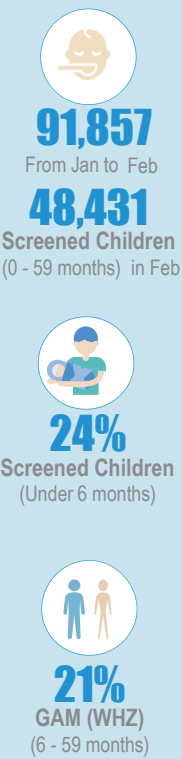
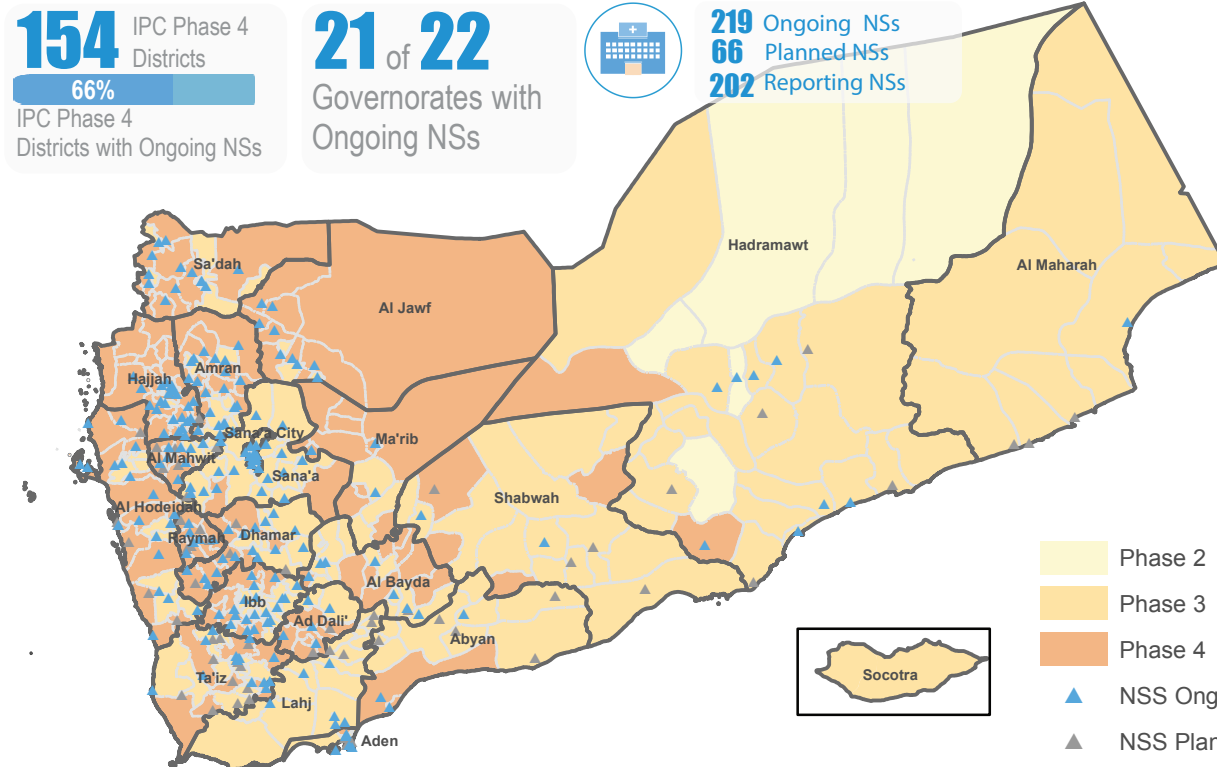


