Yemen Nutrition Cluster Advocacy Strategy 2018-2020

1. Advocacy vision and rationale

The nutrition cluster approach was adopted in Yemen in 2009. Since then, Yemen has continued to face complex emergencies with the Nutrition Cluster being constantly active. Following the escalation of the conflict in March 2015, a Level 3 system-wide emergency was declared in Yemen, which is still in place.

The Nutrition Cluster in Yemen aims to contribute to the reduction of the risk of excessive mortality and morbidity by improving the nutritional status of emergency affected populations ensuring an appropriate response that is predictable, timely, effective and at scale. The primary purpose of the Nutrition Cluster is to support and strengthen a coordinated multi-sectoral approach in nutrition in emergencies, including strategic planning, situation analysis and response.

Advocacy is among the Cluster Core Functions to support the achievement of its nutrition objectives in Yemen. The **Nutrition Cluster Advocacy Strategy 2018-2020** contributes to Nutrition Cluster YHRP Objectives and it is intended to guide the Nutrition Cluster advocacy work in Yemen **identifying key areas of concern for common action for Nutrition Cluster partners, avoiding conflicting priorities and proposing clear and unified solutions to political authorities and institutions to influence technical, policy and financial frameworks for increased nutritional impact.**

The **Yemen Nutrition Cluster Advocacy Strategy** focuses on technical/operational advocacy at ministerial level for the implementation and scaling up of nutrition interventions to support the Cluster mission objectives. Yet, through the implementation of the Advocacy Strategy the Nutrition Cluster partners will also support and contribute content and positioning to inform high-level advocacy on common challenges for humanitarian response in Yemen beyond the mandate of each individual cluster currently being addressed through high-level advocacy lead by the Humanitarian and Communication Network (chaired by OCHA).

The Advocacy Strategy has been developed following a participatory approach, including desk review, one-to-one interviews, an online advocacy survey to cluster partners and an Advocacy Workshop to ensure it reflects the views of cluster partners and it is relevant to their work and priorities.

2. Description of the problem

More than three and half years since the escalation of the conflict, Yemen is the largest man-made humanitarian crisis globally.

Some 75 per cent of the population – 22.2 million people – are in need of humanitarian or protection assistance, including 11.3 million who are in acute need. Within this population, 8.4 million people are severely food insecure and at risk of starvation. At the same time, Yemen is grappling with outbreaks of cholera and diphtheria. More than two million people remain displaced, straining their capacity to cope. Conflict also escalated at the end of 2017 and is having a heavy impact on civilians.

An estimated 7.5 million people are in need of nutrition assistance, with 2.9 million people who will require treatment for acute malnutrition in 2017 - some 1.8 million children and 1.1 million pregnant or lactating women, including 400,000 children under the age 5 who are suffering from severe acute malnutrition.

THE CRISIS IN NUMBERS

22.2 million yemenis in need of humanitarian aid

2 million people displaced by the war

7.5 million people in need of nutritional assistance, including
2.9 million acutely malnourished
400,000 children under 5 suffering from life-threatening severe acute malnutrition

+600 health facilities damaged

50% of health facilities functional only

Essential basic services and the institutions that provide them are at the brink of total collapse. Only half of all health facilities are functioning, and even these face severe shortages in medicines, equipment, and staff.

Although humanitarian partners have progressively expanded their reach in the last two years, the needs have expanded and deepened at an even faster pace. **The advocacy strategy aims to support the work of the Nutrition Cluster working with the Government of Yemen and other relevant actors to address identified challenges and bottlenecks for the implementation and scaling up nutrition interventions and contribute to strengthen the capacities for nutrition action in the country.**

3. Advocacy overall goal

TO SUPPORT THE IMPLEMENTATION OF THE NUTRITION CLUSTER STRATEGIC OBJECTIVES IN YEMEN TACKLING IDENTIFIED CHALLENGES TO RESPOND TO THE NUTRITIONAL NEEDS OF EMERGENCY AFFECTED POPULATION

4. Advocacy change objectives

ADVOCAY OBJECTIVE 1 The MoPHP and other nutrition actors in Yemen promote and scale up a comprehensive nutrition package with the prioritization of both treatment and preventive direct specific nutrition interventions [Contributes to Nutrition Cluster YHRP Objective 1 and 2]

Results:

