



Operationalising Multisectoral Nutrition Action Plans at sub- national level

June 29th, 2026
11:00 – 12:35 CET



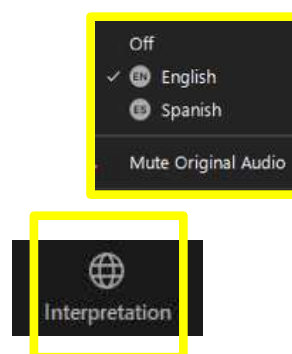
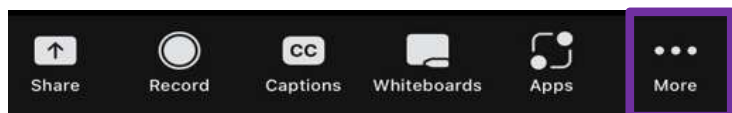
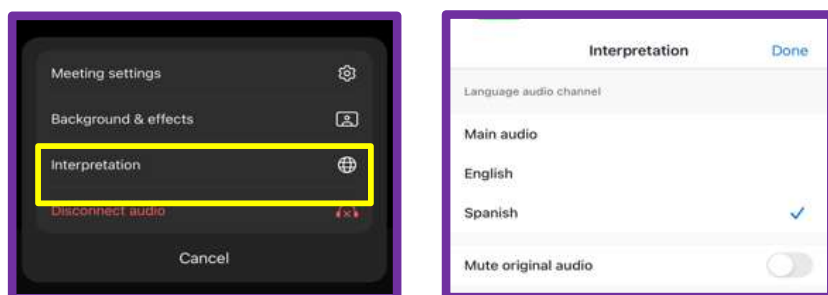
Translation / Traduction

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अनुवाद तपाईंको स्क्रिनको तल रहेको ग्लोब आइकनमा क्लिक गरेर हेर्न सकिन्छ।

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Webinar Agenda

Introduction
Presentations
Plenary
Q&A
Closing

Why are we here?

The session aims to:

- Provide a very brief overview of tools available for subnational assessment and planning for nutrition.
- Share countries experiences in multisectoral nutrition assessment and planning at the subnational level.
- Discuss how to move from piloting to coverage for subnational assessment and planning, and what support mechanisms can be developed or capitalized on to support countries.

Introducing our facilitators and speakers



Martha Nakakande
Programme Advisor/Wasting
**International Medical
Corps/GNC**



Karima Ahmed Al-Hada'a
Planning and Liaison
Specialist
SUN-Yemen



Samyukta Basnyat
Programme Officer
Nutrition
**Action Against Hunger,
Nepal**



Binod Mishra
Health Section Chief
**Belaka Municipality,
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Asmamaw Eshete
Technical Advisor
Nutrition-centric
humanitarian,
development, peace nexus,
**Action Against Hunger
Ethiopia**



Rita Abi Akar
Nutrition Associate &
Localisation Advocate
Nutrition Works

Multisectoral Subnational Planning for Nutrition

- According to the SUN movement dashboard, **31 countries** have developed national multisectoral nutrition strategies, action plans or results frameworks.
- However, **operationalizing** those plans at the subnational level has continued to be complex for many countries.
- WB reports **challenges**:
 - Gaps in capacity to translate national policy into action
 - Lack of institutional coordination mechanisms
 - Challenge of getting different sectors to work together
- Many countries are seeking support for multisectoral planning for nutrition focused at the sub-national level

GNC tool for multisectoral subnational planning

What is different about this tool?

- Can be used broadly (“nutrition”) or narrowly (“moderate wasting”) depending on needs
 - Uses **localized** determinants to establish priorities
 - Promotes/prioritizes **existing resources** to address the priorities
 - Generic tool is highly **customizable**
-
- Implemented in Nepal and Yemen

Preparation phase

- Consensus building, identifying key multisectoral stakeholders, ensure alignment with local planning and budgeting systems

Identify goal and target groups

- Identify the key goal and target groups that you are designing the response for

Identify nutrition determinants

- Identify local determinants for nutrition, particularly as concerns the target groups
- Use existing information or a novel assessment

Map existing programming

- Identify existing programming which does or could impact the main determinants

Categorize type of response

- Understanding which existing interventions are already optimal, which need to be retargeted or adjusted, and what is missing