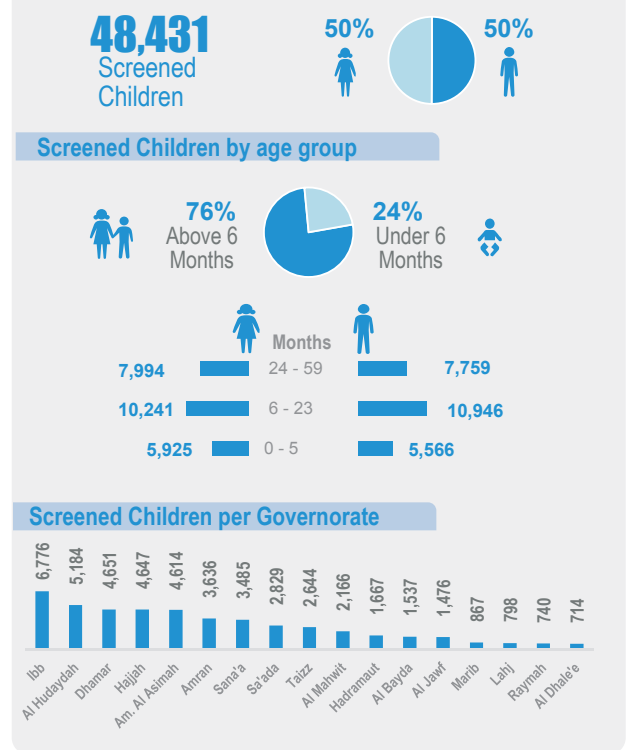
Key Figures Feb 2020



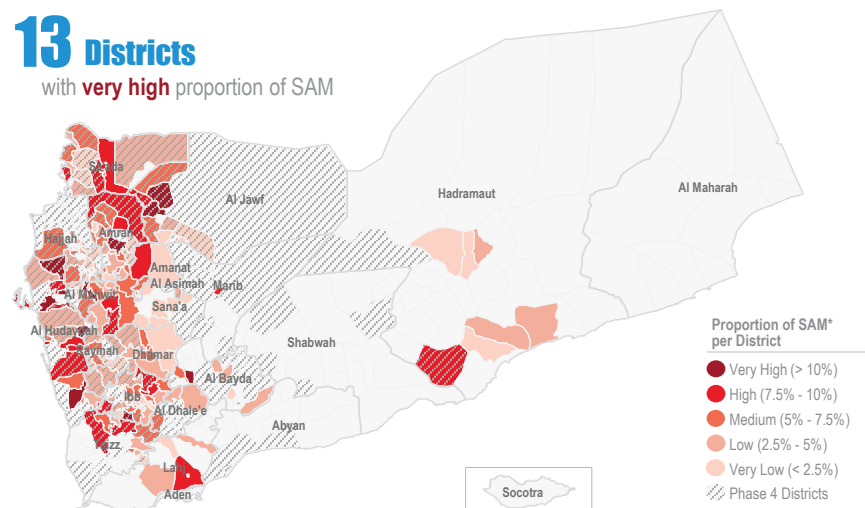
Proportion[†] of Severe Acute Malnutrition (SAM)* per District and Geographical Presence of Nutrition Sites



