



Yemen Nutrition Anticipatory Action Roadmap (2026-2027)

A Structured Framework for Strengthening Nutrition Early Action Within Yemen’s Response Architecture

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Overview¹

- *The Yemen Nutrition Cluster has requested targeted support from the Global Nutrition Cluster (GNC) Operations Team to strengthen anticipatory action (AA) for nutrition, with a clear emphasis on local and national actors (LNAs).*
- *Demand for this support is high, in-country capacity is limited, and AA is a strategic priority under the humanitarian reset. This assignment focuses on improving the technical quality and local leadership of locally led, data-driven AA for better nutrition outcomes, contributing to project “Results 3 and 4”.*
- *Planned outputs include a synthesis of existing AA systems, data sources and gaps, initiatives, and context-specific challenges and opportunities to tailor the capacity-strengthening package.*
- *The assignment included an inception phase, three-day interactive workshop in Aden, co-delivered with the Nutrition Cluster, ACF and active LNAs. National experts facilitated the workshop, presented inception findings, and consolidate inclusive inputs to shape this Roadmap and recommendations package, with key lessons fed back to the global community for future learning.*

Document Control

Document Title	Yemen Nutrition Anticipatory Action Roadmap (2026-2027)
Strategic Positioning	This roadmap provides a structured framework for strengthening nutrition anticipatory approaches within Yemen’s response architecture, supporting earlier and risk-informed action through existing coordination mechanisms.
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Disclaimer:

This document is intended to guide coordinated anticipatory efforts and does not replace existing national policies or cluster operational frameworks.

¹ Anticipatory Action and Nutrition Advisor – In-depth Technical Support Consultancy ToR

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Acronyms

Acronym	Definition
LNA	Local & National Actors
AA	Anticipatory Action
AAR	After-Action Review
CBPF / YHF	Country-Based Pooled Fund / Yemen Humanitarian Fund
CERF	Central Emergency Response Fund
CMAM	Community-based Management of Acute Malnutrition
CVA	Cash & Voucher Assistance
DHIS2	District Health Information System v2
DFA	De-Facto Authority (Houthis)
DRR	Disaster Risk Reduction
DREF	Disaster Relief Emergency Fund (IFRC)
DTM	Displacement Tracking Matrix (IOM)
EAP	Early Action Protocol
ECHO PPP	EU Humanitarian Aid – Pilot Programmatic Partnerships
EWARS	Early Warning, Alert & Response System (health)
FAO	Food and Agriculture Organisation of the UN
FbF	Forecast-based Financing
FSAC	Food Security & Agriculture Cluster
GNC	Global Nutrition Cluster
HCT	Humanitarian Country Team
HPC / HNO / HRP	Humanitarian Programme Cycle / Needs Overview / Response Plan
ICCG	Inter-Cluster Coordination Group
IPC (AFI/AMN)	Integrated Phase Classification (Acute Food Insecurity / Acute Malnutrition)
IRG	Internationally Recognised Government
IYCF-E	Infant & Young Child Feeding in Emergencies
MEAL	Monitoring, Evaluation, Accountability & Learning
MoPHP / MoPIC / MoWE	Ministry of: Public Health & Population / Planning / Water & Environment
MUAC	Mid-Upper Arm Circumference
NC / YNC	Nutrition Cluster (Yemen) / Yemen Nutrition Cluster
OCHA (HFU)	OCHA – Humanitarian Financing Unit
PLW / U5	Pregnant & Lactating Women / Under-5s
RASCI	Responsible, Accountable, Support, Consulted, Informed
RC/HC	Resident / Humanitarian Coordinator
RMF / RRM	Real-time Monitoring Framework / Rapid Response Mechanism
RUSF / RUTF	Ready-to-Use Supplementary / Therapeutic Foods
SAG / TWG	Strategic Advisory Group / Technical Working Group
AA	Anticipatory Action
SOP	Standard Operating Procedure
Start Fund	NGO Anticipation Window
TEG	Technical Endorsement Group
VAM / RAM (WFP)	Vulnerability Analysis & Mapping / Research, Assessment & Monitoring
YRCS	Yemen Red Crescent Society

1. Executive Summary

This Anticipatory Action for Nutrition Roadmap was developed by the Yemen Nutrition Cluster with technical support from the Global Nutrition Cluster Operations Team.

Yemen continues to face a protracted humanitarian crisis driven by conflict, economic shocks, and increasing exposure to climate-related hazards. The country is among the most climate-vulnerable globally, with limited capacity to mitigate or adapt to these risks. Recurrent flooding, seasonal disease outbreaks, food price volatility, and population displacement continue to exacerbate vulnerabilities, particularly among undernourished populations with limited coping capacity.

These predictable shocks are key drivers of acute malnutrition. In 2025, an estimated 3.5 million people are expected to be affected by acute malnutrition in Yemen, including more than 500,000 children with severe acute malnutrition. Despite the availability of early warning information, nutrition responses have largely *remained* reactive, with action taken after conditions have already deteriorated.

This roadmap outlines a practical approach to anticipatory action for nutrition, focusing on short-term, time-bound measures implemented ahead of predictable hazards to reduce their impact on vulnerable populations. Anticipatory action offers a cost-effective and risk-informed approach to protecting nutritional outcomes and safeguarding essential services.

The roadmap is structured around six pillars that define the core and enabling components of an anticipatory action system. It emphasizes stronger use of existing early warning systems, improved links between risk analysis and early action, integration with Health, WASH, and Food Security efforts, and leadership by government institutions and local and national actors. The proposed approach is phased, adaptive, and non-prescriptive, enabling progress without new coordination structures, fixed thresholds, or upfront financial commitments.

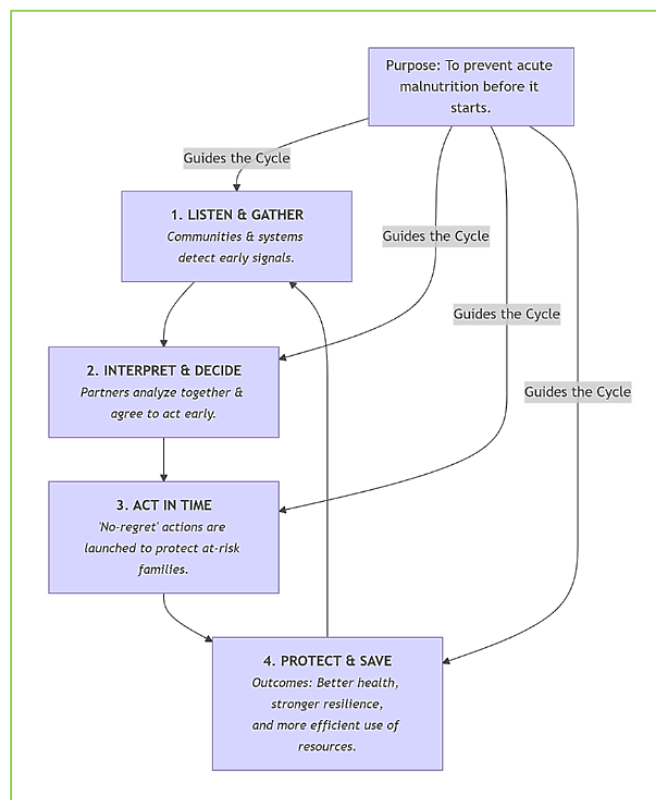


Figure [1]: The Human Value Chain of Anticipatory Action.

2. Key Insights

Localisation Opportunities:

- Strong **community engagement** by LNAs, enabling forecasting of nutrition risks and seasonal shocks or other hazards.
- **Geographical coverage and operational capacity** in hard-to-reach and climate-affected areas where international actors face access or security limitations, particularly in flood-prone wadis, drought-affected rural districts, and informal IDP settlements.
- Growing **technical capacity among LNAs**.
- Local staff **contextual and cultural knowledge**, improving targeting, community messaging, and trust during early action activation.

Localisation Barriers:

- Limited access to **direct, flexible funding**; LNGOs rely on short-term, earmarked sub-grants.
- **Representation** is often nominal rather than influential in coordination and policy spaces.
- Existing **gaps in institutional capacities** (fundraising, governance, risk management, monitoring, internal system & tools).
- Local knowledge and proximity to communities are not fully recognized or translated into **leadership** roles and strategic partnerships.

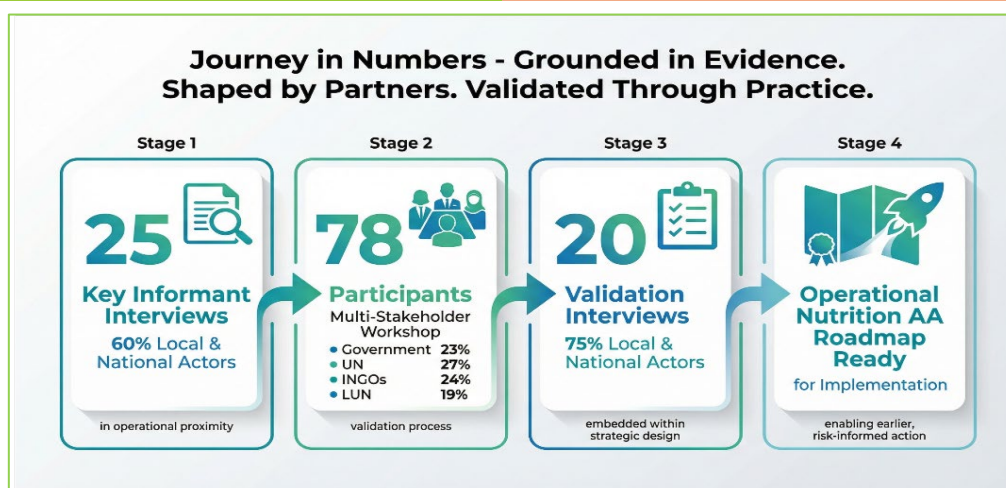


Figure [2]: Journey in Numbers.

Nutrition AA Start-up Opportunities:

- Strong **community engagement** by LNAs, enabling forecasting of nutrition risks, shocks or other hazards.
- **Existing data/systems**; surveillance as early signals (e.g., hazards, eIDEWS, GAM trends, admissions spikes, MUAC screening data).
- **Predictable seasonal hazards** (floods, drought, heatwaves, lean season) allow pre-agreed triggers and actions.
- **Existing initiatives** and ongoing programmes & collaborations; MoWE/MoPIC/OCHA, CMAM, outreach platforms, MHRA, etc.
- High LNA operational footprint allows piloting district-level nutrition AA packages.
- Cross-sectoral alignment opportunities with WASH, FSAC, Health, and Protection for nutrition-sensitive AA responses.
- Strong Nutrition Cluster coordination structures that can host nutrition AA governance, SOPs, and learning.

Nutrition AA Start-up Challenges:

- **Activation of local AA** multi-sectoral (Nutrition included) **coordination platform**.
- **Absence of pre-agreed financing mechanisms for nutrition AA**.
- **Limited technical familiarity with AA concepts** among frontline NLAs, particularly at sub-national level.
- **Lack of agreed multisectoral national AA package** (triggers, thresholds, activation, actions) within inter-sectoral AA frameworks.
- **Volatile security, political, economic and social dynamics** delaying joint efforts and AA activation.
- **Lack of prepositioned supplies & slow early actions**.

3. Introduction, Purpose and Scope

3.1 Purpose

The purpose of this roadmap is to provide a structured and operationally grounded pathway for integrating nutrition into anticipatory action frameworks in Yemen. It articulates how existing systems, coordination platforms, and technical capacities can be used more intentionally to enable earlier, risk-informed nutrition responses.

The roadmap is designed to support practical activation rather than conceptual exploration. It focuses on strengthening the link between early warning, joint analysis, decision-making, and pre-agreed early actions within the current coordination architecture.

By building on established mechanisms, the roadmap seeks to enhance preparedness, reduce avoidable deterioration in nutritional status, and improve the efficiency of limited humanitarian resources without introducing parallel systems or institutional complexity.

3.2 Strategic Objective

The roadmap adopts a system-strengthening approach. Rather than proposing new structures, it aims to optimise existing investments and reinforce operational coherence across sectors.

It positions anticipatory action as a coordination function embedded within routine planning and response processes, ensuring that early action becomes a predictable extension of ongoing programming rather than a standalone initiative.

This orientation supports sustainability, reduces transition risk, and aligns with nationally anchored response models.

3.3 Specific Objectives

1. Objective (1): Enable Earlier Nutrition Action

Strengthen the systematic use of early warning signals to inform timely and risk-aware nutrition responses before predictable shocks escalate.

2. Objective (2): Institutionalise Decision Pathways

Clarify trigger validation processes, technical roles, and coordination responsibilities to support transparent and defensible activation of early action.

3. Objective (3): Reinforce Locally Led Activation

Position government institutions and local and national actors as central participants in analysis, decision-making, and implementation, reflecting their operational proximity and contextual knowledge.