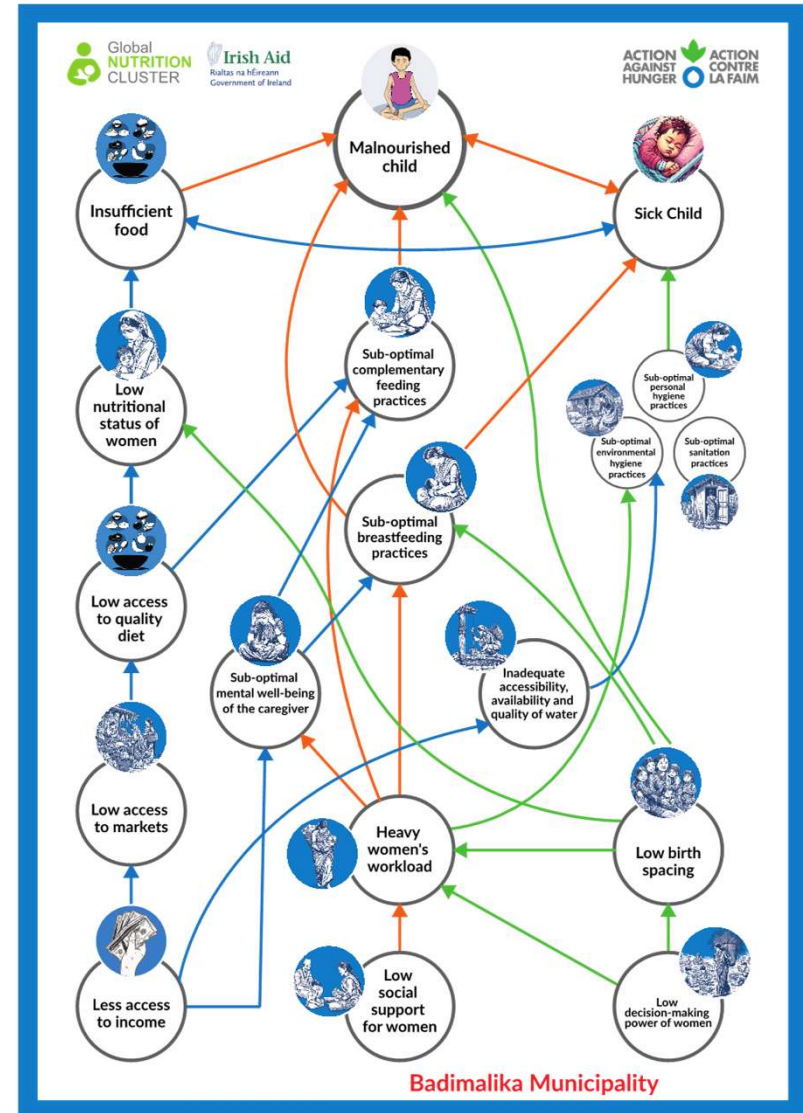
Retargetting and activity planning

- Use local activity/intervention planning tools to outline a response plan

Financial planning

- Use local financial planning tools to budget out the response plan

Category of Determinant	Determinant	Total FGD & SSI	Community Validation
		(n=20)	
Food Security & Livelihoods	Low access to income sources	13	2
Gender	Heavy workload of women	8	16
Gender	Low female autonomy/ decision-making	8	6
Mental Health & Care Practices	Non-optimal complementary feeding practices	6	1
Health and Nutrition	Low nutritional status of women	6	1
Health and Nutrition	Limited access to health services	6	0
Food Security & Livelihoods	Low access to quality diet	5	13
Health and Nutrition	Low birth spacing/early, repetitive or unwanted pregnancies	4	3
Food Security & Livelihoods	Low access to markets	4	3
Water, Sanitation & Hygiene	Poor food and environmental hygiene practices	4	0
Health and Nutrition	Limited utilization of health services	4	0
Mental Health & Care Practices	Caregiver well-being	3	0
Water, Sanitation & Hygiene	Poor personal hygiene practices	3	0
Mental Health & Care Practices	Non-optimal breastfeeding practices	2	0
Water, Sanitation & Hygiene	Inadequate accessibility, availability and quality of water at household level	1	2
Food Security & Livelihoods	Low coping capacities	1	0
Water, Sanitation & Hygiene	Poor sanitation practices	1	0
Gender	Low social support for women	1	0
Health and Nutrition	Low birth weight	0	0
Mental Health & Care Practices	Low quality of interactions between a child and a caregiver	0	0



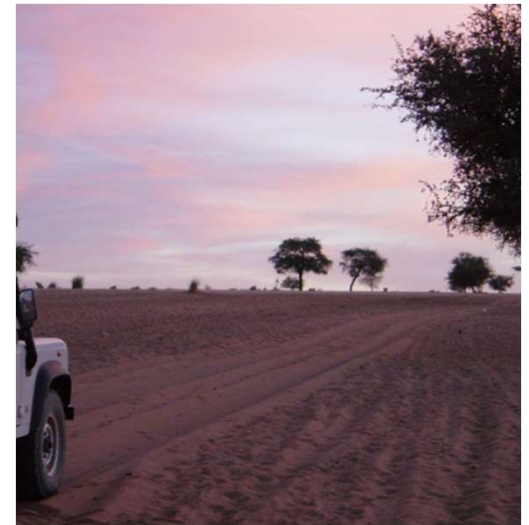
Advancing Holistic Efforts Against Undernutrition in Crises (AHEAd): A Decision Tool and Resource Package to Prevent Undernutrition



Rita Abi Akar, NutritionWorks
Shivani Patel, Elrha

Background

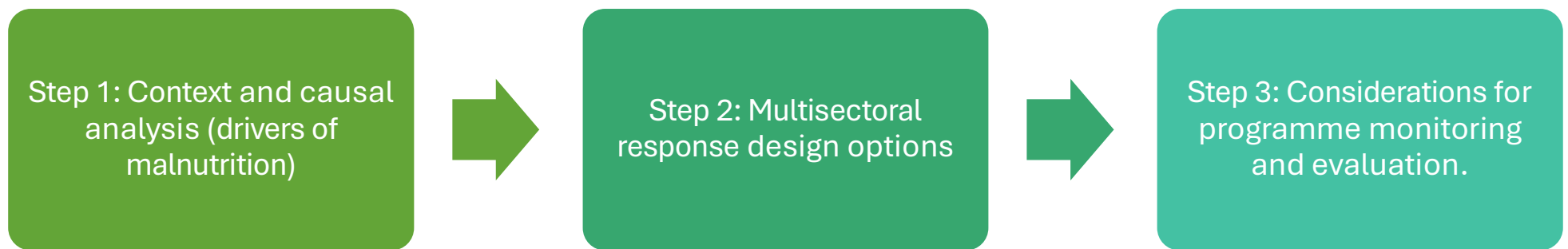
- Preventing undernutrition in crises is essential for saving lives, dignity, and resilience
 - ..but practical and evidence-based guidance for a multisectoral response in humanitarian settings has been missing.
 - AHEAD aims to fill this gap.
- Designed to support evidence-based, **context-appropriate** prevention programming across sectors and actors
 - Translating global evidence into practical guidance for governments, donors, and implementers.



Sadler. N. Sudan, 2003

Methods and overview

- Iterative development:
 - rigorous **evidence synthesis** (published on Elrha's website)
 - **consultations** with global humanitarian/nutrition stakeholders
 - **technical input** from an international Steering Committee.
- Grounded in an adapted **Lancet framework** tailored to humanitarian complexities.



The guidance – highlights

- Focus on pregnant & breastfeeding women & girls and children <5
- Key principles promote:
 - Convergence and scalability within fragile systems
 - Locally led action
 - Coordinated, context-relevant responses
 - Cost efficient action - leverage what we already have.
- Tool elements
 - sector-specific options
 - delivery considerations
 - linked technical guidance & resources

Closing and Next steps

- AHEAd aims for:
 - Structured pathway for preventive, multisectoral action in humanitarian nutrition and an operational shift to prioritise early risk analysis, convergence across sectors, and routine monitoring to act before deterioration—not after.
- Next steps:
 - Pilot testing with a rigorous process evaluation -> refine tool if needed.
 - Scale-up to a c-RCT.
 - Evaluate feasibility, efficacy, and cost-effectiveness of AHEAd-informed response.

