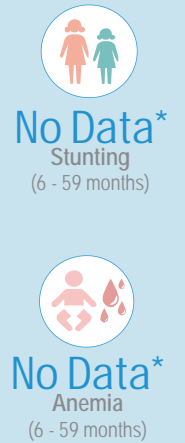
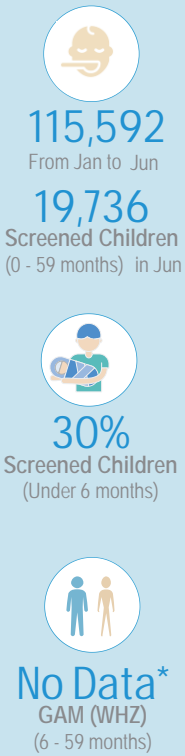
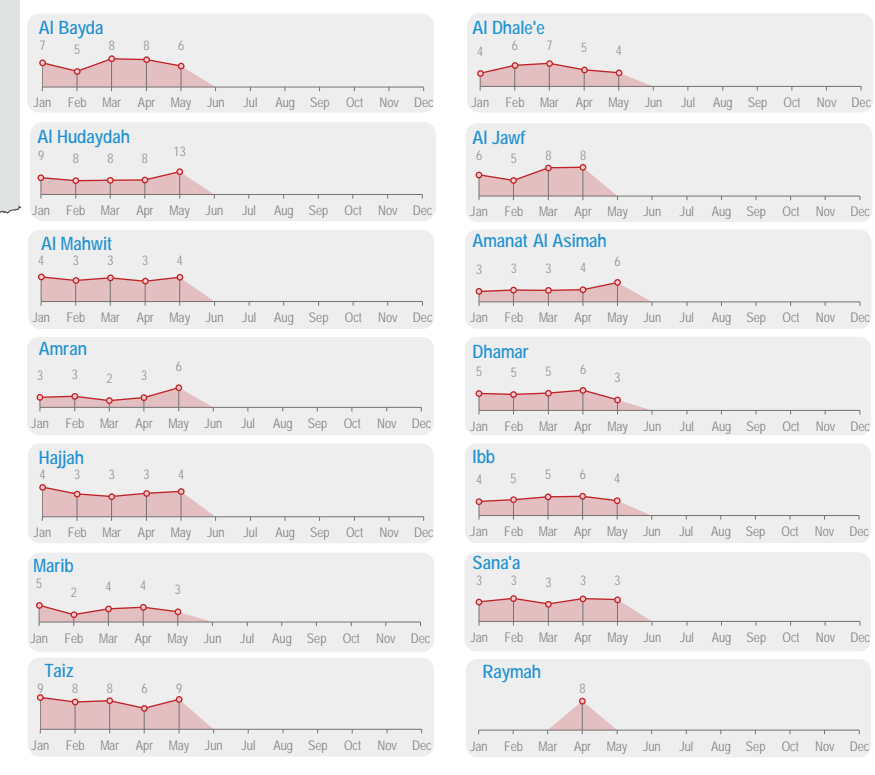
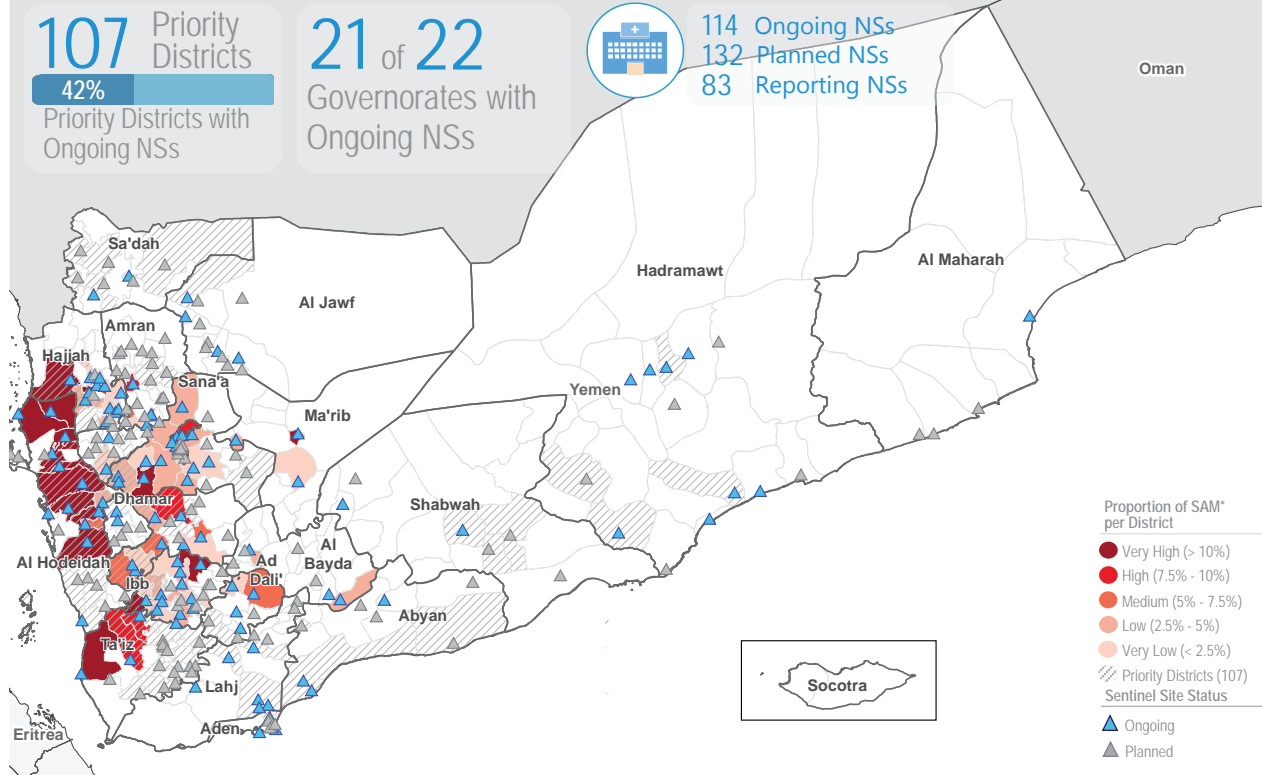


