding (CF) period between 6–23 months of age is a short and critical window for child survival, well-being, and development. During this time, breastmilk—in addition to a diverse, safe, and adequate diet—is more important than at any other time in a child's life (Bégin and Aguayo 2017; UNICEF 2016). Significant developmental changes take place, children's nutrient needs per kilogram of weight is highest, and risk of infection is high (UNICEF 2021).

To ensure that children meet their nutrient needs and are protected from illness, a set of behaviors is recommended: continued breastfeeding; the introduction of age-appropriate complementary foods at six months of age—including gradually changing and increasing the frequency of meals and snacks—along with adequate diversity, quantity, texture, and consistency of foods that are prepared safely and respond to a child's cues.

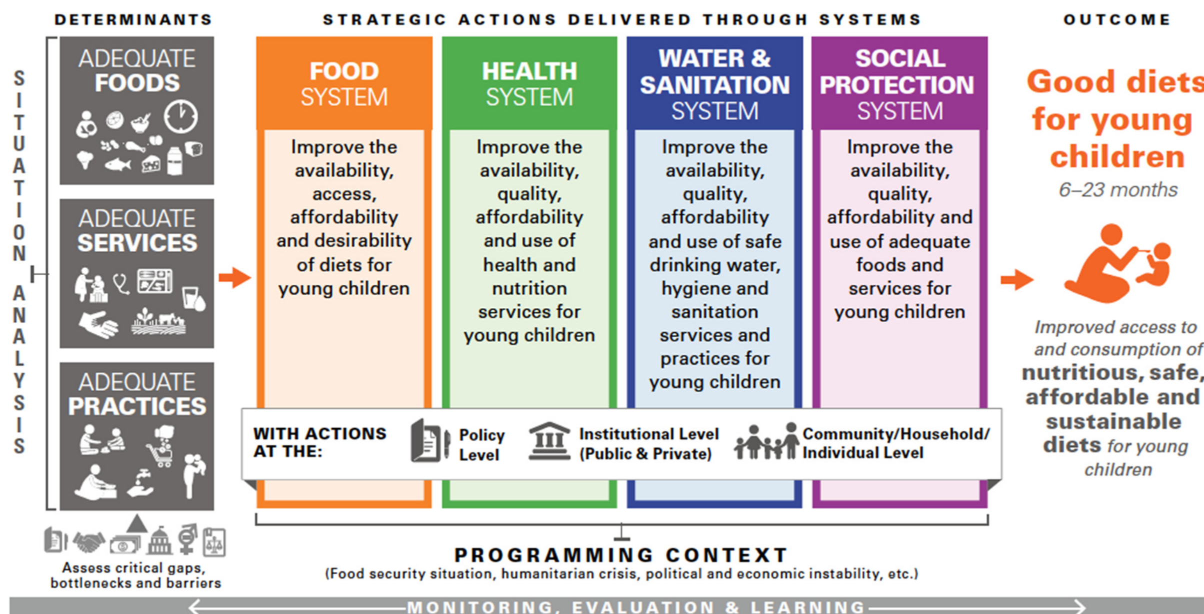
Following these recommendations is complex. Research by the United Nations Children's Fund (UNICEF) published in 2021 found that time constraints and the mental health of the primary care provider, lack of access to and convenience of nutrient-dense foods, and household-level economic barriers can all be significant impediments to achieving adequate CF. In addition, poor-quality processed foods with low nutrition content are increasingly available in many urban and rural communities, and they may be provided instead of more nutritious fresh food due to their long shelf life, cheap price, convenience, and palatability (UNICEF 2021). Furthermore, humanitarian crises exacerbate challenges to adhering to recommended practices. Routines may be disrupted increasing the stress and workload of caregivers; social support structures may break down; and household resources may be stretched resulting in a lack of availability and affordability of nutritious foods.

1.1.2 The UNICEF Action Framework for CF

In 2020, UNICEF launched a programming guidance for CF, *Improving Young Children's Diets During the Complementary Feeding Period* (referred to as the "Action Framework" in this report). It is intended to support global efforts to improve the diets of children aged 6–23 months in all contexts. See figure 1 for more details.

The Action Framework goes beyond previous UNICEF guidance that focused predominantly on household-level actions; it articulates interventions and approaches for improving the availability, accessibility, affordability, and consumption of nutritious and safe complementary foods. Additionally, the Action Framework proposes multi-sectoral interventions to deliver nutrition results for children with an emphasis on strengthening the food, health, water and sanitation, and social protection systems. It also provides guidance on the monitoring and evaluation of CF programs and outcomes (UNICEF 2021).

Figure 1. Action Framework to Improve the Diets of Young Children During the Complementary Feeding Period



Source: UNICEF 2020

1.2 Objectives of the Case Study Documentation

This case study documents CF actions and interventions across the humanitarian–development nexus[1] in Yemen between 2017 and 2022, using the UNICEF Action Framework as an organizing tool. The lessons learned from this case study should provide considerations to both country-level practitioners and global-level decision makers of examples of and how to support CF in emergencies.

1 The nexus refers to "the transition or overlap between the delivery of humanitarian assistance and the provision of long-term development assistance" Strand A (2020) Humanitarian–development nexus. In: de Lauri A (ed) Humanitarianism. Keywords. Brill, Leiden, pp 104–106 https://scholar.google.com/scholar_lookup?title=Humanitarian%E2%80%93development%20nexus&pages=104-106&publication_year=2020&author=Strand%2CA

2. Methodology

2.1 Case Study Design

This case study documents CFE-related programs taking place in Yemen between 2017 and 2022. It maps programs against the Action Framework outlined in the recent UNICEF report, *Improving Young Children's Diets During the Complementary Feeding Period* (UNICEF 2020; ENN and IFE CG 2022). The research questions we sought to answer are in annex A. Broadly, the focus was on understanding the current context for CFE programming, what innovations exist if any, and the outcomes of this type of programming.

The case study uses information from both primary and secondary data sources. We conducted a desk review of available documentation of CF/CFE programming in Yemen, reviewing a total of 43 resources. Relevant documents were found by (a) searching the Humanitarian Response Info website (UN OCHA 2022a) for documents, such as Humanitarian Response Plans (HRPs), assessment reports, and sector strategies; (b) using the Global Nutrition Report country profiles for summaries of key reports and an overview of relevant country policies (Global Nutrition Report n.d.); and (c) searching the websites of coordination groups for national policies. In addition, we asked focal points of the relevant sectors to provide access to coordination group shared folders (if possible) and to provide any relevant documents that were unavailable online or in these folders, including guidance documents (e.g., policies), job aids, data collection and reporting tools, reports, and evaluations. Primary data collection consisted of 17 virtual key informant interviews (KIIs). All interviews were conducted in English and recorded (if participants consented), according to the interview guides in annexes B, C, D and E. The recordings were used to generate the transcripts. KIIs were conducted with government stakeholders and implementing partners directly engaged in planning and implementing CFE approaches, as well those involved in coordinating and implementing programs in relevant sectors (food; health; water, sanitation, and hygiene (WASH); social protection). Key informants were identified in coordination with USAID's Bureau for Humanitarian Assistance and the Nutrition Cluster (NC), and identified via referrals from technical working groups (TWGs) (see table 1). Purposive and snowball sampling were used during interviews to identify other key informants until we had interviewed at least four informants of each type.

Table 1. Sample Size per Informant Category in Yemen

Informant Group	Total
National-level policymakers and United Nations (UN) technical nutrition leads	9
National-level implementers (nongovernmental organizations [NGOs])	4
Sub-national-level staff (from Ministry of Health, United Nations, and NGOs)	4
Total	17

2.2 Analysis

We undertook a thematic analysis based on the research questions. We reviewed the documents and entered relevant information in a matrix one research question at a time. The matrix was organized by the research questions, which reflected the Action Framework. Information from KIIs was also extracted and categorized in the matrix by research questions. The findings were summarized according to the UNICEF Action Framework.

2.3 Ethics and Confidentiality

JSI's Internal Review Board reviewed the case study protocol and deemed it exempt non-human subjects research. Verbal informed consent was obtained from each key informant. All the KIIs were de-identified and kept confidential.

2.4 Limitations

The study team experienced the following limitations

- Travel to Yemen was not possible, so we conducted the interviews remotely.
- Searches online for relevant literature were in English and not in any local language.
- The majority of stakeholders interviewed were employed by international NGOs. One staff member from a local NGO was interviewed.

The findings from this case study align with the four components of the Action Framework (1) programming context, (2) situation analysis, (3) strategic actions delivered through systems, and (4) outcomes.

3. Findings

3.1 Programming Context

3.1.1 Humanitarian Situation Overview

> **Research Question 1:** What is the context of the country and of the relevant emergencies (conflict, natural disaster, etc.)?

Yemen suffers from one of the worst humanitarian crises in the world. Yemen entered a political crisis at the end of 2014 which led to the division of the country under the de facto authority in Sanaa and the Internationally-Recognized Government in Aden. This also led to the division of the government institutions under the two authorities. The conflict has resulted in the destruction of civil infrastructure, devastation of the economy, and high levels of food insecurity (UN OCHA Humanitarian Response Plan 2021).

The country is now divided into areas controlled by the internationally recognized Government of Yemen, based in Aden, and the AA movement, the self-proclaimed government based in Sana'a (United Nations Yemen). Based on 2013 data, an estimated 70 percent of the population lived in the areas controlled by the AA movement (CARE 2022); populations displacements as a result of the conflict have not been formally documented at the national level.

Across the country, poverty has nearly doubled from 47 percent of the population living below the international poverty line in 2014 to an estimated 80 percent in 2020. Since 2020, the economic downturn has worsened due to the COVID-19 pandemic and climatic events, such as heavy rains, floods, and desert locust infestation. According to the United Nations Development Programme (UNDP), the conflict has pushed 15.6 million people into extreme poverty. Yemen has a population of approximately 30.5 million, which is expected to double by 2035 (UN OCHA Humanitarian Needs Overview 2021). Life expectancy at birth is 65 for men and 68 for women (World Bank 2022). Yemen has a young population, with 63 percent of the population under 24 years and a high fertility rate of 3.84 births per woman. The under-five mortality rate is 58 per 1,000 live births, and the maternal mortality rate is 164 per 100,000 live births (World Bank 2022).

In 2021, it was projected that 16.2 million people would face high acute food insecurity (Integrated Food Security Phase Classification [IPC] Level 3 and above) and that nearly 2.3 million children under the age of five, and more than a million pregnant and lactating women, would suffer from wasting (IPC 2021). Food insecurity and malnutrition are the most severe in areas of active conflict or surrounding areas, where humanitarian access is limited by the security situation. Sana'a, Al Hodeidah, Hajjah, and Al Jawf governorates have the highest needs and severity of food insecurity at IPC 4 (emergency) and IPC 5 (famine/catastrophe) (UN OCHA Humanitarian Response Plan 2021). Funding shortfalls in 2022 were expected and would impact humanitarian assistance. In the first half of 2022, food assistance was expected to cover just 50 percent of those in need, with assistance dropping to 25 percent of those in need by June (IPC 2022b). See figure 3 for a map of Yemen.

Figure 2. Map of Yemen

3.1.2 Coordination Mechanisms and Structures

> **Research Question 2:** Who are the key existing stakeholders within the country (mapping of existing stakeholders/actors at the national and organizational levels, coordination mechanism/TWG platforms/fora?
>
> **Research Question 3**: How does the coordination around CFE function within the nutrition sector and other sectors?

3.1.2.a Coordination Mechanisms

Despite the fragmentation of the government in Yemen, humanitarian and development partners operate with plans and coordination mechanisms for the country as a whole. Existing coordination mechanisms with the potential to have an impact on CF are described in annex F.

> "The actions prioritized at country level should be specific [and] costed, and include accountabilities for different stakeholders, including government and partners. This should occur through a consultative process, preferably via national nutrition coordination platforms, such as the Scaling-Up Nutrition (SUN) - Yemen and Nutrition Cluster platforms."
>
> *Improving Young Children's Diets During the Complementary Feeding Period* (UNICEF 2020)

Yemen's nutrition sector is led by the Ministry of Health and Population (MoHP), which co-chairs humanitarian coordination through the NC with UNICEF. The NC is responsible for prioritizing humanitarian nutrition activities (including CF), as well as strategy and funding, in the UN OCHA Humanitarian Response Plan.

Infant and young child feeding (IYCF) TWG. The IYCF TWG operates as a subgroup of the NC. The group's focus is on updating the IYCF guidelines. Specific activities around CF are not included on the terms of reference (TOR) for this group.

The Integrated Programming for Famine Risk Reduction (IFRR). The IFRR is a joint coordination group for the nutrition, food security, and agriculture; health; and WASH clusters to support integrated programming with a focus on districts at the highest risk of famine. The forum aims to support joint assessment, planning, implementation, and monitoring across four sectors relevant to CF.

The Scaling-Up Nutrition (SUN) Secretariat. The SUN-Yemen Secretariat network facilitates multi-sectoral coordination around longer-term nutrition objectives and supports the development of national plans for nutrition in the line ministries in different sectors across both governments, with an increased focus on nutritious diets. The Secretariat led development of the MSNAP, which was finalized in 2020 and the UN Global Action Plan on Wasting for Yemen (GAP), which was finalized in 2021; both of which included actions to support CF (see the policies, plans, and guidance section below for more detail).

Coordinated funding. The Humanitarian Response Plan directs humanitarian funding (see the policies, plans, and guidance section below for more detail). Additionally, the Yemen Humanitarian Fund is a key pooled funding mechanism. Funding for emergency response peaked at $5.2 billion in 2018. According to OCHA's financial tracking system, $1.1 billion has been committed so far for 2022 (27 percent of the requirement). The largest share of funding in 2022 is for the food security sector (43.6 percent). The nutrition, health, and multi- sector programs have received 7.6 percent, 7.8 percent, and 13.2 percent of the funding, respectively.