Acknowledgments

- The NutritionWorks / Elrha team includes: Lena Cherotich, Rebecca Brown, Rita Abi Akar, Tamsin Walters, Gillian McKay
- With thanks to our Steering Committee for their support and guidance

Emma Massey, FCDO

Erin Boyd & Sonia Walia, BHA-USAID

Abigail Perry, WFP

Grainne Moloney, UNICEF

Zita Weise-Prinzo, WHO

Brenda Lazarus and Mohamed Rashid, FAO, Kenya

George Mutembei, Save the Children International, Kenya

Gladys Mugambi, Division of Family Health (Kenya) and SUN Movement
Executive Committee Co-Chair

Karima Al-Hada'a, Ministry of Planning & International Cooperation, Scaling-Up
Nutrition Secretariat (SUN-YEMEN). Yemen

Dan Maxwell, Feinstein International Center, Tufts University

- Elrha R2HC is funded by the UK Foreign, Commonwealth and Development Office (FCDO), Wellcome, and the Department of Health and Social Care (DHSC) through the National Institute for Health Research (NIHR).



Presentation 1

Yemen

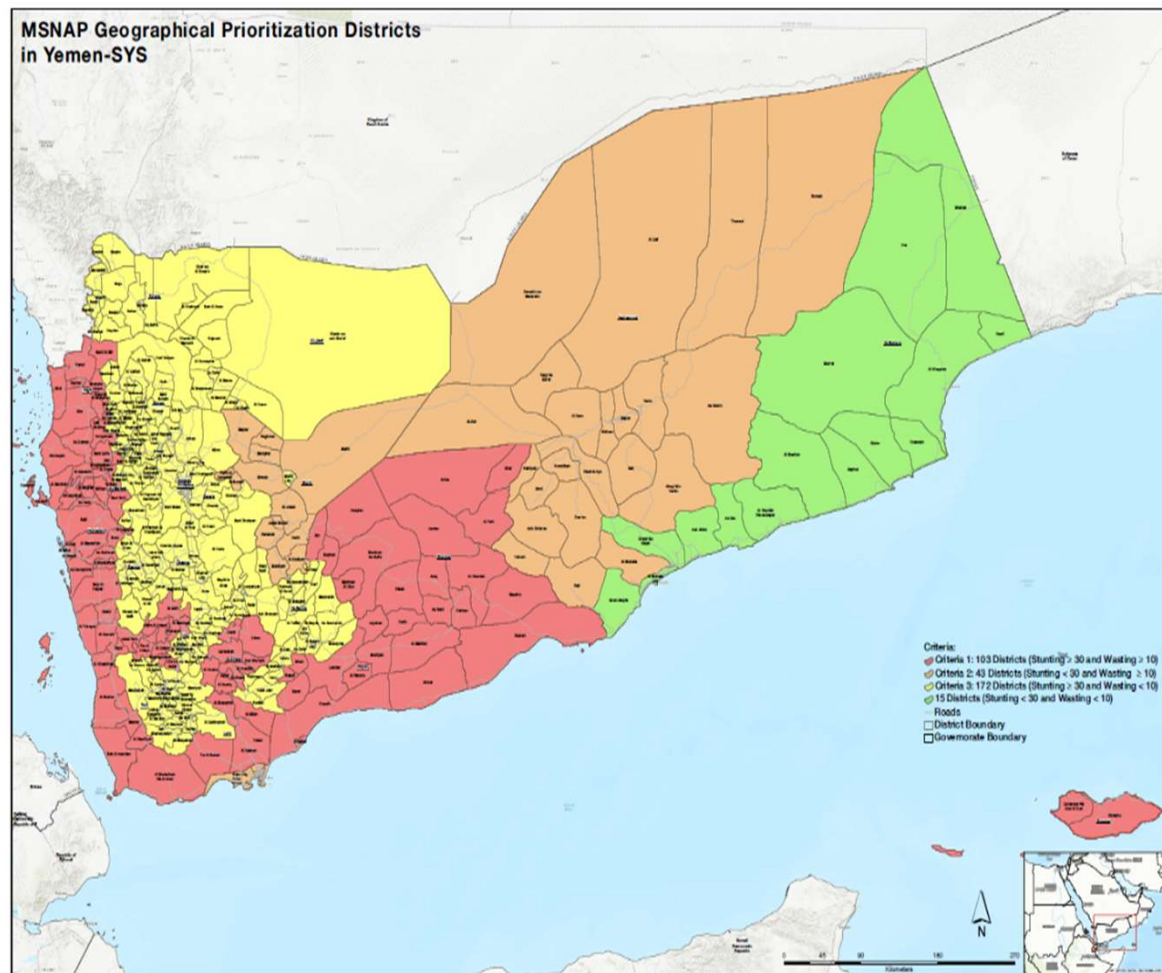


Operationalising Yemen Multi-Sectoral Nutrition Action Plan at Subnational Level *(Accelerator Programmes)*

Date: June 29th, 2026

Yemen Nutritional Status

stunting among children under 5	46.50%
wasting among children under 5	16.40%
Low Birth Weight from the current level	23%
Prevalence of Anaemia (children U5)	86.30%
Prevalence of Anaemia (PLW)	70.60%
underweight (low BMI) for women	23.40%
Minimum Dietary Diversity - MDD (children)	30.30%
Household Dietary Diversity (HDDS)	
Proportion of Households with Low HDDS (<4 food groups)	60–70%
exclusive breastfeeding (EBF) rates of infants 0-6 months	20%
MAD for U5	11.50%
wasting among PLW from the current level (30% reduction)	27.2%
under-five mortality from diarrhoea	43.30%
under-five mortality from pneumonia and ARIs	54.70%
fever diseases among children	59.60%