4. Objective (4): Integrate Nutrition Within Multi-Sector Anticipatory Efforts

Ensure that nutrition considerations are embedded within broader anticipatory planning alongside Health, WASH, and Food Security to address compounding risk factors.

5. Objective (5): Promote Flexible and Risk-Informed Programming

Encourage the anticipatory use of existing resources, where feasible, while maintaining fiduciary discipline and operational realism.

6. Objective (6): Establish a Learning-Oriented Model

Support continuous improvement through structured monitoring, documentation of lessons, and adaptive refinement of approaches based on operational experience.

3.4 Context and Scope

3.4.1 Problem Statement ²

Yemen faces a combination of climate, economic, and conflict stressors, which collectively drive persistently high levels of food insecurity and acute malnutrition. In 2025, an estimated 19.54 million people will need humanitarian assistance, with 17 million facing severe food insecurity, including five million in emergency conditions. Additionally, around 3.5 million people, including over 500,000 with severe acute malnutrition (SAM), will require urgent nutrition support. Climate-related shocks, which are increasing in frequency and impact, significantly contribute to the challenges of food insecurity and malnutrition. In 2024, 19 climate shocks affected over 1.3 million people, marking a 68% rise from 2023, and 93% of Rapid Response Mechanism support was linked to these climate crises.

Given the increasing frequency and impact of climate-related shocks, Yemen ranks among the most climate-vulnerable countries globally. These pressures highlight the urgent need to transition from a reactive response to Anticipatory Action (AA), aiming to prevent predictable hazards from escalating into nutrition emergencies. However, nutrition is not consistently integrated into Yemen's AA framework because:

- i. *Nutrition-specific indicators are limited within early warning systems.*
- ii. *Nutrition information systems need upgrades to be AA-ready.*
- iii. *Nutrition actors are often isolated from national AA/disaster risk mechanisms; and*
- iv. *Practical tools for nutrition integration are scarce.*

3.4.2 Why Nutrition Anticipatory Action Is a Sound Investment in Yemen?

➤ **Predictability Is Already Established**

Yemen benefits from a functioning, though fragmented early warning initiatives and monitoring mechanisms, including:

- Nutrition surveillance (MUAC screening, Nutrition sentinel sites and CMAM admissions trends)
- Disease surveillance systems (EDEWS / DHIS2)
- Food security and market monitoring (IPC analysis, price tracking)
- Climate and hydrometeorological information (rainfall patterns, flood alerts, seasonal forecasts)
- Community-level reporting and local and national actor operational intelligence

The challenge is **not data availability**, but the **limited and inconsistent use of these signals to inform early decisions and action**.

Implication:

Nutrition anticipatory action in Yemen **builds on existing investments**, increasing their value rather than duplicating systems.

3.4.3 Scope

- **Modality & timing:** Combination (in-country + remote), 1 Sep 2025 – 30 Jan 2026; (hybrid-modality; in-country + remote).
- **Geographic focus:** IRG-AOR, based in Aden (national level).

² [Yemen HNRP-2025 Document](#)

- **Key actors:** Yemen Nutrition Cluster (coordination team and partners), LNAs, AA stakeholders (incl. government), and the GNC Operations Team.
- **Key hazards & risks:**

Yemen’s nutrition risk is concentrated among children under five (CU5), pregnant and lactating women (PLW), and displaced or low-income households exposed to shocks that disrupt food access, WASH and essential health services. An estimated 19.5 million people require assistance in 2025, with compounding climate and macro-economic stressors amplifying malnutrition risk. Climate-related shocks affected ~1.3 million people in 2024, with a sharp year-on-year increase. Persistent acute malnutrition signals and service gaps are most visible in west-coast lowlands and coastal urban settlements, making Aden-hub IRG areas (Aden, Lahj, Abyan, Taiz–Mocha, and parts of Shabwah and Hadramawt) critical for anticipatory measures and referral readiness.³

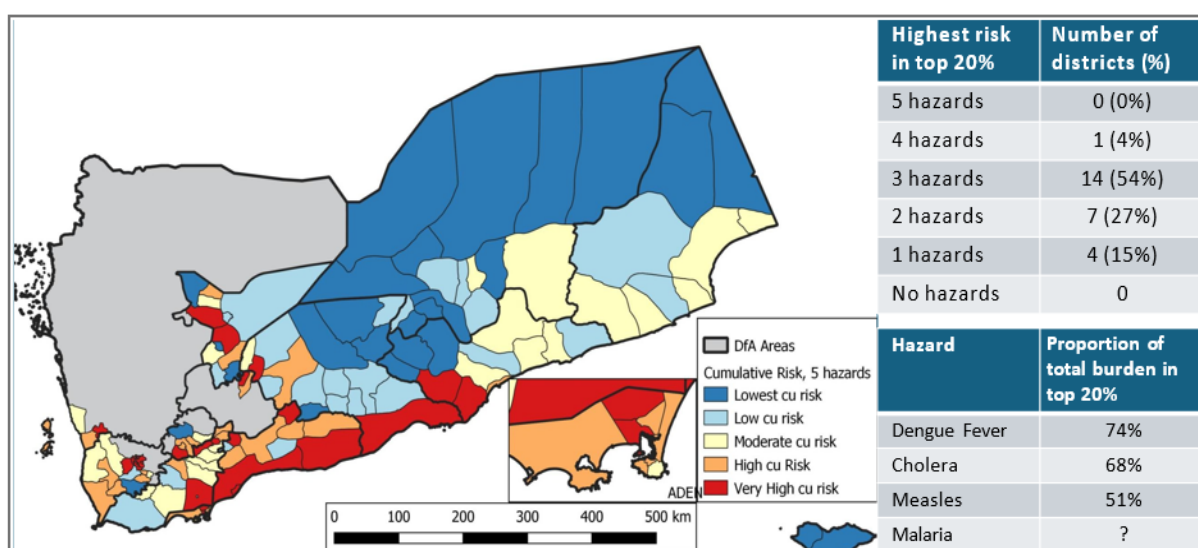


Figure [3]: Cumulative multiple hazards risk distribution map

AWD/cholera, measles, dengue, and malaria recur; flood-related WASH failures and crowding in IDP sites increase transmission and service load, further heightening acute malnutrition risk. Cluster/health early-warning streams (EWARS/eIDEWS, IPC, national coordination dashboards) guide prioritisation but remain uneven in timeliness and coverage.⁴

Led by the national health cluster in Yemen, a district-level multi-hazard analysis (eIDEWS time-series, historic records and expert consultation) ranked districts by mean annual attack rate and exposure (2020–2023). The analysis identified:

- 26 “very high-risk” districts (≈20% of total) accounting for >60% of the national burden of biological hazards.
- High overlap where ≥3 concurrent hazards co-exist, especially in Abyan, Taiz, Aden, Lahj, Shabwah and Hadramawt.
- Over 2.57 million people living in multi-hazard hotspots; children under ten form the largest at-risk cohort for vaccine-preventable diseases.
- These insights provide a strong analytical foundation for anticipatory action (AA) packages (e.g., pre-positioning, pre-emptive vaccination, surge surveillance).

³ [The United Nations in Yemen - country portal](#)

⁴ [Yemen Health Cluster Bulletin \(March–April 2025\)](#)

Here are the key district-level multi-hazard analysis results:

<i>Governorate</i>	<i>District</i>	<i>DF</i>	<i>Measle</i>	<i>Cholera</i>	<i>Mal</i>	<i>Flood/Cyc.</i>	<i>Conflict</i>	<i>Σ Haz. risk</i>
Abyan	Ahwar	4	5	5		5	0	19
	Jayshan	5	3	5		0	5	18
	Khanfir	4	4	4		5	0	17
	Sibah	5	3	5		0	5	18
	Zingibar	5	5	3		5	0	18
Aden	Al Mansura	4	5	3		5	0	17
	Dar Sad	4	5	4		5	0	18
Al Bayda	Na'man	4	3	5		0	5	17
Al Dhale'e	Al Azariq	2	4	5		4	5	20
AlHudaydah	Hays	4	5	4		0	5	18
Hadramaut	Brom Mayfa	5	3	4		5	0	17
	Hajr	5	4	5		5	0	19
Lahj	Al Maflahy	3	4	4		4	5	20
	Halimayn	3	2	4		4	5	18
	Tuban	5	5	3		5	0	18
Marib	Al Jubah	5	3	5		4	5	22
	Sirwah	5	5	5		4	5	24
Shabwah	Bayhan	5	5	3		0	5	18
	Rudum	5	5	2		5	0	17
Taizz	Al Misrakh	2	2	5		4	5	18
	Al Mudhaffar	5	3	5		0	5	18
	Al Qahirah	5	2	5		0	5	17
	Jabal Habashy	5	3	5		4	5	22
	Mashra'a Wa Hadnan	3	5	5		4	5	22
	Sabir Al Mawadim	4	2	4		4	5	19
	Salh	5	3	5		0	5	18

Table [1]: Yemen multi=sectoral hazards mapping scores (top 28 districts)

→ For more details, please refer to the [inception resources pack](#), file named: **Multi-Hazard Health Emergency Contingency Planning Workshop – Preliminary Outcomes Presentation, Aden, 5–7 March 2024**.

Alignment of eIDEWS, DHIS2 and IPC enables nutrition-sensitive trigger design; activating IMS/EOC and RRT mechanisms can serve as delivery platforms for early nutrition actions (e.g., RUTF pre-positioning, Vitamin A campaigns). Geographic convergence between the 26 very high-risk districts and nutrition hotspots supports pilot AA investments under the Yemen Nutrition Cluster.⁵

Specific Hazard	Risk Level	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Measles	Very high												
Conflicts	Very high												
Rubella	High												
Cholera/ Acute Watery Diarrhea	High												
Dengue	High												
Malaria	High												
Leishmaniasis	High												
Rabies	High												
Cyclone	High												
Flood	High												
Transportation accidents	High												
Explosive agents	High												
Nuclear agents	High												
Explosive remnants of war (ERW)	High												
Financial crisis	High												
Fire	High												
Power-blackout	High												
Chikungunya	Moderate												
West Nile fever	Moderate												
Landslide	Moderate												
Heat wave	Moderate												
lightning	Moderate												
Chemical agents	Moderate												
Oil pollution	Moderate												
Water supply	Moderate												
COVID-19	Low												
Diphtheria	Low												
Poliomyelitis	Low												
Rift Valley fever	Low												
AMR-μ	Low												
Pandemic/Influ.	Very low												
MERS	Very low												

Table [2]: Yemen hazard risk calendar⁶

→ Please refer to **the Full Detailed List of Hazards, Risk Analysis & Additional Resources included with the [Inception Resources Pack](#).**

⁵ Health Cluster Coordination Meeting Minutes, Aden, Yemen - 20 August 2024

⁶ Health Cluster Coordination Meeting Minutes, Aden, Yemen - 20 August 2024

3.4.4 Workstreams & deliverables

- i. Inception package (context understanding, detailed work plan, methods, findings).
- ii. Contextualised 3-day AA & Nutrition capacity package (agenda, slides, participant list, materials, tools, entry points).
- iii. Facilitated workshop in Aden + event report (outcomes, recommendations, attendee list).
- iv. AA–Nutrition Roadmap with a package of anticipatory actions for one or two priority risks, localisation roles, and governance.
- v. Finalised roadmap (post-review).
- vi. Learning product (brief or webinar).

3.4.5 Constraints/risks

- Data fragmentation and latency across systems; variable sub-national coverage.
- Institutional silos between nutrition and AA/DRM structures; limited pre-agreed AA tools.
- Operational access and security constraints that may affect travel, participation, or pilot feasibility.
- Funding rigidity/timing for anticipatory windows and limited direct access for LNAs.
- Compressed timeline (8 weeks), requiring front-loaded decisions and efficient coordination.

3.5 Existing Data and Systems Useful for Effective Nutrition Early Action

Area of Focus	Data Source	Update Frequency
Hazard index (sub-district)	Nat'l Met/Hydro model	3–10 days
Rainfall anomaly	CHIRPS/ECMWF	Weekly
EWARS diarrhoea incidence	EWARS/eIDEWS	Weekly
DTM displacement surge	DTM/IOM	Weekly
Staple price (4-week change)	VAM/RAM/FSIS	Monthly
HF service readiness (SAM/MAM/stock)	DHIS2 + NC 5Ws	Weekly–Monthly
U5/PLW population	NC IM (partners/estimates)	Quarterly
Vendor coverage (CVA feasibility)	CWG/market monitoring	Monthly
Access/Route status	OCHA access snapshots	Weekly
Outbreak alerts (measles/dengue)	EWARS	Weekly
IPC	IPC Global Platform	Yearly
Response/Coverage/Gaps	OCHA, Clusters & IM	Monthly

Table [3]: Yemen Existing AA Systems and Data Sources (Inception Report Findings)

3.6 Early Action Reduces Downstream Pressure

Acting earlier on predictable nutrition risks can:

- Reduce sudden caseload surges requiring costly therapeutic treatment.
- Protect continuity of nutrition and health services during seasonal shocks.
- Improve the efficiency and impact of limited humanitarian resources.

