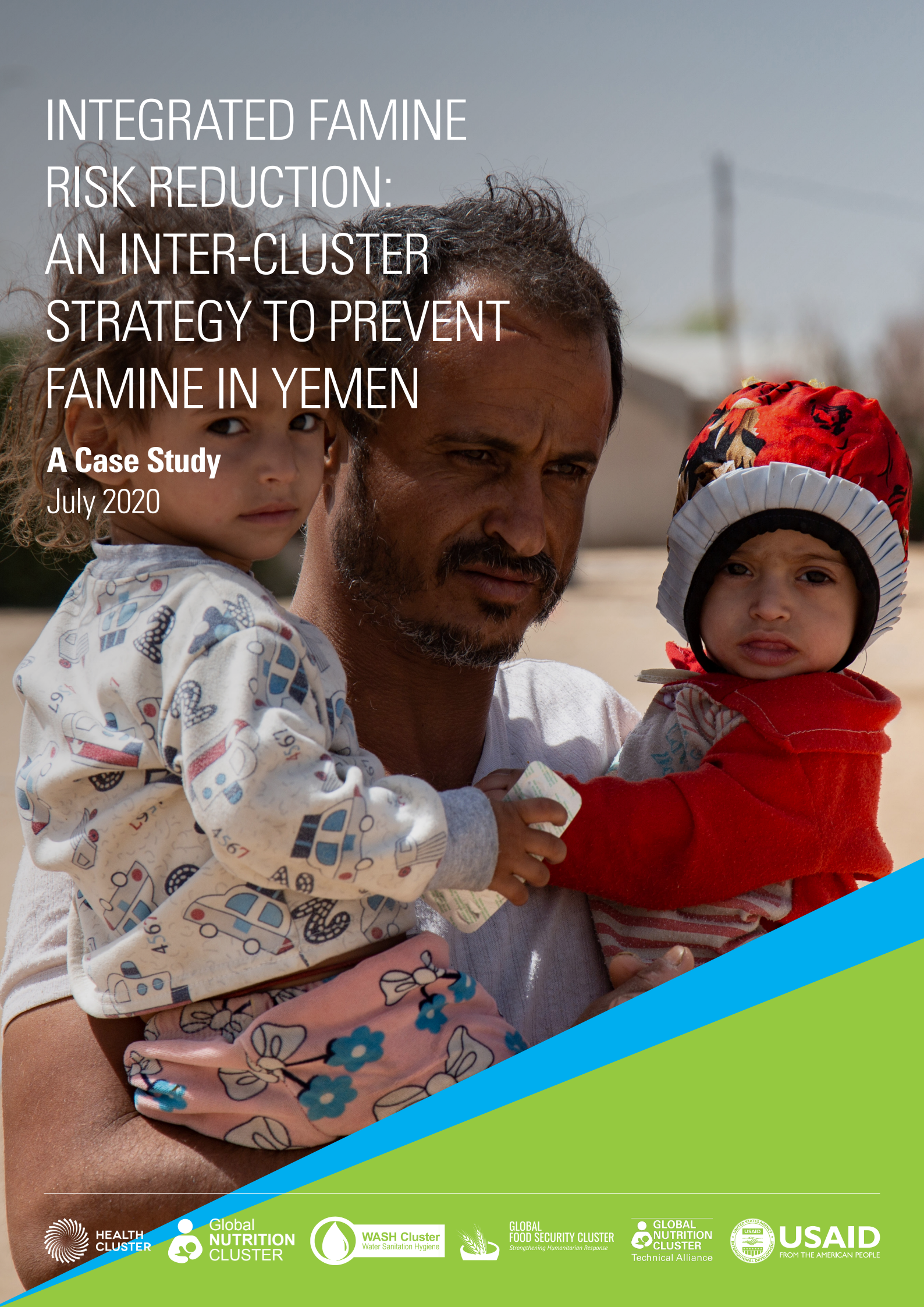
INTEGRATED FAMINE RISK REDUCTION: AN INTER-CLUSTER STRATEGY TO PREVENT FAMINE IN YEMEN

A Case Study

July 2020



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Acknowledgments

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Content

Yemen, February 2020

01 List of abbreviations

BC	Behaviour Change Communication
CHV	Community Health Volunteers
CVA	Cash and Voucher Assistance
DFID	Department for International Development
EFSNA	Emergency Food Security and Nutrition Assessment
FAO	Food and Agriculture Organisation
FSAC	Food Security and Agriculture Cluster
GAM	Global Acute Malnutrition
GFD	General Food Distribution
HCT	Humanitarian Coordination Team
HF	Health Facility
HH	Household
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
ICCM	Inter-cluster Coordination Meeting
IFRR	Integrated Famine Risk Reduction
IMMAP	Information Management and Mine Action Programs
IPC	Integrated Phase Classification
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MoPHP	Ministry of Public Health and Population
MoPIC	Ministry of Planning and International Cooperation
NGO	Non-Governmental Organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PLW	Pregnant and Lactating Women
RRT	Rapid Response Team
SAG	Strategic Advisory Group
SAM	Severe Acute Malnutrition
SFP	Supplementary Feeding Programme
SUFAC	Subdistrict level Food Assistance Committees
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

02 Executive summary

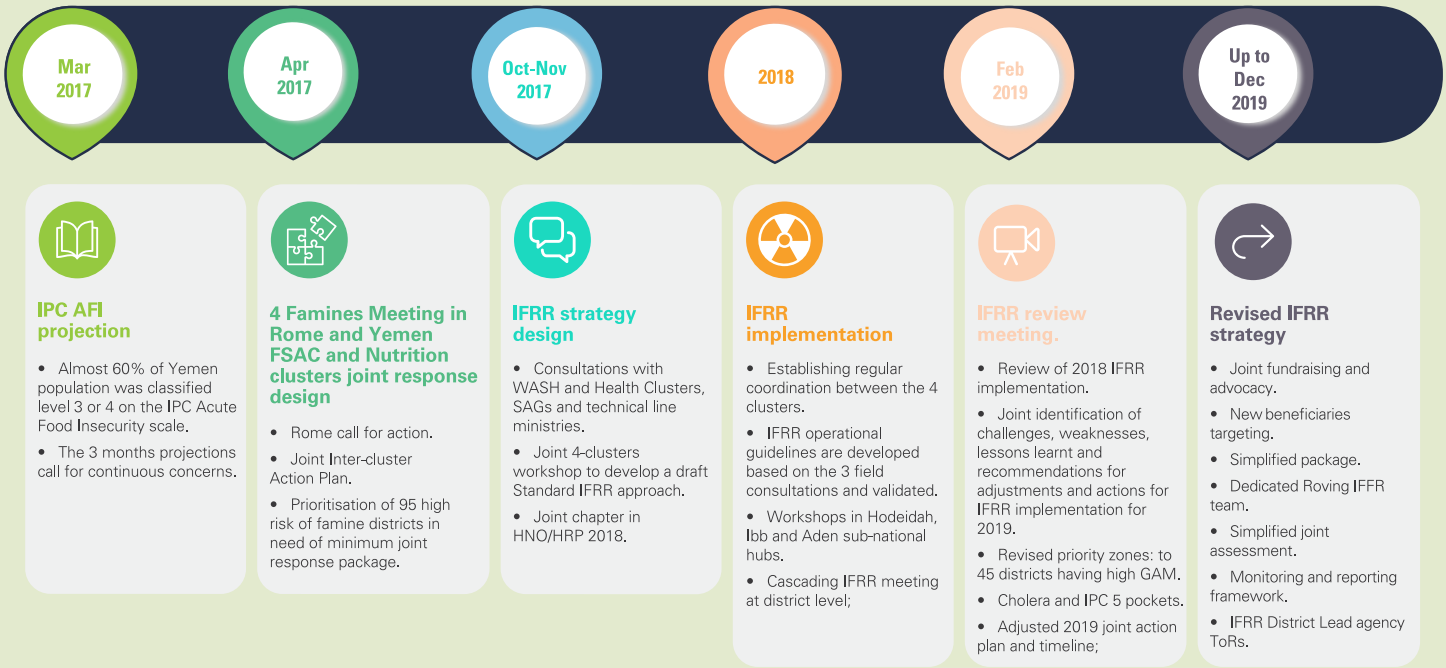
The political crisis in Yemen, following the 2011 revolution and the civil war that started in March 2015, has caused one of the world's most devastating humanitarian emergencies. Yemen is affected by widespread undernutrition and a protracted cholera outbreak, which erupted in 2016.