Multisectoral Nutrition Action Plan (MSNAP) in Yemen

2012

- In preparation for the First Nutrition for Growth Summit in 2013, UN high-level visit to Yemen was made to draw attention towards the malnutrition crisis in Yemen
- Yemen officially joined the SUN Movement and committed to adopt MSNAP approach

2013

- SUN Yemen Technical Team was established to lead the development of the first national MSNAP
- SUN Yemen Secretariat (SYS) was established within MOPIC

2014

- First MSNAP was developed
- Political crisis hindered the implementation

2018-
2019

- In 2019 MSNAP version 2 was finalized
- 2020, MEAL framework and communication and advocacy strategy were developed
- COVID-19 limited implementation

2023

- SUN Yemen National Gathering was conducted in Amman to agree on the roadmap for nutrition
- HDP Nexus Guidelines for nutrition was drafted through a consultative process
- 2024, MSNAP version 3 update process launched
- 2025, MSNAP and its implementation and financing mechanism were approved by SUN Yemen Steering Committee
- MSNAP is on the agenda of the first Council of Ministries meeting

Yemen MSNAP 2025-2030



Yemen Nutrition Guidelines

A Humanitarian-Development-Peace Nexus Approach for Scaling Up Sustainable Multisectoral Nutrition Investments and Actions

June 2025



Republic of Yemen
Ministry of Planning and International Cooperation
SUN-Yemen Secretariat



Explanatory Note Results of MSNAP-III Geographical Prioritisation

September 2024

Prepared By: SUN Yemen Nutrition Information System (NIS) Working Group.



Republic of Yemen
Ministry of Planning and International Cooperation
SUN-Yemen Secretariat

Promote Sustainable Development and Peace through a Multisectoral Approach to Nutrition and Food Systems Transformation

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Accelerator Programmes

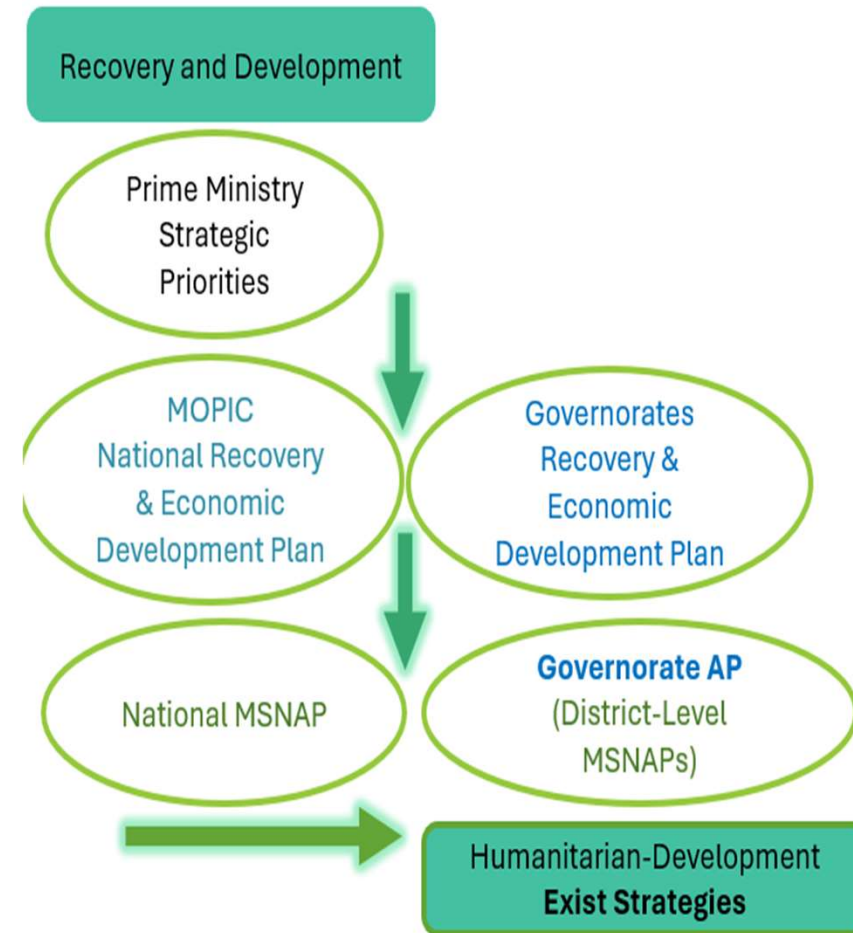
Implementation Modality for Yemen
Multi-Sectoral Nutrition Action Plan 2025-2030

Guidance Note

March 2025

Subnational MSNAPs - 2025-2030

- SYS and GNC with the national consultant revised the Subnational Assessment and Planning Toolkit and agree on the objective of utilising the toolkit;
- Use the MSNAP's Geographical Prioritisation Tool to select the target areas (Accelerator Programme);
- Engage the subnational leadership: establish the governance structure (GCC & DTTs according to MSNAP's HDP-N Guidelines);
- Phases: 1) 4 DL-MSNAPs – 2) 6 DL-MSNAPs;
- Subnational nutrition governance structure;
- Estimated costs between 15 ml to 20 ml per DL-MSNAP (40-60% WASH and climate)



