GNC partners call – Yemen, June 2017

- Escalating conflict since March 2015, over 2M IDPs
- Estimated 18.8M (of 27.4M) people in need of humanitarian assistance – Dec 2016
- Estimated 17M people (60% of population) food insecure (10.2 M IPC Phase 3, 6.8M people IPC Phase 4 – Feb 2017)
- Economic status of 78% of HH worse than in pre-crisis period
- High levels of malnutrition, both chronic and acute (0.46M SAM, 1.7M MAM and 1.1M PLW) – Dec 2016 estimation
- 14.5 M people need support to meet basic WASH needs
- 14.8 M people require assistance to ensure adequate access to healthcare and only 45% of health facilities functional (from 16 governorates surveyed)
- Cholera with more than 200,000 suspected cases
YEMEN IPC 2017 Projected Food Insecurity (March-July)
YEMEN NUTRITION CLUSTER RESPONSE PLAN HUMANITARIAN AS OF MARCH 2017

Note: Planned revision as new IPC is released in March, EFSNA data to be released in April
Strategic Nutrition Priorities

**NUTRITION OBJECTIVE 1**
1. Deliver quality, life-saving interventions for acutely malnourished girls and boys and pregnant or lactating women. Relates to S01 & 2

**NUTRITION OBJECTIVE 2**
2. Contribute to prevention of malnutrition by enhancing BSFP, micronutrient support, de-worming and IYCF. Relates to S01 & 2

**NUTRITION OBJECTIVE 3**
3. Strengthen capacity of relevant authorities and local partners to ensure effective, decentralized nutrition response. Relates to S03

**NUTRITION OBJECTIVE 4**
4. Ensure a predictable, timely and effective nutrition response through needs analysis, monitoring and coordination. Relates to S04

**PEOPLE IN NEED**
- 4.5M

**PEOPLE TARGETED**
- 2.6M

**REQUIREMENTS (US$)**
- 182.2M

Yemen Nutrition Cluster
Gaps in Resources and challenges

Gaps in Existing Health System:
- Significant gaps of human resources in health facilities
- Resource gaps to fully functionalize nearly half of the health facilities (only 45% are fully functional)
- Gaps in health facility operational/running cost to scale up adequate services
- Gaps in technical capacity to provide full range of CMAM and prevention services

Human Resources:
- Limited capacity of implementing partners and absence/poor health workforce

Financial Resources
- Underfunding - only about 45% of the NC response funded so far

Supplies availability:
- UNICEF has RUTF for the next 2 months in country, with more in pipeline to be delivered in Jul&Oct. UNICEF procured 100% supplies for 2017 + contingency stock
- WFP has supplies for the next 3 months, with more procured to cover 232 districts in 2017 (excl. BSFP for PLW in Nov-Dec)

Additional constraints:
- Access issues due to insecurity
- Low availability of quality and timely nutrition data (2 SMART surveys done in 2017)
Ongoing initiatives to address challenges

• Training on cluster approach + development and implementation of the CCPM action plan
• Revision and implementation of the NC CMAM and IYCF scale up strategy and plan
• Revision of the Mother support groups guideline
• IYCF-E training (July 2017)
• Revision of CMAM, SMART guidelines
• Ongoing CMAM trainings
• Funding and capacity building for SMART secured
• Strengthening sub-national coordination
• Development of the incentives scheme for HWs
3 key asks from the GNC partners

• Donors – bilateral funding, with focus on CMAM and prevention, ensure exit strategy for projects, capacity building of MoH HWs and CHWs, screening and referral

• NGOs – strengthen HR capacity in country, with focus on the field, technical support, engagement with local NGOs

• UNICEF, WHO, WFP – technical support, strengthen HR capacity in country