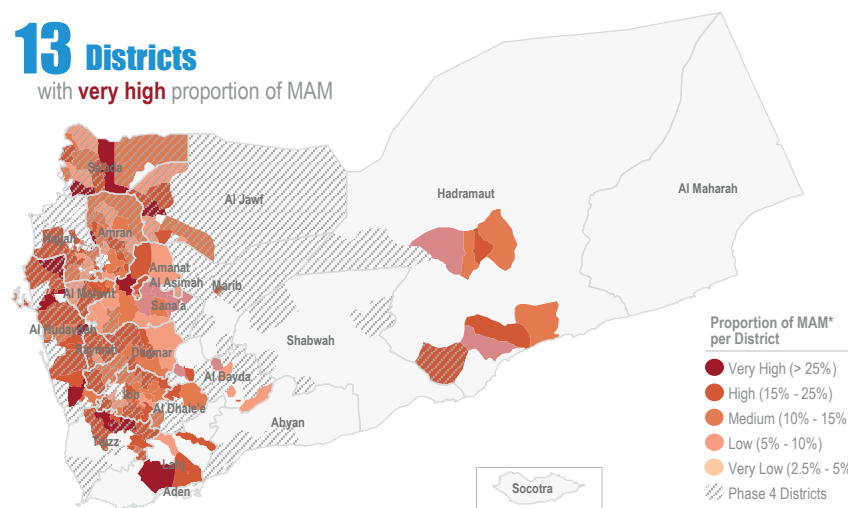
Screened Children Feb



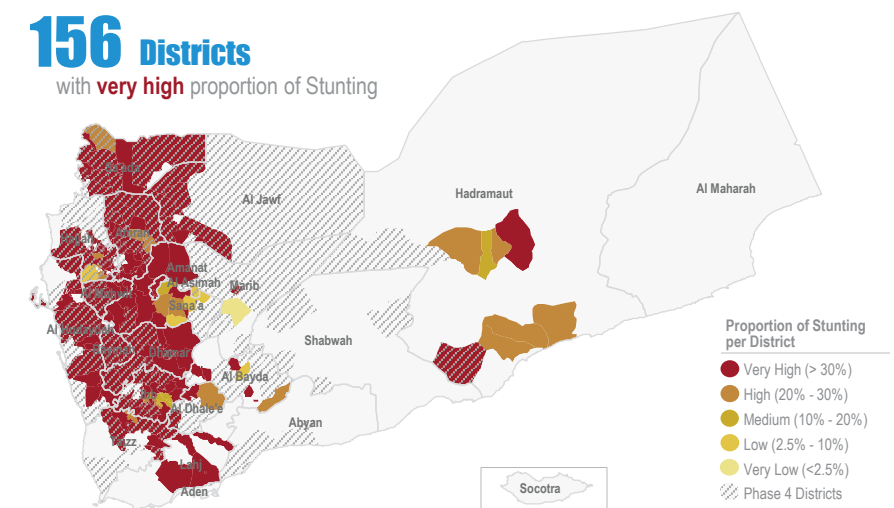
Proportion^{**} of Severe Acute Malnutrition (SAM)* Feb



Proportion^{**} of Moderate Acute Malnutrition (MAM)* Feb



Proportion^{**} of Stunting Feb



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 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. At the facility level, some indicators may be temporarily excluded from the set of measurements, as an interim measure to control the spread of infection, e.g. acute malnutrition by WHZ and stunting. In such case, although the use of anthropometric tools is safe after sanitization, the preferential use of MUAC for children 6 to 59 months can be recommended*.

Methodology:

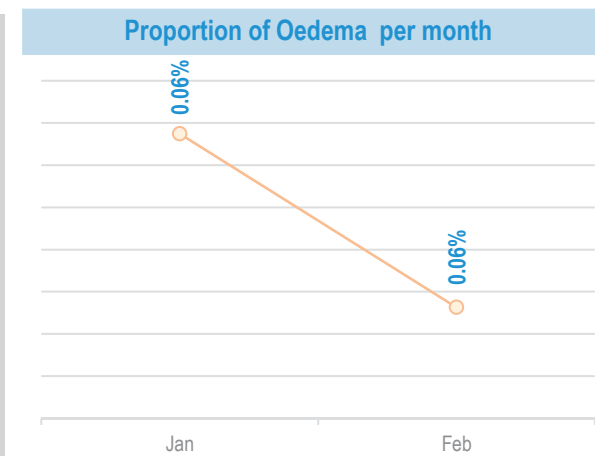
Facility-based surveillance system, established mainly in district hospitals across the country. The system provides proportion of children under five found suffering from any forms of malnutrition, out of the total children screened. It is not a formal survey using sampling methods to produce representative results. The results only reflect the status of children who have attended the health facility in the month under review. The system tracks 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. Funded by World Bank.

*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.

Summary for Nutrition Indicators Feb 2021

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	267	1,270	11.6%	148	12%	80	6%	144	11%	32	3%	572	37%	510	40%	111	38%	126	28%	-	-
Al Dhale'e	196	518	7.1%	77	15%	22	4%	96	19%	25	5%	295	41%	225	43%	41	20%	14	4%	-	-
Al Hudaydah	1,359	3,825	12.6%	879	23%	356	9%	1,050	27%	422	11%	2,702	52%	2,041	53%	135	9%	2,058	55%	-	-
Al Jawf	288	1,188	9.7%	159	13%	66	6%	128	11%	57	5%	634	43%	537	45%	95	32%	542	46%	-	-
Al Mahwit	512	1,654	19.7%	265	16%	70	4%	278	17%	92	6%	1,032	48%	845	51%	104	18%	373	23%	1	0.0%
Amanat Al Asimah	1,516	3,098	0.0%	513	17%	122	4%	417	13%	98	3%	2,122	46%	1,635	53%	315	20%	80	7%	-	-
Amran	709	2,927	12.7%	409	14%	132	5%	539	18%	134	5%	1,631	45%	1,555	53%	127	16%	901	33%	6	0.2%
Dhahar	873	3,778	13.3%	558	15%	148	4%	778	21%	172	5%	2,237	48%	2,085	55%	186	19%	516	14%	5	0.1%
Hadramaut	767	900	0.0%	91	10%	18	2%	47	5%	6	1%	322	19%	200	22%	171	23%	-	-	-	-
Hajjah	1,243	3,404	5.7%	398	12%	94	3%	380	11%	104	3%	1,765	38%	1,543	45%	155	11%	809	24%	3	0.1%
Ibb	1,764	5,012	21.2%	804	16%	285	6%	749	15%	206	4%	2,863	42%	2,159	43%	342	17%	719	14%	10	0.1%
Lahj	203	595	0.0%	109	18%	31	5%	59	10%	13	2%	323	40%	245	41%	-	-	-	-	-	-
Marib	165	702	0.0%	71	10%	29	4%	95	14%	20	3%	299	34%	137	20%	48	27%	67	14%	-	-
Raymah	89	651	15.7%	119	18%	27	4%	115	18%	31	5%	425	57%	418	64%	30	29%	140	22%	-	-
Sa'ada	358	2,471	12.3%	413	17%	123	5%	409	17%	144	6%	1,416	50%	1,339	54%	116	28%	493	20%	2	0.1%
Sana'a	565	2,920	15.9%	402	14%	104	4%	314	11%	89	3%	1,334	38%	1,192	41%	197	30%	169	6%	-	-
Taizz	617	2,027	0.8%	384	19%	104	5%	320	16%	79	4%	1,044	39%	853	42%	279	43%	337	17%	1	0.0%