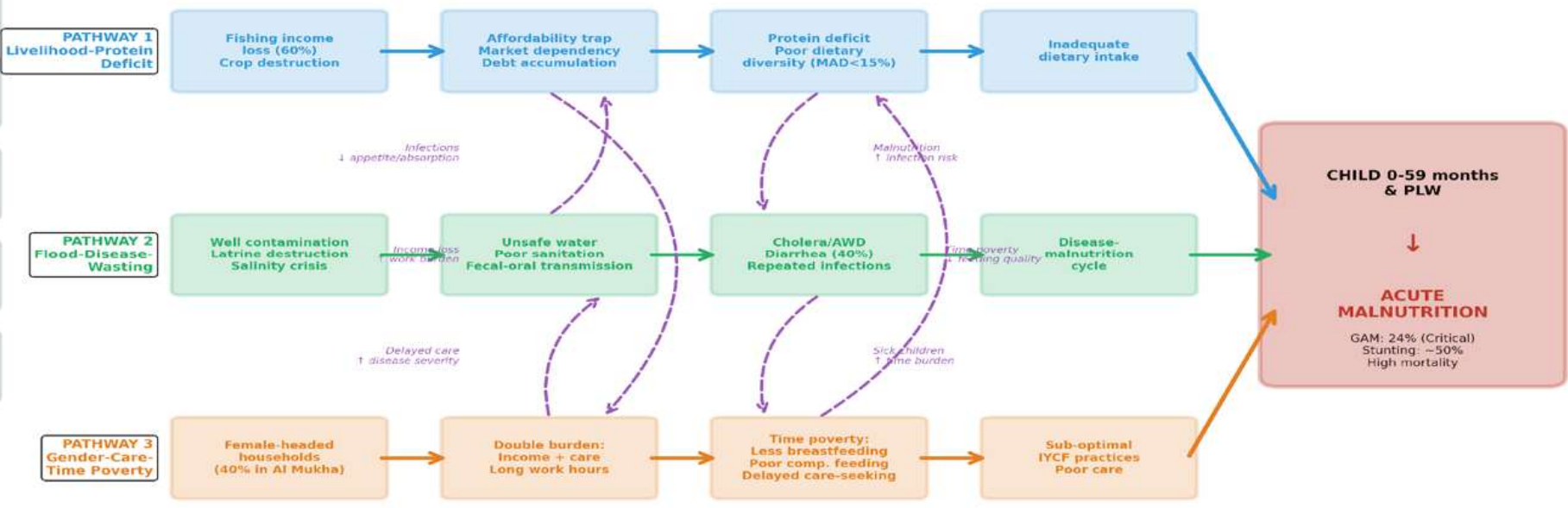
INTERCONNECTED CAUSAL PATHWAYS TO MALNUTRITION

Taiz Lowland Districts: Al Mukha, Dhubab, Mawza, Al Wazi'yah

GAM: 30.7%
 (SAM 6.3% and MAM 24.4%)
 (Critical/Phase 4)
 Stunting: 53.5% (Very High)
 PLW MAM: 34%

BASIC DRIVERS

- Conflict & Red Sea Crisis
- August 2025 Floods
- Economic Collapse
- Gender Inequality
- Displacement & IDPs



- KEY INTERACTIONS:**
- Pathway 1: Livelihood-Protein Deficit
 - Pathway 2: Flood-Disease-Wasting
 - Pathway 3: Gender-Care-Time Poverty
 - - - Cross-pathway reinforcement (dashed arrows)

Note: All three pathways operate simultaneously in the same households and districts, creating a reinforcing system that produces high GAM (24%) and stunting (~50%).

Source: Taiz Nutrition Determinants Analysis, December 2025
 Based on UNICEF Conceptual Framework for Nutrition

Challenges and Successes

Successes

- **MSNAP was operationalized for the first time in Yemen:**
 - We have a subnational planning tool;
 - Provide examples of Accelerator Programmes: 10 DL-MSNAPs out of 103 target districts in 6 months
 - MSNAP Governance Structure at the subnational level: GCC & DTTs
- The **engagement of actors from subnational** levels – and more actors from national level;
- We understand the DL malnutrition determinants better and we are able to communicate them to local authority and link them to the wider Recovery Plans
- DL-MSNAPs are **resources mobilization** tools

Key challenges

- Mobilizing financial resources to conduct the subnational meetings and workshops;
- Stakeholders and programmes mapping was a challenging exercise due to many reasons such as the level of partners' commitment and their engagement – *this has improved later*
- Costing methodology was challenging as well;
- Maintaining the subnational governance structure functionality is jeopardized by limited resources

Scale up

- **Adopt:** Officially adopt the MSNAP Subnational Planning Toolkit.
- **Embed:** Integrate a national subnational planning expert into the SYS.
- **Localize:** Adapt the Toolkit with local stakeholders and deliver Training of Trainers (TOT).
- **Scale Up:** Expand the Accelerator Programmes (AP) utilizing the localized Toolkit.



Presentation 2

Nepal



Global
NUTRITION
CLUSTER

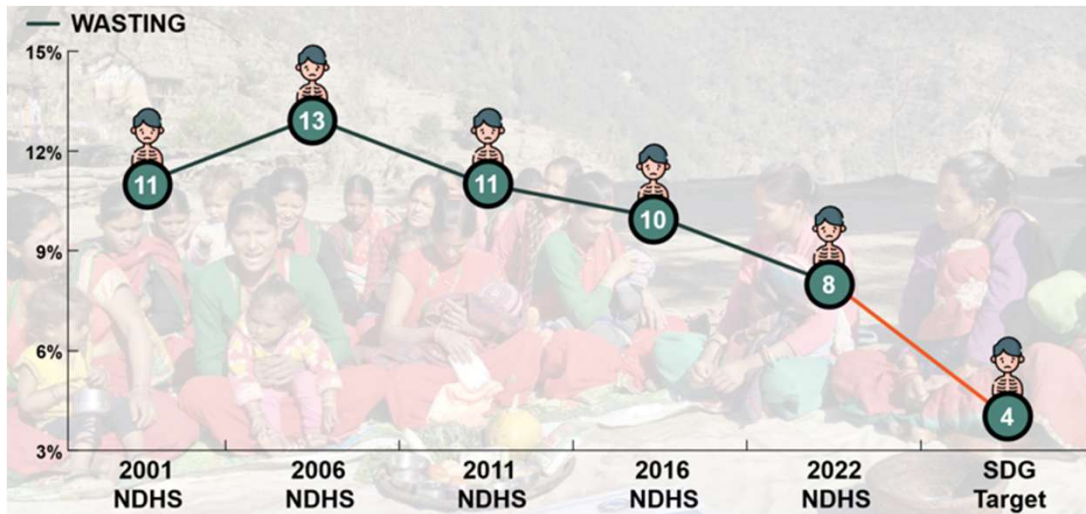
 **Irish Aid**
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Government of Ireland