1.1 The MoPHP and the Nutrition Cluster have and implement a harmonized approach for a comprehensive integrated package of free of charge services for children and PLW with AM, including MAM treatment scaling up
1.2 MoPHP prioritizes a comprehensive nutrition package with preventive specific nutrition interventions, including IYCF interventions, micronutrient intervention and BSFP
1.3 The MoPHP Nutrition Department finalises and endorses the national Nutrition and IYCF Strategies in line with regional and global frameworks and disseminates it to health facilities
1.4 MoPHP strengthen the existing system to monitor public and private sector compliance with International Code of Marketing of Breastmilk Substitutes (BMS)
1.5 Adequate budget allocated by government, humanitarian donors and development partners for the support and implementation of relevant nutrition programming, including capacity building activities
1.6 Strengthened community engagement through increased nutrition awareness programmes at community and household level, including engagement with head of tribes in rural areas and men

Opportunities:

- Existing spaces for engagement such as ongoing work with the MoPHP (monthly meetings) and with beneficiaries (beneficiary targeting and verification exercise at district level)
- Existing decentralized nutrition programs for treatment and prevention
- Alignment of Nutrition Cluster identified priorities with the MQSUN Recommendations for Yemen

Milestones:

- Agreement upon joint three-year scale up plan for CMAM and other nutrition interventions among cluster partners developed and being implemented
- Community-based activities for caregivers of children U2 on IYCF strengthened
- Awareness raising about breastfeeding among all levels of facility staff, including hospital managers and heads of divisions
- IYCF Strategy finalized and disseminated to health facilities
- The MoPHP has a system to monitor the promotion of alternatives to breastfeeding, child food supplements, and relevant products that contradict national legislations and international charters
- Budget allocations by the government, humanitarian donors and development partners are sufficient to implement the three year scale up plan

Core messages:

- *[Result 1.1 on scaling up an integrated nutrition package]* 1 in 5 children under 5 and 1 in 4 pregnant and lactating women are suffering from acute malnutrition and are at high risk of death, and in need of urgent access to acute malnutrition treatment services to save their lives. An integrated approach for the treatment of acute malnutrition among children under 5 and pregnant and lactating women combining

inpatient treatment with outpatient care for the children with severe acute malnutrition, management of children with moderate acute malnutrition and community mobilisation and involvement is important to reduce mortality and morbidity, and is a cost effective intervention. The scaling up of this integrated approach must be part of the primary health care interventions, and must be free of charge.
Audience: MoPHP, UN agencies, Donors, MOPIC, Nutrition Cluster, NAMSHA

- *[Results 1.2 and 1.3 on IYCF]* Breastfeeding and complementary feeding practices in Yemen are poor according to last studies prior to the conflict, a situation that have been worsened with the current crisis. Optimal breastfeeding and complementary feeding could prevent 1/5 of mortality in children under five and contributes to optimal growth and development. Expanding the implementation of nutrition and health interventions at community level and focusing on behavior change on breastfeeding and complementary feeding is essential to save lives and is cost effective.
  Audience: MoPHP, UN agencies, Donors, MOPIC, Nutrition Cluster, NAMSHA, international and local NGOs

- *[Result 1.4 on compliance with International Code of Marketing of BMS]* Breastfeeding gives all children the healthiest start in life. During emergencies, breastfeeding is more important than ever. During emergencies breastfeeding saves lives, protecting infants and young children against disease and death. Distribution of free samples of formula milk is harming children. Infant formula consumption in Yemen is very high; almost half of Yemeni children under two are using artificial milk. Enforcement of breastfeeding legislation and monitoring the International Code of Marketing of Breast-milk Substitutes reporting violations to control the marketing of breast milk substitutes is crucial.
  Audience: MoPHP, Nutrition Cluster, donors, international and local NGOs

ADVOCACY OBJECTIVE 2 The Ministry of Planning and International Cooperation (MOPIC), the MoPHP and the Nutrition Cluster work with relevant ministries and clusters, including those working on health, food security, agriculture, fisheries, WASH and education for the inclusion and effective implementation of nutrition-sensitive objectives in relevant government sectoral policies and cluster plans [Contributes to Nutrition Cluster YHRP Objectives]

Results:

2.1 Nutrition-sensitive elements and priorities are integrated and implemented as part of relevant sectoral policies and cluster plans
2.2 Donors funding for the Integrated Multispectral Plan (including operational cost) and integrates famine risk reduction (IFRR)