Yemen Food Security and Agriculture Cluster, the Water and Sanitation Cluster, the Nutrition Cluster and the Health Clusters launched in October 2017 the Yemen Integrated Famine Risk Reduction (IFRR) strategy. The main objective of the Integrated Famine Risk Reduction strategy is to prevent famine and mitigate hunger by increasing access to food and other life-saving supplies and services, increasing purchasing power, while advocating for measures to bring economic stability. Critical to the success of the strategy has been securing and expanding the buy-in of an ever-growing number of key actors at all levels.

The IFRR approach is built upon joint geographical convergence, an agreed package of multi-sectoral services, joint beneficiary selection criteria and a joint monitoring and reporting framework. Continuous coordination and advocacy efforts applied by all four clusters at national and sub-national level have created the enabling environment essential to sustain and further promote the IFRR approach.

Since beginning of 2017, the clusters have been taken through some key steps aiming at improving IFRR holistic design and implementation. The figure below summarises some of the main events which led to a long partnership and which is still in process.

Figure 1.
IFRR process and timeline



Yemen, 2016
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IFRR is not set in stone. While undergoing many challenges described in the following sections of the case study, the IFRR approach is an inspiring example of the efforts and the creative solutions for successful inter-cluster partnership in the particularly difficult context of Yemen. Although not initially intended, the IFRR in Yemen is founded on the idea that when equal partners understand and deliver services to prevent famine in an inter-disciplinary way, peoples' quality of life can be improved and sustained through organized efforts and informed choices taken by society, organizations, public and private, communities and individuals. As such, the IFRR strategy become a holistic approach transferrable and applicable for different context, no matter if these contexts are experiencing emergency, transition or development.

Continuously exploring inter-sectoral linkages and how the response of one sector might leverage outcomes in other sectors is at the heart of successful inter-sectoral practice and partnerships, therefore beneficial for vulnerable population including those suffering from multi-layered and complex crises.

03 Context

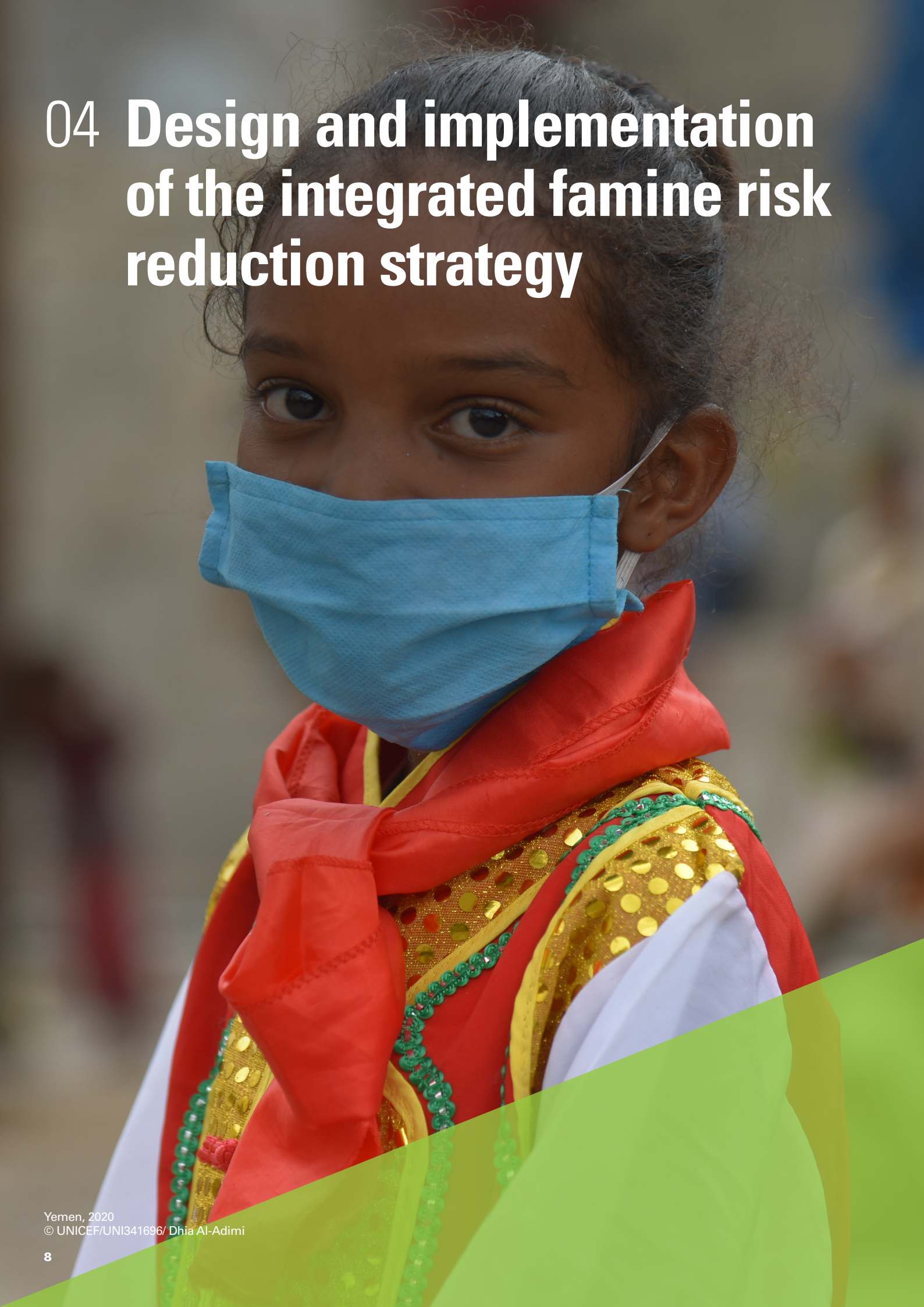
The political crisis in Yemen, following the 2011 revolution and the civil war that started in March 2015, has caused one of the world's most devastating humanitarian emergencies. Yemen is affected by widespread undernutrition and a protracted cholera outbreak, which erupted in 2016. The economy further deteriorated due to the the blockade of the critical Hodeidah and Aden seaports. This disrupted critical supplies to markets and for humanitarian activities in a country traditionally dependent on the importation of essential items, including food.

In March 2017, an analysis by the Integrated Food Security Phase Classification (IPC) estimated that 60 per cent of the total Yemeni population (approximately 17 million people) were food insecure and in urgent need of humanitarian assistance. The level of need ranged from IPC phase 3, 'crisis', (approximately 10.2 million people) to IPC phase 4, 'emergency', (6.8 million people).

Out of the country's 22 governorates, four had Global Acute Malnutrition (GAM) rates above the WHO emergency thresholds, while in eight the GAM rates were at critical levels, and in seven districts the rates were serious. At that time, over 2 million people were displaced. Among them, 85 per cent moved to governorates already experiencing 'crisis' and 'emergency' (IPC phases 3 and 4), further exacerbating needs in those locations.