3.1.3 Policies, Plans, and Guidance

> "At policy level, actions may involve advocating for policies, legislation, plans, budgets, coordination, partnerships, and accountability mechanisms for improving young children's diets. These are essential building blocks for a strengthened enabling environment that can catalyse change at country level."
>
> *Improving Young Children's Diets during the Complementary Feeding Period* (UNICEF 2020)

> **Research Question 4:** What are existing country policies and guidance related to CF/CFE, including preparedness plans; and, if relevant, what are implementing agencies' policies?
>
> **Research Question 5:** To what extent do these policies and guidance align with global guidance (including the UNICEF programming guide)?

The longer-term policy environment is supportive to improved CF. Many actions to improve diets and CF are embedded in national plans, reflect global guidance, and are aligned with the Action Framework. However, the degree to which the actions recommended in these policies are funded and where they are reflected in humanitarian strategies and funding requests is key to whether they are implemented in practice. The policies and strategies related to CF are described in detail in annex G.

The *Yemen Multi-Sectoral Nutrition Action Plan* (2020–2023). MSNAP is the main guiding document for actions related to the treatment and prevention of all forms of malnutrition. Actions are proposed across the UNICEF Action Framework's four systems (food, health, WASH, and social protection), as well as other sectors such as education, with many actions aligned with those proposed in the Action Framework and aimed at improving the quality of young children's diets.

The *UN Global Action Plan on Wasting for Yemen* policy, endorsed in 2021, focuses on the prevention and treatment of wasting, including activities to support improved diets for children in the CF period, which are in line with the Action Framework.

The *Yemen Infant and Young Child Feeding Strategy (2019–2021)*. This strategy aims to ensure implementation of quality IYCF programming through an agreed strategic action plan and improved coordination, implementation, supervision, and monitoring and evaluation. Development of new guidelines is currently underway.

Breastfeeding Promotion and Protection Regulations. Yemen adopted these regulations in 2002. They have been updated and drafted into a law that legislates the International Code of Marketing Breastmilk Substitutes (BMS). The regulations apply to infant formula, dairy, and other food products for the exclusive use of children up to two years of age; complementary foods; and feeding bottles and pacifiers. However, the government has not endorsed this law, therefore code legislation and enforcement remains a gap. The IYCF TWG has activated a monitoring system for code violations.

Humanitarian Response Plan. This plan is the coordinated, costed strategy and response plan of the humanitarian agencies working in Yemen. OCHA consolidated this document on behalf of the humanitarian country team and partners, and it serves as a reference document for funding humanitarian response. The plan is divided into sectors, and funding commitments are tracked against the funding of these sectors. The HRP influences which activities are prioritized and funded. Although OCHA's Humanitarian Needs Overview (HNO) highlights challenges with access to nutritious diets, the HRP does not include activities to address this gap and includes only limited focus on nutritious diets and CF in the nutrition sector response plan or other relevant sector plans, such as food security.

3.1.4 Feedback from Stakeholders on the Programming Context

Key informants provided insight into the operating environment and how policies, coordination, and funding influence CF, as well as the degree to which the Action Framework's recommended actions can be implemented.

Implementation of multi-sector actions to improve CF through the MSNAP is limited. Financing is not being provided to the government for the plan; funding is being channeled through the UN and NGOs, but the majority of this funding is for the humanitarian response, for which the response strategies do not have multi-sector activities aimed at improving diets in the CF period. In addition, where activities are aligned with the MSNAP, funding and implementation of these activities are not adequately tracked, as monitoring systems are not aligned with the MSNAP.

Additionally, humanitarian funding cycles are often short term (six to nine months) and do not enable the integrated programming required to protect and improve CF.

Although regulations are in place to regulate the marketing of breastmilk substitutes, these are not well enforced. Food safety standards are also not monitored, and the capacity to test food for contamination was reduced following escalation of the conflict.

Key informants believed that there had been successes in the humanitarian response in recent years in terms of improving inter-sectoral coordination platforms and planning largely due to the IFRR. However, to date, CF has not been prioritized in multi-sector discussions for the following reasons:

- With the attention given to the risk of famine, the focus in recent years has been on what are perceived to be lifesaving activities and short-term immediate actions to prevent famine, with scaling up treatment of wasting being prioritized.
- Treatment of wasting has much greater political visibility. Engaging government counterparts on CF (IYCF, in general) has been more challenging, as this component is not viewed as having a high impact or being lifesaving.
- The food security sector's coordination is predominantly focused on household-level food security, with limited attention given to achieving nutritious diets for children in the CF period. Given projected funding cuts, the sector is moving toward a reduced "survival minimum expenditure basket" (SMEB), and shifting the focus to a nutritious food basket is perceived to be challenging in this context.
- The IYCF TWG is health system focused, and coordination with other sectors around improving CF diets is limited.

Feedback from key informants also indicated that funding was lacking to follow recommended good practices for social and behavior change (SBC) program development activities, such as context analysis and formative research, or for testing and refining social and behavior change communication.

Projected funding cuts will reduce the number of nutrition centers and therefore lower coverage for IYCF counseling. Additionally, there is a current distrust of western agencies and sensitivities around programs aiming to empower women and girls, such as the provision of cash transfers to female household members.

Summary of Lessons Learned from Programming Context

- The development policy environment is conducive to improved CF programming, with many interventions that align with the Action Framework embedded within key policies and strategies.
- Funding is largely for humanitarian actors, and the degree to which MSNAP activities are being funded, including those to improve CF, is difficult to track.
- Activities in multi-sectoral plans are not reflected in humanitarian strategies. The HRP has limited multi-sectoral activities focused on improving CF. Humanitarian funding cycles are short and not conducive to strong multi-sectoral programming for CF.

- Inter-sectoral coordination in the humanitarian sector is strong, but focus on the quality of diets in the CF period is limited.
- Due to the risk of famine over recent years, the focus is on curative nutrition activities perceived to be lifesaving, with treatment of wasting and household food security prioritized by the humanitarian response. Discussion of and funding for CF are limited.
- The largest share of funding is for the food sector (43 percent, compared to 7 percent for nutrition), but activities in this sector are not currently aimed at ensuring nutritious diets for children in the CF period. Funding cuts are shifting the focus further away from nutritious diets.

3.2 Nutrition Situation Analysis: Drivers and Barriers of Young Children's Diets

3.2.1 Nutrition Situation Analysis

Research Question 6: What process was followed to understand the situation for CFE—which assessments were conducted and how were programs designed?

Research Question 7: What is the situation related to young children's diets and their contributing factors?

A specific situation analysis for CF programming in Yemen was not undertaken in the case study period. However, an HNO is conducted annually that outlines the priority needs across sectors. These findings are then used to develop the HRP. While the HNO does not include a detailed CF analysis, it does include findings on dietary diversity, with the 2022 report recommending multi-sector actions to support improved nutrition.

> "In addition to scaling up existing preventative and curative nutrition services, addressing nutrition needs in Yemen requires the adoption of innovative approaches, such as using protection and nutrition as reciprocal entry points to scaling both services, using cash and voucher assistance to improve access to health and nutrition services, and improving dietary diversity through complementary feeding among infants."

A number of data sources (see annex H) are available to support decision makers and implementers to conduct a more detailed assessment of the situation for CFE in terms of the status of feeding practices and the factors contributing to these practices.

The most recent nationally representative large-scale nutrition survey was conducted in 2013, prior to the current conflict, and is unlikely to represent the current situation. The nutrition sectors conducted Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys across the country in 2021 (in all 21 governorates, in 42 out of 333 zones), with IYCF indicators included in the surveys. Calculations of national averages were made (detailed in table 2) (UN OCHA Humanitarian Needs Overview 2021; Republic of Yemen Ministry of Public Health and Population and CSO 2022).

Limited qualitative research has taken place in recent years, but the Technical Rapid Response Team conducted a barrier analysis in 2018, which assessed the barriers and enablers of dietary diversity in the CF period and informed a national SBC strategy (Busquet and Sacher 2018).

The World Food Programme (WFP) collects market price data monthly and publishes a monthly *Food Security and Price Monitoring* bulletin. Although WFP collects price data on fresh items (meat, tomatoes, eggs, and onions) and prices can be found in the publicly accessible database, the bulletin focuses on

price analysis for items in the Minimum Expenditure Basket[2] and does not regularly publish information about animal-source foods and vegetables (UN OCHA 2022b).

The recent SMART survey data show a continued severe nutrition situation in Yemen (IPC 2022a). Ten percent of children are estimated to be wasted (reaching 19 percent in Hodeidah governorate) and 45 percent stunted. Wasting in children aged 6–12 months was found to be 25 percent, more than double the rate in any other age group, indicating significant challenges in the initial phase of the CF period. The situation is projected to further deteriorate during 2022, with 2.2 million children under five and 1.3 million pregnant and breastfeeding women projected to be malnourished (IPC 2022b; UNICEF 2022).

Table 2. Nutrition and IYCF Indicators in Yemen

Indicator	SMART Surveys 2021 (%)
Wasting (6–59 months)[3]	10
Stunting (6–59 months)	45
Exclusive breastfeeding (under 6 months)	20
Continued breastfeeding at 1 year	69
Continued breastfeeding at 2 years	34
Minimum meal frequency (6–23 months)/age-appropriate meal frequency	49
Minimum dietary diversity (6–23 months)/age-appropriate dietary diversity	30
Minimum acceptable diet (6–23 months)	12

Source: (MOPHP et al. 2015)

Data on IYCF indicate that poor practices are a significant contributing factor to high malnutrition rates. Almost 9 out of 10 children in Yemen receive an inadequate diet in the CF period, with just 12 percent receiving a minimum acceptable diet in terms of continued breastfeeding, frequency of feeding, and dietary diversity. While more than two-thirds of children were still receiving breast milk at one year of age (69 percent), rates dropped significantly after that; by the end of the CF period, at two years of age, only about a third were receiving breast milk (34 percent). Across the country, significant challenges were seen with the frequency of feeding and dietary diversity; only about half of children (49 percent) were fed with appropriate frequency and dietary diversity, and less than a third (30 percent) were receiving the minimum dietary diversity. As a result, just 12 percent of children aged 6–23 months were receiving a minimum acceptable diet (Republic of Yemen Ministry of Public Health and Population and CSO 2022).

3.2.2 Factors Affecting the Diets of Young Children

Several factors affect the quality of children's diets in the CF period (see table 3 and see annex I for more detail). High levels of poverty, spiraling food prices, lack of access to services, and the constraints on the daily lives of women all present challenges to following recommended CF practices.

2 wheat flour, rice, red beans, sugar, vegetable oil, fuel
3 weight-for-height/oedema

Table 3. Factors Affecting Children's Diets

Driver	Factors Affecting Children's Diets
Adequate food	**Availability.** Challenges include high dependency on imported food, periodic blockades, land degradation, and high cost of fuel, affecting transport of food and local production of nutritious foods (Thomas 2022).
	Access. Challenges include increases in fuel prices affecting transport of food to markets and families' ability to travel to markets (UN OCHA 2021b). In many locations, women are not permitted to move outside the home without a "mahram" (a male relative) acting as a chaperone (Mwatana for Human Rights 2022).
	Affordability. Challenges include rises in unemployment, loss of family income, and high food price inflation with more than two-thirds of the population below the poverty line and many unable to meet their basic needs. Half the population is projected to be acutely food insecure in 2021 (UN OCHA Humanitarian Needs Overview 2021). Purchasing power has reduced as a result of increased unemployment and loss of family incomes (Dureab et al. 2019). These issues are reported to have shifted consumption patterns, leading to substitution of more expensive and nutritious foods for cheaper, lower-quality food types (Tandon and Vishwanath 2019).
Adequate services	**Availability, affordability, and quality of services.** In 2019, only about half of health facilities were functional, with many of those in operation facing challenges in providing basic services (Republic of Yemen 2020). An estimated 49 percent of Yemenis have no access to safe water, and 42 percent lack adequate sanitation (UN OCHA 2021a).
Adequate practices	**Caregiver knowledge.** Lack of clarity about the quantities needed from each food group was identified as a challenge, with some mothers believing that large quantities were needed, perceiving the goal as unachievable. Children's food intake was often not monitored when food was consumed from one communal dish. Lack of interaction with the child during meals was also identified as a challenge, with small children found to have difficulty selecting diverse foods from the common dish by themselves (Busquet 2018).
	Caregiver time. A high birth rate and short birth spacing intervals likely adversely impact the well-being of women and childcare practices, in particular continued breastfeeding.
	Household dynamics and social norms. In many locations, women are not permitted to move outside the home without a "mahram" (a male relative) acting as a chaperone (Mwatana for Human Rights 2022). Only 54.9 percent of women in Yemen are literate, compared to 85 percent of men, and many girls are subjected to early marriage. Very few women have access to financial resources—just 2 percent of women over age 15 have an account at a bank or financial institution (GIZ 2015).

Summary of Lessons Learned from Nutrition Situation Analysis: Drivers and Barriers of Young Children's Diets

A CFE situation analysis has not taken place, but data are available to understand the status of CF practices and the factors contributing to these practices.

Recent SMART surveys indicate that wasting peaks in children 6 11 months, with one in four children of this age group found to be wasted.

The data available indicate the following:

- Continued breastfeeding decreases significantly from one to two years of age.
- Frequency of feeding and dietary diversity are inadequate.
- The majority of children 6 23 months in Yemen consume a low-quality diet that is inadequate in quantity and diversity, with just 12 percent of children receiving a minimum acceptable diet.

The primary caregivers of young children—their mothers face significant restrictions on their daily lives, with implications for CF practices.

Knowledge of the correct age-appropriate behaviors and a lack of interaction with children during meals in particular have been highlighted as barriers to appropriate CF.

The availability of health services is limited, with only half of health services currently functional, thereby limiting access to counseling and support.

Access to nutritious food is severely constrained by increases in food prices, coupled with reductions in income due to the economic crisis.

The majority of households do not have access to safe water and sanitation, a significant barrier to following recommended practices.

4. Interventions and Actions for Improving Young Children's Diets

Research Question 8: What approaches are in place to support or improve the diets of children 6–23 months of age (approaches to be documented based on the UNICEF programming framework)? At which levels are these approaches occurring (e.g., health service, food system, WASH, social protection)? Which are led by the nutrition sector and which are led by other sectors?

Research Question 9: How do these approaches operate and link together? For example, do they target the same children? If not, how are decisions made about which services households get and why? How do the referrals work?