Opportunities:

- Existing spaces for engagement such as ongoing work with the MoPHP (monthly meetings) and with beneficiaries (beneficiary targeting and verification exercise at district level)
- Increased nutrition awareness at community level as a consequence of the current ongoing crisis
- Engagement with other sectors and existing Multisector Nutrition Plan
- Alignment of Nutrition Cluster identifies priorities with the MQSUN Recommendations for Yemen

Milestones:

- Effective inter-ministerial and inter-cluster coordination for nutrition work in place
- Nutrition-sensitive objectives, targets and indicators across relevant sectors developed and used
- Nutrition-sensitive interventions, targets and indicators across relevant clusters developed and used
- Strengthened health service coverage, including agreement on incentives payments to the health workers and community health volunteers, reached
- Operational cost for line ministries agreed
- Integrated Famine Risk Reduction (IFRR) included in Multispectral Nutrition Plan
- Budget allocations by the government, humanitarian donors and development partners are sufficient to implement Multisector Nutrition Plan and IFRR

Core messages:

- *[Result 2.1 on inter-sectoral integration]* Yemen has one of the highest rate of acute malnutrition in the world. While nutrition-specific interventions are key to reduce child morbidity and mortality, it is also critical that other sectors like agriculture, WASH and education develop nutrition-sensitive interventions to address the underlying determinants of nutrition. Without adopting a multi-sector approach for nutrition, actions are in vain. The integration of all relevant actors' plans can lead to better targeting, to the achievement of common results and the improvement of the health status of the population in Yemen and ultimately can save lives. All actors must work together on nutrition issues and develop a mutual result framework to ensure progress.
  Audience: MoPHP, MOPIC, Ministry of Education as well as relevant clusters

- *[Result 2.2 on funding for the Integrated Multispectral Plan*] With 7.5 million people in need of nutrition assistance, including 2.9 million people requiring treatment for acute malnutrition, the problem of malnutrition in Yemen is high. We need consensus for a multi-sectoral approach to tackle all the causes of malnutrition in a coordinated and synergistic way. Funding all sectors and developing one integrated work plan for all sectors is critical to tackle the malnutrition problem in Yemen.
  Audience: Donors, MoPHP, MOPIC, Ministry of Education as well as relevant clusters

ADVOCACY OBJECTIVE 3 Improved national capacities at all levels for nutrition action [Contributes to Yemen Nutrition Cluster YHRP Objectives]

Results:

3.1 Ensure standard satisfying incentive scales for health workers and community health volunteers across all organization and ministries working in Nutrition and Health
3.2 An inclusive strategy for nutrition information system strengthening, information collection, analysis, review and dissemination is developed and implemented
3.3 All health workers, managers and community health volunteers are covered by CMAM & IYCF training
3.4 Nutrition curricula included into integrated national health curricula in health institutes and universities for medical and paramedical students and donors' funding ensured

Opportunities:

- Existing spaces for engagement such as ongoing work with the MoPHP and all relevant sectors (monthly meetings) and with beneficiaries (beneficiary targeting and verification exercise at district level)
- Increased nutrition awareness at community level as a consequence of the current ongoing crisis
- Existing national nutrition training packages
- Functional cluster system in Yemen
- Existing Technical Committee on SMART assessments
- Existing of pool of people in MoPHP trained on nutrition work and assessments
- Existing several health high education institutions
- Global SMART initiative providing country support
  SUN-Yemen Networks (SBN & CSOs)

Milestones:

- Agreement and compliance on incentives scales for health workers and community health volunteers across all organization and ministries working in Nutrition and Health
- A strategy for strengthening Nutrition information system within MoPHP at different level for data collection, analysis, consolidation and dissemination is developed.
- Capacities of MoPHP and partners on data collection, analysis and reporting (including Information Management System - IMS, surveys and surveillance is strengthened
- Capacities of MoPHP and partners on data collection and analysis strengthened, including training on the stablished information management system (IMS) for health workers
- A strategy for strengthening Nutrition information system within MoPHP at different level for data collection, analysis, consolidation and dissemination developed
- Increase in health workers and community health volunteers covered by CMAM and IYCF trainings
- CHV/CHW training material/curriculum reviewed to be in line with high-impact nutrition interventions