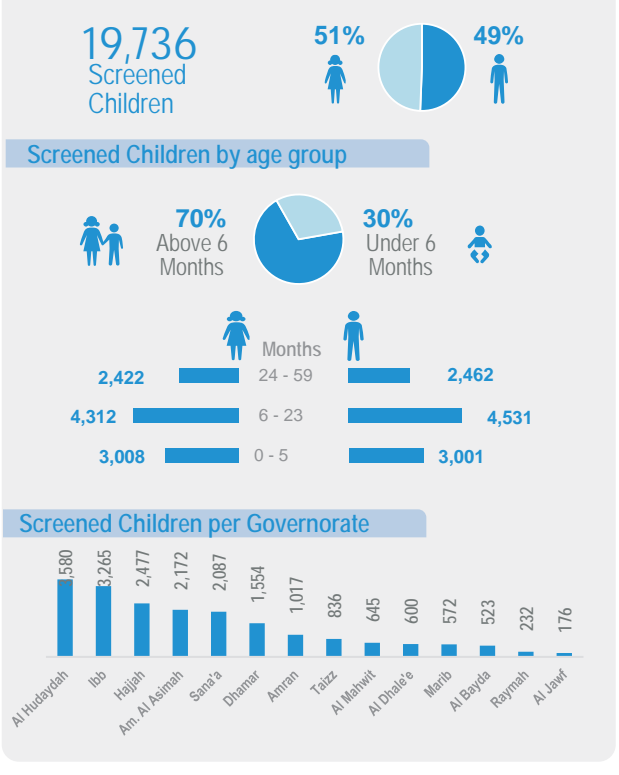
## Key Figures Jun 2020



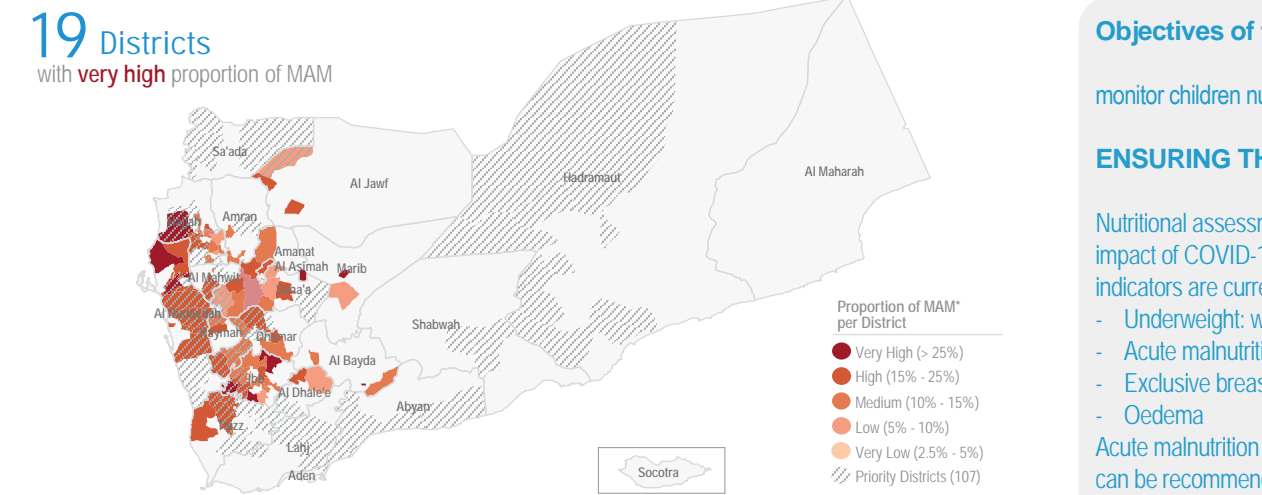
## Proportion<sup>†</sup> of Severe Acute Malnutrition (SAM)\* per District and Geographical Presence of Nutrition Sentinel Sites as of May 2020