Research Question 10: What have been the outcomes of these approaches? Does any evidence exist?

4.1 Interventions

In Yemen, several interventions aimed to improve young children's diets in the CF period, which contributed to the recommended interventions in the Action Framework. Table 4 shows the interventions, grouping them according to the delivery channel(s) (health, food, WASH, social protection systems). The right side of the table shows the level at which those interventions were implemented—policy level, institutional (facilities), or community/household level.

Table 4. Interventions for Improving Children's Diets Implemented in Yemen

Intervention	Channel				Level		
	Health System	Food System	WASH System	Social Protection System	Policy	Institutions/ Facilities	Community/ Household
A. Nutrition counseling and social and behavior change communication							
One-on-One Counseling[4]	✔				✔	✔	
Mother support groups and nutrition promotion sessions	✔				✔	✔	✔
IYCF messaging integrated with other services	✔				✔	✔	✔
Cooking demonstrations/community kitchen	✔				✔		✔
B. Use of vitamin and mineral supplements in settings where nutrient-poor diets prevail							
MNPs	✔				✔	✔	✔

4 Actual counseling is only conducted at the facility. At the household level, CHVs provide information and key messages and while that is often referred to as counseling, it is one-way information provision.

C. Access to diverse and nutritious complementary foods at household level							
Home gardening and the provision of seeds, tools, animals		✓			✓		✓
Farmer field schools		✓	✓	✓		✓	✓
Compound flour		✓			✓		✓
D. Access to fortified foods as needed, aligned with global and national standards							
Blanket supplementary feeding		✓		✓			✓
E. Promote improved accessibility & use of safe complementary food, water, & clean household environment							
Hygiene promotion & access to water	✓		✓		✓		✓
F. Access to affordable and nutritious foods through social protection programs and counseling services							
Cash for nutrition	✓			✓			
Food assistance – in-kind				✓			
Food assistance – cash							

Further details on the interventions in table 4 can be found in annex J. The interventions outlined below are unique examples of CF interventions in Yemen.

A. Nutrition Counseling and Social and Behavior Change Communication	
IYCF Information Provision	
What?	Provision of nutrition information in communities and mass communication
Who?	Community health volunteers (government recruited, supported by NGOs)
How relevant to CF?	A source of information for caregivers on correct practices for CF, and these key messages include CF
Why? *Addresses which drivers/barriers?*	Caregiver knowledge, social norms
How?	Information using resources developed at the global and national level are provided at contact points (such as while community health volunteers (CHVs) screen for acute malnutrition).

Where?	Delivered at-large scale nationwide
When?	Ongoing throughout the case study period, but usually grant dependent; paused in the north of the country since 2021
Innovations and successes	This integration allows for communication of messages at the household level, which is particularly important in Yemen where many women face movement restrictions and cannot easily leave their homes.
Challenges	Ten to 15 messages are provided about different recommended care practices, which limits how much advice can be given to the mothers and the degree to which it is tailored to the age and situation of the child and caregiver. Men are not currently targeted with messages around their role in supporting good nutrition and child care practices. Additional challenges exist in AA-controlled areas of the country in implementing community-level work due to restrictions in movement of CHVs (not permitted to go house-to-house).

C. Access to diverse and nutritious complementary foods at household level	
Compound flour	
What?	"Shabiza" flour is a multi-mix flour consisting of seven types of cereals and legumes, including wheat, yellow corn, sorghum, millet, and barley.
How relevant to CF?	This flour is aimed at children in the CF period and community health volunteers promote it for CF.
Why? *Addresses which drivers/barriers?*	Availability of nutritious food
How?	Shabiza is manufactured by small to medium enterprises in the private sector and sold in markets. In some cases, mothers are trained within communities to make the flour. The Shabiza is endorsed and recommended by the Ministry of Health of both governments. Promotion of this product as part of CF is included in training manuals for CHVs.
Where?	Large scale in the north and south of the country
When?	Ongoing and throughout the case study period
Innovations and successes	This product is endorsed and recommended by the Ministry of Health. Reportedly, it is easily available in many markets, and is cheap and accessible to poorer households.

Challenges	Some reported mislabeling on some packets that the product is suitable for children from month 4 (when the child should still only be receiving breast milk).

4.2 Leveraging the Power of Multiple Systems in Achieving Good Diets

> **Research Question 11:** What approaches recommended by the UNICEF framework are not currently being implemented in emergency settings and why? Are there any lessons to be learned from development programming in this location that could address these gaps?

See annex K for an assessment of the level of implementation of the Action Framework recommendations across different systems.

4.2.1 Health System Strengthening Actions

The MSNAP policy, the GAP on wasting, and the national nutrition policy (Nutrition Strategy for the Health Sector endorsed in 2022) incorporate recommended actions for CF.

At the institutional level, contact points during treatment for wasting and antenatal care provide counseling, and MNPs are implemented at scale. Capacity building of government health workers on IYCF has also contributed to health system strengthening. At the community level, house-to-house visits and support groups provide information about CF. However, house-to-house visits were limited in AA-controlled areas due to restrictions on women's movement.

Gaps exist in recommended SBC actions. Limited formative research has taken place to inform SBC, and communication is not context specific. SBC for CF does not currently make use of multiple platforms and is not integrated in other systems.

4.2.2 Food System Strengthening Actions

At the policy level, some Action Framework recommendations are incorporated into national plans, and strong coordination and joint planning are reported between the nutrition and food sector in the humanitarian response as part of the IFRR. At the community level, small-scale examples of programs to enhance the production of and demand for nutritious foods are taking place.

However, gaps exist in terms of legislation around the marketing and regulation of BMS and unhealthy food and the absence of national food-based dietary guidelines. Additionally, limited formative research or evidence generation has taken place for SBC, nor has linkage of SBC activities to support CF with food and agriculture interventions.

4.2.3 WASH System Strengthening Actions

Many of the Action Framework's recommended WASH actions have been implemented in Yemen at scale. Strong coordination was reported between the nutrition and WASH sectors as a result of IFRR joint planning, and locations with high food insecurity and malnutrition were prioritized for WASH support.

At the institutional level, hygiene promotion information is provided as part of counseling. At the community level, WASH education is integrated into awareness-raising activities and mother support groups.

Gaps exist in reviewing and enforcing food safety standards and generating evidence to inform SBC.

4.2.4 Social Protection System Strengthening Actions

Social protection is integrated into the MSNAP at the policy level; this is part of the food security sector in the humanitarian response. Locations with high levels of food insecurity and malnutrition are targeted with cash and in-kind food assistance. Given that much of the country is highly food insecure, these interventions are delivered at scale.

Cash-for-nutrition programs have targeted children aged 6–23 months to improve their diets, but they currently are delivered at low scale and targeted to children receiving treatment for wasting, as well as their families.

The majority of the Action Framework's recommended actions for the social protection sector have not yet been implemented.

Key gaps were integration with SBC, empowerment of women, and evidence generation.

4.3 Adapting to the Program Context

In Yemen, decisions about which CF interventions to implement in which locations were broadly based on the level of food security and malnutrition, based on the IPC. Restrictions were put in place by authorities. blanket supplementary feeding program (BSFP) were implemented in the locations with the highest levels of food insecurity and malnutrition. In parts of the country without BSFP, MNPs were given.

Farmer field schools and homestead gardening were implemented in food insecure parts of the south where cultivation was possible and women were allowed to participate. Cash was also provided in the south where it was possible to use biometric identification. Where biometric assessment was not permitted, in-kind food assistance was provided.

Summary of Lessons Learned from Interventions and Actions for Improving Young Children's Diets

A number of actions were implemented in Yemen aimed at improving diets in the CF period.

Many activities focus on improving caregiver knowledge. These are typically delivered through the health system and are focused on information provision using standard materials and messages, which are not usually adapted for context.

One-on-one counseling is available and is usually integrated with treatment for wasting, targeting the caregivers of already malnourished children.

SBC activities targeted to the primary caregiver and their design are not appropriate for engaging men. A gap in understanding exists in how to engage men in activities to support improved nutrition and child care.

BSFP and MNPs were context-specific actions aimed at enhancing access to fortified food and were delivered at scale.

Programs to enhance availability of nutritious food at the household level exist, but they are currently not delivered at scale.

Cash-for-nutrition programs provide a form of social protection focused on increasing access to nutritious food and addressing other barriers to good CF, but they are currently targeted to those already receiving treatment for wasting.

Large-scale social protection activities, such as food assistance (in-kind and cash), are in place but currently are not integrated with SBC activities.

5. Monitoring, Evaluation, Learning, and Reported Outcomes

5.1 Monitoring and Evaluation

Monitoring of indicators for CF is included in the MSNAP, but national information systems do not currently collect information for the majority of these indicators (TASC 2021). The NC database includes some process indicators and tracks the number of children receiving BSFP, micronutrient interventions, and IYCF counseling.

Outcome tracking for the nutrition sector is challenging, as short-term humanitarian programs in Yemen typically do not have baseline and endline assessments and instead use wasting treatment program outcomes and IYCF output-level indicators.

Periodic SMART surveys collect IYCF indicators. Monitoring is based on achieving a minimum recommendation (such as feeding at least four food groups) and does not usually track incremental progress. Where minimums are difficult to achieve, these indicators may not capture incremental progress (such as a child receiving three food groups instead of two).

5.2 Reported Outcomes

Due to the short-term nature of most programs in Yemen, information about the outcomes of programs to support improved CF is limited. However, an evaluation of the former cash-for-nutrition program (implemented 2014–2017) found significant impacts on the Child Dietary Diversity Score—with high attendance at nutrition training and increased knowledge about the importance of nutrition and sanitation—due to the program's training sessions (Kurdi, Figueroa, and Ibrahim 2020).

6. Summary of Findings

Yemen faces acute food insecurity, and many parts of the country are experiencing near-famine conditions. With emergency-level wasting rates, it is important to not only ensure timely treatment, but also to prevent new cases.

The CF period is the period of highest vulnerability to malnutrition in Yemen, with very high rates in the 6–12 month period in particular. Actions to support improved feeding practices in this period are critical, particularly to contribute to sustained reductions in wasting. The following lessons on enablers and challenges draw from the findings presented in sections 1–4.

- **All IYCF indicators suggest a dire situation in terms of CF diets.**
- **Given the complexity of the situation in Yemen and the multiple challenges faced by families, enhanced context analysis and multi-sectoral action is required to improve diets.** Yemen has multiple barriers to good diets for children—spiraling poverty rates, food and fuel prices, for example—which are compounded by poor access to services. A high birth rate and the burden of care faced by women are likely to impact CF practices, especially continued breastfeeding. Severe restrictions on women's freedom of movement, as well as women's ability to control household resources and make decisions about their children's care, all contribute to extreme barriers to following recommended CF practices. Therefore, actions that address challenges holistically are needed to improve the diets of young children.
- **Yemen's policy environment is conducive to ensuring multi-sectoral actions to improve CF** through improved breastfeeding and the provision of nutritious food. These activities are embedded in some developmental plans, notably the MSNAP, which proposes activities across several sectors that are aligned to the Action Framework.
- **However, in practice, these policies are not well funded and are rarely reflected in humanitarian strategies.** Implementation of the MSNAP is largely limited to the health sector, and actions to support CF in other sectors are not funded and also are not included in the HRP.
- **Although scale-up of the treatment of wasting has facilitated increased availability of IYCF services at the facility level, support for CF does not receive significant attention from the humanitarian response.** The nutrition sector's focus on treating wasting has resulted in limited space for discussion or funding to address CF challenges. Decision makers' perception that CF interventions are not lifesaving has resulted in a lack of attention for CF and interventions to prevent malnutrition, which in turn affects strategic planning and funding.
- **In this context, understanding among donors and decision makers** about the importance of nutritious diets for children aged 6–23 months should be improved, and prioritization of the humanitarian response must be balanced to improve and scale up preventive measures in addition to curative nutrition services.
- Programs that aim to increase access to fortified foods, such as MNPs **and BSFPs, have been delivered for many years at scale and are based on prioritization of needs.** BSFP is provided in the most food insecure and MNPs in the remaining areas.
- **There are small scale examples of interventions that increase the availability of nutritious food at small scale, but there is a need to increase the evidence base on their impact on CF.** For example, home gardening and farmer field schools, but increased

implementation of these programs could be considered based on an assessment of the context and feasibility/appropriateness.

- **Social protection programs aimed at increasing the affordability of nutritious food have evidence of effectiveness for improved CF** in Yemen when linked with SBC. However, these are delivered at small scale and in recent years targeting criteria have changed to be provided to households with children already receiving treatment for wasting. This design presents challenges as it has been reported as offering perverse incentives.
- **Social protection programs delivered through the food security sector are delivered at scale, but are not nutrition-sensitive.** These programs aim at household food security and are provided to the head of the household, who is usually male.
- **Funding cuts present significant challenges to the humanitarian response.** Yemen is experiencing a protracted emergency, and donor interest and funding are dwindling. In this context of increasing needs and reduced budgets, opportunities for multi-year integrated CF programming are limited. Projected funding cuts further limit opportunities to improve diets in the CF period, with the food security sector shifting the planning focus from a minimum expenditure basket to a lower-cost survival minimum expenditure basket. The nutrition sector is also planning to reduce the coverage of centers that provide wasting treatment and IYCF counseling.
- **To enhance the focus on CF with limited funding, opportunities may exist to increase the contribution of already-planned activities** through better targeting and integration. Enhancing the nutrition sensitivity of existing activities in the food and social protection systems is also needed.
- **To ensure access to food and social protection, the largest funding allocation in the humanitarian response is for the food security and agriculture sector, with most of this allocation directed to in-kind food assistance.** However, the objectives and activities of this sector are not nutrition-sensitive or aimed at improving the diets of children in the CF period. Cash-for-nutrition programs, while integrated with CF education, are currently targeted to those already receiving treatment for malnutrition.
- **Integration with other sectors, such as SBC, may enhance opportunities to engage men.** Although men largely control all aspects of life in Yemen, efforts to increase their understanding of the importance of good nutrition in the CF period have not been made. As men are the primary recipients of humanitarian assistance, integrating activities that enhance understanding of their role in preventing malnutrition is important. Enhancing men's understanding of how household resources may be allocated and how mothers can be supported may contribute to improved nutrition practices.
- **The Action Framework is a useful tool to assess actions across different systems that improve CF and to highlight opportunities and gaps.** The Action Framework recommends a systems approach to leverage the potential of food, health, WASH, and social protection systems and make them more accountable for delivering nutrition results for young children (UNICEF 2020). In Yemen, actions to address gender-related challenges may be needed in addition to the actions recommended in the framework. Additionally, since the humanitarian response typically combines coordination and activities of the food sector and social protection sector, it may be appropriate to combine these two systems when assessing CF actions in Yemen.