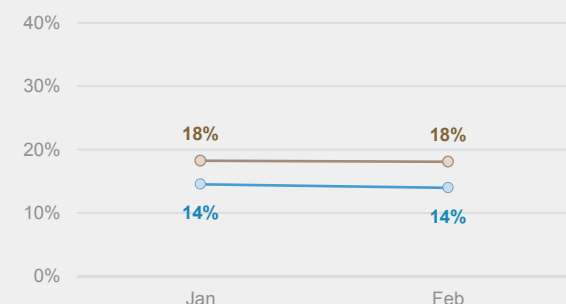


Acute Malnutrition by MUAC

Proportion of Moderate Acute Malnutrition (MAM) < 125 mm and >= 115 mm

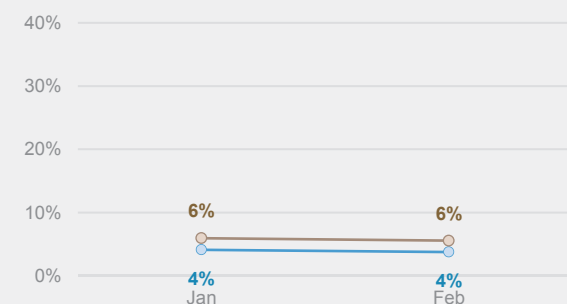
% Girls % Boys

16% affected by MAM in February



Proportion of Severe Acute Malnutrition (SAM) < 115 mm

5% affected by SAM in February

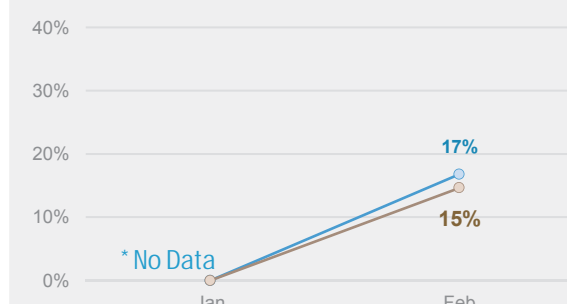


Acute Malnutrition by Weight/Height Z Score (WHZ)