- Behaviour change strategy for increased awareness at community and household level agreed and implemented
- Nutrition is included in curricula of all higher education institution providing health education
- Media engagement in supporting nutrition increased

Core messages:

- *[Result 3.1 on incentives for health workers and volunteers]* The unequal rate of incentives across organisations displeases volunteers and badly affects their work in the field. Nutrition and Health Cluster partners should adhere to the standardized rate of incentives for community health volunteers and workers, which is in line with the MoPHP endorsed incentives rates, to create a satisfactory work environment that will reflect positively on the provision of the nutrition services.
  Audience: Nutrition Cluster partner organisations managers and coordinators

- *[Result 3.2 on a nutrition information system]* The continuous collection, analysis and interpretation of nutrition-related data helps making timely and effective decisions to improve nutritional status of the population. The current lack of nutrition-related information in Yemen is the main cause of insufficient targeting. Having a combined, easily accessible system for information, will make it faster and easier to continuously obtain updated data on the nutrition status of the population. As part of its system strengthening processes and in collaboration with technical partners, the MoPHP should gradually work over the next years on building the foundation for strengthening its Nutrition Information Management System at different levels to minimize gaps on nutrition information and to enhance impact.
  Audience: MoPHP Nutrition Department, Nutrition Cluster partners, SUN secretariat, SMART initiative

- *[Results 3.3 and 3.4 on nutrition capacity building]* The effectiveness of interventions promoting child survival and health depends upon the capacity of the health system to deliver a high-quality intervention. Building the capacity of the health workers in the management of acute malnutrition will ensure the quality of the provided nutrition services as 1,900 health workers are in need for training in malnutrition management and more than 2,000 HWs required annual refresher training. The MoPHP must work with all nutrition actors to cover the capacity gap of the existing health workers. The MoPHP must work with the health higher education institutions to ensure that their graduates are qualified to provide nutrition services to population.
  Audience: MoPHP Nutrition Department, MOPIC, Nutrition Cluster, SUN Secretariat

5. Primary targets, influencers, allies, and partners

The Yemen Nutrition Cluster Advocacy Strategy focuses on technical/operational advocacy at ministerial level. The tables below shows key targets identified by Nutrition Cluster partners through one-to-one discussions, an advocacy online survey and an Advocacy Workshop held in June 2018.

ADVOCAY OBJECTIVE 1 The MoPHP and other nutrition actors in Yemen promote and scale up a comprehensive nutrition package with the prioritization of both treatment and preventive direct specific nutrition interventions

Objective 1

Position/attitude towards your position	LOW	MEDIUM	HIGH
IN FAVOUR	**Possible advocacy allies/supporters** Community leaders Local authorities Elders and imams and community midwives	**Possible advocacy allies/supporters** SUN Secretariat at MoPIC Ministry of agriculture and education	**Key allies** Nutrition Department MoPHP GHOs Donors UN agencies / local and international NGOs. Ministry of health and MOPIC Nutrition cluster
NEUTRAL	Local academia (both target and influencers) Men and women Local businesses	Local media	**Key targets** MoPHP
AGAINTS		Community leaders (awareness, seeking benefits) Local authority (access , political , conducting surveis, conflict) Elders and imams (some in favour some against) NAMSHA	**Main opponents. It is important to minimise their influence** MoPHP management (they don't prioritize nutrition or they want to take over ownership of some BSFP programmes)

Influence on the issue

ADVOCACY OBJECTIVE 2 The Ministry of Planning and International Cooperation, the MoPHP and the Nutrition Cluster work with relevant ministries and clusters, including those working on health, agriculture, WASH and education for the inclusion and effective implementation of nutrition-sensitive objectives in relevant government sectoral policies and cluster plans

Objective 2

Position/attitude towards your position	LOW	MEDIUM	HIGH
IN FAVOUR	**Possible advocacy allies/supporters**	**Possible advocacy allies/supporters** Education Agriculture DHO &GHO Agriculture/ Planning (MOPIC)/ Education (Ministry of Education can be a target and also an influencers) technical	**Key allies** **Central government level:** Ministers of MoPHP; Nutrition management in the MoPHP; Nutrition Department MoPHP **Local level:** Local academia (both target and influencers); local media (both target and influencers) **Community level:** Local authority community leaders such as elders and imams **International actors:** UN agencies; SUN Secretariat at MoPIC
NEUTRAL	Health workers community midwives	**Service providers level:** /Local NGOs **Private sector:** local businesses **Community level:** Local authority community leaders such as elders and imams **Household level:** men and women	**Key targets** Agriculture/ Planning (MOPIC)/ Education (Ministry of Education can be a target and also an influencers) **Donors** **Managers** **Clusters coordinators and partners**
AGAINTS		DHO &GHO	**Main opponents. It is important to minimise their influence** **Executive unite such as National Security, ect..** **Community level:** Local authority community leaders such as elders and imams NEMCHA **Humanitarian Coordinator**