ACTION 
AGAINST **ACTION**
HUNGER  **CONTRE**
LA FAIM



Nepal at a Glance

- Landlocked country between India and China
- Population: 29.16 million (*Census 2021*)
- Diverse geography: Mountains, Hills, and Terai
- Transitioned to Federal Democratic Republic under the 2015 Constitution



Source: NDHS, 2022

NEPAL: GOVERNMENT STRUCTURE

1. FEDERAL GOVERNMENT

Federal Parliament (Legislature)

2. PROVINCIAL GOVERNMENT

(7 Provinces)

3. LOCAL GOVERNMENT

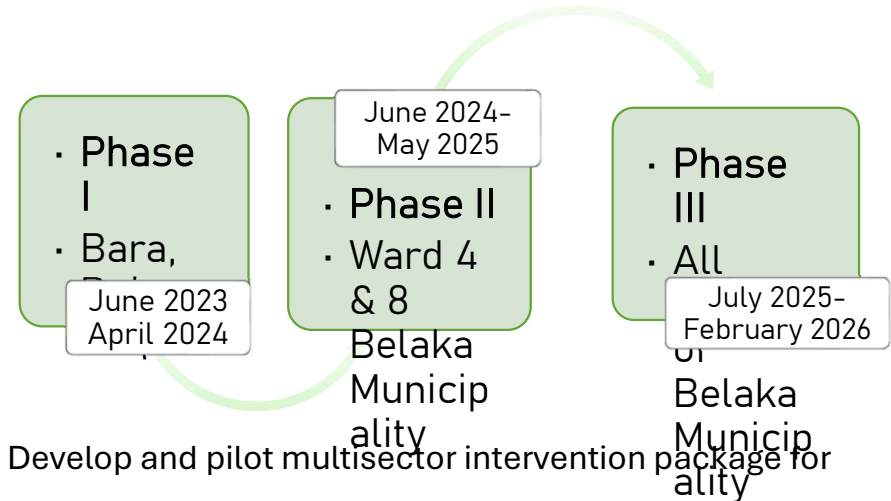
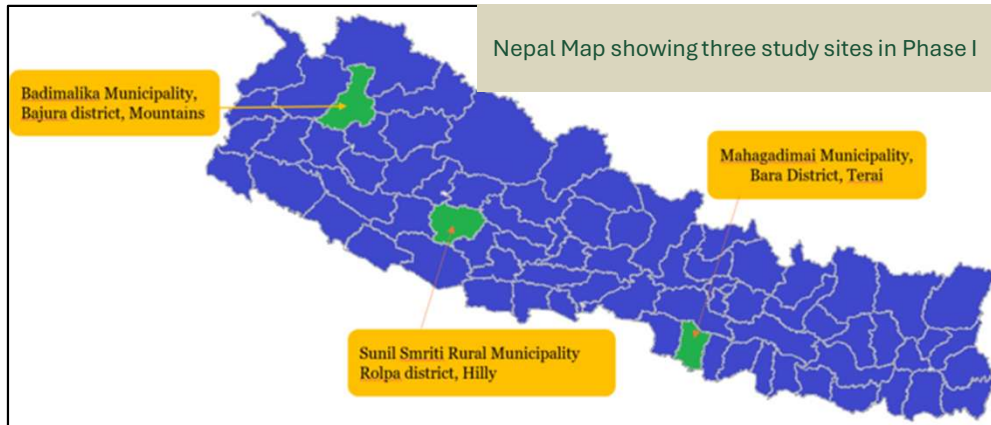
(753 Units)

- Nepal's governance is divided into Federal, Provincial, and Local levels, ensuring a clear flow of authority.
- The Federal Government leads national law-making and policy decisions.
- With 7 provinces and 753 local units, power is distributed for effective local service delivery.

Moderate Wasting Initiative (MWI)

Goal: Support country-level stakeholders to identify feasible, effective and replicable solutions to bring the management of moderate wasting to scale.

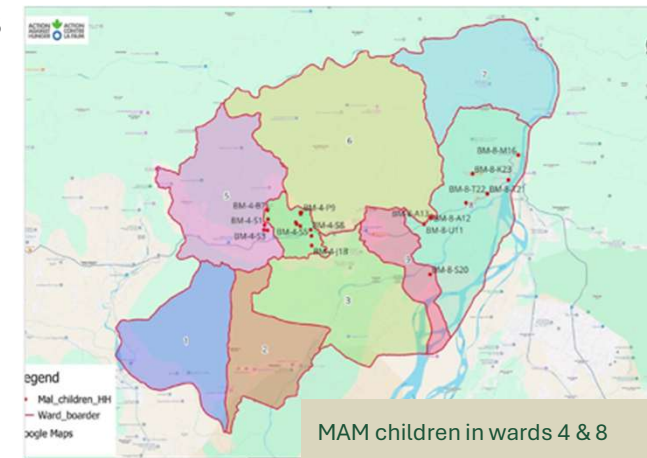
Phase I: Piloting of Rapid Nutrition Determinants Assessment to identify key determinants of wasting

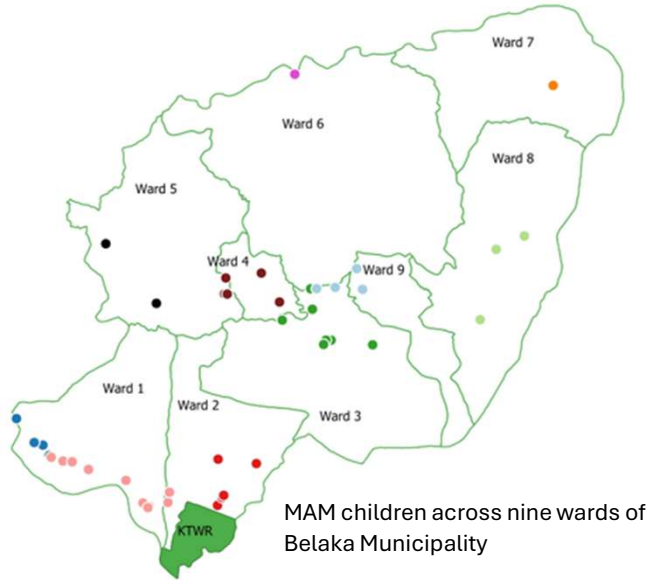


Phase II: Develop and pilot multisector intervention package for Moderate Acute Malnutrition management with local level

➤ Approach: community sessions and household visit for anthropometric measurements

➤ Piloting Areas: ward 4 & 8





Phase III: Scaled up through local government ownership across all wards of Belaka municipality

- Implementation: health workers trained to deliver the structured intervention sessions
- Approach: Shifted to health facility based approach
- Areas: all 9 wards of Belaka Municipality



Cooking demonstration by Female community health volunteers



Mother feeding her child nutritious Jaulo during sessions



Mother and child after enrolment into program

The MSNP policy environment is the framework of government policies, institutions, and coordination systems that address malnutrition through combined efforts across sectors like health, agriculture, education, water and sanitation, and social protection.