7. Conclusion

This case study has documented CF actions and progress in Yemen. It examined approaches to improving the diets of young children using the UNICEF Action Framework's structure and recommendations (see figure 2).

This documentation aims to provide insight into various CFE approaches to support enhanced understanding among practitioners and global-level decision makers around what works and what challenges are faced in implementing effective approaches.

Yemen suffers from one of the worst humanitarian crises in the world. In 2022 two-thirds of the population required humanitarian assistance, poverty levels spiraled, and many locations were frequently in the most severe category of food insecurity. Malnutrition rates are among the highest in the world—10 percent of children are wasted, rising to 19 percent subnationally. Critically, one in four children of the age where complementary food is introduced (6–12 months) suffer from wasting.

Ensuring sufficient calories at the household level alone will not support adequate CF diets; food and social protection interventions need to go a step further and support access to nutritious diets for children by ensuring access to diverse foods and supporting continued breastfeeding. However, given the likely high cost of such interventions, projections of reduced funding, and food security responses currently moving toward reduced coverage and provision of only the minimum basket needed for survival, this will be challenging.

Yemen has been on the brink of famine for many years; as a result, the humanitarian response prioritizes curative approaches to address wasting, seen as lifesaving. Although the policy and coordination environments offer potential for improved multi-sectoral programming in line with the Action Framework, humanitarian response funding is short term, limiting the time and budget available in the humanitarian response space to ensure nutritious diets in the CF period.

This study has provided lessons learned and presents opportunities for future enhanced focus on CF. It also demonstrates how the Action Framework may be a useful capacity assessment tool for country-level planners to understand gaps across different systems that influence diets in the CF period.

The study's findings can help address gaps in understanding about effective CFE responses and contribute to enhanced consensus on how to support the nutrition of young children in emergency contexts during this critical period.

References

Bégin, France, and Víctor M. Aguayo. 2017. "First Foods: Why Improving Young Children's Diets Matter." *Maternal & Child Nutrition* 13 (S2): e12528. https://doi.org/10.1111/mcn.12528

Britannica. 2022. *Yemen—Plant and Animal Life*. Chicago: The Britannica Group. https://www.britannica.com/place/Yemen/Plant-and-animal-life

Busquet, Esther. 2018. *Barrier Analysis of Infant and Young Child Feeding and Maternal Nutrition Behaviors in Urban and Rural Yemen May 2018*. (not publicly available).

Busquet, Esther, and Armelle Sacher. 2018. *Yemen National Strategy for Social and Behavior Change in Nutrition 2018–2021*. Rockville, MD: Technical Rapid Response Team. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2019/11/National-Strategy-for-SBC-for-Nutrition_Yemen%28English-version%29.pdf

CARE. 2022. *INGOs Pen Joint Letter to President Biden on Yemen Terror Designation*. Geneva: CARE. https://www.care.org/news-and-stories/press-releases/dozens-of-ingos-pen-joint-letter-to-president-biden-on-yemen-terror-designation/

Dureab F, Al-Falahi E, Ismail O, Al-Marhali L, Al Jawaldeh A, Nuri NN, Safary E, Jahn A. 2019. An Overview on Acute Malnutrition and Food Insecurity among Children during the Conflict in Yemen. *Children* (Basel). 2019 Jun 5; 6 (6): 77. doi: 10.3390/children6060077.

Elayah, Mousa, Qais Gaber, and Matilda Fentin. 2022. "From Food to Cash Assistance: Rethinking Humanitarian Aid in Yemen." *Journal of International Humanitarian Action* 7 (1): 11. https://doi.org/10.1186/s41018-022-00119-w

ENN (Emergency Nutrition Network). 2022. *Complementary Feeding in Emergencies Programming in Sudan.* Kidlington, UK: ENN. www.ennonline.net/cfecasestudysudan

El Yaakoubi, Aziz, Jonathan Landay, and Raya Jalabi. 2021. *EXCLUSIVE Under pressure over Yemen blockade, Riyadh seeks US help with defences.* London: Reuters. https://www.reuters.com/world/middle-east/exclusive-under-pressure-over-yemen-blockade-riyadh-seeks-us-help-with-defences-2021-10-27/

ENN and IFE (Emergency Nutrition Network and Infant Feeding in Emergencies) Core Group. 2022. *Complementary Feeding in Emergencies Programming in Nigeria—A case study based on the action framework for improving the diets of young children during the CF period*. ENN. https://www.ennonline.net/cfecasestudynigeria

ENN and IFE (Emergency Nutrition Network and Infant Feeding in Emergencies) Core Group. 2022. *Complementary Feeding in Emergencies Programming in Sudan—A case study based on the action framework for improving the diets of young children during the complementary feeding period*. ENN. https://www.ennonline.net/cfecasestudysudan

Food Security Cluster (FSAC). 2022. Yemen. Rome: Food Security Cluster. https://fscluster.org/yemen/about

GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit). 2015. *Promoting Women's Financial Inclusion, Yemen*. Bonn: GIZ. https://www.oecd.org/dac/dac-global-relations/Promoting-womens-financial-inclusion-May%202017.pdf

Global Nutrition Report. 2022. *Country Nutrition Profiles*. Global Nutrition Report. https://globalnutritionreport.org/resources/nutrition-profiles/

IFE Core Group (2020). Review of experiences and direction on Complementary Feeding in Emergencies (CFE): Putting policy into practice. www.ennonline.net/cfereviewreportmarch2020

IPC (Integrated Food Security Phase Classification). 2021. *IPC Yemen Alert February 2021*. Rome: IPC. https://www.ipcinfo.org/ipcinfo-website/alerts-archive/issue-34/en/

IPC (Integrated Food Security Phase Classification). 2022a. *Famine Review of the IPC Acute Food Insecurity and Acute Malnutrition Analysis: Conclusions and Recommendations for Five Areas in Yemen (Abs, Haradh and Midi in Hajjah Governorate and Al Hali and Al Hawak in Al Hudaydah Governorate)*. Rome: IPC. https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Yemen_Famine_Review_2022March.pdf

IPC (Integrated Food Security Phase Classification). 2022b. *Yemen: Acute Food Insecurity Situation January - May 2022 and Projection for June–December 2022*. Rome: IPC. https://www.ipcinfo.org/ipc-country-analysis/details-map/es/c/1155479/

IRC (International Rescue Committee). 2021. *Over 100% price increase in staple food contributes to dire humanitarian need as Yemen enters 7th year of war, says IRC*. New York: IRC. https://www.rescue.org/press-release/over-100-price-increase-staple-food-contributes-dire-humanitarian-need-yemen-enters

Kurdi, S., JL Figueroa, and H. Ibrahim. 2020. "Nutritional training in a humanitarian context: Evidence from a cluster randomized trial." *Matern Child Nutr*. 2020;16:e12973. https://doi.org/10.1111/mcn.1297312 of 12KURDIET AL.bs_bs_banner

MOPHP (Ministry of Public Health and Population), CSO (Central Statistical Organization) [Yemen], PAPFAM (Pan Arab Program for Family Health), and ICF International. 2015. *Yemen National Health and Demographic Survey 2013*. Rockville, MD: MOPHP, CSO, PAPFAM, and ICF International. https://www.dhsprogram.com/publications/publication-FR296-DHS-Final-Reports.cfm

Mwatana for Human Rights. 2022. Ansaw Allah (Houthi) Group practices Gravely Undermine Women's Rights. https://mwatana.org/en/undermine-women/

NationMaster. 2022. Yemen Religion Stats. Woolrich, Australia: NationMaster. https://www.nationmaster.com/country-info/profiles/Yemen/Religion

Republic of Yemen. 2020. *Yemen Multisectoral Nutrition Action Plan 2020–2023*. Sana'a, Yemen: Republic of Yemen. https://mqsunplus.path.org/wp-content/uploads/2020/08/Yemen-MSNAP-FINAL_29April2020.pdf

Republic of Yemen Ministry of Public Health and Population, and Central Statistical Organisation. 2022. *The Summary Report of Nutrition and Mortality Surveys*. Sana'a, Yemen: Republic of Yemen.

SUN (Scaling Up Nutrition). 2022. *SUN Countries Yemen*. Geneva: SUN. https://scalingupnutrition.org/sun-countries/yemen/

Tandon, Sharad, and Tara Vishwanath. 2019. *Evolution of Poor Food Access over the Course of the Conflict in the Republic of Yemen. Policy Research Working Paper; No. 8813*. Washington, DC: World Bank. https://openknowledge.worldbank.org/handle/10986/31542 License: CC BY 3.0 IGO."

TASC (Technical Assistance to Strengthen Capabilities) Project. 2021. *Nutrition Information and Analysis Systems in Yemen Volume 1 Key Findings & Recommendations.* Apsley, UK: DAI Global Health. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/tasc-review_nis_yemen-vol1-key_findings_and_recommendations-english-2021.pdf

Thomas, Edward. 2022. *Food security in Yemen: the private sector and imported food.* London: ODI. www.odi.org/en/publications/food-security-in-yemen/

UNICEF (United Nations Children's Fund). 2016. *From the First Hour of Life: A New Report on Infant and Young Child Feeding*. New York: UNICEF. https://data.unicef.org/resources/first-hour-life-new-report-breastfeeding-practices/

UNICEF (United Nations Children's Fund). 2017. *Yemen Country Brief: UNICEF Regional Study on Child Marriage in the Middle East and North Africa. Middle East and North Africa Regional Office*. New York: UNICEF. https://www.unicef.org/mena/media/1821/file/%20MENA-CMReport-YemenBrief.pdf.pdf%20-%20statistic%20refers%20to%20age%20that%20women%2020-24%20year%20of%20age%20were%20married

UNICEF (United Nations Children's Fund). 2020. *Improving Young Children's Diets During the Complementary Feeding Period*. New York: UNICEF. https://www.unicef.org/documents/improving-young-childrens-diets-during-complementary-feeding-period-unicef-programming

UNICEF (United Nations Children's Fund). 2021. *Fed to Fail? The Crisis of Children's Diets in Early Life. 2021 Child Nutrition Report*. New York: UNICEF. https://data.unicef.org/resources/fed-to-fail-2021-child-nutrition-report/

UNICEF (United Nations Children's Fund). 2022. *Yemen: Acute hunger at unprecedented levels as funding dries up*. https://www.unicef.org/press-releases/yemen-acute-hunger-unprecedented-levels-funding-dries

UN (United Nations) OCHA 2021a. *Yemen Humanitarian Needs Overview 2021*. New York: UN OCHA. https://reliefweb.int/report/yemen/yemen-humanitarian-needs-overview-2021-february-2021-enar

UN (United Nations) OCHA. 2021b. *Yemen Humanitarian Response Plan 2021 (March 2021)*. New York: UN OCHA.

(UN) United Nations OCHA. 2021c. *Humanitarian Response Team Yemen 2021 (March 2021)*. New York: UN OCHA. https://reliefweb.int/sites/reliefweb.int/files/resources/Final_Yemen_HRP_2021.pdf

(UN) United Nations OCHA. 2022a. *Decision Memo and Guidance Note: Survival Minimum Expenditure Basket based Transfer Value Review Q1-Q2*. New York: UN OCHA. https://www.humanitarianresponse.info/en/operations/yemen/document/yemen-smeb-transfer-value-revised-8-mar-2022-en

(UN) United Nations OCHA. 2022b. *Yemen—Food Prices*. New York: UN OCHA. https://data.humdata.org/dataset/wfp-food-prices-for-yemen

(UN) United Nations OCHA. 2022c. *Humanitarian Response*. New York: UN OCHA. https://www.humanitarianresponse.info/

United Nations Yemen. 2022. *Sustainable Development Cooperation Framework 2022–2024*. New York: United Nations Yemen. https://unsdg.un.org/sites/default/files/2022-06/Yemen-Cooperation_Framework-2022-2024.pdf

WorldAtlas. 2022. *What Is The Ethnic Composition Of Yemen?* WorldAtlas. https://www.worldatlas.com/articles/what-is-the-ethnic-composition-of-yemen.html#:~:text=Ethnic%20Groups%20in%20Yemen,to%20over%20400%20Zaidi%20tribes.

World Bank. 2022. *Maternal mortality ratio (modeled estimate, per 100,000 live births)—Yemen, Rep.* Washington, DC: World Bank. https://data.worldbank.org/indicator/SH.STA.MMRT?locations=YE

World Economic Forum. 2021. *Global Gender Gap Report 2021 Insight Report March 2021*. Geneva: World Economic Forum. https://www3.weforum.org/docs/WEF_GGGR_2021.pdf

WFP (World Food Programme). 2022. *Yemen*. Rome: WFP. https://www.wfp.org/countries/yemen

Annex A. Research Questions

Through research, we answered these questions:

1. What is the context of the country and of the relevant emergencies (conflict, natural disaster, etc.)?
2. Who are the key existing stakeholders in the country (mapping of existing stakeholders/actors at the national and organizational levels, coordination mechanism/TWG platforms/fora)?
3. How does the coordination around CFE function within the nutrition sector and other sectors?
4. What are existing country policies and guidance related to CF/CFE, including preparedness plans; and if relevant, what are implementing agencies' policies?
5. To what extent do these policies and guidance align with global guidance (including the UNICEF programming guide)?
6. What process was followed to understand the situation for CFE—which assessments were conducted and how were programs designed?
7. What is the situation related to young children's diets and their contributing factors?
8. What approaches are in place to support or improve the diets of children 6–23 months of age (approaches to be documented based on the UNICEF programming framework)? At which levels are these approaches occurring (e.g., health service, food system, WASH, social protection)? Which are led by the nutrition sector and which are led by other sectors?
9. How do these approaches operate and link together? For example, do they target the same children? If not, how are decisions made about which services households get and why? How do the referrals work?
10. What has been the outcome of these approaches? Does any evidence exist?
11. What approaches recommended by the UNICEF framework are not currently being implemented in emergency settings and why? Are there any lessons to be learned from development programming in this location that could address these gaps?
12. What are the challenges, barriers, and lessons learned related to supporting CF/CFE?
13. What are opportunities and recommendations for supporting CF/CFE?