Implication:

Nutrition AA aligns with donor priorities on **value for money, efficiency, and risk-informed programming**, without assuming savings or overstating impact.

3.7 What This Roadmap Requires and What Does Not?

➤ What Is Required?

- Support for **operational linkages** between early warning, decision-making, and early action.

- Flexibility to use **existing funding more anticipatorily**, where feasible.
- Political and strategic backing for **locally led government-anchored processes**.
- **What Is Not Required?**
 - No creation of new early warning systems.
 - No parallel coordination structures.
 - No fixed thresholds or trigger numbers.
 - No immediate large-scale financial commitments.

This design **minimises fiduciary, political, and reputational risk** while enabling practical progress.

3.8 Using Existing Early Warning Systems More Effectively

Rather than proposing new tools, the roadmap focuses on:

- Aligning nutrition indicators (e.g. MUAC trends, admission spikes) with disease, climate, and market signals already monitored by partners.
- Strengthening routine, joint interpretation of early signals through **existing coordination platforms**.
- Incorporating community-level and LNA observations as **qualitative early warning inputs**.
- Improving feedback loops between analysis, planning, and operational readiness.

Implication:

Existing surveillance and monitoring systems are **used more intentionally and coherently** for anticipatory purposes.

3.9 What Nutrition Anticipatory Action Looks Like in Practice

In operational terms:

- **Listening to Signals:** Communities, health workers, and market monitors report early signs of risk—like rising food prices or unusual rainfall.
- **Connecting the Dots:** Technical teams from nutrition, health, and WASH meet regularly to interpret these signals together, asking: "Is this a pattern that could harm nutritional status?"
- **Making a Timely Decision:** Based on agreed-upon criteria (not rigid thresholds), government and local partners decide to act before a full crisis emerges.
- **Implementing "No-Regret" Actions:** We launch simple, proven measures—like pre-positioning nutrition supplies ahead of floods or intensifying counselling before a disease peak.
- **Monitoring for Timeliness:** We track not just what was done, but how quickly, learning to improve our next anticipatory move.

Illustrative early actions include:

- Early nutrition screening and outreach ahead of predictable caseload increases.
- Pre-positioning of essential nutrition supplies (e.g., RUTF/RUSF) in strategic locations (e.g., evacuation centres, community shelters) ahead of rapid-onset events, or prior to access constraints or hazard exposure.
- Reinforcement of nutrition messaging and service readiness during elevated risk periods.
- Distribution of hygiene items to prevent waterborne diseases that will lead to deterioration of nutritional status.
- Leveraging anticipated cash to support nutrition outcomes, including the possibility of a nutrition-specific cash or in-kind top-up when the nutritional situation is already acute.
- Alignment with Health, WASH, and Food Security early actions.

These actions are **preventive, familiar, and operationally feasible**.

4. Methodology⁷

4.1 Approach & data sources

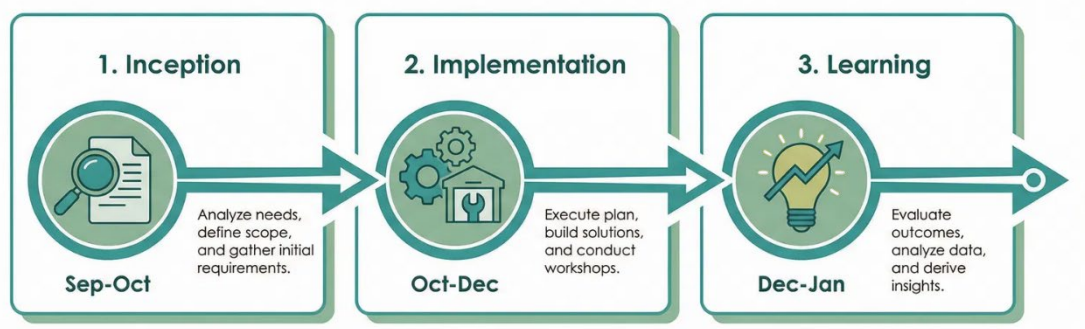


Figure [4]: Methodology overview.

4.1.1 Phase (A): Inception (Sep-Oct)

➤ Approach:

Rapid, localisation-first evidence build focused on AA–nutrition integration in IRG areas (IRG-Aden AoR). LNAs co-chair key touchpoints (tools review, validation).

➤ Data Sources:

A. Secondary Data (Desk Review):

- **Nutrition & food security:**
NC dashboards/5Ws, IPC AMN/AFI, partner HF caseloads, market monitoring (VAM/RAM/FSIS).
- **Early warning & services:**
EWARS/eIDEWS, DHIS2, DTM/RRM, met/hydro forecasts & flood models, referral/service readiness directories.
- **AA landscape:**
Global resources/websites, anticipation hub, YHF 2023 flood AA pilot, YRCS 2025 EAP, OCHA–Aden governance drafts, agency AA-like initiatives (FAO/WFP/UNICEF/Save/DKH/YRCS, etc.).

B. Primary Data (KIIs):

- **Semi-structured interviews / key informant interviews with:**
 - ✓ Yemen NC, UNICEF, ACF, OCHA, UNDP, WFP, ICRC/YRCS, ACF and other active nutrition partners from LNGOs.
 - ✓ Target (20) KIIs; ≥40% LNAs (8)
 - ✓ Achieved (25) KIIs; 60% LNAs (15)
- **Outputs (Phase A): Short inception report will include the following:**
 - ✓ Understanding of the context, including existing AA activities, initiatives, and frameworks in place in Yemen and key actors within this space.
 - ✓ Detailed/revise workplan for the in-country support.
 - ✓ Suggested methodological approach.

→ For more information, please refer to **Inception Report through the following [link](#)**.

⁷ Anticipatory Action and Nutrition Support for Yemen – In-depth Technical Support Consultancy ToR

4.1.2 Phase (B) — Implementation (Oct-Dec)

➤ **Approach:**

Translate analysis and training insights into an operational plan, skills transfer, and draft products, co-led with Local and National Actors (LNAs).

➤ **Component:**

A. Capacity-strengthening 3-day Workshop (Aden):

Three-day, Yemen-contextualised modules covering introduction to AA concepts, inception key findings, technical AA group works (composite triggers; financing pathways; activation SOPs; AA activation/triggers); climate-risk and climate–nutrition linkages; impacts of climate shocks on nutrition; overview of national/global AA frameworks; case study on nutrition integration; Yemen-specific entry points and roadmap inputs for further review, triangulation and action planning.

B. Validation and Governance:

20 KIIs took place after drafting the roadmap considering workshop participants/LNAs inputs to validate the strategic and technical content, pillars and recommendations.

C. Outputs (Phase B):

- Contextualised 3-day AA & Nutrition capacity-strengthening package (slides, facilitator guide, participant materials).
- Capacity-strengthening event report detailing key outcomes, recommendations/roadmap inputs, pre/post evaluation summary, and attendee list.

→ For more information, please refer to the workshop report through the following [link](#).

4.1.3 Phase (C) — Learning (Dec-Jan)

➤ **Approach:**

Analyse, validate and consolidate all inputs and insights gathered during the previous stages.

➤ **Component:**

A. Consolidation and integration of feedback and finalization of roadmap:

Conducting various consultative interactions and KIIs with key stakeholders to finalise the Yemen nutrition AA roadmap including nutrition AA scenario-based packages, vision, strategic objectives, pillars and actionable phased plan that prioritises the most critical steps/action first.

B. Validation and learning:

20 KIIs took place after drafting the roadmap considering workshop participants/LNAs inputs to validate the strategic and technical content, pillars and recommendations.

C. Outputs (Phase B):

- Finalised contextualised roadmap
- Prepare learning product on AA and Nutrition to share lessons from the Yemen experience; participate in global knowledge-sharing event

→ For more information, please refer to webinar lessons learned presentation through the following [link](#).

4.2 Limitations & mitigation

➤ **Limitations:**

- i. Data latency & gaps (EWARS/DHIS2/market feeds; sub-district timely data).

- ii. Access/permits & operational volatility: movement approvals, supply chain fragility (limited to certain restricted areas and frontline).
- iii. Financing (rules/lead times vary; limited LNA direct windows).
- iv. Participation bias (under-representation of women-led/disability-inclusive LNAs).

➤ **Mitigation measures.**

- i. Gathering all useful initiatives, systems and data sources during the inception.
- ii. Initiating the AA advisory group at the national level first (Aden), with potential for governorate-level pilots in future.
- iii. OCHA-led the recently established AA multi-sectoral advisory group, MoPHP and MoPIC/SUN could be co-leading at a later stage.
- iv. Preparing a realistic easy-to-implement finance strategy, please see annex (4).
- v. MEL framework was prepared to ensure regular monitoring for the roadmap progress.
- vi. Risk assessment has been updated to ensure factoring-in the recent political developments as Yemen political and economic context is very dynamic and fragile.

→ For more information, please refer to **MEL and Risk Assessment Sections Below**.

4.3 Stakeholder Analysis

The AA stream work is interesting to a lot of international and local stakeholders. The team identified ten best stakeholder methodologies from desk review, then adapted a combination of two approaches to analyse the stakeholders in-depth using the power/interest mapping, factoring-in the interest/influence. The engagement strategy for each relevant LNA, as per the table below:

Group	Influence	Interest	Category	Remarks
A	High	High	Core	Only those with high interest and strong influence: e.g., OCHA
B	High	Medium	Enablers	Influence is strong, but interest is moderate: e.g., MoPIC/SUN, MoPHP, MoWE
C	Medium	High	Supporters	Moderate or growing interest; less decisional power: e.g., UN, TWGs, Clusters
D	Low	Medium/ Low	Observers	Low power and/or medium/low interest; safe zone for complementary group: e.g., INGOS, WLOs & OPWDs

Table [4]: Stakeholders Analysis - Power/Interest Table

The team also analysed the best strategy to engage with these stakeholders.

Group	Strategy	Why & how?	Engagement Frequency
A	Work Closely	High influence & high interest. Co-own outcomes; frequent two-way engagement.	Weekly/biweekly
B	Keep Interested	High influence & lower day-to-day interest; keep onboard with concise, outcome-focused updates.	Monthly/at milestones
C	Keep Informed	Lower influence but medium or growing interest; keep in the loop to build support, system, joint planning, action, monitoring and advocacy.	Monthly/quarterly
D	Monitor	Low influence & low interest; minimal effort, inclusivity, monitor for changes.	Ad-hoc/When needed