Yemen, February 2020

04 Design and implementation of the integrated famine risk reduction strategy



Yemen, 2020
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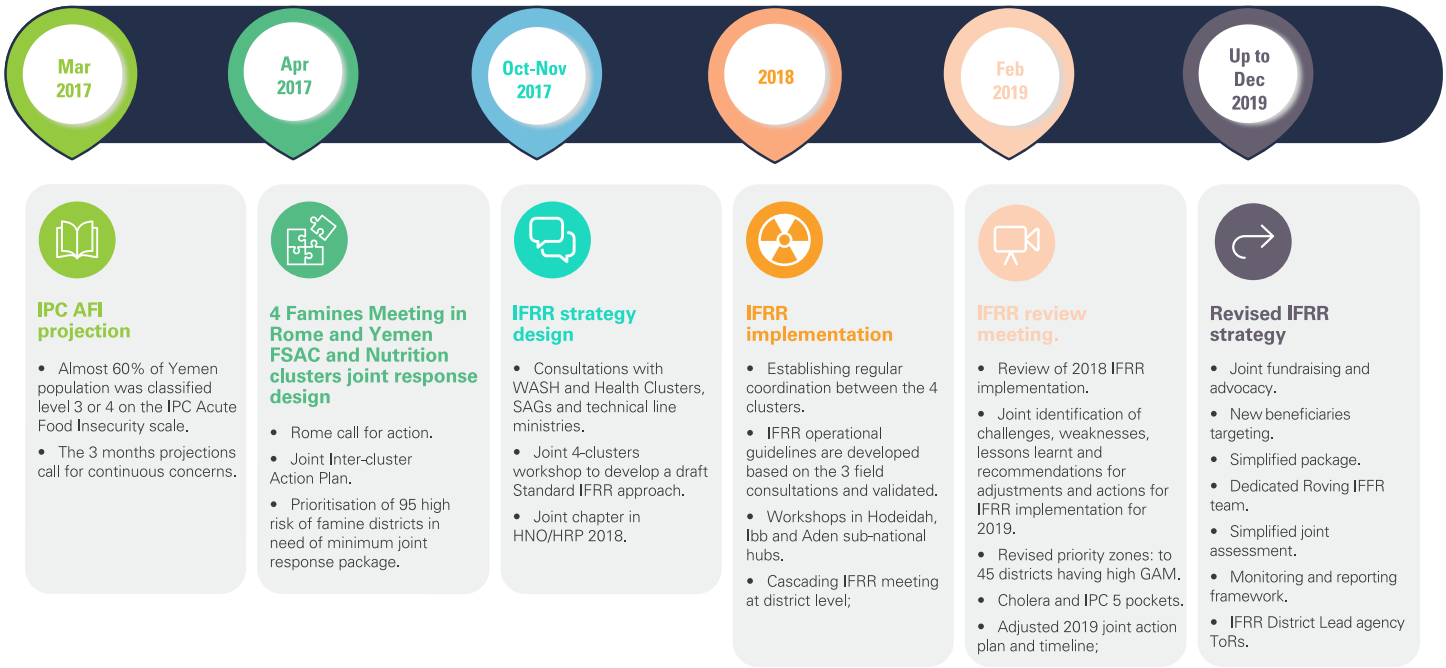
04 Design and implementation of the integrated famine risk reduction strategy

Launched in October 2017, the main objective of the Integrated Famine Risk Reduction (IFRR) strategy is to prevent famine and mitigate hunger by increasing access to food and other life-saving supplies and services, increasing purchasing power, while advocating for measures to bring economic stability. Critical to the success of the strategy has been securing and expanding the buy-in of an ever-growing number of key actors at all levels. Figure 1 shows the key steps that have been taken to design, implement and refine the IFRR strategy since 2017.

04.1 Process of developing the strategy

Work to design and implement the strategy began in April 2017 when the global Food Security Cluster (gFSC) and the global Nutrition Cluster (GNC) called a meeting in Rome to support scale up of humanitarian assistance to the most vulnerable populations in the worst famine affected countries (including Nigeria, South Sudan and Somalia). Following the Rome meeting, the Food Security and Agriculture Cluster (FSAC) and Nutrition Clustersin Yemen agreed to shared priorities and a minimum joint response package of food security and nutrition services, delivered to prioritised geographical areas.

Figure 1.
IFRR process and timeline



Yemen, March, 2020
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The 95 geographic areas initially prioritized were selected based on available data at district level[1] and either one of the below conditions:

Above 15 %
of the under five population experiencing GAM,
with data taken from SMART surveys done between 2016 and 2017, Emergency Food Security and Nutrition Assessment (EFSNA) 2016, and the Comprehensive Food Security Survey 2014.

Above 20 %
of the population
is severely food insecure[2] as classified by IPC in February - March 2017.

Throughout 2017, the Nutrition Cluster and FSAC also brought onboard the Water, Sanitation and Hygiene (WASH) Cluster and the Health Cluster (as well as the inter-agency protection advisor, OCHA and relevant ministries).

Together, the clusters organized a three-day national workshop in October 2017 gathering all IFRR actors. These included representatives from UN technical agencies, key technical partners from the Ministry of Public Health and Population (MoPHP), Ministry of Agriculture, Ministry of Planning and International Cooperation (MoPIC), Central Statistics Organization, national and international NGOs, sub-national clusters coordinators and OCHA. During the workshop, the initial efforts to identify targeted geographic areas and develop services packages were built upon and a first IFRR package and priority districts that the wider group would target were agreed.

[1] When data was not available at district level, available governorate level data were disaggregated by re-grouping district by livelihood, agroecological and elevation zones, calculating the absolute number of GAM cases by zone and calculating their proportion from the total under-5 population estimate. This GAM proportion was considered as proxy-indication of GAM level in the districts.

[2] Combining first level indicators relevant to food consumption and livelihood change.

04.2 Agreeing on the geographical areas

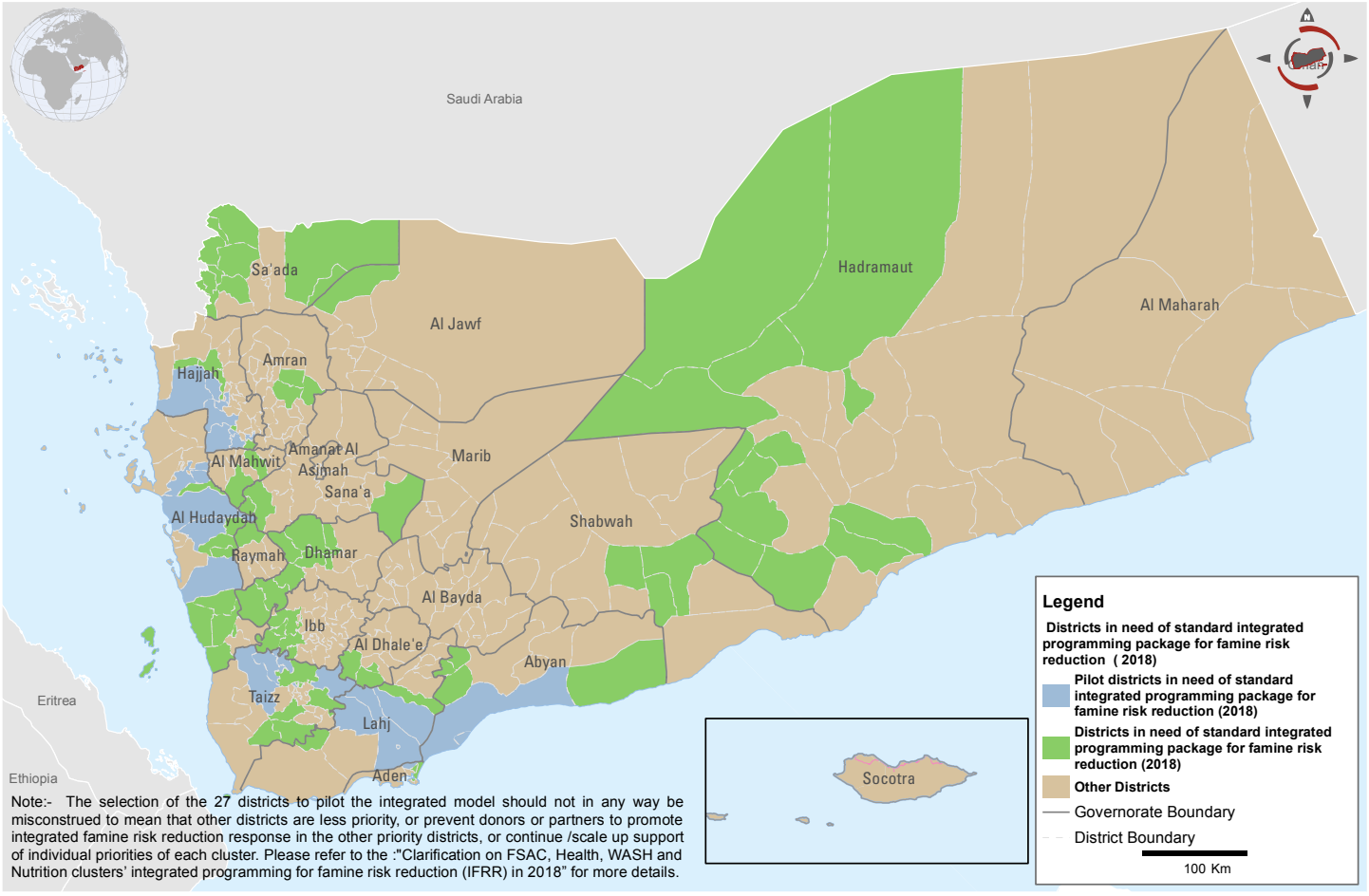
Based on new data[3], an additional 12 districts were added by the WASH, Nutrition, Health, and FSAC clusters, expanding the list to 107 districts at risk of famine. It was agreed that these 107 districts required integrated programming delivered through the four clusters in 2018.

