



Explanatory Note

Results of MSNAP-III

Geographical Prioritisation

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Abbreviation:

ANC	Antenatal Care
EBF	Exclusive breastfeeding
FAO	Food and Agriculture Organization
FSL	Food Security & Livelihoods
FSL	Food Security and Livelihood
GPT	Geographical prioritization tool
IDPs	Internally Displaced Person
INGO	International Non-Governmental Organization
INGOs	International Non-Governmental Organization
IP	Implementing partner
IYCF	Infant and Young Child Feeding
MAD	Minimum Acceptable Diet
MICS	Multiple Indicator Cluster Survey
MOPHP	Ministry of public health and population
MSNAP	Multisectoral Nutrition Action Plan
NGO	Non-Governmental Organization
NGOs	Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
SMART	Standardized Monitoring Assessment for Relief and Transition Method
SO	Strategic Objective
UN	United Nation
UNICEF	United Nations Children's Fund
WASH	Water SanitATION AND Hygiene
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

This Explanatory Note of the MSNAP Geographical Prioritisation provides an explanation of the rationale and methodology for geographical prioritisation within the Yemen Multisectoral Nutrition Action Plan (MSNAP) 2024-2030 as well as the overall findings and results.

MSNAP overview

The MSNAP serves as a comprehensive framework to guide humanitarian, development and peacebuilding actions aimed at reducing undernutrition among children and women of Yemen (wasting, stunting and micronutrient deficiencies). The MSNAP is relevant to and can be used to guide actions in all governorates and districts in Yemen. All stakeholders should align their investments and actions with the MSNAP.

A key strategic aim of the MSNAP is to scale up development and peacebuilding interventions in different sectors to build resilience and prevent undernutrition, alongside humanitarian interventions that address immediate causes and treat undernutrition.

It provides a menu of evidence-based policies and interventions in different sectors (under Strategic Objectives (SOs) 1 to 5) that can contribute to reductions in undernutrition and progress to wider social and economic development goals.

The MSNAP also identifies policies and actions relating to food systems transformation, climate adaptation, and peacebuilding that can contribute to improved nutrition (SO 6) as well as actions to strengthen the enabling environment for nutrition actions at national and sub-national levels (SO7).

Resourcing of the MSNAP and the rationale for geographical prioritisation.

The MSNAP aims to leverage different resources and ensure the optimal allocation of funds to scalable and high-impact interventions across priority districts. Coordination will be key to avoiding duplication and maximizing coverage. Interventions will be resourced from various sources:

- District and governorate budgets
- National budgets (including a proposed national MSNAP pooled fund)
- Humanitarian and development partner budgets (Yemeni NGOs, INGOs, UN agencies, donors, Yemen Humanitarian Fund etc)
- Donations from the private sector
- Charitable organizations and associations
- Donations from philanthropists and other wealthy individuals
- Fundraising campaigns organized by civil society groups
- Crowdfunding platforms utilized by local communities
- Zakat funds allocated at national and sub-national levels
- Awqaf (endowment) funds established through religious institutions
- Community self-help and in-kind support for priority projects

The MSNAP menu of interventions guides planning and allocating resources at the governorate and district levels. When authorities at these levels make decisions on resource utilization to enhance nutrition, they should prioritize interventions from various sectors that best address the specific drivers of undernutrition in their geographical area.

Global evidence indicates that dispersing scarce national-level resources evenly across all governorates and districts is ineffective for achieving sustainable reductions in undernutrition. To achieve sustainable outcomes, there is a need to converge both nutrition-specific and nutrition-sensitive services and interventions across different sectors on the same at-risk populations. This integrated approach will guide the allocation of resources and implementation within the MSNAP framework.

Given that it is extremely unlikely that the necessary resources will be available to scale up multisectoral actions across sectors throughout the country, there is a need to prioritise geographically and phase the scale-up of multisectoral actions. The convergence of humanitarian, development and peacebuilding resources on the same priority districts will help achieve the following results:

- More effective and sustainable service delivery systems and nutrition outcomes in prioritised districts.
- Accelerated progress in achieving national nutrition targets.
- Examples of success in priority districts which can be used to inform and inspire accelerated progress in other districts.