Table [5]: Stakeholders Analysis – Engagement Strategy Table

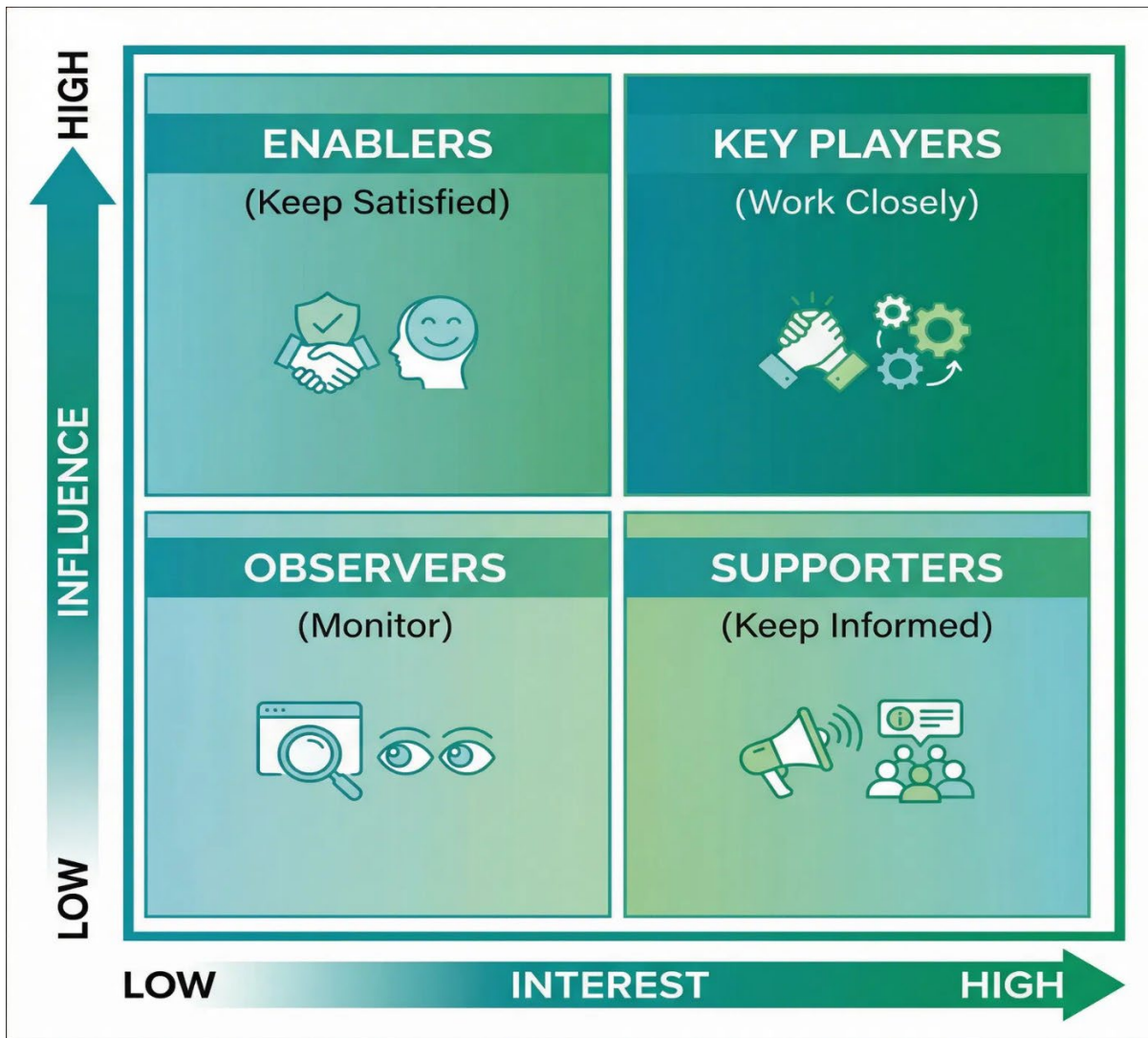


Figure [5]: Power/Interest Quadrant Chart

4.4 Roadmap Design Considerations

Inclusive Representation from all key stakeholder groups ensuring diverse voices are heard.	Evidence-Based Grounded in data, research, and field experience rather than assumptions.	Iterative Multiple rounds of feedback and refinement to perfect the approach.
Locally-Led Local actors shaped priorities and solutions to ensure relevance.	Action-Oriented Focused on practical, implementable recommendations for real impact.	

Outcome
A shared roadmap with broad stakeholder commitment and realistic implementation pathways.

4.4.1 Inclusivity, Consultations, and Technical Engagement

The roadmap is informed by structured consultations conducted through key informant interviews and a multi-stakeholder technical workshop that convened government counterparts, UN agencies, international and national NGOs, and cluster partners.

Participation reflected strong national ownership, with approximately 58 percent of attendees representing government institutions and local and national organisations. This composition enabled grounded technical dialogue on operational feasibility and locally led anticipatory frameworks.

The consultative process ensured that the roadmap reflects field realities, operational constraints, and existing coordination dynamics while strengthening accountability, acceptance, and practical applicability across diverse contexts. 25 KIIs were conducted during inception and 20 KIIs conducted for validation of the road (60 & 75% LNAs).

4.4.2 Building on Existing Data, Knowledge, and Systems

Yemen benefits from an established—though fragmented—ecosystem of early warning and monitoring mechanisms, including nutrition surveillance, disease alerts, market monitoring, climate information, and community-level reporting.

The principal constraint is not the availability of data, but the inconsistent translation of early signals into timely decisions and action.

Accordingly, the roadmap prioritises:

- Systematic joint analysis across sectors.
- Integration of nutrition indicators within multi-hazard platforms.
- Strengthened data-sharing practices.
- Clearer operational linkages between analysis, planning, and readiness.

This approach maximises the value of existing investments while avoiding parallel systems.

4.4.3 Localisation as an Operational Modality

Local and national actors are positioned as co-decision makers within agreed coordination structures, reflecting their frontline role in detecting emerging risks, interpreting contextual dynamics, and implementing early action. Workshop findings underscored the importance of institutionalising LNA leadership across governance, planning, and response functions while continuing to invest in organisational

readiness and technical capacity. Embedding localisation within anticipatory action strengthens operational relevance, improves timeliness, and supports community acceptance.

This phased approach supports responsible activation by balancing early progress with operational realism, allowing anticipatory action to mature without introducing undue programmatic or fiduciary risk.

4.4.4 Alignment with Existing Coordination Architecture

The roadmap is intentionally designed to function within established coordination platforms rather than creating new structures. Government leadership remains central, with the Nutrition Cluster serving as a technical facilitator and convener within existing decision-making spaces.

This positioning reduces institutional friction, supports sustainability, and enables anticipatory action to mature through familiar governance pathways.

4.4.5 Operational Feasibility

Operational feasibility has been identified based on existing early warning capacity, partner presence, coordination mechanisms, and growing technical familiarity with anticipatory approaches.

The roadmap therefore emphasises incremental activation — starting with practical, low-regret actions — rather than large-scale system transformation.

This risk-managed posture supports early progress while maintaining flexibility for adaptation as learning emerges.

4.4.6 Learning-Oriented and Adaptive Approach

Anticipatory action is treated as an operational learning agenda rather than a fixed model. Monitoring will focus on timeliness, coverage, coordination effectiveness, and community feedback to inform iterative refinement. Documented lessons will support both national decision-making and global learning processes.

4.4.7 Enabling Conditions for Activation

Successful operationalisation will depend on several enabling factors:

- Predictable coordination routines for joint analysis.
- Clarity on trigger validation processes.
- Flexible use of existing funding where feasible.
- Continued government engagement.
- Strengthened technical confidence among partners.

These conditions are achievable within the current response architecture and do not require structural reform.

4.4.8 Government Leadership and Local Ownership

Leadership is **anchored with the Ministry of Public Health and Population (MoPHP) and MoPIC/SUN**, with technical support from clusters and facilitation by OCHA, in line with existing coordination arrangements in the Aden context.

Local and national actors are engaged as **co-decision-makers within agreed coordination and accountability frameworks**, reflecting their critical role in:

- Detecting early risks.
- Interpreting evolving conditions; and
- Implementing early nutrition action.

This approach strengthens relevance, timeliness, and accountability, while remaining **politically and operationally sound**.

4.4.9 Alignment with Donor Priorities

This roadmap aligns with donor priorities on:

- Anticipatory action and early response.
- Localisation and national ownership.
- Efficiency and value for money.
- Climate-resilient and shock-responsive programming.
- Strengthening — not by passing — national systems.

➤ **Bottom Line**

- Nutrition anticipatory action in Yemen is **operationally feasible now**.
- It builds on **existing data, systems, and investments**.
- It requires **political and operational support before financial scale-up**.
- A phased approach allows engagement **without over-exposure or premature commitments**

Early support enables earlier action, before costs and needs escalate.

5. Entry Points for Nutrition AA in Yemen

The operational environment in Yemen already contains multiple elements that can support the early activation of nutrition anticipatory action. Rather than requiring new structures or tools, these entry points focus on strengthening the intentional use of existing capacities to enable earlier, risk-informed responses.

Collectively, they provide a practical foundation for phased implementation while maintaining a risk-managed posture.

5.1 Leveraging Existing Early Warning and Surveillance Systems

Yemen benefits from a diverse set of monitoring mechanisms capable of signalling emerging risk conditions, including nutrition surveillance, disease monitoring, market analysis, climate information, and field-level reporting.

The immediate opportunity lies in strengthening the routine, joint interpretation of these signals and linking analysis more directly to operational readiness.

Operational Direction:

Prioritise structured analysis forums within existing coordination platforms to support earlier technical discussion and scenario awareness.

5.2 Embedding Nutrition Indicators Within Multi-Hazard Analysis (Focus is on Wasting Indicators)

Nutrition risk is frequently shaped by converging pressures rather than isolated events. Integrating nutrition wasting indicators into broader multi-hazard analysis processes allows emerging deterioration to be identified earlier.

Operational Direction:

- Promote systematic inclusion of nutrition trends within inter-sector analytical discussions to support anticipatory planning.
- Linkage with RMF is necessary to ensure complementarity, triangulation and real-time data flow.

5.3 Strengthening Trigger Development and Validation Processes

Clear yet flexible trigger logic is essential for translating early warning into defensible action. While rigid thresholds may not suit Yemen's complex operating environment, criteria-based validation — informed by both quantitative data and contextual judgement — can support timely decision-making.

Operational Direction:

Advance technical work on composite trigger approaches that combine multiple indicators and allow for structured professional judgement.

5.4 Building on Familiar Preparedness Practices

Many partners already undertake preparedness measures such as contingency planning, seasonal adjustments to programming, and supply readiness.

Anticipatory action can build on these practices by introducing clearer decision points and linking preparedness more explicitly to forecasted risk.

Operational Direction:

Position anticipatory action as a structured extension of preparedness rather than a separate operational model.

5.5 Enabling Earlier Implementation of Low-Regret Actions

A range of preventive nutrition interventions are already operationally familiar and can be activated ahead of predictable stress periods with limited additional risk.

Illustrative actions may include:

- Early outreach and screening ahead of seasonal caseload increases
- Pre-positioning of essential nutrition supplies prior to access constraints or hazard exposure
- Reinforcement of nutrition messaging and service readiness during elevated risk periods
- Alignment with Health, WASH, and Food Security early measures

These actions emphasise continuity and protection rather than reactive scale-up.

Operational Direction:

Prioritise interventions that are technically sound, operationally feasible, and unlikely to generate unintended consequences if conditions evolve differently than anticipated.

5.6 Leveraging Existing Financing Flexibility Where Feasible

Although dedicated anticipatory funding may remain limited, opportunities often exist within current grant structures to support early action through reprogramming, crisis modifiers, or adaptive planning.

Operational Direction:

Encourage early dialogue with donors and financial stakeholders to explore responsible anticipatory use of existing resources while maintaining compliance requirements.

5.7 Reinforcing Government and LNA Participation in Early Decision-Making

Government institutions and local and national actors play a central role in interpreting contextual dynamics and enabling operational access.

Embedding their participation within analysis and trigger validation processes strengthens both legitimacy and timeliness.

Operational Direction:

Utilise established coordination spaces to support inclusive technical dialogue without introducing parallel governance arrangements.

5.8 Starting with Manageable Activation Scenarios

Early implementation is most effective when anchored in a limited number of predictable risk scenarios. This allows trigger logic, coordination routines, and learning mechanisms to mature progressively.

Operational Direction:

Consider prioritising one or two high-probability seasonal risks as initial activation pathways before expanding scope.

6. Yemen Nutrition Anticipatory Action Roadmap Framework

The Yemen Nutrition Anticipatory Action Roadmap is structured around six mutually reinforcing pillars that collectively support the transition from reactive response toward earlier, risk-informed nutrition action.

6.1 Roadmap Vision

By the end of 2027, Yemen will have a functional, locally led anticipatory action system for nutrition. This system will be capable of preventing spikes in acute malnutrition by acting on evidence-based early warnings, using pre-agreed triggers to launch timely, life-saving nutrition support.

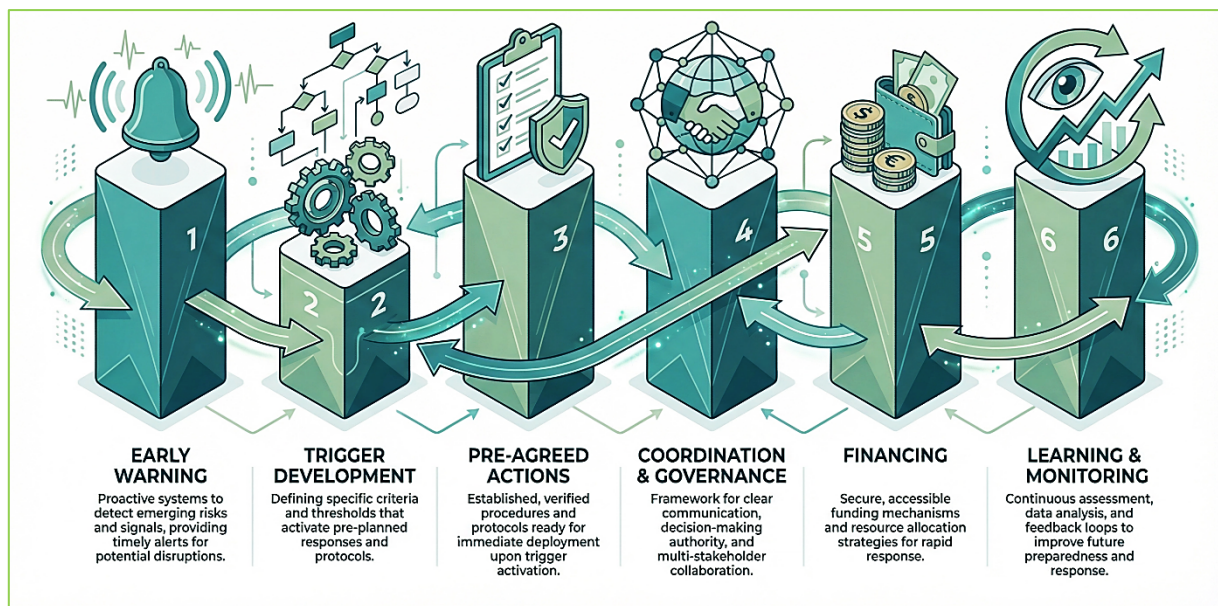


Figure [6]: Yemen Nutrition Anticipatory Action Roadmap

6.2 Roadmap Pillars

These pillars are designed to function within existing coordination architecture and to strengthen — rather than replace — established systems.