Given that not all clusters had partners operating in all these 107 districts, the biggest challenge was ensuring that the full package was delivered in all places. It was decided that partners would aim to collectively try to reach all 107 districts with as many activities from the package as possible. Meanwhile, 27 were defined as pilot IFRR districts as all four clusters were present in these areas and health facilities were functional, making it possible to deliver the minimum package (see Figure 2).

[3]The criteria of this prioritisation were mainly inspired by the new Famine classification from November 2016 combining reliable data on GAM, mortality and food consumption/livelihood change

Figure 2.
Priority mapping and IFRR pilot zones for 2018 IFRR response (Sources: Food Security Cluster, Health Cluster, Nutrition Cluster, UN Children's Fund, WASH Cluster)

YEMEN Health, FSAC, Nutrition and WASH clusters : Pilot districts in need of standard integrated programming package for famine risk reduction (2018)



Note:- The selection of the 27 districts to pilot the integrated model should not in any way be misconstrued to mean that other districts are less priority, or prevent donors or partners to promote integrated famine risk reduction response in the other priority districts, or continue /scale up support of individual priorities of each cluster. Please refer to the :"Clarification on FSAC, Health, WASH and Nutrition clusters' integrated programming for famine risk reduction (IFRR) in 2018" for more details.

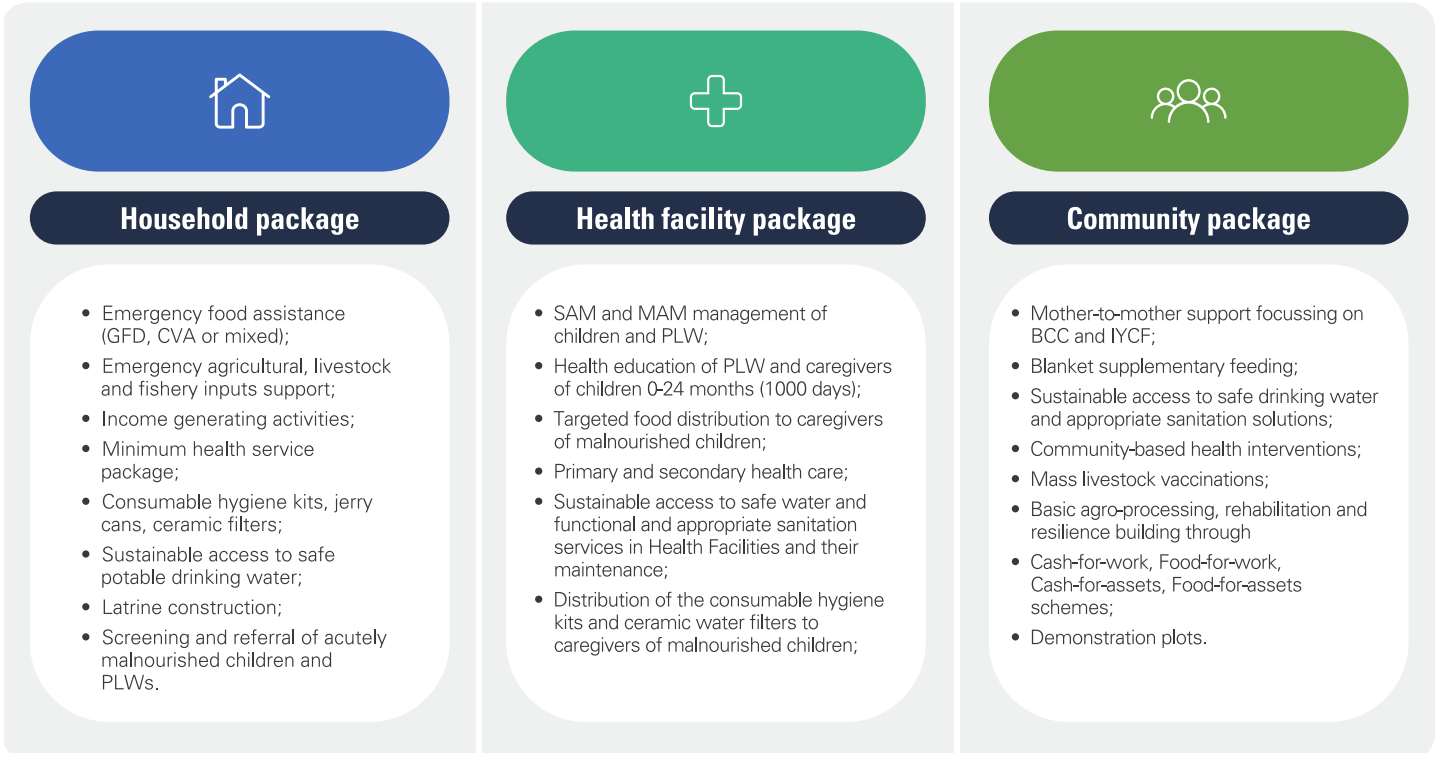
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Data source: Health, FSAC, Nutrition and WASH Clusters Production date: 1/15/2018 1:24:24 PM Map designed by IMMAP

04.3 Developing the IFRR package

The initial IFRR package was articulated around three levels: Household, community and health facility, where each sector had to apply a minimum set of services (see Figure 3). The package was not meant to add existing services but rather find potential linkages, where one sector can contribute to other sectors to improve their coverage and efficiency. For example, the IYCFmessaging and Information Education and Communication activities implemented by nutrition actors had to contain information for hygienic food handling and proper food preparation, treatment of minor ailments and hygiene awareness (including cholera prevention), while being respectful to different vulnerable population groups.

To elaborate the packages, the four cluster coordinators engaged key technical staff, involving the WASH and the Nutrition Specialists from UNICEF, the Vulnerability Assessment Monitoring Officer from WFP, the WHO Epidemiologist and the WHO Nutrition Officer as well as the FAO Livelihood Specialist. The coordinators then shared these with their respective Strategic Advisory Groups (SAG) and members.