Success at National Level:

- High-level political commitment
- Strong multi-sector coordination
- Clear policy **framework** & guidelines
- Evidence of progress



Limitation at Provincial/ Subnational Level

- Limited technical and institutional capacity
- Weak horizontal coordination locally
- Inconsistent budgeting and prioritization
- Weak monitoring, data use, and accountability system

Municipal Workshop

Nutrition Situation Overview

▪The MWI team presented the malnutrition status in the province, explained basic concept of wasting, and shared global context.

Determinants Identification

▪Participants were divided into group to create causal pathway of malnutrition based on their understanding.

▪Community validation confirmed determinants like heavy workload of women, low income, and water issues.

Determinants Ranking

▪Participants voted on the most critical determinants:-

- a.Low access to Income
- b.Heavy workload of women & poor food / environmental hygiene.
- c.Low access to quality diet.



Municipal Workshop

Determinants vs Program mapping

- Participants mapped existing programs to determinants.
- Example:- Balvita program complementary feeding; water supply schemes Water access.

Gap Identification

- Gaps were found in addressing heavy workload of women, caregiver-child interaction, and water quality.
- Moderate wasting was not integrated into existing program; focus had always been on severe wasting.

Goal setting & Program Exploration

- Groups used government planning formats to explore how existing programs could be adapted to support moderately wasted children.
- Focus was placed on six determinants: low income, hygiene, diet, complementary feeding, women's workload, and water accessibility.



Key outcomes and successes

1. Improvement in Nutritional status
2. Operationalization of Multi Sector Nutrition Plan through multisector intervention package
3. Strengthened Health Systems at Local Level
4. Enrolled through Government health system
5. Scalable, cost effective and locally adapted program model
6. Strong Local Government Ownership & Sustainability



Session conducted at health post



Health Section Chief distributing hygiene kits

Mother and child returning after attending session on WASH with hygiene kit



1. Limited human resource
2. Infrastructure and logistical constraints
3. Challenge in Behavior change and adoption
4. External weather shocks and unanticipated disruptions



MUAC measurement by health worker

Counseling to mother child by health facility in charge



Height measurement at Basic Health Service Center

Use of Rapid Nutritional Determinants Assessment toolkit in Madhesh Province.

Special grant for program continuation in Belaka Municipality

Mothers after completion of sessions with hygiene kits



Eggs distribution after session 4





Presentation 3

Ethiopia



Title: From Design to Action.

NC-HDP TN Joint Assessment Tool [JAT] And Subnational planning

Date: Jun 29th, 2026

Time: 12:00-1:35PM



Background - Ethiopia



- **Large, young & productive population:** about 130 million people, with 14% children under 5, 4% pregnant and lactating women, and 55% young & productive age group [15-64] - a demographic dividend that promises a bright future.
- **Need for HDP:** HDP need arise from multiple factors: climate shocks, disease outbreaks, displacement, and inflation are driving sustained humanitarian needs.
- **Government response:** stronger policies, institutional reforms, and increased domestic financing are advancing resilience, climate adaptation, systems strengthening, and HDP nexus programming.

MSNAP- environment



- Identified high impact and low cost Food and Nutrition Interventions across signatory sectors as outlined in SD CWBP innovation tool.
- Conducting a Costed Woreda Based Plan [CWBP] annually since 2024 – Federal and Regional 1:1 matching fund – \$20m and \$11.3m allocated, respectively, for 2025/2026 EFY.
- Included key inception phase NC-HDP TN program activities in the 2026/2027 [2019 EFY] CWBP to design nexus program and budget gaps for further resource mobilization [advocacy].
- Developed a Joint Assessment Tool [JAT] for NC-HDP TN programming – SOS CVE and THP-E applied the tool in two Woredas [Moyale and Abeshgie].

HOW- Process to develop the JAT



- Developed a “general framework” to design a JOINT Assessment Tool [JAT].
- Organized a consultative workshop with **national** level NC-HDP TN TWG to review and adapt the general framework; and consolidate available H, D, P assessment tools from H, D, P actors and platforms.
- Tested the consolidated 1st version joint assessment tool during SOS’s NC-HDP TN pilot project designing. [April 2025].
- Organized another consultative workshop with national, regional, and Woreda level stakeholders & TWG to share learnings and design the 2nd version JAT during THP-E HDP evidence generation in Abeshge Woreda. [Jun 2025].
- Organized national level validation workshop and adopted the 3rd version JAT. [Sept 2025].