Annex B. Interview Template for UN and Government National Level Focal Points(s)

<table>
<tr><td>Date of interview:</td><td colspan="3"></td></tr>
<tr><td>Location:</td><td colspan="3"></td></tr>
<tr><td>Team members present:</td><td colspan="3"></td></tr>
<tr><td>Notes by:</td><td colspan="1"></td><td>Date completed:</td><td></td></tr>
<tr><td colspan="4">Interviewees</td></tr>
<tr><td>Name:</td><td>M/F:</td><td>Designation (position/ unit/organization):</td><td>Contact (email/phone):</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
</table>

Introduce the review and obtain verbal consent for interviewing and recording. My name is …… and I work for USAID Advancing Nutrition, which is a global nutrition project. It is implemented by John Snow International (JSI), which is based in the United States. We are conducting a study in Yemen to learn about CF in emergencies. This study is funded by the United States Agency for International Development (USAID).

We would like to gather information about your experiences/perspectives on CF policies, coordination, multi-sectoral programing and challenges you face. The results of this study will be used to inform global guidance on CF in emergencies.

The interview will take about one hour to complete. Your participation is entirely voluntary. You can decline to participate without any impact on your employment or your supervisor being informed. [If there are any sensitive questions, state that there is a chance they might feel uncomfortable about some questions.] You are free to not answer certain questions or stop participating at any time without any penalty. There is not an incentive for participating nor is there a direct benefit for participating.

Any personal information that you give us, such as your name, will be kept confidential and will be shared only within the study team. We will remove your name before sharing the information you give us outside of the study team. We may combine the information you provide us with the information we gather from other people in reports and presentations. Approximately 18 people will participate in this study. We will share the final report containing information from these interviews with USAID, government officials, and the public.

Do you have any questions about participating?

- If yes, answer any questions.
- If no, move to the next question.

Do you agree to participate?

- If yes, thank them for agreeing to participate and move to the next question.
- If no, thank them for their time and politely leave.

Can we audio record the conversation?

- If yes, proceed with audio recording.
- If no, say that it is no problem and proceed without audio recording.

If you have any questions about the study, you may contact Jen Burns at jen_burns@jsi.com.

Questions

1. As an introduction, can you tell us briefly about your role and your involvement policies and programs for CFE?

2. We are looking to identify appropriate locations for the case study documentation. Are you aware of programs to support CF/CFE (prompt health sector, food sectors, social protection) that would support wider learning on approaches to improve CF? Where are they located?

3. What would be your recommendation for the geographic focus of this study and why?

4. Any other thoughts or information that you would like to share regarding CF/CFE programming in Yemen?

Annex C. Interview Guide for UN and Government National Level Focal Points(s)

Date of interview:			
Location:			
Team members present:			
Notes by:		Date completed:	
Interviewees			
Name:	M/F:	Designation (position/ unit/organization):	Contact (email/phone):

Introduce the review and obtain verbal consent for interviewing and recording. My name is …… and I work for USAID Advancing Nutrition, which is a global nutrition project. It is implemented by John Snow International (JSI), which is based in the United States. We are conducting a study in Yemen to learn about CF in emergencies. This study is funded by the United States Agency for International Development (USAID).

We would like to gather information about your experiences/perspectives in your role at the national level on CF policies, coordination, multi-sectoral programing and challenges you face. The results of this study will be used to inform global guidance on CF in emergencies.

The interview will take about one hour to complete. Your participation is entirely voluntary. You can decline to participate without any impact on your employment or your supervisor being informed. *[If there are any sensitive questions, state that there is a chance they might feel uncomfortable about some questions.]* You are free to not answer certain questions or stop participating at any time without any penalty. There is not an incentive for participating nor is there a direct benefit for participating.

Any personal information that you give us, such as your name, will be kept confidential and will be shared only within the study team. We will remove your name before sharing the information you give us outside of the study team. We may combine the information you provide us with the information we gather from other people in reports and presentations. Approximately 18 people will participate in this study. We will share the final report containing information from these interviews with USAID, government officials, and the public.

Do you have any questions about participating?

- If yes, answer any questions.
- If no, move to the next question.

Do you agree to participate?

- If yes, thank them for agreeing to participate and move to the next question. For focus group discussions, ensure that each person agrees to participate.
- If no, thank them for their time and politely leave.

Can we audio record the conversation?

- If yes, proceed with audio recording. For focus group discussions, ensure that each person agrees.
- If no, say that it is no problem and proceed without audio recording.

If you have any questions about the study, you may contact Jen Burns at jen_burns@jsi.com.

Questions

1. As an introduction, can you tell us briefly about your role and your involvement policies and programs for CFE?

2. What do you see as the main challenges for households in xx location in ensuring safe and appropriate diets for the CF period?

3. (Yemen only) What do you see as the biggest challenges for the governments in ensuring that policies are implemented to support safe and appropriate diets for the CF period?

4. Can you tell me about the process to design the xx policy/strategy (specify which policy) for CFE. Were any situation assessments made?

5a. In terms of health system actions can you tell me what approaches are being implemented to support CFE?

- Policy level
- Institutional level
- Community level

5b. What has gone well with these approaches? What have been some challenges/what might be done differently next time?

6a. In terms of food system actions can you tell me what approaches are being implemented to support CFE?

- Policy level
- Institutional level
- Community level

6b. What has gone well with these approaches? What have been some challenges/what might be done differently?

7a. In terms of WASH actions can you tell me what approaches are being implemented to support CFE?

- Policy level
- Institutional level
- Community level

7b. What has gone well with these approaches? What have been some challenges/what might be done differently?

8a. In terms of Social Protection system actions can you tell me what approaches are being implemented to support CFE?

- Policy level
- Institutional level
- Community level

8b. What has gone well with these approaches? What have been some challenges/what might be done differently?

9. How does the coordination around CFE work in the nutrition sector? Strengths and weaknesses?

10. Is there any coordination outside the nutrition sector for CFE? How does that work? Strengths and weaknesses?

11. Do you have any other thoughts or suggestions?

Annex D. Interview Guide for Implementing Partners National Level

<table>
<tr><th>Date of interview:</th><td colspan="4"></td></tr>
<tr><th>Location:</th><td colspan="4"></td></tr>
<tr><th>Team members present:</th><td colspan="4"></td></tr>
<tr><th>Notes by:</th><td colspan="2"></td><th>Date completed:</th><td></td></tr>
<tr><th colspan="5">Interviewees</th></tr>
<tr><th>Name:</th><th>M/F:</th><th>Designation (position/ unit/organization):</th><th colspan="2">Contact (email/phone):</th></tr>
<tr><td></td><td></td><td></td><td colspan="2"></td></tr>
<tr><td></td><td></td><td></td><td colspan="2"></td></tr>
</table>

Introduce the review and obtain verbal consent for interviewing and recording. My name is …… and I work for USAID Advancing Nutrition, which is a global nutrition project. It is implemented by John Snow International (JSI), which is based in the United States. We are conducting a study in Yemen to learn about CF in emergencies. This study is funded by the United States Agency for International Development (USAID).

We would like to gather information about your experiences/perspectives as a national implementing partner on CF policies, coordination, multisectoral programing and challenges you face. The results of this study will be used to inform global guidance on CF in emergencies.

The interview will take about one hour to complete. Your participation is entirely voluntary. You can decline to participate without any impact on your employment or your supervisor being informed. *[If there are any sensitive questions, state that there is a chance they might feel uncomfortable about some questions.]* You are free to not answer certain questions or stop participating at any time without any penalty. There is not an incentive for participating nor is there a direct benefit for participating.

Any personal information that you give us, such as your name, will be kept confidential and will be shared only within the study team. We will remove your name before sharing the information you give us outside of the study team. We may combine the information you provide us with the information we gather from other people in reports and presentations. Approximately 18 people will participate in this study. We will share the final report containing information from these interviews with USAID, government officials, and the public.

Do you have any questions about participating?

- If yes, answer any questions.
- If no, move to the next question.

Do you agree to participate?

- If yes, thank them for agreeing to participate and move to the next question. For focus group discussions, ensure that each person agrees to participate.
- If no, thank them for their time and politely leave.

Can we audio record the conversation?

- If yes, proceed with audio recording. For focus group discussions, ensure that each person agrees.
- If no, say that it is no problem and proceed without audio recording.

If you have any questions about the study, you may contact Jen Burns at jen_burns@jsi.com.

Questions

1. As an introduction, can you tell us briefly about your role and your involvement in CFE?

2. What do you see as the main challenges for households in Yemen location in ensuring safe and appropriate diets for the CF period?

3. What do you see as the biggest challenges for organizations Yemen location in ensuring that policies are implemented to support safe and appropriate diets for the CF period?

4. Can you tell me about the process to design your strategy/program to support CFE. Were any situation assessments made?

5a. In terms of health system actions can you tell me what approaches you are implementing to support CFE?

- Policy level
- Institutional level
- Community level

5b. What has gone well with these approaches? What have been some challenges/what might be done differently next time?

6a. In terms of food system actions can you tell me what approaches you are implementing to support CFE?

- Policy level

- Institutional level
- Community level

6b. What has gone well with these approaches? What have been some challenges/what might be done differently?

7a. In terms of WASH actions can you tell me what approaches you are implementing to support CFE?

- Policy level
- Institutional level
- Community level

7b. What has gone well with these approaches? What have been some challenges/what might be done differently?

8a. In terms of Social Protection system actions can you tell me what approaches are being implemented to support CFE?

- Policy level
- Institutional level
- Community level

8b. What has gone well with these approaches? What have been some challenges/what might be done differently?

9. How does the coordination around CFE work in the Nutrition Sector? Strengths and weaknesses?

10. Is there any coordination outside the nutrition sector for CFE? How does that work? Strengths and weaknesses?

11. Do you have any other thoughts or suggestions?

Annex E. Interview Guide for Implementing Partners Sub-National Level Focal Points(s)

Date of interview:			
Location:			
Team members present:			
Notes by:		**Date completed:**	
Interviewees			
Name:	**M/F:**	**Designation (position/ unit/organization):**	**Contact (email/phone):**

Introduce the review and obtain verbal consent for interviewing and recording. My name is …… and I work for USAID Advancing Nutrition, which is a global nutrition project. It is implemented by John Snow International (JSI), which is based in the United States. We are conducting a study in Yemen to learn about CF in emergencies. This study is funded by the United States Agency for International Development (USAID).

We would like to gather information about your experiences/perspectives as an implementing partner based at sub-national level on CF coordination, multi-sectoral programing and challenges you face. The results of this study will be used to inform global guidance on CF in emergencies.

The interview will take about one hour to complete. Your participation is entirely voluntary. You can decline to participate without any impact on your employment or your supervisor being informed. *[If there are any sensitive questions, state that there is a chance they might feel uncomfortable about some questions.]* You are free to not answer certain questions or stop participating at any time without any penalty. There is not an incentive for participating nor is there a direct benefit for participating.

Any personal information that you give us, such as your name, will be kept confidential and will be shared only within the study team. We will remove your name before sharing the information you give us outside of the study team. We may combine the information you provide us with the information we gather from other people in reports and presentations. Approximately 36 people will participate in this study. We will share the final report containing information from these interviews with USAID, government officials (Yemen only), and the public.

Do you have any questions about participating?

- If yes, answer any questions.
- If no, move to the next question.

Do you agree to participate?

- If yes, thank them for agreeing to participate and move to the next question. For focus group discussions, ensure that each person agrees to participate.
- If no, thank them for their time and politely leave.

Can we audio record the conversation?

- If yes, proceed with audio recording. For focus group discussions, ensure that each person agrees.
- If no, say that it is no problem and proceed without audio recording.

If you have any questions about the study, you may contact Jen Burns at jen_burns@jsi.com.

Questions

1. As an introduction, can you tell us briefly about your role and your involvement in CFE?

2. What do you see as the main challenges for households in Yemen location in ensuring safe and appropriate diets for the CF period?

3a. In terms of health system actions can you tell me what approaches are being implemented to support CFE?

- Institutional/service provision level
- Community level

3b. What has gone well with these approaches? What have been some challenges/what might be done differently next time?

4a. In terms of food system actions can you tell me what approaches are being implemented to support CFE?

- Institutional/service provision level
- Community level

4b. What has gone well with these approaches? What have been some challenges/what might be done differently?

5a. In terms of WASH actions can you tell me what approaches are being implemented to support CFE?

- Policy level
- Institutional level

- Community level

5b. What has gone well with these approaches? What have been some challenges/what might be done differently?

6a. In terms of Social Protection system actions can you tell me what approaches are being implemented to support CFE?

- Policy level
- Institutional level
- Community level

6b. What has gone well with these approaches? What have been some challenges/what might be done differently?

7. How does the coordination around CFE work in the Nutrition Sector? Strengths and weaknesses?

8. Is there any coordination outside the Nutrition Sector for IYCF/CFE at the sub-national level? How does that work? Strengths and weaknesses?