Figure 3.
Summary of the initial IFRR minimum package



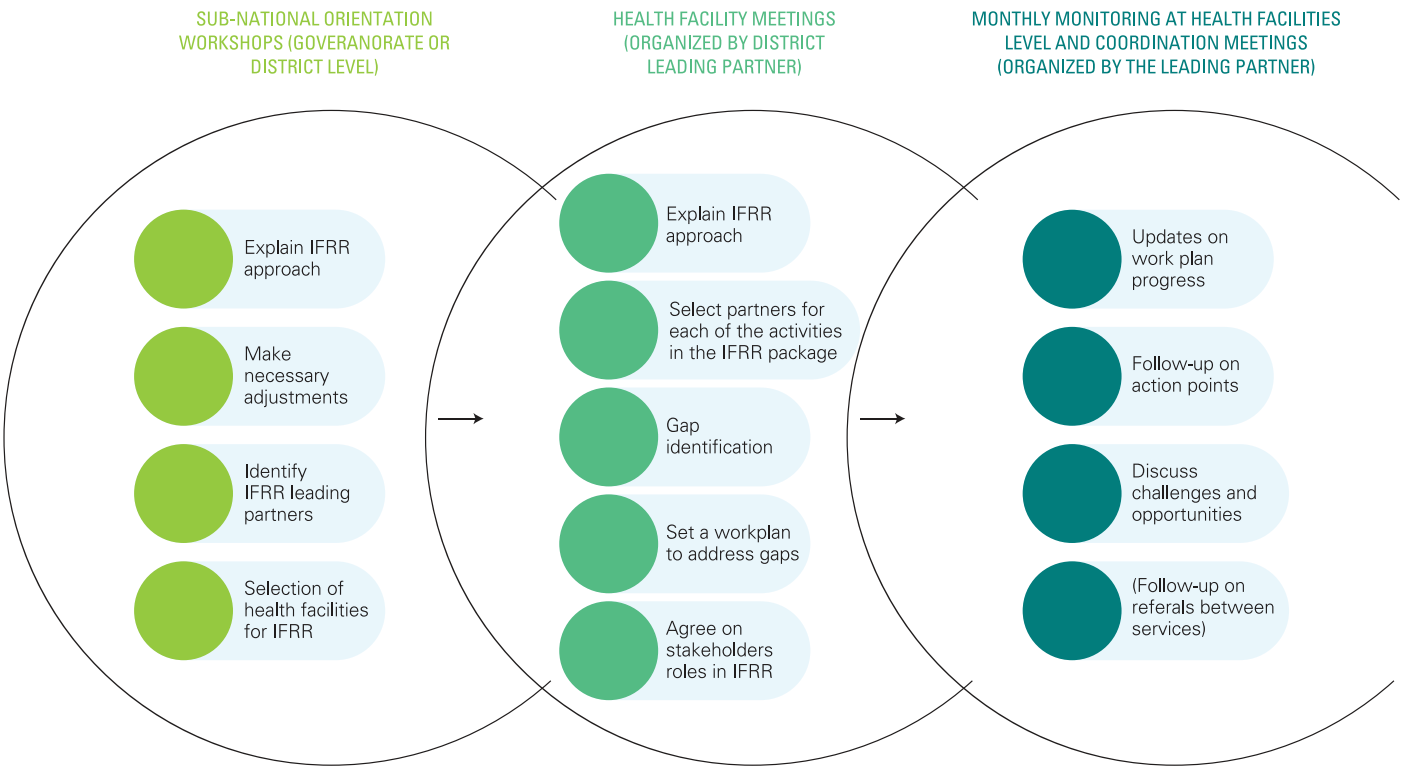
04.4 IFRR approach at the sub-national level

The actual IFRR approach was refined at the sub-national level, following the IFRR workshop (October 2017). This led to the development of the Operational Guidelines for IFRR Programming[4], agreed by all four clusters partners. As the IFFR package had to be delivered in priority to most vulnerable communities living in the 107 districts, actors operating in each district had to further identify those most in need. It has also been agreed that health facilities will be a delivery platform for the health facility package. The IFRR roll-out process is described in Figure 4.

During the course of 2017-2018, workshops were organized in the main locations with sub-national clusters, namely, Hodeidah, Ibb and Aden. A lead IFRR NGO and governmental office counterpart (DHO/ GHO or MoPIC officer) were identified for each of the 107 priority districts who oversaw IFRR implementation at the district level. The first step was to select the most vulnerable locations (villages) in the districts. This selection was based on an analysis of the available data (e.g. areas with increased morbidity and mortality, high rates of severe food insecurity, highest malnutrition rates/ caseloads) as well as consultations with experts and all stakeholders working in the district.

[4] Available here: https://www.humanitarianresponse.info/en/operations/yemen/document/operational-guidance-yemen-integrated-famine-risk-reduction-programming

Figure 4.
IFRR Roll-out process



District level actors had to further identify under which health facility catchment area[5] the most vulnerable populations live. It was agreed that the IFRR package is to be delivered by the functioning[6] primary health care centres and primary health care units including all actors operating in their catchment zone (see Figure 5 Health facilities catchment areas and IFRR delivery strategy). District level hospitals were not preferred as they usually cover the whole district.

In addition partners agreed to apply sectorial beneficiary selection criteria (described in the Box 2 below). WASH targeting was based on FSAC, Nutrition and Health indicators.

Box 1.
IFRR monitoring tools (Operational Guidelines for IFRR Programming, July 2018)

There are different levels of monitoring and evaluation throughout the IFRR implementation. These are necessary to ensure that the IFRR is implemented according to the plan and that corrective actions are taken as needed. However, it was decided to keep the reporting light and within the frame of current practices. The ambition was to monitor the added value of the IFRR approach at the health facility level using the IFRR planning matrix and IFRR workplan, which included indicators and targets as agreed by partners operating in the health facilities catchment area. The workplan had to be shared with the District Health Officers and then with subnational hubs in order to monitor implementation. It has been planned, when possible, to conduct pre- and post-programme assessments to measure the impact of IFRR. Joint field visits to identify gaps and challenges were also part of the monitoring plan.

Box 2.
Initial beneficiary selection criteria (Operational Guidelines for IFRR Programming, July 2018)

- Nutrition Cluster vulnerability and targeting criteria (all children under-5, including those with severe and moderate acute malnutrition, all pregnant and lactating women, including malnourished).
- Severely food insecure households according to FSAC vulnerability and targeting criteria.
- Households meeting other vulnerability criteria as identified by the communities.
- Health Cluster vulnerability and targeting criteria (whole population of the catchment area depending on the level of the facility chosen).
- WASH Cluster vulnerability and targeting criteria: as per FSAC and Nutrition Clusters' criteria.

The leads then launched IFRR at the selected facilities and conducted follow-up meetings to keep track of progress. A gap mapping exercise was also conducted to capture poorly and non-functioning health facilities, not providing the services forming the IFRR standard minimum package.

[5] Health facility catchment areas vary from 5,000 to 20,000 for primary health care centre and from 10,00 to 5,000 for primary health care unit.

[6] As agreed between the four clusters, functioning health facility is where the Health Cluster has a partner, with preference to NGO, if not – UNICEF or WHO.

04.5 Coordination activities

Delivery of the IFRR package was coordinated at two levels – national and sub-national. Those coordinating at the sub-national level were in charge of implementing IFRR in the districts with the involvement of the IFRR district leading partners. At the national level, the four country cluster coordinators established monthly meetings to coordinate promotion and monitoring of IFRR implementation based on information escalated from the sub-national level. The four clusters were also maintaining the link with ICCM/OCHA and Humanitarian Coordination Team (HCT), making sure that IFRR was considered in the country humanitarian response cycle.

04.6 Refining and refocusing the strategy in 2019

The initial IFRR strategy was holistically built, based on the available resources. As outlined above, its primary intention was to strengthen existing sectoral programming to reduce the risk of famine in Yemen. The collaborators felt they could achieve this by improving their geographical convergence and delivering a standard minimum package of food security, WASH, health and nutrition services.

In early 2019, after a year of implementation, partners gathered to critically review the achievements, strengths, good practices, weaknesses and challenges of the IFRR and adjust the strategy as needed. One of the outcomes of the review was to re-focus the updated IFRR strategy on the following five pillars:

1. Identify those most in need;
2. Improve conditions of the community through a concentration of response;
3. Scaling up cash-based interventions and market stimulation activities;
4. Operationalizing humanitarian access;
5. Ensuring Timely Alerts.