Framework to design the JAT



key components considered in developing the JAT: -

1. Contextual analysis by H,D,P pillars
2. Stakeholder analysis and engagement by H,D,P pillars
3. Vulnerability and need assessment by H,D,P pillars
4. Capacity and risk assessment by H,D,P pillars

Component	Humanitarian Pillar	Development Pillar	Peace Pillar
Contextual analysis	<p>Purpose: Understand immediate drivers and humanitarian access constraints.</p> <p>Issues: Security risks, displacement patterns, humanitarian space limitations.</p> <p>Tools: Humanitarian need (rapid), socio-economic shock assessment, climate risk rapid scans.</p>	<p>Purpose: Identify vulnerabilities affecting service delivery and resilience.</p> <p>Issues: Poverty, inequality, marginalization, weak governance, environmental stressors.</p> <p>Tools: Socio-economic assessments [SEA], climate risk assessments, livelihood baseline studies.</p>	<p>Purpose: Analyze peace/conflict drivers, social cohesion, and governance context.</p> <p>Issues: Power dynamics, local conflict drivers, trust between groups, exclusion.</p> <p>Tools: Conflict sensitivity analysis, peace/conflict driver mapping.</p>

Challenges and Successes



Challenges	Mitigation	Success	Opportunities to operationalize the MSNP
Participation of actors	<ul style="list-style-type: none"> • Official invitation – letter • Increase # of consultation • Use google drive for online inputs 	<ul style="list-style-type: none"> • Secure a living JAT • Capacitated HDP actors 	<ul style="list-style-type: none"> • SD- CWBP tool • Projects – SOSs & ACF
Conflict of interest between HDP actors to include respective indicators in the JAT	<ul style="list-style-type: none"> • Govern by the indicators in the OG. • Create awareness in context-specific and collective outcome data analysis • Let them to exercise scenario planning as per the context; 	<ul style="list-style-type: none"> • JAT with accommodative and standard indicators. 	<ul style="list-style-type: none"> • Adaptability of the JAT • Principle of comparative advantage [OCED/DAC]
Lack of adequate, flexible & long-term funding	<ul style="list-style-type: none"> • Use short term fundings as a catalytic fund • Start with the inception phase activities to generate evidence and influence donors. 	<ul style="list-style-type: none"> • Moyale project – SOS • Abeshge inception phase output doc – MSNP 	<ul style="list-style-type: none"> • SIDA and Norway funding – ACF ETH

Scale up



- Developed a three years ROLLOUT national strategy – to produce an efficient NC-HDP TN program model to scale up.

Strategic approach 1: Accelerated operationalization

- Finalize the remaining two operationalization milestones as per the IR.
- Implement the OG from 2026-2028 i.e. 2 years earlier than the IR 2030.
- Exercise a 1:1 matching co-financing of treasury and external fund.

Strategic approach 2: System enablement

- Mainstream with in the existing coordination, M&E, and institutional systems with the required NC-HDP Triple Nexus function.
- Strengthen localization and local solutions to play their roles in leadership and acquire capacity in decision-making.

Strategic approach 3: Evidence & influence

- Generate learning, documentation, and advocacy outputs to support scale-up.

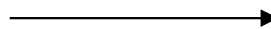
Plenary Discussion

Questions & Answers

Looking for support in Nutrition in Emergencies?

	Type of supported needed	Provider
1	I want remote or in-country technical support	GNC
2	I want to hire a consultant directly	GNC
3	I want quick technical advice	GNC
4	I want peer support	www.en-net.org

Visit: <https://nutritioncluster.net/> to
Request Support or scan the QR code




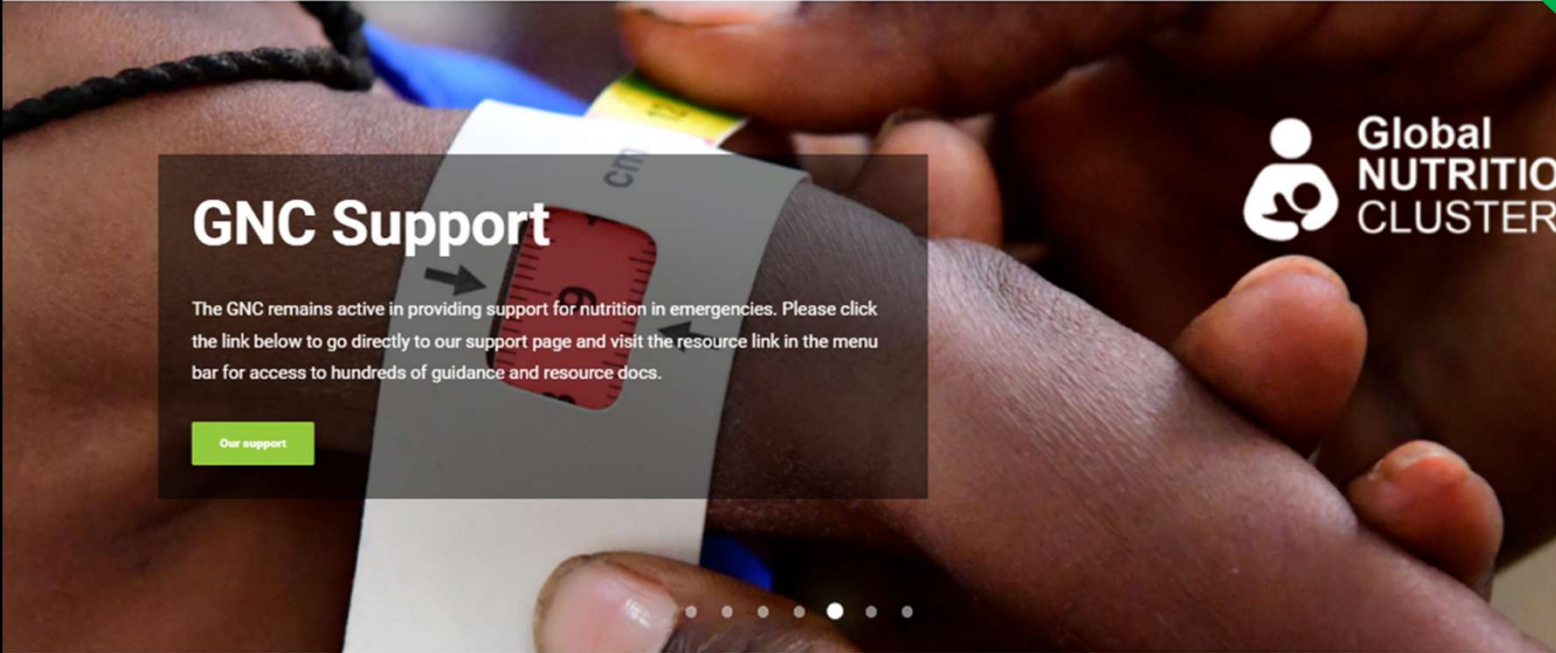
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Obrigado
شكراً
Gracias
Merci
Thank you