They should be understood as operational enablers rather than sequential steps; progress across pillars is expected to occur in parallel and mature incrementally over time.

1. Pillar (1): Early Warning and Risk Analysis

Anticipatory action for nutrition depends on the timely identification and interpretation of emerging risks based on existing data on exposure, vulnerability, and impacts. Impact-based approaches help translate early warning information into clear, actionable scenarios that enable pre-agreed actions and the prompt release of financing through established mechanisms.

Yemen already has multiple monitoring systems, including nutrition surveillance, disease alerts, market analysis, climate information, and field-level observations. The Nutrition Real-Time Monitoring Framework (RMF) plays a critical role in detecting early deterioration in nutrition through trends in acute malnutrition admissions. While not predictive, RMF data can be used to better understand how specific hazards affect nutrition outcomes and to inform layered, no-regret anticipatory actions. The focus of this pillar is therefore

on improving joint analysis and routine use of existing information across sectors, rather than creating new systems, to support earlier and more risk-informed decision-making.

Strategic Emphasis:

- Strengthen existing nutrition information system to facilitate a coordinated early warning system for AA for nutrition routine multi-sector review of risk signals
- Explore and validate hard and soft triggers that can be derived from nutrition-specific models-based forecasts (e.g. nutrition RMF, CHVs report)
- Integration of nutrition indicators to complement existing weather-based and other forecasting mechanisms for disease outbreaks and conflict, and work to integrate such triggers within broader analytical platforms
- Integrate indigenous/community-level knowledge for early warning when developing forecasting, risk analysis, scenario planning, validation and simulation exercises.
- Invest in empowering LNAs to actively monitor and issue timely alerts about local risks that affect their communities. For example, train CHWs on the nutrition RMF validation protocols, including MUAC screening tool.

Operational Outcome:

Earlier situational awareness capable of informing anticipatory decisions.

2. Pillar (2): Trigger Development and Decision-Making

Triggers serve as the bridge between early warning and early action.

Given Yemen's complex and fluid operating environment, criteria-based trigger logic — combining quantitative indicators with contextual judgement — is likely to be more appropriate than rigid thresholds.

Transparent validation processes enhance technical confidence while reducing hesitation around activation.

Strategic Emphasis:

- Advance development of composite trigger approaches
- Clarify technical roles and validation pathways
- Promote shared understanding of activation criteria
- Support defensible decision-making

Operational Outcome:

Clearer and more confident transition from signal detection to action.

3. Pillar (3): Pre-Agreed Early Actions

The credibility of anticipatory action frameworks depends on the availability of practical measures that can be implemented before conditions deteriorate. In nutrition, many preventive interventions are already well established and can be activated earlier with minimal additional risk.

Pre-identified anticipatory actions are a core element of an effective anticipatory system. They are implemented in response to early warning signals, ahead of a shock, to reduce their impact on vulnerable populations. These actions should be agreed in advance, with clear roles and responsibilities, and tailored

to the type of hazard, available lead time, and the capacities of implementing organizations. The aim is to prioritize actions that are feasible, accountable, and cost-effective, and that can be delivered during the critical window between an early warning trigger and the full impact of the shock.

Strategic Emphasis:

- Identify technically sound, low-regret nutrition actions that can be implemented ahead of deterioration.
- Ensure nutrition anticipatory action protocols include pre-defined geographic prioritization, informed by analysis of multi-hazard risk, malnutrition trends, and existing programming. Prioritizing areas with the highest combined risk improves feasibility and operational readiness.
- Align nutrition anticipatory actions with Health, WASH, and Food Security interventions to support coherent, multi-sectoral early action.
- WFP and FAO AA initiatives present opportunities for the Nutrition Cluster to advocate for the inclusion of nutrition-sensitive AAs within ongoing projects.

Operational Outcome:

Timely implementation of preventive measures that help stabilise nutrition conditions.

4. Pillar (4): Coordination and Governance

Anticipatory action requires predictable coordination routines and inclusive decision spaces.

The roadmap intentionally positions governance within existing platforms, maintaining government leadership while enabling meaningful participation from local and national actors.

This approach supports legitimacy, reduces institutional friction, and strengthens sustainability.

Strategic Emphasis:

- Utilise established coordination mechanisms
- Maintain government leadership
- Embed LNA participation
- Avoid parallel structures

Operational Outcome:

Trusted governance capable of supporting early activation.

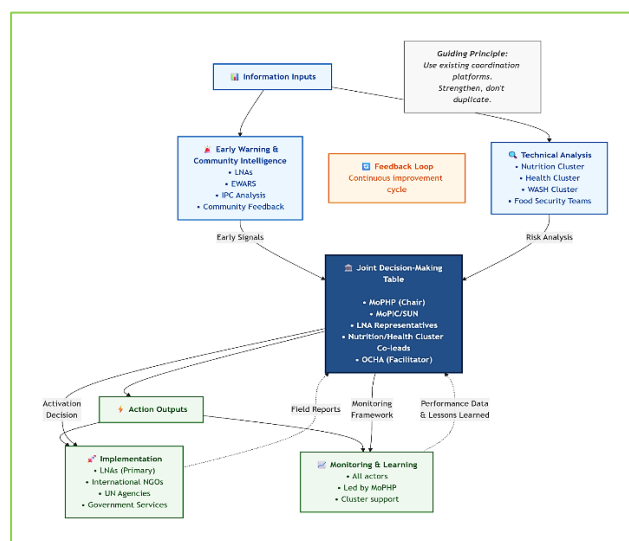


Figure [7]: Governance & Decision Flow.

5. Pillar 5 — Financing and Resource Alignment

Flexible financing is a critical enabler of anticipatory action.

While dedicated AA funding streams may evolve over time, immediate progress can often be supported through adaptive use of existing resources, where feasible and compliant.

Financial dialogue should therefore begin early to identify responsible pathways for anticipatory use.

Strategic Emphasis:

- Explore flexibility within current grants
- Encourage anticipatory dialogue with donors
- Align planning with funding realities
- Maintain fiduciary discipline

Operational Outcome:

Greater financial readiness to support early action.

6. Pillar 6 — Learning, Monitoring, and Adaptation

Anticipatory action is inherently iterative. Structured learning is essential for refining trigger logic, strengthening coordination routines, and improving activation processes.

Monitoring should prioritise timeliness, coverage, coordination effectiveness, and community feedback.

Documented lessons will support both national decision-making and global knowledge development.

Strategic Emphasis:

- Establish routine after-action reviews
- Capture operational lessons
- Promote adaptive adjustments
- Support knowledge sharing

Operational Outcome:

A progressively stronger and more confident anticipatory model.

Together, these pillars provide a governance and operational foundation through which nutrition anticipatory action can be activated responsibly within Yemen's existing response architecture.

6.3 Phased Implementation Approach

The operationalisation of nutrition anticipatory action in Yemen is expected to progress incrementally through a phased approach that prioritises feasibility, builds technical confidence, and allows coordination routines to mature over time.

Rather than prescribing rigid timelines, the phased model provides a directional framework to guide structured activation while preserving flexibility to adapt to contextual dynamics.

Progress across phases may not always be linear; elements of multiple phases may advance concurrently as enabling conditions evolve.

A. Phase (1): Operational Readiness

➤ **Indicative timeframe:** Near-term (0-6 Months)

The initial phase focuses on strengthening the foundational conditions required to support anticipatory activation. Emphasis is placed on clarifying processes, reinforcing coordination pathways, and building shared technical understanding.

➤ **Priority Areas:**

- Establish predictable routines for joint analysis within existing coordination platforms
- Advance development of trigger logic and validation processes
- Identify feasible early actions aligned with operational capacity
- Map potential financing flexibility within current resources
- Reinforce participation of government counterparts and local and national actors

➤ **Success Signals May Include:**

- A mapped list of existing grants that could be flexibly used for early action
- Agreed technical approach to trigger validation
- Regular multi-sector risk discussions
- Increased partner familiarity with anticipatory concepts
- Early alignment between analysis and preparedness

This phase prioritises readiness without requiring structural change.

B. Phase (2): Integration and Initial Activation

➤ **Indicative timeframe:** Medium-term (6-12 Months)

The second phase centres on translating preparedness into practical application. Initial activations — even if limited in scale — are expected to strengthen confidence and generate operational learning.

➤ **Priority Areas:**

- Apply trigger logic within selected risk scenarios
- Activate pre-agreed early actions where conditions warrant
- Strengthen coordination between nutrition and relevant sectors
- Document operational lessons
- Refine processes based on experience

➤ **Success Signals May Include:**

- Trigger-informed anticipatory actions

- Improved coordination during elevated risk periods
- Evidence of earlier operational readiness
- Documented learning supporting technical refinement

Early activations should emphasise feasibility and controlled scope.

C. Phase (3): Institutionalisation and Scale Maturity

➤ **Indicative timeframe:** Longer-term (12+ Months)

The third phase focuses on embedding anticipatory practices within routine planning and coordination processes, enabling the model to operate with greater predictability and confidence.

➤ **Priority Areas:**

- Integrate anticipatory considerations into response planning cycles
- Strengthen government ownership of activation pathways
- Promote predictable coordination structures
- Encourage alignment between technical planning and financing dialogue
- Support continued capacity strengthening

➤ **Success Signals May Include:**

- Anticipatory considerations reflected in planning frameworks
- Greater technical confidence across partners
- Sustained participation from government and LNAs
- More predictable activation processes

Institutionalisation is expected to occur progressively rather than through discrete transition points.

Phase	Duration	Focus	Key Deliverables
Phase 1	0–6 Months	Operational Readiness	A fully functional governance structure, endorsed technical frameworks, and a comprehensive capacity plan.
Phase 2	6–12 Months	Integration & Confidence-Building	Successful pilot interventions, clear evidence of effectiveness, and refined operational protocols.
Phase 3	12–24 Months	Institutionalisation & Scale-Up	Geographic expansion, full integration into the HRP, clear government leadership, and a sustainable financing model.

Table [6]: Roadmap deliverables (phased structure)

6.4 Cross-Cutting Principles Applied Across All Pillars

Principle	What It Means in Practice
Localization in Action	LNAs are signal detectors, interpreters, decision-makers, AND implementers – not just last-mile delivery.
Multi-Sectoral by Design	Nutrition AA is always coordinated with Health (disease), WASH (water quality), and FSAC (food access) actions.
Risk-Managed Progression	Move forward based on demonstrated feasibility and confidence , not fixed timelines.
Use What Exists	No parallel systems. Strengthen and connect current data flows, coordination forums, and financing mechanisms.
Accountability to Affected People	Community feedback shapes AA design: actions are communicated transparently; outcomes are monitored for timeliness.

Table [7]: Roadmap principles for considerations per each phase

➤ How This Framework Should Be Used

1. **For Planning:** Identify which pillar needs immediate attention in each locality.
2. **For Capacity Building:** Structuring training modules around pillar components.
3. **For Monitoring:** Using successful indicators to track progress without heavy MEAL burden.
4. **For Advocacy:** Each pillar aligns with their priorities (localization, efficiency, etc.).



**THIS IS A FLEXIBLE GUIDE – NOT A RIGID PRESCRIPTION.
ADAPTATION TO SPECIFIC GOVERNORATE REALITIES IS
EXPECTED AND ENCOURAGED.**

6.5 Implementation Considerations

- **Phase 1 (0–6 months): INITIATION – "Make it Possible"**
 - **Focus:** Enable *basic anticipatory functions* using **existing systems only**.
 - **Logic:** Low-risk, high-gain actions to build confidence. No new funding required.
 - **Critical Path:** Secure LNA seats in AA governance; agree on 1 composite trigger; map financing options.
- **Phase 2 (6–12 months): INTEGRATION – "Make it Work"**
 - **Focus:** Embed nutrition AA into **government-led and multi-sectoral processes**.
 - **Logic:** Build on Phase 1 successes; test activation with moderate risk.
 - **Critical Path:** First government-convened validation; pilot AA package in 1 hazard season; secure YHF AA window.
- **Phase 3 (12–24 months): INSTITUTIONALIZATION – "Make it Last"**
 - **Focus:** Transition to sustained national and local ownership.
 - **Logic:** Scale what works; integrate into national systems.
 - **Critical Path:** AA included in HRP/contingency plans; LNA-led AA activations; domestic financing explored.