Influence on the issue

ADVOCACY OBJECTIVE 3 Improved national capacities at all levels for nutrition action

Objective 3

Position/attitude towards your position	LOW	MEDIUM	HIGH
IN FAVOUR	**Possible advocacy allies/supporters**	**Possible advocacy allies/supporters** Local media (both target and influencers) SUN Secretariat at MoPIC Ministers of MoPHP/ Agriculture/ Planning (MOPIC)/ Education (Ministry of Education can be a target and also an influencers) **Community level:** Local authority community leaders such as elders and imams and community midwives. **Service providers level:** Health workers/Local NGOs	**Key allies** **Central government level:** Nutrition management in the MoPHP; Nutrition Department MoPHP **UN central level:** Humanitarian Coordinator **Governorate/district government level:** District Health Office (DHO)/Governorate Health Office (GHO)/Health officers in the governorates
NEUTRAL	**Private sector:** local businesses **Household level:** women Local authorities	Local academia (both target and influencers)	**Key targets** Local authorities Donors
AGAINTS			**Main opponents. It is important to minimise their influence** **Private Sector:** BMS industry and business **Community level:** elder women **DHOs MOPIC**

Influence on the issue

6. Potential risks and mitigation

The following potential risk and mitigators have been identified through the online advocacy survey and taken into account for planning purposes and identifying the most appropriate advocacy tactics and activities.

ADVOCACY RISKS	ADVOCACY MITIGATORS
Security risks/Restrictions to ability to operate/Denial of work permits (specially if advocacy is done at individual organization level)	Collective advocacy - so that no individual will be singled out Alliance building with MoPHP at all levels as well as all nutrition stakeholders
Risk to damage long -standing relationships with government/Stakeholders rejection/advocacy messages (ie high acute malnutrition rates) can be perceived negatively by gov	Include government in future plans and work in a common plan and strategy Ensure advocacy is based on evidence/cluster policies Alliance building with MoPHP at all levels as well as all nutrition stakeholders
Cultural issues/Accessibility to communities	Advocacy message should be introduced by Yemeni persons or the translation should be as easy as possible – messages need to be simplify to facilitate understanding Use people from the same target community to communicate the message and mobilize the community (Capacity development of local residents to do the advocacy within their areas rather than bringing people from other locations)

7. Implementation of the Nutrition Cluster Advocacy Strategy

The following elements need to be taken into account for the implementation of the Nutrition Cluster Advocacy Strategy:

- ✓ **Capitalising on nutrition programme learning:** For the implementation of the Nutrition Cluster Advocacy Objectives the cluster partners will promote technical positions and evidence of what works and what does not work (capitalisation) to political authorities and institutions to influence technical, policy and financial frameworks. The use of capitalisation underpins the legitimacy of the Nutrition Cluster advocacy ensuring it is evidence-based and enables the Nutrition Cluster to formulate its positions based on its operational actions and technical evidence and expertise.
  The Advocacy Strategy includes core messages that illustrate the Nutrition Cluster positioning and can be used, further developed and adjusted for influencing as advocacy activities are implemented.

- ✓ **Linkages national/global:** The Yemen Nutrition Cluster Advocacy Strategy is aligned with the Global Nutrition Cluster Advocacy Strategic Framework. The impact, learning and positioning coming from Yemen can contribute to reinforce the global advocacy capacities and positioning of the Nutrition Cluster.

- ✓ **Annual advocacy planning:** An Advocacy Action Plan including key advocacy activities for the year should be developed annually and integrated in the Nutrition Cluster general annual planning. The 2018 Advocacy Action Plan was discussed during a two day Advocacy Workshop in July 2018 (see included as Annex 1). An **Advocacy Calendar** with key opportunities for advocacy can also be kept updated to inform advocacy planning (Annex 2).