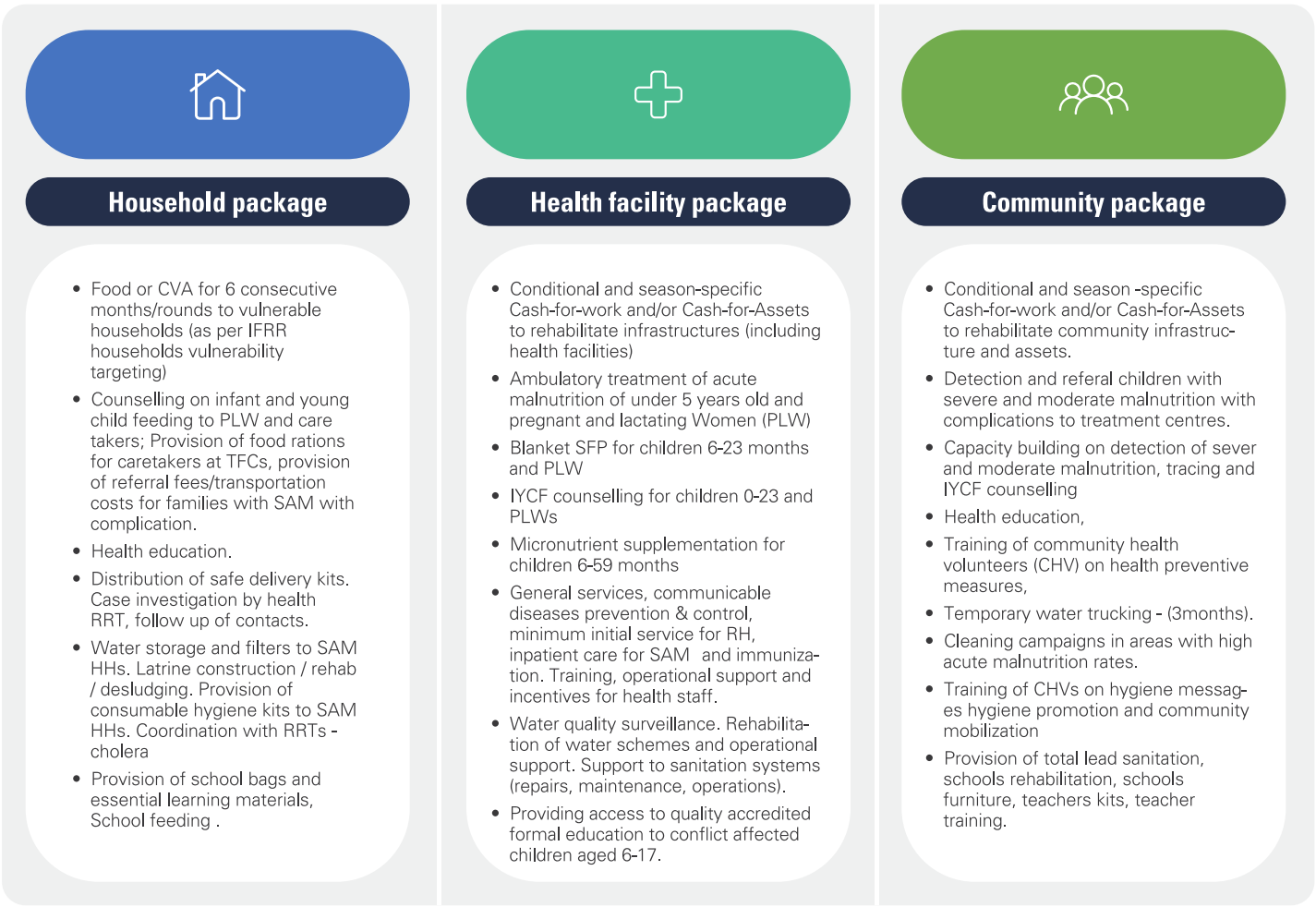
As a result, the IFRR strategy was revised and by the end of 2019, following changes were proposed (see also Main challenges and lessons learnt section for further details):

- Geographical convergence in 45 districts with pockets of people experiencing 'famine' (IPC Phase 5). Within the 45 targeted districts, areas facing a high cholera risk and dealing with many IDPs were further prioritised.
- The minimum package was also revised, with more cash-based interventions added to help stimulate markets and thereby improve the conditions of communities. Education activities were also added to the package, as schools were potential IFFR delivery platforms[7] (details in Figure 5).
- To respond to a rapidly changing situation more effectively, improvements were made to inter-cluster information sharing and IFRR monitoring (ex. IFRR was a standing point in ICCG agenda and OCHA appointed an IFRR information management officer).
- A refined beneficiary selection process was implemented through established sub district level food assistance committees (SUFACs)[8] .
- Agreement on the need to advocate for dedicated IFRR coordinator and roving team as well as ToRs for IFRR district level leads.

[7]Teachers are respected and influential figures in Yemeni communities, while school age children can be effective vehicle of messages targeting households.

[8]A collaboration between sub district level food assistance committees, FSAC and authorities is helping to identify vulnerable households and their access to food assistance

Figure 5.
Revised IFRR standard minimum package, 2019



04.7 Ensuring funding support to the IFRR

The joint advocacy and joint fundraising activities secured support from donors and HCT. A pooled fund of US$ 56 million was allocated to implement the IFRR strategy, while additional partner funding covered the costs of a dedicated IFRR coordinator and roving team. Initially supported by the European Civil Protection and Humanitarian Aid Operations, the IFRR is now also endorsed by USAID, DFID, and the Embassies of the Netherland and Germany.

Yemen, 2015
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05 Results

Yemen, December 2019
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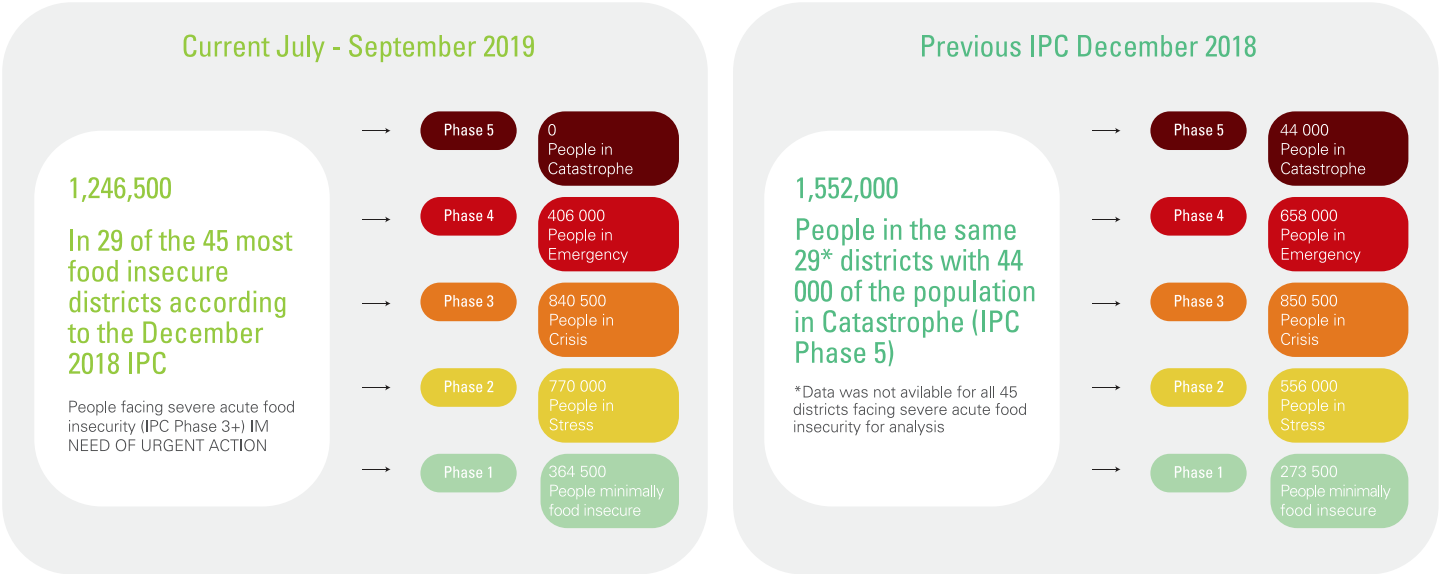
By the end of the 2018 implementation period, it was difficult to directly attribute any impact on the famine situation to the IFRR approach. The IFRR philosophy was to align the coordination efforts of existing sectoral programming around preventing famine and the 'light' monitoring approach adopted from the outset was aimed at monitoring IFRR process rather than measuring impact or outcomes. Even though the IFRR Operational Guidelines proposed a methodology for baseline and end line assessments to be carried out in the 27 pilot districts, these were not implemented by partners for many reasons including: access, technical capacity and funds (see the Main challenges section below). Additionally, clusters had limited capacity to follow up and carry out formal monitoring in the pilot areas. Although unattributable, interestingly, the IPC analysis covering the period from July 2019 to September 2019 in 29 of the 45 most food insecure districts detected improvements as compared to the December 2018 analysis. (see Figure 6)