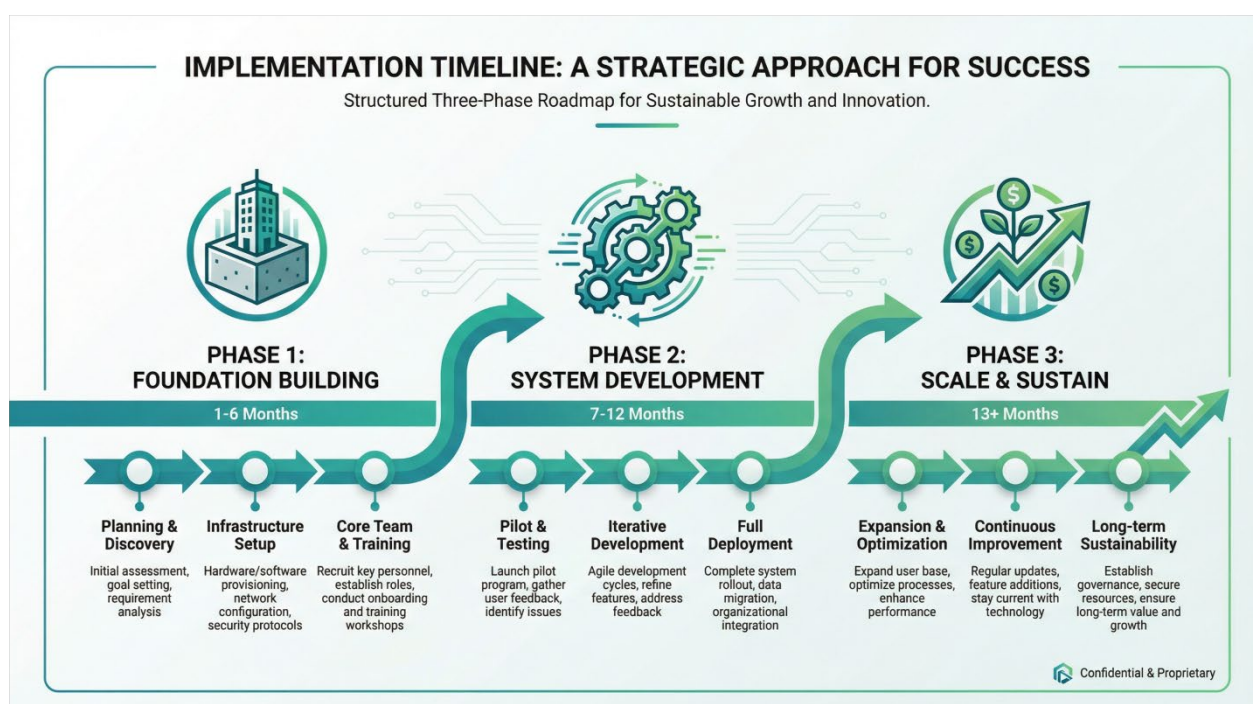


Figure [8]: Roadmap milestones and phases

7. Monitoring, Evaluation & Learning (MEL)

To build a robust evidence base on the impact, effectiveness, and cost-efficiency of our nutrition AA in the unique and challenging context of Yemen. This will ensure our accountability and foster a culture of continuous improvement.

This roadmap is a living framework. It must be informed by evidence and adapted based on our experience. Our MEL pillar is therefore central to our success. Our MEL framework will move beyond simple activity tracking to focus on measuring our outcomes, assessing our cost-effectiveness, and generating actionable learning. It will be designed to answer the core question: **Does our anticipatory action for nutrition lead to better outcomes for at-risk populations in Yemen, and is it a more efficient use of our resources?**

Our MEL system will be managed by the Nutrition-AA Working Group, and our findings will be reported regularly to the AA Advisory Group to inform their strategic decision-making. A dedicated MEL workstream within the TWG will be responsible for our data collection, our analysis, and the development of our learning products.

Key Components of Our MEL Framework

- 1 **Performance Monitoring:** We will track a set of Key Performance Indicators (KPIs) for each of our seven strategic pillars to monitor our progress against the roadmap's objectives. This will give us a clear picture of whether we are establishing the system as planned.
- 2 **Impact Evaluation:** During Phase 2 and 3, we will conduct rigorous evaluations of our specific AA interventions to assess their impact on nutrition outcomes. We will compare the outcomes in the areas where we implemented AA with the outcomes in similar areas that were affected by the same shock but did not receive an anticipatory response. This will be crucial for generating robust evidence on the impact of our approach.
- 3 **Cost-Effectiveness Analysis:** We will systematically collect data on the costs of our AA interventions and compare them to the estimated costs of a traditional, reactive response. This will generate the crucial evidence we need for advocating for increased investment in AA.
- 4 **Learning & Adaptation:** We will implement a structured learning agenda, with regular 'After Action Reviews' following each of our interventions and 'Pause and Reflect' sessions at the end of each of our phases. This will ensure that our lessons are systematically captured and used to adapt and refine our approach.

Knowledge Management and Dissemination

Generating evidence is only useful if it is shared and used. A key part of our MEL strategy will be the active dissemination of our findings. This will include:

- **Internal Learning:** We will produce regular learning briefs and presentations for our Nutrition Cluster and our AA Advisory Group.
- **National Dissemination:** We will share our findings with our government counterparts, our donors, and the wider humanitarian community in Yemen.
- **Global Contribution:** We will package our lessons learned and our evidence into case studies, academic papers, and presentations for global platforms like the Global Nutrition Cluster (GNC), the Anticipation Hub, and relevant international conferences. This will ensure that our experience from Yemen contributes to the global evidence base on anticipatory action.

9. Risk Management

To proactively identify, assess, and mitigate the potential risks that could undermine the successful implementation of our Nutrition AA Roadmap.

A risk-managed approach is essential for implementing a new framework in a complex and volatile context like Yemen. This section outlines the key risks to our roadmap’s success and the corresponding mitigation strategies that we will put in place. We will maintain a detailed Risk Assessment Matrix, which will be reviewed quarterly by our Nutrition-AA Working Group and regularly by our AA Advisory Group.

Key Risks and Mitigation Strategies

Risk Category	Risk Description	Likelihood	Impact	Mitigation Strategy
Political & Security	An escalation of the conflict or political instability could disrupt our access, endanger our staff, and halt our implementation.	High	High	<p>Contingency Planning: We will develop area-based contingency plans and alternative implementation modalities.</p> <p>Remote Management: We will strengthen the remote management and monitoring capacities of our partners.</p> <p>Humanitarian Principles: We will maintain strict adherence to neutrality and impartiality to preserve our access.</p>
Financial	A failure to secure predictable and timely funding for our AA interventions could lead to delays or inaction when our triggers are met.	High	High	<p>Diversified Funding: We will pursue a multi-layered funding strategy.</p> <p>Sustained Advocacy: We will conduct continuous advocacy with our donors.</p> <p>Cost-Effectiveness Evidence: We will generate robust evidence on the cost-effectiveness of our AA to strengthen our investment case.</p>
Operational	The limited capacity of our local and national actors to design, implement, and monitor our AA interventions to a high standard could affect the quality of our response.	Medium	High	<p>- Phased Capacity Building: We will implement a targeted, phased capacity strengthening plan.</p> <p>Mentorship & Accompaniment: We will pair our LNAs with our international partners for mentorship and technical backstopping.</p> <p>Simplified Tools: We will develop simplified, user-friendly tools and guidelines for our AA implementation.</p>

Risk Category	Risk Description	Likelihood	Impact	Mitigation Strategy
Technical	Our triggers could be either too sensitive (leading to action when not needed) or not sensitive enough (leading to inaction when needed).	Medium	High	<p>- Rigorous Validation: We will conduct thorough technical validation of all our triggers and thresholds.</p> <p>Phased Rollout: We will test and refine our triggers in a limited number of pilot locations before we scale up.</p> <p>Adaptive Management: We will establish a clear protocol for reviewing and adjusting our triggers based on our performance data and our learning.</p>
Coordination	Weak coordination between our Nutrition-AA TWG and our AA Advisory Group, or between our different sectoral clusters, could lead to a fragmented or duplicative response.	Medium	Medium	<p>Formalised Integration: We will ensure formal ToR and reporting lines between our TWG and our Advisory Group.</p> <p>Inter-Cluster Representation: We will maintain active focal points from Health, WASH, and Food Security within our Nutrition-AA TWG.</p> <p>Joint Analysis: We will promote regular joint analysis and planning sessions to foster a shared understanding of risk.</p>

Table [8]: Roadmap Risk Matrix

Risk Monitoring and Review

The risk landscape in Yemen is dynamic. Our Risk Assessment Matrix will be a living document. It will be reviewed quarterly by our Nutrition-AA Working Group. Any high-level or strategic risks will be escalated to our AA Advisory Group for discussion and guidance. This continuous process of risk monitoring and adaptation is critical to ensuring that our roadmap remains relevant and achievable in a constantly changing environment.

10. Next Steps & Implementation Timeline

To outline the immediate, concrete actions that we need to take to launch the implementation of our Nutrition AA Roadmap.

The successful operationalisation of this roadmap requires immediate and concerted action from all of us. The following next steps are what we propose to undertake within the first quarter of 2026 to build momentum and initiate our Phase 1.

Immediate Next Steps (First 90 Days: Q1 2026):

1. Formal Endorsement:

The final Nutrition AA Roadmap should be presented to Yemen Nutrition Cluster partners and OCHA-led AA Advisory Group for their formal endorsement.

2. Establish the Nutrition-AA Technical Working Group:

Nutrition TWG should be established within the multisectoral AA advisory group, first meeting of the nutrition AA TWG should be conducted to finalise the co-chair arrangement between the Nutrition Cluster and government counterpart, including MoPHP and MOPIC/SUN then agree on the ToR and a detailed work plan for Phase One.

3. Secure Phase One Funding:

AA Advisory Group and our Nutrition Cluster leadership will immediately engage with Yemen Humanitarian Fund (YHF) and our key bilateral donors to secure the necessary funding for our initial 6-month operational readiness phase.

4. Launch Capacity Assessment:

Initiating the baseline capacity assessment of the local and national actors, to be led by a dedicated sub-group of within the TWG.

5. Technical Validation of Triggers:

Convening the first technical workshop to review and begin the validation process for the triggers and thresholds that we have outlined in our scenario-based AA packages.

6. Consolidate Workshop Inputs to Design a Bi-lingual Country-Level Nutrition AA Guideline:

Many LNAs highlighted the need for a contextualised nutrition AA guideline with agreed packages, tools, triggers, additional detailed guidelines in Arabic and English.

7. Identify 2-4 districts from the highest multi-sectoral hazards mapping list (conducted by Health workshop):

This is a learning journey and one of the recommendations received during the presentation of lessons learned is to operationalise the nutrition AA at the sub-national level through implement small-grant targeted pilots in most hazard-vulnerable districts.

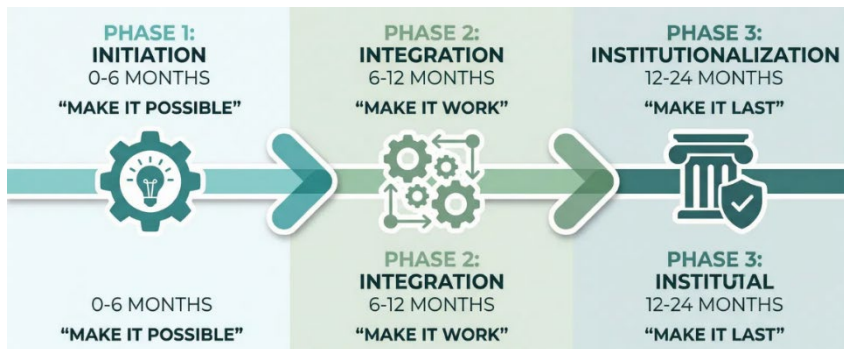


Figure [9]: Implementation timeline

11. Enabling Conditions for Activation

The activation of nutrition anticipatory action in Yemen will depend on a set of enabling conditions that support timely decision-making, coordinated implementation, and responsible use of resources.

Many of these elements already exist within the current response architecture. The priority is therefore to strengthen predictability, clarify processes, and reinforce linkages so that early warning information can translate into proportionate early action.

These conditions should be viewed as system enablers rather than prerequisites; progress may occur unevenly as technical confidence and coordination practices mature.

1. Predictable Coordination for Joint Analysis

Regular, structured forums for multi-sector risk review are essential to support shared interpretation of emerging threats. Existing coordination platforms provide a foundation for these discussions and can be leveraged to promote routine analysis rather than ad hoc consultation.

Why this matters:

Predictable coordination reduces decision latency and supports collective ownership of activation.