## Screened Children Jun



## Proportion<sup>†</sup> of Moderate Acute Malnutrition (MAM)\* Jun as of May 2020



### Objectives of the Yemen Nutrition Surveillance System

monitor children nutritional status early detection of malnutrition and case referral share information and trigger alert verification.

### ENSURING THE CONTINUITY AND SAFETY OF NSS SERVICES:

Nutritional assessment in NSS is normally performed through the measurement of child's weigh, height/length, age, hemoglobin level, breastfeeding status, oedema. To mitigate the impact of COVID-19, protocol adaptations are in place to ensure safe screening services and minimize the risk of cross infections while performing a correct assessment. The following indicators are currently assessed:

- Underweight: weight for age
- Acute malnutrition using MUAC
- Exclusive breastfeeding
- Oedema

Acute malnutrition by WHZ and stunting are temporarily excluded. Although the use of the height board is safe after sanitization, the preferential use of MUAC for children 6 to 59 months can be recommended as an interim measure.

### Reference:

- WHO-UNICEF Implementation Guidance for the Prevention, Early Detection and Treatment of Wasting in Children 0-59 Months Through National Health Systems in the Context of COVID-19.
- SOP for nutritional screening in Nutrition Surveillance Sites established in health facilities (Hospitals and PHC), in line with COVID19 preventive measures, Yemen

### Methodology:

Facility-based sentinel site surveillance system, established in district hospitals across the country  
The system provides proportion of children under five found suffering from any forms of malnutrition, out of the total children screened  
It is not a formal survey using sampling methods to produce representative results. The results only reflect the status of children who have attended the health facility in the month under review.  
The system tracks WHO Global core nutrition indicators: Stunting, Wasting, Exclusive breastfeeding, Anemia.  
This bulletin is based on reports received by the health facility surveillance MoPHP teams.  
WHO supports the MoPHP and constantly works to expand coverage and improve data quality.  
With WHO technical support to national health authorities. Funded by the World Bank.

Summary for Nutrition Indicators Jun 2020

Governorate	# of Screened Children (0 - 5)	# of Screened Children (6 - 59)	Proportion of GAM (0 - 5)	Acute Malnutrition by Z- Score				Acute Malnutrition by MUAC				Underweight		Stunting		Exclusive Breastfeeding		Anemia		Oedema	
				# of MAM	Proportion of MAM	# of SAM	Proportion of SAM	# of MAM	Proportion of MAM	# of SAM	Proportion of SAM	# of Underweight	Proportion of Under weight	# of Stunting	Proportion of Stunting	# of EBF	Proportion of EBF (Yes)	# of Anemia	Proportion of Anemia	# of Oedema	Proportion of Oedema
Al Bayda	311	212						18	8%	7	3%	164	31%			81	26%			0	0.0%
Al Dhale'e	318	282						55	20%	12	4%	220	37%			34	10%			0	0.0%
Al Hudaydah	730	2,850						815	29%	336	12%	2,021	56%			140	17%			1	0.0%
Al Jawf	23	153						19	12%	7	5%	89	51%			1	4%			1	0.6%
Al Mahwit	201	444						54	12%	27	6%	231	36%			31	14%			0	0.0%
Amanat Al Asimah	840	1,332						226	17%	59	4%	903	42%			89	10%			0	0.0%
Amran	324	693						113	16%	38	5%	285	28%			31	9%			2	0.2%
Dhamar	357	1,197						206	17%	75	6%	759	49%	No Data*		74	19%	No Data		2	0.1%
Hajjah	824	1,653						354	21%	84	5%	1,109	45%			220	24%			0	0.0%
Ibb	1,115	2,150						394	18%	122	6%	1,494	46%			188	15%			6	0.2%
Marib	134	438						73	17%	17	4%	199	35%			8	6%			0	0.0%
Sana'a	554	1,533						179	12%	65	4%	873	42%			121	20%			0	0.0%
Taizz	200	636						107	17%	47	7%	350	42%			53	25%			1	0.1%
Raymah	78	154						33	21%	20	13%	118	51%			20	24%			0	0.0%

No Data\*

No Data\*

No Data