- ✓ **Advocacy budget:** Budget for advocacy activities should be allocated as part of annual planning processes. Human resources is the main cost for implementation of advocacy. Beyond human resources, other possible advocacy costs can include travel costs (to cover the cost of flights, accommodation and per diems to participate in key meetings, conferences and events); development of publications (including design and dissemination costs and possible support from consultants); costs associated with the organisation of advocacy events (hiring a venue, staff travel and accommodation, travel and accommodation for invited panellist (including visas), refreshments); and any cost that could arise from networking such us coalition membership's costs as well as travel to attend conferences and meetings.

- ✓ **Roles and responsibilities:** Nutrition Cluster partners should contribute to the implementation of the Advocacy Strategy and participate in advocacy activities capitalising on existing technical, advocacy and communication expertise in partner organisations. Further, Nutrition Cluster partners will contribute to advocacy documenting advocacy work and progress achieved.

  The **Nutrition Cluster SAG** will lead and coordinate the Nutrition Cluster Advocacy work, including:

  - Lead and ensure the development of the advocacy annual plan with contribution from cluster partners
  - Ensure the delivery of the advocacy annual plan, including leading in the development and validation of advocacy position papers and communications
  - Lead in the monitoring and evaluation of advocacy activities and impact, with timely input from cluster partners
  - Advocacy budget monitoring

8. Measuring the impact of advocacy work

Assessing progress towards Advocacy Objectives and Results is crucial for understanding impact, learning and accountability. It helps to understand the Nutrition Cluster effectiveness to influence/contribute to changes in policy and practice. Further, it supports the continuous development of advocacy ensuring that learning from what works and does not work informs planning processes and future advocacy.

The Yemen Nutrition Cluster Advocacy Strategy refers to the indicators included in the **Nutrition Cluster Advocacy Toolkit** to track progress as described below:

RESULTS		INDICATORS
Policy/practice change	(As per Advocacy Results)	• New policy proposal developed; policies formally established; positive policies protected; negative policy proposals blocked; • Funding levels increased/sustained for policies and programmes;

		• Policies implemented in accordance with requirements.
Significant steps towards policy/practice change	Partnerships or alliances	• Policy agenda alignment with partners; • Representation of Nutrition Cluster issues by influencers/targets
	Advocacy champions	• Key individuals/influencers who adopt and support a Nutrition Cluster issue or position
	Political will	• Citations of Cluster positions/messages by decision-makers in policy debates; • Government officials/key stakeholders publicly supporting the advocacy effort.
	Strengthened Nutrition Cluster advocacy capacities	• Advocacy plans developed/updated as part of Cluster planning processes; • Financial and human resources dedicated to advocacy; • #policy papers/advocacy material developed; • MEAL advocacy activities undertaken

As part of the implementation of the advocacy strategy there will be an emphasis on improving documentation of advocacy gains. The periodic monitoring of advocacy activities is essential for evaluation and assessment of progress towards the achievement of advocacy objectives, to ensure that lessons learnt are captured to inform future advocacy planning and to increase advocacy accountability among cluster partners and to different stakeholders.

An **Advocacy Activities Tracker** (Annex 3) will be used to monitor and keep regular track of advocacy activities. It should be completed on a regular basis by cluster partners leading in the implementation of advocacy activities. The Nutrition Cluster SAG will complete annually an **Advocacy Impact Reporting Tool** (Annex 4) to report on progress under each advocacy objective, assess impact and inform future advocacy planning. The Advocacy Impact Reporting Tool will be completed with information provided by partners in the Advocacy Activities Trackers.

9. Reference documents and Annexes

- Global Nutrition Cluster Advocacy Strategy Framework
- Global Nutrition Cluster Advocacy Toolkit
- 2018 YHRP
- Advocacy Action Plan 2018 (Annex 1)
- Advocacy Calendar Template (Annex 2)
- Advocacy Activities Tracker (Annex 3)
- Advocacy Impact Reporting Tool (Annex 4)

ANNEX 1
Advocacy Action Plan 2018
See attached

ANNEX 2
Advocacy Calendar Template

Advocacy Calendar.docx

ANNEX 3
Advocacy Activities Tracker

Advocacy Activities Tracker.docx

ANNEX 4
Advocacy Impact Reporting Tool

Advocacy Impact Reporting Tool.docx