2. Agreed Trigger Validation Processes

Clear — though not overly rigid — approaches to trigger validation help ensure that anticipatory measures are grounded in evidence and supported by technical consensus. Validation processes should remain adaptable to contextual nuance while reinforcing transparency and defensibility.

Why this matters:

Confidence in trigger logic directly influences willingness to act early.

3. Operationally Feasible Early Actions

Anticipatory measures must remain proportionate to available capacity, partner presence, and logistical realities. Pre-identifying feasible actions allows partners to move more quickly when risk conditions intensify.

Why this matters:

Systems activate faster when actions are pre-considered rather than improvised.

4. Government Engagement in Decision Pathways

Sustained engagement with relevant authorities strengthens legitimacy and supports alignment with nationally anchored coordination structures. Government participation in analysis and validation processes reinforces sustainability and institutional acceptance.

Why this matters:

Activation pathways are more durable when nationally recognised.

5. Meaningful Participation of Local and Sub-National Actors

Local and subnational actors contribute contextual interpretation, operational reach, and community-level awareness that enhance anticipatory decision-making. Their engagement should extend beyond implementation to include analysis and planning functions.

Why this matters:

Proximity often enables earlier detection and faster operational adjustment.

6. Financing Dialogue and Flexibility

While anticipatory action does not necessarily require new funding instruments, early dialogue on financing options can support timely activation. Exploring flexible use of existing resources — where compliant with donor requirements — may help reduce response delays.

Why this matters:

Technical readiness alone does not enable early action; financial pathways must also be understood.

7. Information Preparedness

Reliable access to surveillance data, market insights, displacement analysis, and service availability information strengthens the quality of risk interpretation. Efforts should prioritise improving interoperability and shared visibility rather than creating new reporting layers.

Why this matters:

Stronger information flow supports earlier, more confident decisions.

8. Workforce Familiarity with Anticipatory Approaches

As anticipatory action remains an evolving practice within the nutrition sector, continued technical orientation and practical learning opportunities can support confidence among partners. Familiarity tends to increase willingness to activate.

Why this matters:

Systems rarely move faster than the confidence of the people operating them.

End of Main Document

Annex 1: Nutrition Anticipatory Action Roadmap – Pillars and Components

Purpose of this Annex

This annex provides a functional overview of the Nutrition Anticipatory Action (AA) Roadmap for Yemen. It outlines the **six core pillars required** to operationalize nutrition within anticipatory action frameworks, drawing **exclusively on existing systems, data sources, and coordination arrangements**.

This annex is **illustrative and non-prescriptive**. It does not imply the creation of new structures, fixed thresholds, or binding commitments. It serves as a **living framework** to guide progressive implementation.

Pillar–Component Framework

Vision: A Yemen where families are protected from predictable malnutrition by acting early, together.

Pillar	Key Components	What Exists Now (Assets)	What the Roadmap Strengthens & Adds	Primary Actors (Yemen Context)	Phase Focus	Success Indicators (Illustrative)
1. EARLY WARNING, DATA & ANALYSIS	<ul style="list-style-type: none"> • Nutrition surveillance (MUAC, RMF,, CMAM trends) • Disease surveillance (EDEWS/IDSR) • Food security & market monitoring (IPC, VAM) • Climate & displacement info • Community/LNA observations 	<ul style="list-style-type: none"> • Routine MUAC screening • CMAM admission data • EDEWS weekly alerts • IPC analysis (quarterly) • Market price monitoring • Rainfall/flood alerts (CAMA) • LNA field reports 	<ul style="list-style-type: none"> • Systematic composite analysis of existing data for AA • Joint interpretation forums (Nutrition-Health-WASH-FSAC) • Community signal integration into formal EWS • Simple dashboard for multi-source risk overlay 	<ul style="list-style-type: none"> • LNAs (first-mile detection) • MoPHP (CMAM, EDEWS) • Nutrition/Health Clusters • CAMA/MoWE (weather) • WFP/VAM (markets) 	Phase 1–2 (Initiation)	<ul style="list-style-type: none"> • # of joint analysis sessions held • % of LNA reports integrated into alerts • Composite risk dashboard piloted in 1 district

Pillar	Key Components	What Exists Now (Assets)	What the Roadmap Strengthens & Adds	Primary Actors (Yemen Context)	Phase Focus	Success Indicators (Illustrative)
2. TRIGGERS & DECISION-MAKING	<ul style="list-style-type: none"> • Trigger criteria & logic • Signal interpretation protocol • Validation process • Decision documentation 	<ul style="list-style-type: none"> • Ad-hoc interpretation of alerts • Reactive decision-making • Informal thresholds used post-hoc 	<ul style="list-style-type: none"> • Criteria-based trigger logic (no rigid thresholds) • Clear validation pathway with LNA voice • Documented AA decisions with rationale • Pre-agreed decision forums (Aden AA Platform + Nutrition TWG) 	<ul style="list-style-type: none"> • LNAs (validation input) • MoPHP/MoPIC (endorsement) • Nutrition Cluster (technical lead) • OCHA (facilitation) 	Phase 1–2 (Initiation)	<ul style="list-style-type: none"> • AA decision protocol agreed & signed • First documented AA activation decision • LNA participation rate in validation $\geq 40\%$
3. ANTICIPATORY NUTRITION ACTIONS	<ul style="list-style-type: none"> • Early screening & outreach • Service readiness & staffing • Pre-positioning of supplies • Nutrition SBCC/IYCF-E • Referral pathway strengthening 	<ul style="list-style-type: none"> • Reactive outreach post-shock • Limited pre-positioning • Late mobilization • Standard IYCF messaging 	<ul style="list-style-type: none"> • Pre-agreed "no-regret" action packages • Timeline: Actions start <i>before</i> deterioration • Sequenced activation (e.g., screening → supplies → SBCC) • Integrated with Health/WASH/FSAC actions 	<ul style="list-style-type: none"> • LNAs (primary implementers) • Nutrition partners (technical support) • MoPHP (service continuity) • Health/WASH clusters (joint delivery) 	Phase 1–3 (Full rollout)	<ul style="list-style-type: none"> • # of days earlier action started vs. past responses • % of pre-agreed actions implemented • Supply pre-positioning completed X days before forecast shock
4. FINANCING & OPERATIONAL READINESS	<ul style="list-style-type: none"> • Reprogramming mechanisms • Contingency fund access • Flexible funding windows • Readiness planning & pre-positioning 	<ul style="list-style-type: none"> • Ad-hoc reprogramming • Limited AA use of existing funds • Uneven LNA access to financing • No dedicated AA reserve 	<ul style="list-style-type: none"> • Predictable use of existing funds for AA • Faster disbursement pathways for LNAs • pre-negotiated crisis modifiers in grants • Pre-positioning plans for supplies & cash 	<ul style="list-style-type: none"> • Government MOPHP • Donors (YHF, CERF, etc.) • UN agencies (pooled funds) • LNAs (direct access advocacy) • Clusters (readiness coordination) 	Phase 1–3 (Critical path)	<ul style="list-style-type: none"> • # of grants with AA crisis modifiers • Days from trigger to first disbursement • % of LNAs reporting improved AA fund access

Pillar	Key Components	What Exists Now (Assets)	What the Roadmap Strengthens & Adds	Primary Actors (Yemen Context)	Phase Focus	Success Indicators (Illustrative)
5. GOVERNANCE, COORDINATION & LOCAL LEADERSHIP	<ul style="list-style-type: none"> • Role clarity (RASCI) • Coordination interfaces • Government engagement • LNA participation & leadership 	<ul style="list-style-type: none"> • Existing cluster coordination • Informal consultations • Variable government engagement • LNA presence but limited power 	<ul style="list-style-type: none"> • Clear functional roles in AA processes • Government-convened AA forums (MoPIC/MoPHP) • LNAs as co-decision-makers (not just implementers) • Use existing spaces only (no new committees) 	<ul style="list-style-type: none"> • MoPHP/MoPIC/SUN (chairs) • LNAs (co-chairs/members) • Nutrition Cluster (secretariat) • OCHA (inter-cluster facilitation) 	Phase 1–3 (Progressive ownership)	<ul style="list-style-type: none"> • LNA co-chair in AA governance forum • Government-led AA meetings convened • AA agenda item in regular cluster meetings
6. LEARNING, ADAPTATION & SAFEGUARDS	<ul style="list-style-type: none"> • Timeliness monitoring • Trigger performance review • Lessons documentation • Accountability safeguards 	<ul style="list-style-type: none"> • Limited learning on early action • Focus on post-response evaluation • Few systematic reviews 	<ul style="list-style-type: none"> • Routine reflection on AA effectiveness • Adaptive adjustments to triggers/actions • Transparency in decisions & resource use • Community feedback mechanisms 	<ul style="list-style-type: none"> • All actors (shared responsibility) • Led by government & LNAs • Nutrition Cluster MEAL • OCHA (cross-system learning) 	Phase 2–3 (After first activations)	<ul style="list-style-type: none"> • After-Action Review conducted within 30 days of activation • # of trigger/action adjustments based on lessons • Community feedback incorporated into AA design

End of Annex 1

Annex 2: Illustrative Nutrition Anticipatory Action Packages

Purpose of this Annex

This annex presents **illustrative nutrition anticipatory action (AA) packages** derived from stakeholder consultations, group work, and workshop discussions. The packages demonstrate **how nutrition AA could function in practice** under different predictable risk scenarios in Yemen.

These packages:

- Are **examples**, not agreed plans or commitments
- Do **not** define thresholds or activation rules
- Do **not** imply new funding, pilots, or structures
- Are intended to support **dialogue, planning, and operational clarity**

Illustrative Package Framework

Each package reflects:

- A **predictable risk** identified by stakeholders
- **Existing early warning signals** already monitored
- **No-regret nutrition actions** that can be taken earlier
- **Clear roles** for LNAs, government, clusters, and partners

Package 1: Seasonal Disease Outbreaks (e.g. Cholera, AWD, Dengue)

Element	Description
Risk Context	Seasonal increase in water-borne and vector-borne diseases, particularly during rainy seasons, leading to increased malnutrition risk among children and PLW
Existing Early Warning Signals	Disease surveillance alerts (EWARS / IDSR); increased diarrhoeal cases; seasonal rainfall patterns; LNA field observations
Nutrition-Relevant Risk Pathway	Disease → reduced intake & absorption → increased acute malnutrition
Suggested Triggers	eIDEWS reports, partners substantiated RNAs, DHIS reports
Potential Thresholds	# of increased cases (eIDEWS/DHIS), 20% increased admission, # of cholera cases/district
Illustrative Anticipatory Nutrition Actions	Early nutrition screening in high-risk areas; intensified IYCF messaging; service readiness (staffing, supplies); distribute micronutrients to boost the immune systems of children under five in high-risk districts before the disease season begins coordination with Health and WASH for prevention messaging, MPCA
Primary Actors	LNAs (screening, outreach); MoPHP (technical guidance); Nutrition partners; Health & WASH actors
Phase Focus	Phase 1–2
Notes	Actions focus on prevention and readiness , not outbreak response

Package 2: Flooding and Heavy Rains

Element	Description
Risk Context	Seasonal flooding affecting access to services, displacement, and increased disease burden
Existing Early Warning Signals	Rainfall forecasts; flood alerts; historical flood patterns; community reports
Nutrition-Relevant Risk Pathway	Flooding → displacement & disease → reduced access to nutrition services
Suggested Triggers	Rainfall forecast, Impact early signals/alerts, partners flood impact reports/RNAs
Potential Thresholds	≥40% rainfall forecast (or “heavy rainfall warning”) for target district/catchment, # of flood-impacted HHs, # of human and animal casualties
Illustrative Anticipatory Nutrition Actions	Pre-flood outreach and screening; pre-positioning of nutrition supplies; mapping of mobile service options; coordination with WASH on hygiene messaging
Primary Actors	LNAs; Nutrition partners; MoPHP; local authorities
Phase Focus	Phase 1–3
Notes	Emphasises continuity of services before access is disrupted

Package 3: Food Price Spikes and Economic Shocks

Element	Description
Risk Context	Sudden increases in food prices and reduced purchasing power, affecting dietary intake
Existing Early Warning Signals	Market price monitoring; food security analysis; LNA community feedback
Nutrition-Relevant Risk Pathway	Reduced food access → dietary compromise → increased malnutrition risk
Suggested Triggers	Exchange rate (USD/YER), Fuel prices, MEB/MFB prices data, HHs income/salaries data, casual labour wage-to-food deterioration
Potential Thresholds	≥15% increase in the weekly average price of key staples vs previous month average (district/market), Wage-to-food or income proxy indicates ≥10% decline vs previous month (where available), 25% increase in MEB/MFB compared to last month in a certain district or market.
Illustrative Anticipatory Nutrition Actions	Expanded screening in high-risk areas; nutrition counselling; coordination with FSAC and cash actors; early identification of at-risk households, macro-economic support through market-based approach/CTP/CBI
Primary Actors	LNAs; Nutrition & FSAC partners; MoPIC/SUN (coordination)
Phase Focus	Phase 2–3
Notes	Relies on alignment , not duplication, with food security responses