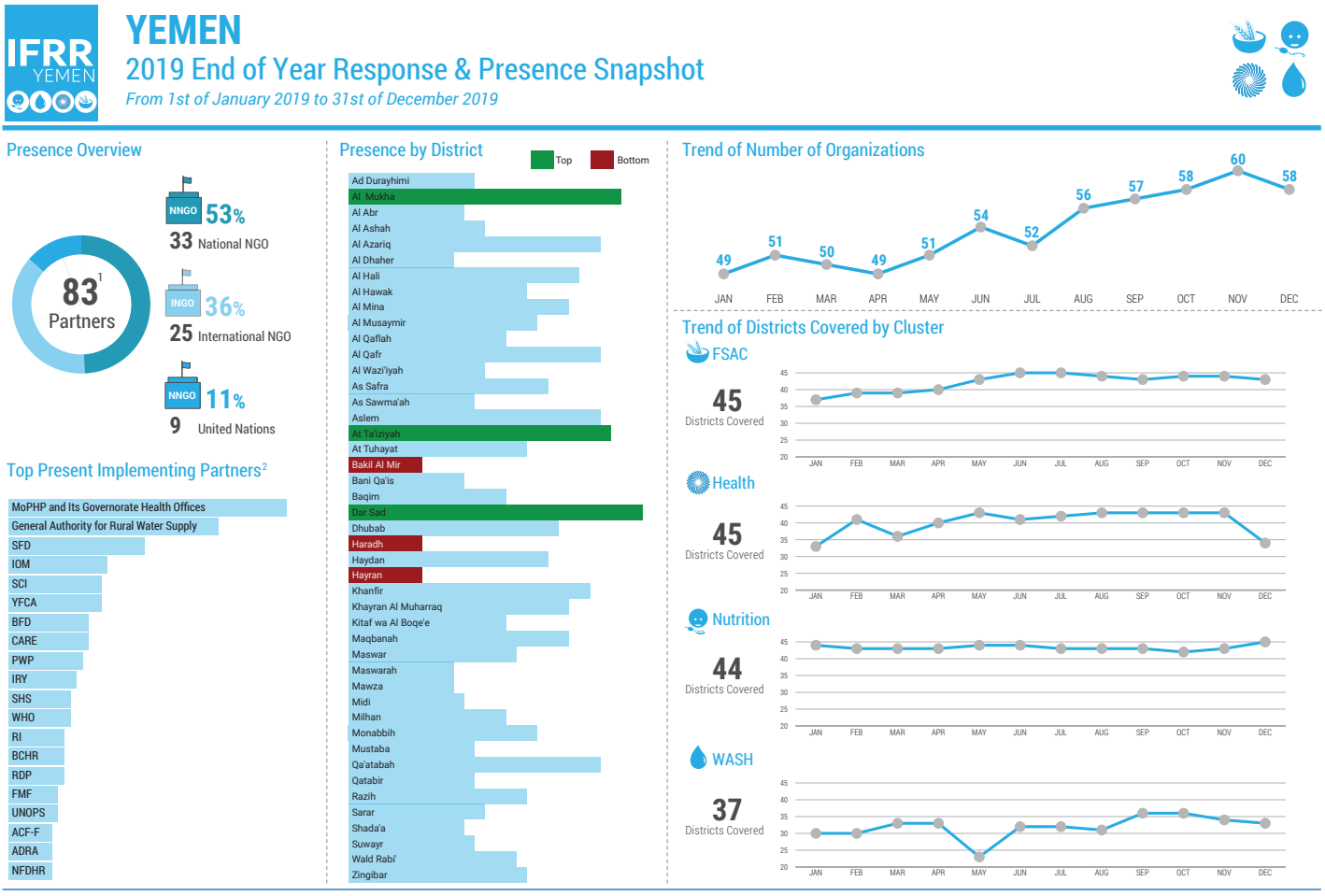
Figure 6.
IPC analysis July to September 2019 summary table (Source IPC Yemen hotspot analysis: severe acute food insecurity persists in 29 districts in Yemen, issued in July 2019)



Given the lack of evidence demonstrating the impact of the IFRR strategy to prevent famine, during the Annual IFRR review, partners recognized the need to reinforce monitoring to help continually improve the strategy and maintain support for its implementation.

During 2019, an improved monitoring framework allowed partners to gain better visibility of IFRR coverage and gaps, in addition to the usual sectoral indicators (see figure 7).

Figure 7.
IFRR Presence Overview (Source: IFRR Yemen 2019 End of Year Response & Presence Snapshot)



1: Of which only 64 are involved in IFRR activities.
2: Based on Number of districts covered and showing only partners implementing any IFRR activity.

06 Main challenges and lessons learnt

Yemen, 2020
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06 Main challenges and lessons learnt

While many challenges were anticipated during the IFRR design stage[9], a number of new ones also emerged with implications for IFRR success and failures.

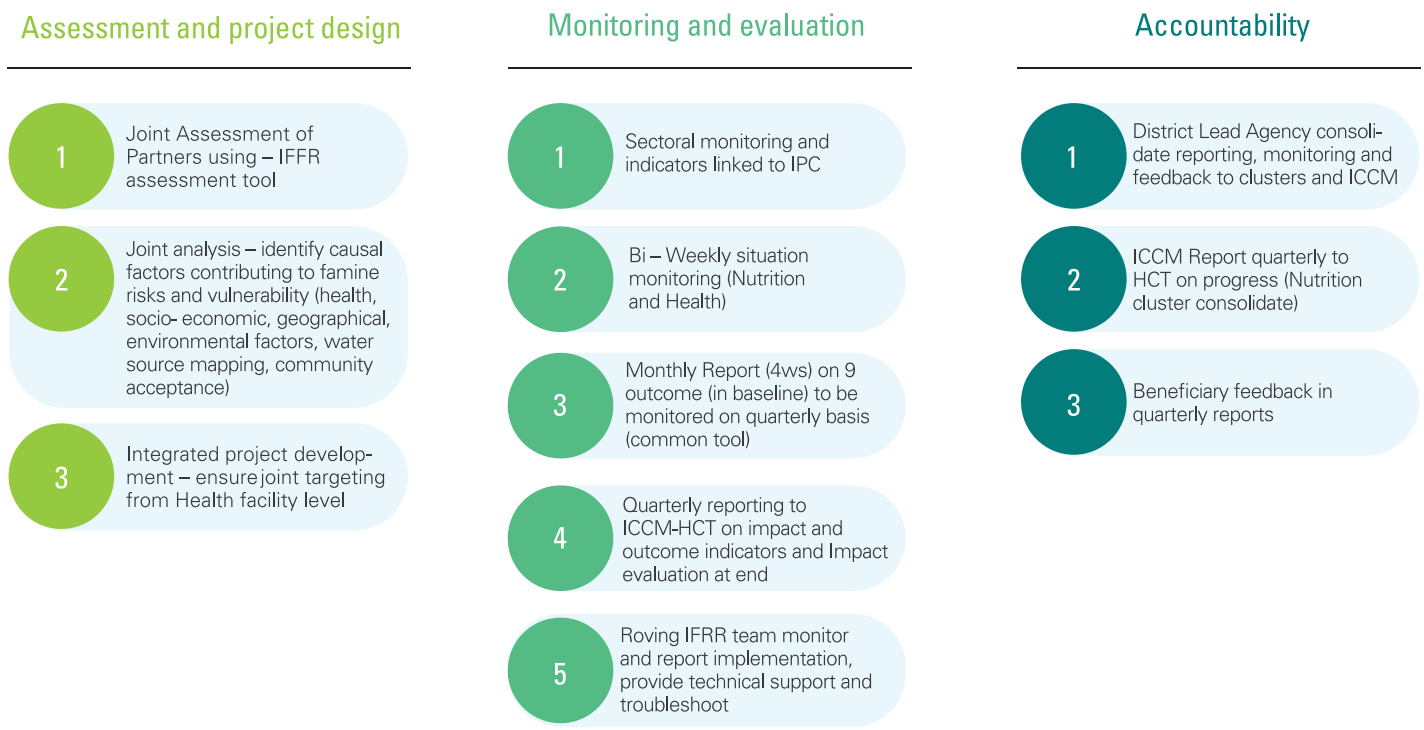
- **The initial 2018 IFRR strategy was perceived as new approach** rather than being built on existing sectorial programming. Therefore, national authorities were requiring partners to apply for new approvals to operate under IFRR. Partners had to repackage their activities and their projects were delayed. For the first year, some partners were expecting additional funding while the initial IFRR called for optimising existing funding by improved convergence.
- **Strengthened coordination and implementation at sub-national and district level was required.** The implementing partners were identified and initially had orientation meetings on IFRR. It was not enough and, as recognised by partners, there was a need to set and roll-out an IFRR training package to ensure proper implementation on the ground, technical IFRR capacity as well as monitoring and supervision.
- **Results, impact or non-anticipated effects from the first years of implementation were unattributable to IFRR.** IFRR strategy failed to establish IFRR monitoring and reporting framework as foreseen in the IFRR Operational Guidelines due to many reasons, amongst which were low technical capacity of ground partners and additional costs of eventual baseline and end line assessments in the 27 pilot districts. Linked to that, assessment and monitoring capacity on the ground was weak.
- **Patchy presence of all clusters in IFRR targeted zones.** The varying funding continuity and project timelines compromised IFRR coverage and expected effects. It was difficult and time consuming for partners to re-focus, adapt and adjust their projects to the IFRR package.
- **Investing the time of cluster coordinators and partners into IFRR over other sectorial priorities.**
- **IFRR coverage remained patchy due to volatile access and insecurity.**