Geographical prioritization Tool (GPT): Goal, Objective, and Steps

GPT Goal: *Develop a systematic evidence-based approach to prioritize districts that are most in need of nutrition interventions*

Step I objective: *Criteria for identifying districts with malnutrition:*

To ensure the GPT's focus on nutrition, two key indicators were identified - **stunting and wasting prevalence rates**¹, representing chronic and acute malnutrition situation among children underfive, respectively. Stunting prevalence above 30% was identified as the threshold for critical level based on WHO classifications². The MSNAP target is to reduce stunting by 1% rate per year. Wasting prevalence above 10% was also utilized based on WHO

¹ **Stunting:** Stunting refers to impaired growth and development in children due to chronic malnutrition. It is characterized by a height-for-age that is significantly below the standard reference, indicating that the child has not received adequate nutrition over an extended period. Stunting can lead to long-term physical and cognitive deficits, affecting a child's ability to learn and thrive.

Wasting: Wasting, on the other hand, is characterized by a low weight-for-height ratio, indicating acute malnutrition. This condition often results from a sudden lack of food or illness, leading to rapid weight loss. Wasting is a critical concern as it is associated with a higher risk of mortality and severe health complications.

² <https://apps.who.int/nutrition/landscape/help.aspx?menu=0&helpid=391&lang=EN>

cut-off values and Yemen's MOPHP 2022 Nutrition Strategy. Together these criteria aimed to capture districts facing the most concerning levels of both acute and chronic undernutrition.

Step II Objective: *Inclusion of multisectoral criteria to understand underlying determinants.*

In Step Two, we used multisectoral indicators to identify the highest-risk governorates and to gain a more comprehensive understanding of the underlying drivers influencing vulnerability and to guide the targeting of sectoral interventions.

- ✓ Criterion 1: Malnutrition Indicators
- ✓ Criterion 2: Health service coverage and quality
- ✓ Criterion 3: WASH service coverage and quality:
- ✓ Criterion 4: Education service
- ✓ Criterion 5: Food Security & Livelihoods (FSL)
- ✓ Criterion 6: Social vulnerabilities

Baseline and Target Indicators

The geographical prioritization tool uses baseline and target indicators to support evidence-based geographical targeting. Baselines (see Table 11 in Annex) are established for key nutrition, health, WASH, education, food security and social vulnerability indicators at the district level, providing current sectoral conditions and quantifying existing gaps. These are complemented by national targets derived from sector strategies, with timelines set until 2030 to guide progress. Additionally, global targets projected beyond 2030 also help to ensure alignment with long-term sustainability goals.

By assessing districts based on their baseline challenges and potential to achieve targets, the tool aims to allocate resources where they can most effectively reduce widespread humanitarian needs and address critical development gaps.

The prioritisation process and methodology

The criteria utilized in this prioritization methodology are well-suited to the Yemeni context focusing on systematically identifying and targeting the most vulnerable areas through a two-step geographical prioritization process. The first step prioritizes districts based on levels of nutritional and multisectoral vulnerabilities. The second step then determines the sector-specific gaps within prioritized districts to inform integrated intervention planning.

By linking stunting and wasting data, the tool facilitates the identification and target areas where the undernutrition burden is most acute and long-standing.

While some districts with stunting rates above 30% may not be prioritized if wasting rates are low, focusing on locations with high wasting becomes crucial in Yemen due to the risk of wasting deteriorating into stunting over time without intervention. This goal of preventing that

progression is essential, as stunting has irreversible impacts on cognitive and economic potential.

The criteria have been carefully selected to encompass critical health, WASH, food security and other factors known to perpetuate the cycle of undernutrition. Considering these multisectoral vulnerabilities provides a comprehensive picture of needs. This multisectoral framing mirrors how undernutrition must be addressed through integrated interventions.

Ultimately, this criteria-based methodology aims to optimize humanitarian response and developmental investments in Yemen's highest-burden areas, where the cumulative effects of nutritional and other deprivations represent major impediments to wellbeing, resilience and self-reliance.

Step I Objective: *Criteria for identifying districts with high prevalence of undernutrition (stunting and persistent wasting)*

The GPT's approach relies on two indicators to identify the districts for geographical prioritization. The data used to develop the prioritization tool was sourced from the SMART survey 2021³.