9. Do you have any other thoughts or suggestions?

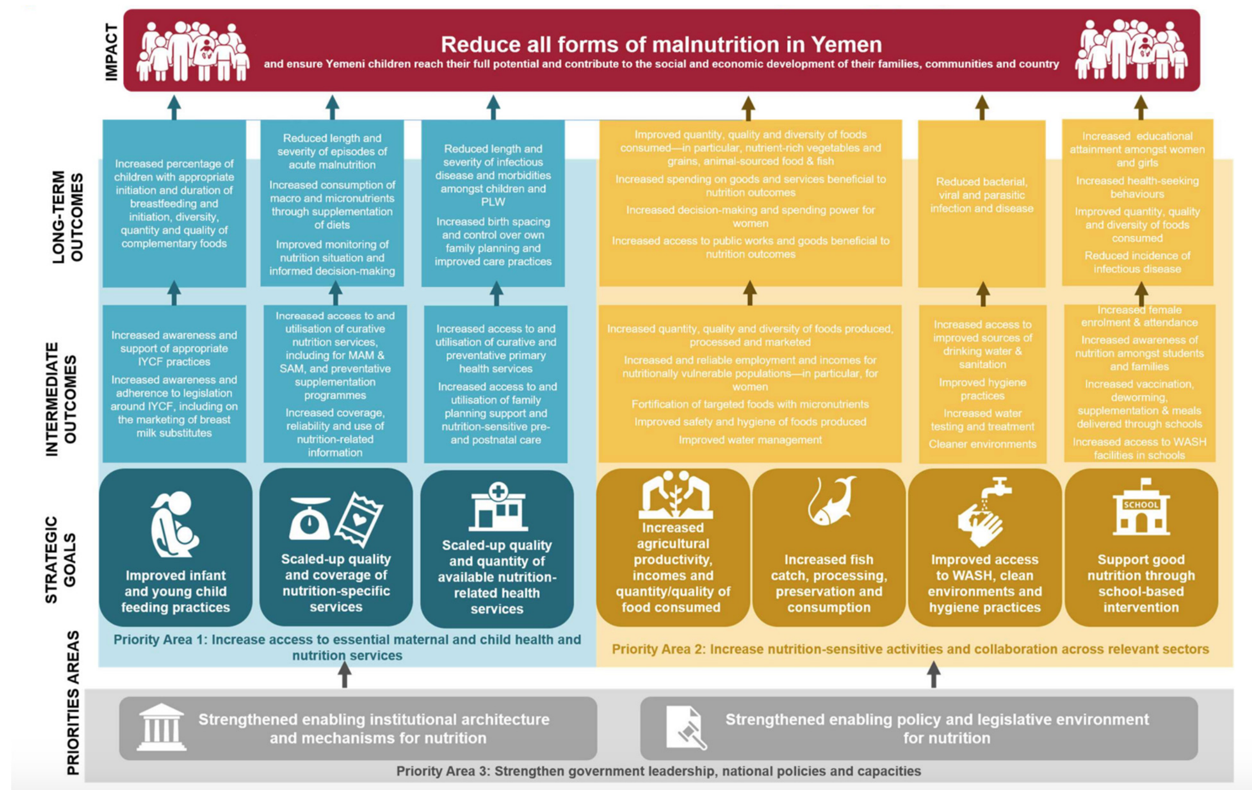
Annex F. Coordination Mechanisms Relevant to CF in Yemen

Coordination Mechanism	Focus and Relevance to CF
The NC coordinates the nutrition humanitarian response. The cluster is led by UNICEF and co-chaired by the Ministry of Public Health and Population based in Sana'a and a sub-cluster in Aden. The cluster has 42 members, including 17 national NGOs, 20 international NGOs, four UN agencies, and one government agency.[5]	The NC is responsible for the prioritization of humanitarian nutrition activities, strategy, and funding. Priority interventions for the NC are the treatment of wasting, IYCF promotion and counseling (including CF), provision of MNPs, and blanket supplementary feeding.
The Food Security and Agriculture Cluster (FSAC) in Yemen, established in 2012, is co-led by WFP and FAO, and co-chaired by NRC (FASC 2022).	FSAC is responsible for in-kind food and cash-based programming, as well as agricultural interventions that can potentially impact the diets and CF.
SUN Network: Yemen joined the SUN movement in 2012. A secretariat works with both governments. They have a technical team from five line ministries—Ministry of Health, Ministry of Agriculture, Ministry of Fisheries, Ministry of Education, and Ministry of Water and Environment—in each location (Sana'a and Aden). There is also a steering committee in Sana'a from at least 20 entities from the government and UN, and there is another subcommittee in Aden (SUN 2022).	SUN coordinates the national plans for nutrition in the line ministries in the different sectors. They have developed the MSNAP, which was finalized in April 2020. It was approved by the legitimate government in Aden, and it is also recognized by the government in Sana'a.
Technical working group for Infant and Young Child Feeding, a sub-group of the NC.	The IYCF working group has a TOR from 2015 that outlines the objectives and working mechanisms of the group. However, the TOR does not have specific mention of CF or improving diets. A key focus of the IYCF working group is updating the IYCF guidelines.[6]
IFRR is a joint coordination group for the nutrition, FSAC, health and WASH clusters to support integrated programming for famine risk reduction in Yemen, with a focus on the highest-risk priority districts.	The forum aims to support joint assessment, planning, implementation and monitoring across four sectors most relevant to CF.

5 Yemen: Nutrition Cluster, Partners Operational Presence (Jan-October 2020)." Yemen Nutrition Cluster. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/4w_yemen_nc_operational_ presence_jan-oct2020.pdf (accessed January 3, 2021).

6 TOR for IYCF working group

Annex G. Policies, Plans, and Guidance for Complementary Feeding



Policy	Focus and Implication for Complementary Feeding
Development-focused plans	
Yemen MSNAP 2020–2023	The MSNAP aims to "reduce all forms of malnutrition, ensuring that all Yemeni children reach their full potential to live a healthy life that allows them to contribute to the socioeconomic development of their families, communities and country." Endorsed in 2021, this policy is considered the main guiding document for actions related to the treatment and prevention of all forms of malnutrition. Actions are proposed across the four systems in the UNICEF Action Framework (food, health, WASH, and social protection), as well as other sectors, such as education. Many of the actions proposed are aligned with those in the Action Framework. It includes strategic objectives and actions across multiple sectors that aim to improve the quality of diets of young children.

	Priority area 1: Scaled-up nutrition services aim to increase the percentage of children with appropriate initiation and duration of breastfeeding and initiation, diversity, quantity, and quality of complementary foods. Priority area 2: Increase nutrition-sensitive activities and collaboration across relevant sectors. The MSNAP includes activities that aim to increase the availability of nutritious food, the decision-making and spending power of women, and improved water and sanitation.
UN Global Action Plan on Wasting for Yemen	Endorsed in 2021, this policy focuses on the prevention and treatment of wasting, including activities to support improved diets for children in the CF period, which are in line with the Action Framework.
United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022–2024	The UNSDCF is the United Nations' central cooperation framework for planning and implementation of development activities at the country level. It articulates the UN's collective framework of support to Yemen toward achieving key Sustainable Development Goals and advancing the humanitarian–development–peace nexus. Outcome 1 includes improving access to nutritious food that could support improved CF: "By 2024, people in Yemen, especially women, adolescents, girls, and those in the most vulnerable and marginalized communities, benefit from better, equal, and inclusive access to nutritious food, sustainable and resilient livelihoods, and environmental stability."
Yemen Infant and Young Child Feeding Strategy (2019–2021)	This document provides an overview of IYCF in Yemen and sets out the following objectives: • Ensure policies, guidelines, and legislation supportive of optimal IYCF practices are enacted and adequately implemented. • Ensure implementation of quality IYCF programming through an agreed upon strategic action plan and improved coordination, implementation, supervision, monitoring, and evaluation. • Ensure IYCF best practices are integrated into relevant sectors to fully protect, promote, and support IYCF. • Advocate for IYCF and raise awareness on the scale and magnitude of issues surrounding IYCF in Yemen. The development of new guidelines is underway.
Yemen National Strategy for Social and Behavior Change in Nutrition 2018–2021	This strategy sets out comprehensive actions to improve IYCF, including CF, by working with all those who can influence practices and using enabling factors as motivators while seeking to address barriers. This sets out a strong and specific communications plan for improving IYCF in Yemen.

Breastfeeding Promotion and Protection Regulations	Yemen adopted the Breastfeeding Promotion and Protection Regulations in January 2002. These regulations have been updated and drafted into a law that legislates the International Code of Marketing of BMS. The regulations apply to infant formula, dairy, and other food products for the exclusive use of children up to two years of age; complementary foods; and feeding bottles and pacifiers. However, this law has not yet been endorsed and therefore code legislation and enforcement remains a gap. Actions have been taken by the IYCF TWG to activate a monitoring system of code violations.
Humanitarian strategies and response plans	
HRP	The HRP is the coordinated, costed strategy and response plan of the humanitarian agencies working in Yemen. This document is consolidated by OCHA on behalf of the humanitarian country team and partners and serves as a reference document for funding the response. The plan is divided into sectors and funding commitments tracked against the funding of these sectors. The HRP influences which activities are prioritized and funded. Although the HNO highlights challenges with access to nutritious diets, activities to address these gaps are not included in the HRP, and there is limited specific focus on nutritious diets or CF in the nutrition sector response plan or in other relevant sector plans, such as food security.
Yemen Response Plan Infant and Young Child Feeding in Emergencies (2017)	The response plan was developed for the NC and likely still guides sector planning. The aim of the strategy was to ensure the following: Actions are proposed to improve CF, including— • Prioritization of pregnant and lactating women for targeted supplementary feeding • Blanket supplementary feeding and provision of micronutrient supplementation • Blanket supplementary feeding for children aged 6–23 months • Micronutrient supplementation for children aged 6–23 months • Cash/voucher schemes enabling caregivers to purchase complementary foods. Cross-sectoral collaboration to support hygienic CF by providing feeding utensils, safe water, and fuel is suggested, but the document does not explain how to do this, and these actions are not reflected in the indicators for the strategy.

Annex H. Nutrition Data Sources in Yemen

Survey/Assessment	Year	Locations	Data Collected
Nutrition-specific information			
Yemen Demographic and Health Survey	2013	Nationwide	Anthropometric data IYCF indicators Health and WASH indicators
SMART surveys	2021	21 Governorates across the country	Anthropometric data IYCF indicators WASH indicators
Data on factors that influence diets			
Barrier analysis	2018	Sana'a governorate	Assessed the barriers and enablers of dietary diversity in the CF period[7]
Food security and price monitoring (UN OCHA 2022b)	Monthly, ongoing	Nationwide, divided into Sana'a-controlled and Aden-controlled areas	Provides price information on the price minimum expenditure basket (wheat flour, rice, red beans, sugar, vegetable oil, fuel)

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Annex I. Detailed Assessment of the Factors Affecting Children's Diets

Gender

The primary caregivers of young children—their mothers—face significant restrictions on their daily lives, impacting their ability to access information and resources and to make decisions that support good childcare practices. Yemen is one of the worst places in the world to be a woman or girl, and the country ranks second-to-bottom in the world (surpassed only by Afghanistan) in terms of gender inequality. Women are largely excluded from politics, have limited freedom of movement, have limited economic opportunity, and have significantly lower levels of literacy and educational attainment (WEF 2021). Women also suffer from poor nutrition, with 1.3 million pregnant and breastfeeding women projected to be wasted in 2022 (UN OCHA 2021b). In many locations, women are not permitted to move outside the home without a "mahram" (a male relative) acting as a chaperone (Mwatana for Human Rights 2022). Only 54.9 percent of women in Yemen are literate, compared to 85 percent of men, and many girls are subjected to early marriage (32 percent married before the age of 18 and 9 percent married before the age of 15) (UNICEF 2017). A high birth rate and short birth spacing intervals likely adversely impact the well-being of women and childcare practices, in particular continued breastfeeding. Very few women have access to financial resources—just 2 percent of women over the age of 15 have an account at a bank or financial institution (GIZ 2015).

Knowledge of caregivers, social norms, and taboos

A key challenge underpinning the inadequate diet received by children in the CF period is lack of knowledge among caregivers about correct practices, as well as social norms around feeding and household meals. A barrier analysis conducted in 2018 in Sana'a governorate assessed barriers to dietary diversity in CF and found lack of knowledge to be one of the key barriers to appropriate CF practices. In particular, mothers were unclear about the dietary diversity recommendations and the quantities they needed from each food group. Some mothers believed that large quantities were needed, perceiving the goal as unachievable. Additionally, in terms of quantity, children's food intake was often not monitored, as the food was consumed from one communal dish. A lack of interaction with the child during meals was also identified as a challenge, with small children found to have difficulty selecting diverse foods from the common dish by themselves.[8]

Access to health services

Access to advice and counseling services for CF is limited in Yemen. The barrier analysis conducted in 2018 identified this as a key gap.[9] Access to and quality of health care has seriously deteriorated since 2015, with depletion of government funding and non-payment of public-sector salaries resulted in the discontinuation of many public services (Republic of Yemen 2020). In 2019, only about half of health facilities were functional, with many of those that were still in operation facing challenges in providing basic services (Republic of Yemen 2020).

Access to nutritious food

More than two-thirds of the Yemen population is below the poverty line, with many unable to meet their basic needs, and half of the population is projected to be acutely food insecure in 2021 (UN OCHA 2021a). Imported food accounts for about two-thirds of the total available volume of food in Yemen, resulting in a food system highly vulnerable to price shocks and currency depreciation. Since

8 barrier analysis
9 YR49

January 2021, Saudi Arabia has severely restricted fuel imports, with impacts across the food system (El Yaakoubi, Landay, and Jalabi 2021). Challenges in cultivation and as a result of the conflict, the cost of fuel and land degradation are reducing the availability of locally produced food and are increasing import dependence (Thomas 2022). This has led to high food price inflation, with household staples more than doubling in price, including a 133 percent price increase in wheat flour, 96 percent price increase in vegetable oil, and a 164 percent price increase in rice from February 2016 to October 2020 (IRC 2021). At the same time, purchasing power has reduced as a result of increased unemployment and loss of family incomes (Dureab et al. 2019). These issues are reported to have shifted consumption patterns, leading to substitution of more expensive and nutritious foods for cheaper, lower-quality food types (Tandon and Vishwanath 2019).

WASH

The majority of Yemenis do not have access to safe water and sanitation, preventing good practices and hygienic preparation and feeding complementary foods. Yemen's water and sanitation infrastructure has been heavily damaged by the conflict and hampered by the lack of fuel, resulting in one of the largest outbreaks of cholera in modern history in 2017 (World Bank 2022). As a result, two-thirds of the population (20.5 million) are without safe water and sanitation. Cost is cited in the HNO for 2022 as the major barrier for households in accessing appropriate WASH. Fifty-five percent of households lack soap and 80 percent of households do not treat water at home. More than 17 percent of families rely on purchased or trucked water, which suffers from increases in cost due to the fuel crisis (UN OCHA 2021a).