[9]These included: the need to enhance collaboration with local authorities and relevant ministries, avoid duplications, revisit targeting criteria, reinforce capacities and coverage of the Community Health Volunteers networks to deliver community level services from the package. Also, the capacity of health facility staff and functioning status of the health facilities, dealing with technical aspects (for example, water sources), challenging coordination at the district level, different delivery mechanisms employed by different actors, were expected to be difficult to address

As touched on in the Refining and refocusing the strategy in 2019 section above, to address some of the challenges and lessons learnt from 2018, IFRR partners developed a range of solutions and products during 2019. These included:

- **New priority mapping:** 45 districts mainly in Al Hodeidah, Hajjah and Taizz governorates were targeted based on:
  - Pockets of people experiencing 'famine' (IPC Phase 5);
  - Potential rapid deterioration of the humanitarian situation;
  - Locations where there is a need to channel efforts to reach the most vulnerable effectively.
- **Adjusted targeting of vulnerable households (as opposed to targeting based on health facilities in 2018):** New beneficiary targeting was based on the sharing of critical information and data for the rapid scale-up of the response. This will be supplemented by a potentially excluded or marginalized beneficiary household verification exercises to be undertaken jointly by authorities and the sub district level food assistance committees (SUFACs).
- **Dedicated IFRR team:** Thanks to cluster coordinators continuously advocating and meeting various donors as well as supporting the IFRR approach internally, by the end of 2019, funding for a dedicated IFRR coordinator and roving IFFR experts' team was received. Two experts were recruited with the support of a partner NGO. An information manager was also recruited with support from IMMAP.
- **Revision of the IFRR package** to better align with partners' capacities and services, due to the challenges with implementing the initially established package as a whole. Many services were difficult to implement due to weak financial and technical capacities of partners. The Education Cluster joined IFRR with a set of minimum services at schools, at-risk communities and households, but this commitment was difficult to sustain in the course of 2019.
- **A joint assessment, monitoring and reporting framework:** Although the IFRR Operational Guidelines have provided monitoring tools and guidance, a commonly agreed inter-cluster monitoring framework was needed to evaluate and report IFRR progress and impact. A Needs and Impact Monitoring framework based on existing sectoral monitoring and reporting processes was agreed (see Figure 8). The IFRR roving experts and the district level lead agency were assigned with monitoring, evaluation and accountability functions. Meanwhile, the dedicated Information management officer at OCHA is in charge of receiving and analysing sectoral data and integrating this information into the IFRR monitoring.

Figure 8.
IFRR Needs and Impact
Monitoring framework, 2019



- **IFRR district lead partner terms of reference agreed:** There was consensus among partners and the cluster coordinators that coordination was one of the main challenges that affected the implementation of the IFRR in 2018. Coordination gaps were noted at national, hub and at the field levels. For example, lack of monthly coordination meetings among implementing partners at district level, poor coordination among partners on the implementation of the minimum package, lack of awareness on IFRR among the partners, lack of updates on the implementation of minimum package from the field. To address these challenges, partners and the cluster coordinators agreed to further refine the roles and responsibilities of the lead partner. The main purpose of having a lead partner at district level is to ensure: a) that coordination at field level is strengthened; b) IFRR implementation is harmonized and there is a common understanding among all the key stakeholders at district level; c) the evolving situations, outputs and outcomes of the IFRR are monitored and shared with cluster coordinators at the national level.

- **IFRR partners had greater support from OCHA** through the Humanitarian Access Working Group to deal with key access issues (e.g. sharing beneficiary lists, physical access (insecurity), impediments imposed by authorities) and further improve IFRR coverage. However, during 2019, more than half of the 45 districts targeted by IFRR were inaccessible. This was an additional argument used to advocate to government and donors for improved access.

07 Best practices

Yemen, February, 2020
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07 **Best practices**

The main IFRR success was the improved inter-cluster convergence effort itself. Listed below are many of the good practices that have supported the IFRR initiative and increased partners' capacity to collaborate effectively:

- Getting OCHA and key technical staff from all Cluster Lead agencies on board from the outset.
- Regular coordination, communication and information sharing.
- Partners' capacity to be flexible, innovative, able to adjust (for example, the revised IFRR strategy) and find solutions was an important asset of the IFRR.
- Simplifying IFRR messages and the strategy (including the package) fostered adherence.
- Joint advocacy and fundraising efforts to secure donor support.

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08 Transferability and scalability

Yemen, 2019
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08 Transferability and scalability

The IFRR approach in Yemen is founded on the idea that when equal partners understand and deliver services to prevent famine in an inter-disciplinary way, peoples' quality of life can be improved and sustained through organized efforts and informed choices taken by society, organizations, public and private, communities and individuals. As such, the IFRR strategy ended to be a holistic approach transferrable and applicable for different context, no matter if these contexts are experiencing emergency, transition or development.

Continuously exploring inter-sectoral linkages and how the response of one sector might leverage outcomes in other sectors is at the heart of successful inter-sectoral practice and partnerships, therefore beneficial for vulnerable population including those suffering from multi-layered and complex crises.

Yemen, 2015
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09 Next steps

Yemen, 2019
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1

Improved accountability

and follow-up of IFRR district level lead agencies.

2

Develop local case studies

and explore better their impact.

3

Revise the IFRR Operational Guidelines

in light of the new beneficiary selection approach, simplified package and reinforced needs and monitoring framework.

4

Recognition of partners' capacity

and the need to further work on trainings and capacity building, with a special focus on reinforcing partners' ability to conduct baseline and end line evaluations.

5

Funding for critically under-funded activities,

while ensuring that funding for dedicated staff is maintained to guarantee proper support to the field level, as well as adequate analytical and strategic support and follow up.

Yemen, 2016
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