Package 4: Displacement (Conflict- or Climate-Related)

Element	Description
Risk Context	Sudden or gradual displacement leading to service disruption and increased vulnerability
Existing Early Warning Signals	Displacement tracking; conflict monitoring; local authority and LNA reports
Nutrition-Relevant Risk Pathway	Displacement → service gaps & poor feeding → malnutrition risk
Suggested Triggers	Conflict escalation incidents, displacement number/percentage
Potential Thresholds	# of incidents doubled indicating intensified conflict at a frontline, # of displaced HHs reaches 200/location, 20% of HHs displaced from/to a specific location
Illustrative Anticipatory Nutrition Actions	Rapid screening at arrival points; mobile nutrition services; referral mapping; coordination with Health and Protection, In-kind food baskets and hygiene kits
Primary Actors	LNAs; Nutrition partners; local authorities
Phase Focus	Phase 2–3
Notes	Focuses on early engagement , not emergency surge

Cross-Cutting Features of All Packages

- Use of existing early warning systems only
- LNAs as first interpreters and implementers
- Coordination through existing platforms
- No thresholds or fixed triggers
- No new funding instruments required

How These Packages Should Be Used

These illustrative packages can be used to:

- Support planning and dialogue with government, donors, and OCHA
- Clarify what “nutrition AA” means operationally
- Identify entry points for financing readiness
- Guide phased operationalisation under the roadmap

They are **not** intended to:

- Replace contingency plans
- Commit partners to specific actions
- Serve as standalone SOPs

Hazard	Primary Risk	Early Action Focus
Disease	Intake/absorption	Screening + IYCF
Flood	Access disruption	Supplies + outreach
Price shock	Food access	Counselling + FSAC alignment
Displacement	Service gaps	Mobile services

End of Annex 2

Annex 3: Financing Strategy

Strategy Goal: To secure predictable, flexible, and timely funding for our nutrition AA through a diversified and coordinated resource mobilisation strategy that allows us to act quickly when our triggers are met.

Effective anticipatory action is impossible without pre-arranged financing that can be disbursed quickly. We need to be able to bypass the delays that often plague our standard humanitarian funding cycles. This roadmap advocates for a multi-layered financing strategy that combines dedicated AA funding streams with the flexible use of our existing resources. We estimate that we will need **\$2–3 million** for the 24-month period. This will cover the costs of our pilot implementation, our capacity strengthening efforts, our coordination, and our initial scale-up activities.

Key Principles of this Financing Strategy

- **Flexibility:** Our funding must be adaptable. We need to be able to reprogramme funds and activate contingency budgets within our existing partner grants.
- **Timeliness:** We need to have mechanisms in place that can get funds out the door within days of a trigger being activated.
- **Predictability:** We need to secure multi-year commitments wherever possible to ensure the sustainability of our AA system.
- **Localisation:** We need to earmark a significant portion of our funds for direct access by our local and national partners.

Proposed Financing Mechanisms

We will pursue a diversified approach to resource mobilisation, leveraging several complementary funding sources:

Funding Source	Mechanism & Approach	Target Allocation
Humanitarian Pooled Funds	We will advocate for a dedicated Nutrition AA envelope within the Yemen Humanitarian Fund (YHF) and the Central Emergency Response Fund (CERF) . This would give us a predictable source of funding for our pre-agreed AA packages.	TBC
Bilateral Donors	We will engage with our key donors (like FCDO, ECHO, and USAID) to secure multi-year, flexible funding specifically for the operationalisation of this roadmap. This is crucial for the long-term sustainability of our system.	TBC
Internal Programming & Contingency Budgets	We will work with our partners to build contingency lines for AA into their existing grants. This will allow for rapid internal reprogramming and the activation of funds without needing to apply for new resources when a crisis hits.	TBC
Climate Finance & Other Mechanisms	We will explore opportunities to access climate adaptation funds by linking our nutrition AA to climate resilience. This represents a longer-term opportunity for sustainable financing.	TBC

Disbursement Protocol

To ensure we can act quickly, we will establish a streamlined disbursement protocol:

- **Trigger Activation:** The Nutrition-AA TWG confirms that a trigger has been met and submits a technical recommendation to the AA Advisory Group.
- **Decision to Act:** The AA Advisory Group endorses the recommendation and makes a formal decision to activate the pre-agreed Anticipatory Action Package.
- **Fund Release:** The decision triggers the pre-arranged release of funds from the designated source to the pre-identified implementing partners.

This pre-agreed process will allow us to reduce the time from trigger to fund disbursement to a target of **less than 7 days**. This is a critical factor for effective anticipatory action.

Localisation of Funding

A core component of our strategy is to ensure that our local and national partners have direct access to funding. We will advocate for a target of **x% of all our nutrition AA funds to be channelled directly to our local and national partners** by the end of Phase 3. We will achieve this through dedicated LNA-windows within our pooled funds and by promoting direct partnerships between our donors and our local and national partners.

End of Annex 3

Annex 4: Phased Action Summary for Nutrition Anticipatory Action (AA)

Purpose of this Annex

This annex summarises the **sequenced actions** required to operationalise nutrition anticipatory action in Yemen over time. It aligns with the roadmap’s phased approach and is designed to:

- Clarify **what happens when**,
- Show **who is involved**, and
- Demonstrate **progression without forcing commitments**.

The annex is **illustrative and non-binding** and does not imply the creation of new structures, thresholds, or funding requirements.

Phased Action Overview

Phase 1: Initiation & Operational Readiness (0–6 months)

Overall Objective:

Enable core anticipatory functions for nutrition using existing systems, data, and coordination arrangements.

Focus Area	Key Actions	Lead / Key Actors	Expected Result
Governance & Roles	Clarify functional roles for nutrition AA within existing coordination spaces; agree on decision pathways	MoPHP; MoPIC/SUN; Nutrition Cluster; LNAs	Shared understanding of who does what, when
Early Warning & Data	Agree on nutrition-relevant early warning signals and sources; strengthen routine joint interpretation	LNAs; MoPHP; Cluster partners	Early signals used intentionally for anticipatory purposes
Triggers & Decisions	Develop criteria-based trigger logic (no thresholds); document validation steps	LNAs; MoPHP; Nutrition Cluster	More predictable and transparent anticipatory decisions
Anticipatory Actions	Identify no-regret nutrition early actions linked to predictable risks	LNAs; Nutrition partners	Early action options agreed in advance
Financing Readiness	Map feasible financing pathways within existing grants and instruments	Donors; UN agencies; LNAs	Clearer link between decisions and available resources
Coordination	Align nutrition AA discussions with inter-cluster and OCHA AA advocacy	Nutrition Cluster; OCHA	Nutrition positioned within broader AA dialogue

Phase 2: Consolidation & Integration (6–12 months)

Overall Objective:

Embed nutrition AA more firmly within government-led and multi-sectoral anticipatory processes.

Focus Area	Key Actions	Lead / Key Actors	Expected Result
Government Engagement	Strengthen government convening of nutrition AA discussions	MoPHP; MoPIC/SUN	Increased government ownership and leadership
Multi-Sectoral Alignment	Align nutrition triggers and actions with Health, WASH, and FSAC	Cluster partners; OCHA; LNAs	More coherent, multi-sectoral early action
Trigger Validation	Refine trigger interpretation and validation based on experience	LNAs; MoPHP; partners	Improved confidence in anticipatory decisions
Anticipatory Actions	Apply illustrative AA packages during predictable seasonal risks	LNAs; Nutrition partners	Earlier protection of nutrition outcomes
Financing	Improve predictability of anticipatory use of existing funds	Donors; agencies; LNAs	Reduced delays in early action
Learning & Review	Conduct light reviews of what worked and what did not	All actors	Practical learning informs adjustments

Phase 3: Institutionalisation & Sustainability (12–18/24 months)

Overall Objective:

Transition toward sustained, government-led nutrition anticipatory action with strong local ownership.

Focus Area	Key Actions	Lead / Key Actors	Expected Result
Governance	Transition facilitation roles; strengthen national leadership	MoPIC/SUN; MoPHP	Durable governance arrangements
Integration	Integrate nutrition AA into HRP, contingency planning, and preparedness	Government; clusters	Anticipatory action mainstreamed
Local Leadership	Consolidate LNA roles in analysis, decision-making, and implementation	LNAs; government	Stronger localisation in practice
Financing	Explore longer-term financing alignment for AA	Donors; government; partners	Improved sustainability of early action
Learning & Adaptation	Institutionalise periodic review and adaptation	Government; LNAs	System continuously improves

Key Cross-Cutting Observations

- Progression is intentional, not automatic: movement between phases depends on feasibility and confidence, not timelines alone.
- Local and national actors are engaged throughout, with increasing leadership over time.
- Existing systems are used and strengthened, avoiding duplication.
- Risk is managed through phasing and optionality, not upfront commitments.

How This Annex Should Be Used

This phased summary can be used to:

- Support donor discussions on **where support is most appropriate**,
- Help LNAs and partners understand **expected sequencing**,
- Guide internal planning without binding commitments.

It should be read alongside:

- **Annex 2** (Pillars and Components), and
- **Annex 3** (Illustrative Nutrition AA Packages).

End of Annex 4

Annex 5: Alignment Matrix – Nutrition Anticipatory Action Roadmap (Yemen)

Purpose of this Annex

This annex demonstrates how the Nutrition Anticipatory Action (AA) Roadmap for Yemen aligns with:

- Humanitarian system requirements,
- Nutrition cluster priorities,
- Global anticipatory action standards, and
- Global nutrition coordination norms.

It is designed to support **donor due diligence**, **inter-agency coherence**, and **government confidence**, without implying full compliance or completion at this stage.

Alignment Overview

The roadmap is intentionally aligned to **principles and requirements**, rather than specific tools or thresholds. Alignment is **progressive**, reflecting Yemen’s current pre-activation stage for anticipatory action.

Alignment Matrix

Framework / Standard	Key Requirement or Principle	How the Roadmap Aligns
Humanitarian Programme Cycle (HPC) / HRP	Evidence-based planning	Uses existing nutrition, health, market, and climate data to inform anticipatory decisions
	Risk-informed response	Prioritises predictable, recurrent risks suitable for anticipatory action
	Timeliness and efficiency	Focuses on early action to reduce escalation and response costs
Yemen Nutrition Cluster Strategy	Prevention of acute malnutrition	Positions anticipatory action as a preventive complement to CMAM
	Localisation and partner engagement	Embeds LNAs as co-decision-makers and early action leads
	Integration with Health and WASH	Explicit interfaces with Health, WASH, and FSAC
Global Anticipatory Action Principles	Use of early warning and forecasts	Relies on existing surveillance and early warning systems
	Pre-agreed actions	Identifies no-regret nutrition early actions in advance
	Risk management and no-regret logic	Phased, optional approach avoids premature commitments
Global Nutrition Cluster Norms & Guidance	Cluster-led technical coherence	Uses Nutrition Cluster as facilitator, not parallel structure
	Government engagement	Anchors leadership with MoPHP and MoPIC/SUN
	Accountability and learning	Embeds adaptive learning linked to operationalisation
OCHA Anticipatory Action Positioning	Multi-sectoral alignment	Nests nutrition AA within broader AA dialogue
	Use of existing coordination platforms	Avoids creation of new working groups or mechanisms
Localisation Commitments (Grand Bargain / IASC)	Meaningful participation of LNAs	LNAs engaged in analysis, trigger interpretation, and action
	Strengthening local leadership	Progressive transition toward national and local ownership

Framework / Standard	Key Requirement or Principle	How the Roadmap Aligns
SUN Movement & National Planning	Multi-sectoral nutrition approach	Links nutrition AA with food security, health, and social protection
	Government coordination role	Positions MoPIC/SUN as coordination and planning anchor

Key Notes on Alignment

- Alignment is intentional, not declarative**
 The roadmap does not claim full compliance with any framework at this stage. Instead, it demonstrates **directional alignment** appropriate to Yemen’s context.
- No duplication of standards or tools**
 The roadmap builds on existing global guidance without introducing parallel frameworks.
- Progressive compliance**
 Full alignment with anticipatory action standards is expected to **increase over time**, as systems mature and confidence grows.

End of Annex 5

Annex 6: Questions We Are Learning to Answer

"Key Questions We Are Learning to Answer"

As we implement this roadmap, we are collectively seeking answers to:

1. **Timeliness:** How much earlier did we act because of this process? What delayed us?
2. **Local Leadership:** How did the involvement of LNAs and government from the start change the decision or the action?
3. **Connection:** Did acting early in nutrition make the subsequent health or food security response easier or more effective?
4. **Dignity:** How did early action affect the experience and agency of the families we aim to serve?

**End of Annex 6,
End of Annexes Section**

Have a question?

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