Annex J. Interventions

A. Nutrition counseling and social and behavior change communication	
One-on-one counseling	
What?	Caregivers provided with individual counseling on CF
Who?	Government health staff supported by NGOs
How relevant to CF?	To provide correct information about CF practices and address barriers related to knowledge
Why? *Addresses which drivers/barriers from the Action Framework?*	To address barriers related to knowledge around good CF practices Availability, affordability, and use of health and nutrition services; quality of health and nutrition services; caregiver knowledge
How?	Implemented at health facilities through government staff with technical support from NGOs In some locations, counseling is integrated into routine health services and antenatal care. Where NGOs are supporting the health facility, there may be a dedicated IYCF counselor to provide counseling sessions.
Where?	Large scale delivery—integrated into health facilities across the country providing treatment for wasting. In many locations, IYCF corners have been established to ensure privacy for breastfeeding in inpatient and outpatient facilities.
When?	Ongoing since 2018
Innovations and successes	A large number of government community midwives have been trained to provide CF sessions as part of antenatal care and post-natal care. Integration with antenatal and post-natal care reaches a higher number of mothers. Some NGO-supported centers are integrating counseling that includes CF with other services, such as hygiene promotion.
Challenges	Rollout of IYCF counseling through the health system has not yet fully taken place. Where counseling is integrated into health services, staff are often overstretched, and time for counseling is minimal (five minutes), limiting the sessions to information provision. Services are integrated into the treatment of wasting, meaning most support is received after the child is already malnourished, with a potential bias toward those able to move out of the house and with better health-seeking behavior. It is not possible to engage men/husbands in this activity, as this is viewed to be culturally inappropriate.

Mother support groups and nutrition promotion sessions	
What?	Group education sessions in communities for pregnant and lactating women
Who?	Community health volunteers (government recruited, supported by NGOs)
How relevant to CF?	Group sessions focus on childcare practices, including information and discussions about CF practices (including continued breastfeeding, frequency of feeding, quantity and consistency of food, responsive feeding, dietary diversity, and hygiene).
Why? *Addresses which drivers/barriers from the Action Framework?*	To address barriers related to knowledge around good CF practices. Availability, affordability, and use of health and nutrition services; quality of health and nutrition services; caregiver knowledge; social norms
How?	CHVs gather mothers in the community and, using counseling cards and flip books, provide information on IYCF and generate discussion about good childcare practices and addressing barriers.
Where?	Large scale delivery nationwide where funding is available for incentives and technical support for the government health workers.
When?	Ongoing since 2018, with some breaks in activities due to COVID-19.
Innovations and successes	These groups have recently been established in the community as part of the nutrition sector plan and will now reach more women than the previous health-facility-only provision. Women requiring a chaperone to travel are more likely to be able to attend sessions in their community than go to facilities.
Challenges	As health worker salaries are not being paid, these depend on NGO support, and funding is often short term. Health authorities had some resistance initially, as the move to the community required the transfer of responsibility for activities to a health worker with few or no qualifications. All activities focus on female caregivers, with limited engagement of men. It is not possible to engage men/husbands in this activity, as this is viewed to be culturally inappropriate. One-on-one counselling has a greater focus on breastfeeding than CF. Where counseling for CF is provided, mothers report that they do not have the resources to access the food, fuel, and water to follow recommendations.

Cooking demonstrations/community kitchen	
What?	A demonstration of how to prepare nutritious food
Who?	Community health volunteers (government recruited, supported by NGOs)
How relevant to CF?	These demonstrations focus on the CF period and cooking and feeding children ages 6–23 months.
Why? *Addresses which drivers/barriers?*	Caregiver knowledge, social norms
How?	Community volunteers led these sessions using the kitchen of one of the mothers in the community. They were provided with the supplies to conduct these sessions, and the volunteers bought food from local markets. Volunteers used recipes and described the benefit of each food when adding it to the recipe.
Where?	Small-scale delivery in locations in the north and south
When?	Ongoing throughout the case study period, but usually grant dependent
Innovations and successes	These demonstrations are based on an assessment of available food and feasible recipes in the location and integrated with demonstrations on safe preparation and storage of food.
Challenges	These were established in a number of locations but were NGO led and depended on funding.

B. Use of vitamin and mineral supplements in settings where nutrient-poor diets prevail	
Micronutrient powders	
What?	Home-based fortification with single dose MNP sachets to be mixed into home foods.
Who?	Provided through government health facilities (technical support from the UN and NGOs).
How relevant to CF?	These are provided to caregivers by health staff and volunteers to fortify foods given to children aged 6–23 months. Micronutrient deficiencies are a significant challenge in Yemen, and access to fresh, nutrient-rich food is a challenge in many locations.
Why? *Addresses which drivers/barriers?*	To provide micronutrients in the context of poor access to fresh, nutritious food. Availability of nutritious food; affordability of food.

How?	Provided at health facilities and in communities through community nutrition volunteers, alongside IYCF messaging and promotion.
Where?	Large scale delivery nationwide in the north and south of the country in locations where BSFPs are not being implemented.
When?	Ongoing through the case study period.
Innovations and successes	This is included as part of routine Ministry of Health services. Some mothers have reported that their children improve in health or have gained weight while using MNPs.
Challenges	There were reports of change in taste of food after adding MNPs and children being unwilling to eat the food after fortification. Provision is not coupled with the necessary level of SBC to ensure good use/uptake. Some printed information is provided on the correct use of MNPs, but many caregivers are illiterate and cannot read the instructions.

C. Access to diverse and nutritious complementary foods at household level	
Home gardening and the provision of seeds, tools, animals	
What?	Training and supplies for home gardening
Who?	UN and NGOs
How relevant to CF?	Increased availability of nutritious food at the household level can support improved diets for children in the CF period.
Why? *Addresses which drivers/barriers?*	Poor access to fresh, nutritious food Availability of nutritious food; access to food, social norms
How?	Seeds for vegetables are distributed to households for home gardening. Tools and training on gardening techniques is also given, along with education on good CF practices and nutrition.
Where?	Small scale implementation in the south.
When?	Implemented in Yemen for at least a decade.
Innovations and successes	Increased availability of vegetables at household level and success stories about improvement of diets reported.
Challenges	Grant-dependent and households often do not continue the gardens after the grant period. One key informant estimated that out of 50–100 households in-home gardening projects, one or two will keep the garden for a long period of time.

	Challenges with water and the time of caregivers were reported.

Farmer field schools	
What?	Farmer field schools (FFSs) train small-scale farmers in the different stages of production of nutritious foods, as well as provide education on IYCF.
Who?	UN and NGOs
How relevant to CF?	FFSs strengthen the skills of communities to enhance the production, processing, and consumption of nutritious food.
Why? *Addresses which drivers/barriers?*	Poor access to fresh, nutritious food Availability of nutritious food; access to food; affordability of nutritious foods; household dynamics; social norms
How?	FFSs are a training program that lasts for up to a year. Small-scale farmers receive hands-on, practical training during this time. Phase 1 trains farmers on farming techniques for nutritious food. Phase 2 trains participants on preservation, value addition, and how to market products. This is integrated with nutrition education, and farmers are encouraged to keep part of their crop for the household, particularly for feeding young children.
Where?	Small scale delivery in areas with high levels of food insecurity and malnutrition (at IPC 3, 4, or 5) in both the north and south of the country; the majority of the activities are currently in the south.
When?	Implemented since 2016
Innovations and successes	The focus of food production is context specific and depends on the agricultural zone. A "twin track" approach was used, along with immediate activities, to restore access to food. The FFSs align food production activities with the Multisectoral Nutrition Action Plan in four areas: fisheries, crop production, livestock, and value addition from all these different areas. This approach increases the availability of nutritious food at the household level, trains on techniques to extend the shelf life of perishable food, and provides education on care practices. The FFSs are targeted to women and female farmers, who account for 90 percent of the trainees.
Challenges	Currently implemented at a small scale. This is a resilience-focused intervention, with results in the medium term. This can be implemented in emergency settings, but it will not ensure access to food in the immediate term.

D. Access to fortified foods as needed, aligned with global and national standards	
Blanket supplementary feeding program	
What?	Specialized food is given to all children of CF age regardless of nutrition status—either a fortified wheat-soy-blend or a lipid-based supplement.
Who?	UN and NGOs
How relevant to CF?	This is intended to supplement the food available at the household level. As it is fortified with micronutrients, it is intended to contribute to a more nutritious diet for children ages 6–23 months.
Why? *Addresses which drivers/barriers?*	Availability of nutritious food; access to nutritious food
How?	Provided alongside food assistance to households with children aged 6–59 months.
Where?	Large scale delivery in 60 percent of the country focusing on areas with the highest levels of malnutrition and food insecurity.
When?	Ongoing and implemented throughout the case study period.
Innovations and successes	Delivered at large scale and reported to have contributed to a reduction in stunting since the escalation of the conflict.
Challenges	Commodity shortages due to closure of factories due to COVID-19.

E. Promote improved accessibility & use of safe complementary food, water, & clean household environment	
Hygiene promotion integrated with IYCF education for pregnant and lactating women	
What?	Provides information on sanitation and hygiene for pregnant and lactating women.
How relevant to CF?	Challenges with sanitation affect safe preparation of complementary foods and safe, hygienic feeding.
Why? *Addresses which drivers/barriers?*	Caregiver knowledge
How?	Community-based IYCF activities incorporate information about hygienic feeding practices.
Where?	Large scale delivery across the country with intensified activities in locations with cholera outbreaks

When?	Ongoing through the case study period, with significant scale-up following cholera outbreaks.
Innovations and successes	Implemented at scale
Challenges	Half of households in Yemen have inadequate access to water and sanitation, limiting their ability to follow recommendations.

F. Access to affordable and nutritious foods through social protection programs and counseling	
Cash for nutrition	
What?	Cash support to increase consumption of nutritious foods.
How relevant to CF?	Cash is provided with the aim of allowing families to purchase nutritious food, which can improve diets in the CF period.
Why? *Addresses which drivers/barriers?*	Caregiver knowledge; affordability of nutritious foods; caregiver time
How?	Cash is provided to households with children ages 6–23 months with a soft conditionality that the households attend nutritional training. Current targeting is for children already enrolled for treatment of wasting.
Where?	Small scale delivery in locations with high wasting rates malnutrition (IPC 3, 4, 5)
When?	Ongoing throughout the case study period.
Innovations and successes	The distribution of cash was integrated with a light conditionality that households attend nutrition training (households were not penalized for non-attendance). An evaluation of a cash-for-nutrition program implemented from 2014–2017 found significant impacts on the Child Dietary Diversity Score with high attendance at nutrition training and increased knowledge about the importance of nutrition and sanitation due to the training sessions under the program.[10]
Challenges	Targeting criteria for cash for nutrition have changed in recent years, with the majority of agencies instead linking cash for nutrition to the treatment for wasting in the community-based management of malnutrition (CMAM)/integrated management of malnutrition program, with the aim of reducing default rates and preventing relapse and re-entry to the program after treatment. As a result, the entry point is after the child has become

10 MR35

	malnourished and, therefore, is a late intervention. This criteria also allows for inclusion of children older than 24 months if they are being treated for wasting. It is reported that some families start feeding a child less so they become malnourished and they can be enrolled in the program. The low coverage of CMAM, targeting only families already in the program, also risks further excluding more vulnerable families who are not able to access services.

Food assistance (cash)	
What?	Cash is provided to households to buy food and meet their basic survival needs.
How relevant to CF?	Through this system, people receive cash equal to the value of the food basket provided to families. Provision of cash to families allows them to choose which items to purchase and can impact on the quality of the diet of children in the CF period, especially if integrated with education on IYCF.
Why? Addresses which drivers/barriers?	Affordability of food
How?	Cash is linked to the cost of a SMEB (UN OCHA 2022a).[11] The cash transfers are unconditional, and although they are based on the market prices of certain items, families can use them as they choose. The money is paid into bank accounts, is delivered to vendors who have sites where beneficiaries can collect cash in person, or is delivered using mobile money transfers.
Where?	Large scale delivery in the south of Yemen
When?	Ongoing since the beginning of the case study period
Innovations and successes	This program is delivered at large scale, reaching approximately 20 percent of all households in the country. This approach to food assistance injects much-needed liquidity into the economy. It also contributes to sustaining local markets (WFP 2022). The amount provided is adjusted to account for different food prices in the south versus the north of Yemen.
Challenges	The transfer is based on a SMEB and not on the affordability of a nutritious diet. The transfer is at household-level food security and may not lead to purchase of the type of food needed for children in the CF period. AA government will not allow biometrics in the areas it controls, which is cited as a reason for using in-kind food assistance and not cash in the majority of the country.

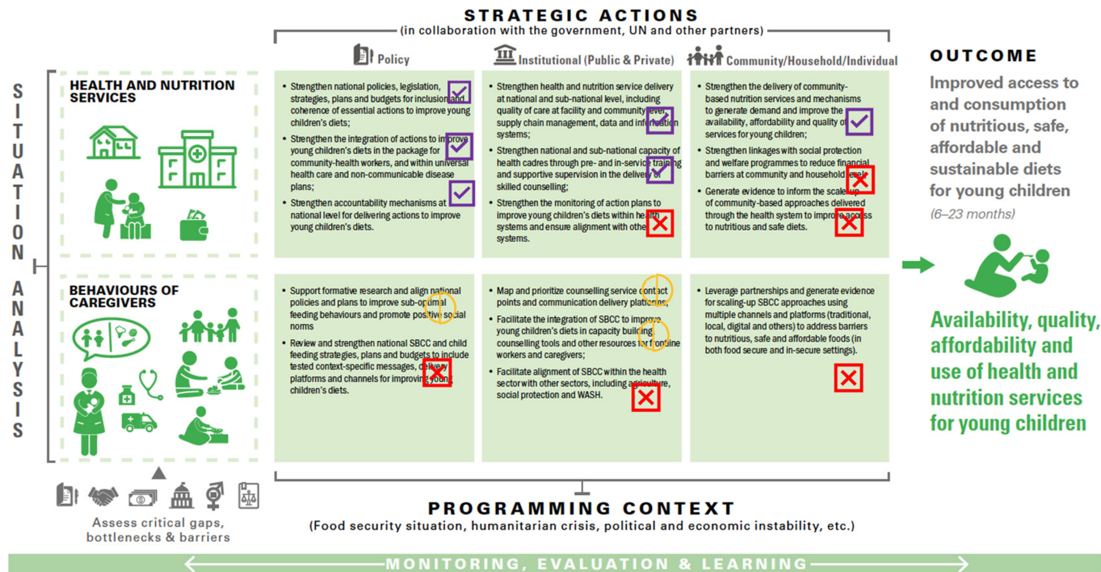
11 Wheat flour, beans, vegetable oil, sugar, salt, cooking fuel, clothing, lighting

	Cash is provided to the head of the household, usually a male household member. Some key informants perceived that men were less likely to prioritize the purchase of nutritious food for children. Cash distribution is rarely integrated with nutrition promotion.