Proportion of Moderate Acute Malnutrition (MAM) < -2 z-score and >= -3 z-score

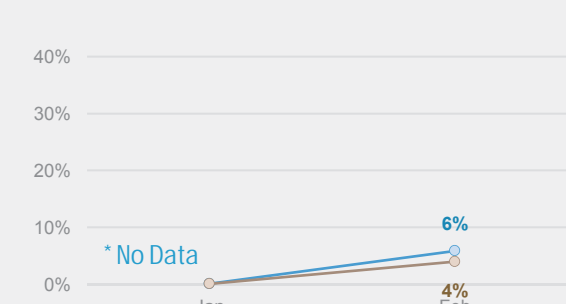
% Girls % Boys

16% affected by MAM in February

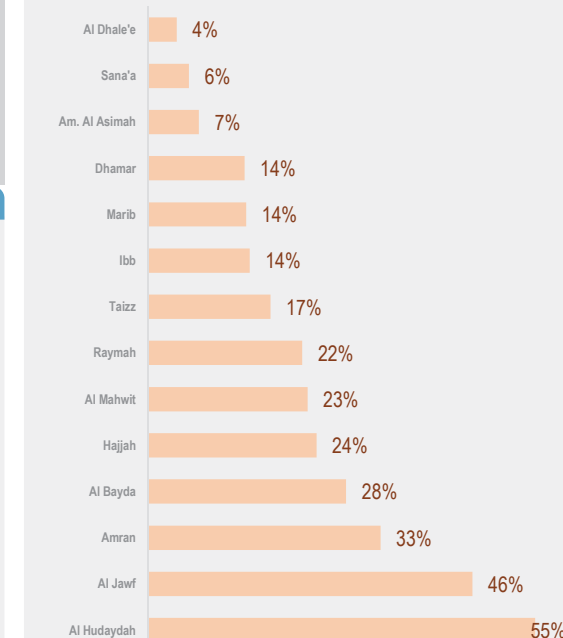


Proportion of Severe Acute Malnutrition (SAM) < -3 z-score

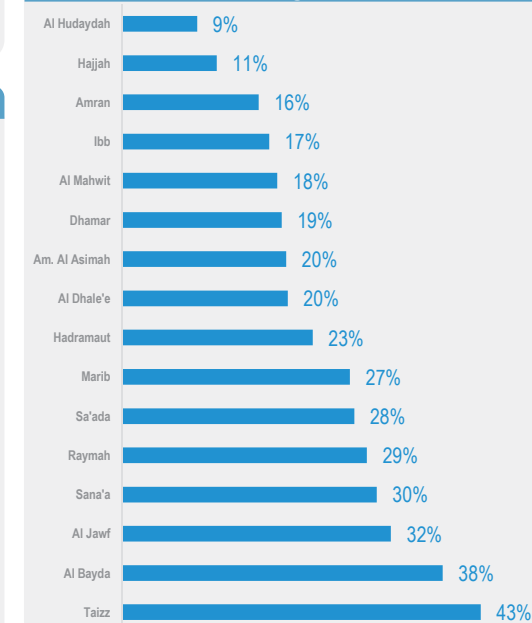
5% affected by SAM in February



Anemia Feb



Exclusive Breastfeeding Feb

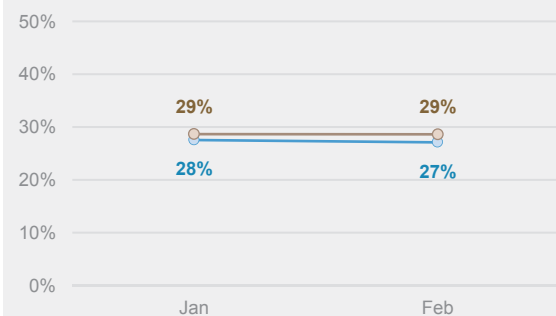


Underweight by Weight/Age Z Score

Moderate < -2 z-score and >= -3 z-score

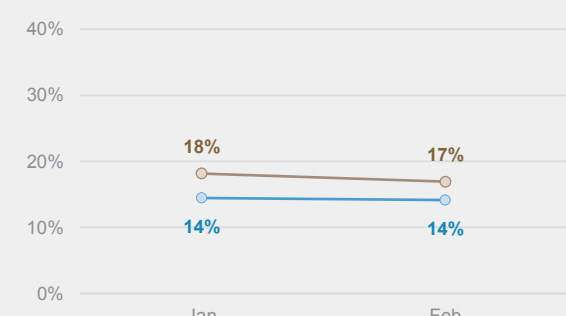
% Girls % Boys

28% affected by moderate underweight in February



Severe < -3 z-score

16% affected by severe underweight in February

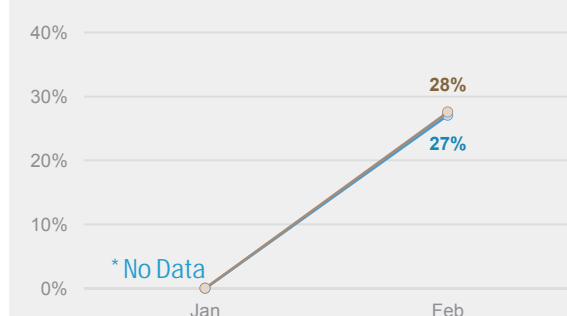


Chronic Malnutrition (Stunting) by Height/Age Z Score

Moderate < -2 z-score and >= -3 z-score

% Girls % Boys

27% affected by moderate stunting in February



Severe < -3 z-score

20% affected by severe stunting in February