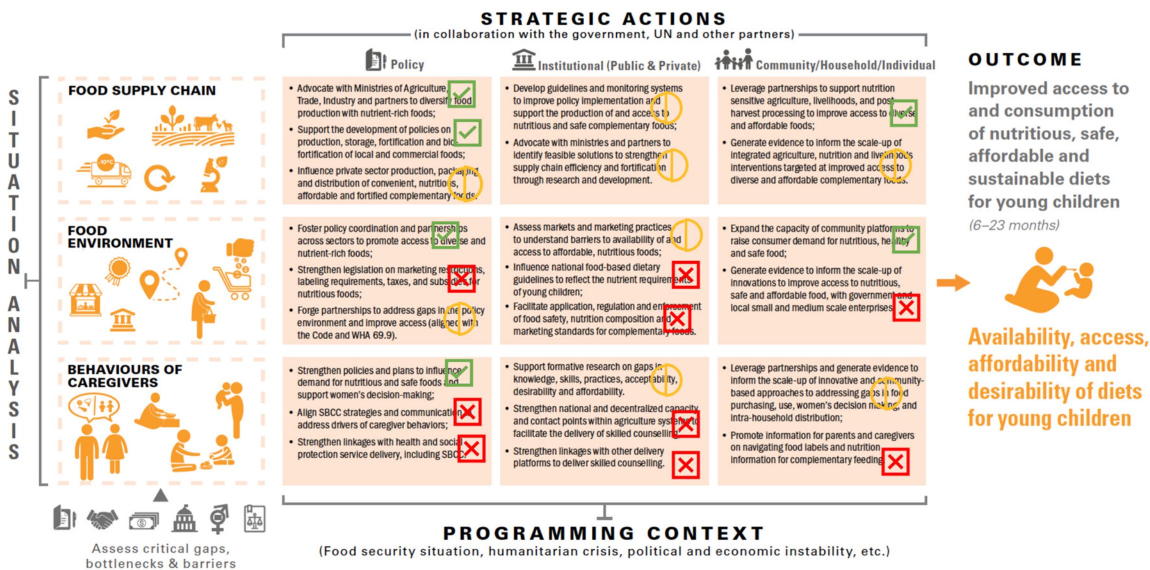
Food assistance (in-kind)	
What?	Provision of rations of food assistance as in-kind rations of flour, pulses, oil, sugar, salt, or voucher or cash to purchase the same quantity of food.
How relevant to CF?	Affects the overall food available in the household.
Why?	Affordability of food (where basic food needs are covered; additional income may be used for more nutritious foods).
How?	Provided to the head of the household monthly at a distribution point.
Where?	Large scale delivery making up 70 percent of food assistance in-country (40 percent of the population) provided largely in the north of the country.
When?	Ongoing for the case study period.
Challenges	Some key informants viewed in-kind food distribution as disrupting markets by flooding the market with cheaper, lower-quality products and preventing families from choosing food items in a context where markets are believed to be strong. It is less efficient and more costly to deliver than cash (Elayah, Gaber, and Fenttiman 2022). The food basket alone is unlikely to be sufficient to meet the high nutrient needs of children in the CF period, as it does not include fresh food. The cost of transportation of bulky items can also be problematic, causing people to sell items at a low price cash (Elayah, Gaber, and Fenttiman 2022) Food assistance is provided to the head of the household, who is normally male, limiting the control of resources by female caregivers. Food assistance is not currently integrated with nutrition education or SBC.

Annex K. Delivering through Systems

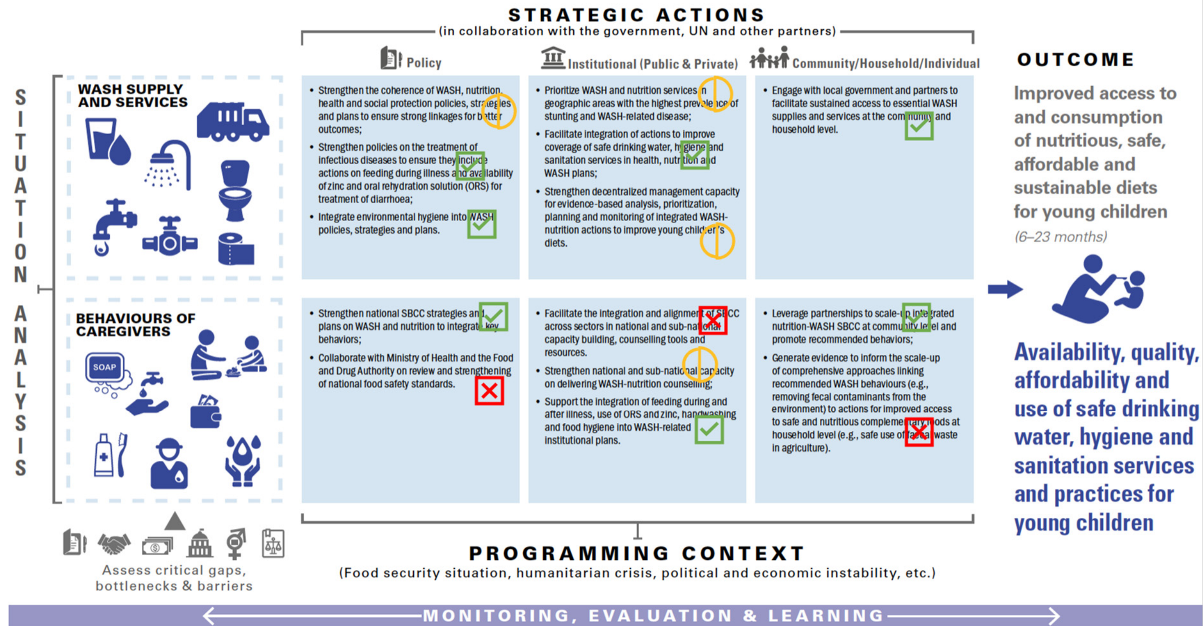
Delivering Through the Health System



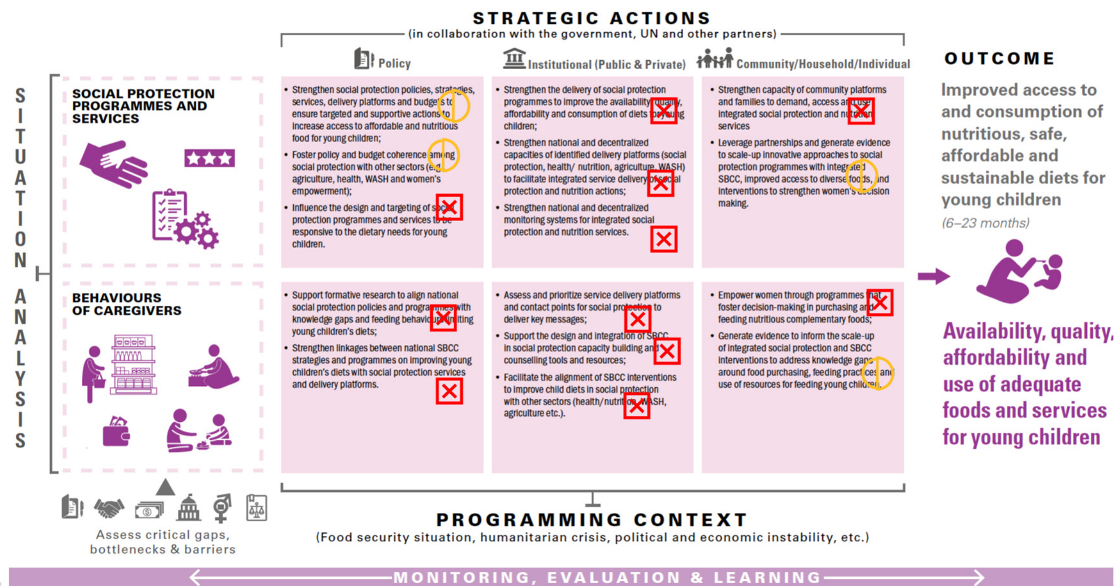
Delivering Through the Food System



Delivering Through the Water and Sanitation System



Delivering Through the Social Protection System



Source for graphics: UNICEF. 2020a. *Improving Young Children's Diets during the Complementary Feeding Period*. New York: UNICEF. https://www.unicef.org/documents/improving-young-childrens-diets-during-complementary-feeding-period-unicef-programming.

Annex L. Summary of Key Findings (matrix/table)

Definition/Recommendations in the UNICEF Action Framework	Finding for Yemen
Section 1. Programming context	
Country context	Yemen has the worst humanitarian crisis in the world, with ongoing civil war, a devastated economy, and frequent climate-related natural disasters. Two-thirds of the population need humanitarian assistance, and several governorates are at risk of famine.
Coordination should occur within and across sectors, including strengthening multi-sector planning and clearly defining the roles of different actors.	Strong examples of multi-sector coordination with the IFFR are seen. Due to the risk of famine over recent years, the focus of attention is curative nutrition activities perceived to be lifesaving. Challenges are seen with engaging government on CF (and IYCF in general), as it is not perceived to be lifesaving. The Humanitarian Response Plan has limited multi-sectoral activities focused on improving CF.
Understanding the policy environment and legal frameworks driving CF outcomes is a key action.	The MSNAP has many proposed activities across different sectors that have the potential to improve CF. Funding is largely for the humanitarian actors, and the degree to which MSNAP activities are being funded is difficult to track. There is strong inter-sectoral coordination in the humanitarian sector but limited focus on the quality of diets. The code on BMS marketing is in place but not well monitored or enforced.
Section 2. Nutrition situational analysis	
Conducting a situation analysis is important to design effective CF programs, including understanding the status of CF practices, as well as examining the drivers of poor diets for young children.	No specific situation analysis for CF was conducted in Yemen. However, a number of data sources are available with information about the status of CF practices as well as factors that may influence these practices. Recent SMART surveys indicate 12 percent of children receive a minimum acceptable diet in terms of continued breastfeeding, frequency of feeding, and dietary diversity. While two-thirds of children were still receiving breastmilk at one year of age (69 percent), rates dropped significantly. By the end of the CF period, at two years of age, only a third were receiving breastmilk (34 percent). Across the country, significant challenges were seen with the

<table>
<tr><td></td><td>frequency of feeding and dietary diversity; only half of children (49 percent) were fed with appropriate frequency and dietary diversity, and less than a third (30 percent) were receiving the minimum dietary diversity.

Key drivers of poor diets are—

• Gender-related challenges—women face severe restrictions on their daily life, including restrictions on freedom of movement and lack of control of finances.
• Lack of knowledge of the correct behaviors.
• Poor access to health services and limited counseling on correct practices, with only half of health services currently functional.
• Severely constrained access to nutritious food due to increases in food prices coupled with reductions in income due to the economic crisis.
• Lack of access to safe water and sanitation for most households, creating challenges for families to follow recommendations about safe preparation of food.</td></tr>
<tr><td>The situation analysis should include an examination of existing barriers and bottlenecks that may negatively affect CF programming.</td><td>The humanitarian operating environment presents challenges. The country is divided into areas controlled by the internationally recognized Government of Yemen, based in Aden, and the AA movement, the self-proclaimed government based in Sana'a (United Nations Yemen 2022). An estimated 70 percent of the population live in the areas controlled by the AA movement (CARE 2022).

Challenges are reported in hiring women due to the need for a male chaperone.

Distrust of western agencies is seen, particularly related to gender-sensitive programming.

Funding cuts to the humanitarian response are projected.</td></tr>
<tr><td colspan="2">Section 3. Interventions</td></tr>
<tr><td>Key interventions for improving young children's diets are recommended based on available evidence. These are suggested to be implemented via different channels/systems—health, food, WASH, and social protection—and at multiple levels—policy, institutional, and community/household.</td><td>All recommended actions in the Action Framework were reported to have been implemented in Yemen. However, the scale of interventions varied, with most interventions delivered through the health system.

Nutrition counseling and SBC were implemented as part of the health system IYCF strategy.

Community nutrition education and awareness raising included CF messages.

Cooking demonstrations were also used.</td></tr>
</table>

	Small-scale programs to support home gardening and farming supported access to nutritious foods in locations where cultivation was possible. In locations where food insecurity was high, BSFP was provided to children aged 6–23 months. MNPs were provided in locations where BSFP was not provided. Cash assistance was given focused on nutrition outcomes but recently has targeted children in CMAM programs. Hygiene promotion was integrated into IYCF promotion. Examples of program interventions to support CFE are in place across the Action Framework's recommended actions, but limited multi-sectoral programming to support CFE are delivered at scale.
Monitoring and evaluation	
Monitoring, evaluation, and learning are critical to effective program implementation and the achievement of program objectives.	Monitoring indicators for CF is included in the MSNAP. National information systems do not currently collect information for most of these indicators (TASC 2021). The NC database includes a number of process indicators and tracks the number of children receiving BSFP, micronutrient interventions, and IYCF counseling. Periodic SMART surveys collect IYCF indicators. Monitoring is based on the achievement of a minimum recommendation and does not usually track incremental progress. Where minimums are difficult to achieve, these indicators may not capture incremental progress.

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