Determination of threshold of the GPT key indicators:

The threshold of two indicators (stunting and wasting) is based on WHO's Prevalence cut-off values for public health significance, as follows:

Table 1: Cut-off values for public health significance⁴

Indicator	Prevalence cut-off values for public health significance
Stunting	<2.5%: very low 2.5 to <10%: low 10 to <20%: medium 20 to <30%: high ≥30%: very high
Wasting	<2.5%: very low 2.5 to <5%: low 5 to <10%: medium 10 to <15%: high ≥15%: very high

Specifically, it was noted that one of the Global Nutrition Cluster targets under the Yemen Humanitarian Response Plan is to reduce stunting among children under 5 to below 30% by the end of 2022. Unfortunately, due to the ongoing crisis, these targets were not achieved by the 2022 deadline. However, reducing and sustaining stunting below 30% remains an important MSNAP' long-term goal.

³ 2021 SMART Surveys were the latest surveys for both parts of Yemen (SBA and IRG)

⁴ Source: de Onis et al. (2018).

Source of data WHO. Global database on child growth and malnutrition (<http://www.who.int/nutgrowthdb/en/>).

Additionally, SMART surveys classify a stunting prevalence above 30% as reaching a critical level. Considering this, a suggestion was made to apply a stunting threshold of 30% when mapping districts for the next planning cycle. The table below presents the criteria used to categorise districts during the prioritisation process. .

Table 2: GPT criteria:

No.	Criteria	Flagging
Criteria one	Stunting ≥ 30 and wasting ≥ 10	Extremely High Priority
Criteria Two	Stunting < 30 and wasting ≥ 10	High Priority
Criteria Three	Stunting ≥ 30 and wasting < 10	Priority

Step II Objective: *Inclusion of multisectoral criteria* to identify the highest-risk districts.

Multisectoral Criteria

To gain a more comprehensive understanding of the underlying drivers influencing vulnerability, a set of multisectoral indicators was incorporated into step two of prioritization methodology. This approach allows the assessment of interlinked determinants beyond any single sector.

Indicators' Baseline and Target:

Developing a multisectoral geographical prioritization tool requires establishing robust indicators across key sectors impacting humanitarian needs. By determining baselines and targets for these indicators, the tool can systematically assess relative levels of need and guide appropriate interventions.

Baselines have been determined for the key indicators across nutrition, health, WASH, education, food security and social vulnerability. The baselines define the current situation in each sector at the district level and quantify the existing gaps. This informs the type of sectoral interventions required per district.

Complementing the baselines are national targets, which have clear timelines extending to 2030. These targets were derived from sector strategies and thoroughly discussed with relevant leading line-ministries and their UN partners as national target and are critical to guide progress towards meeting strategic objectives. Additionally, global targets projected beyond 2030 help ensure alignment with international standards and sustainability goals in the long run.

Defining baselines and targets in this manner allows for an evidence-based approach to geographical prioritization and multisectoral planning. Resources can be directed to where they are most needed to potentially close the largest gaps by 2030. Ultimately, this

prioritization process seeks to maximize humanitarian and development impacts nationwide. **In the table annex, table 10 refers to the source of indicator data.**

Criteria 1: Malnutrition Indicators - As described earlier, stunting and wasting prevalence rates, IYCF (MAD & EBF), low birth weight, and prevalence of anemia serve as the primary indicators for directly measuring the burden of undernutrition. These indicators help identify districts with the most acute needs.

Table 3: Malnutrition indicators baseline and target

Sectoe	Indicator	Baseline(current)	Target (as per Yemen sectors strategy 2030)	Target (global) beyond 2030	Global target source
Nutrition	Stunting	46.5% (Nutrition MOPHP and DHS)	36.5%	≤20%	WHO global nutrition target
	Wasting	16.4%(Nutrition MOPHP and DHS)	≤10%	≤5%	WHO global nutrition target
	MAD	11.5% (Nutrition MOPHP and SMART)	NA	50%	WHO IYCF target
	EBF	20% (Nutrition MOPHP strategy and SMART)	50%	at least 50%	WHO IYCF target
	Prevalence of anemia U5	86.3% (MOPHP strategy MOPHP child and ad strategy, DHS)	50% (nutrition strategy and child and adolescent health strategy)	20%	Global Nutrition Targets 2025
	Prevalence of anemia PLW - MNH	70.6%(MOPHP strategy and DHS)	50%- Nutrition and MNH	50%	WHO global nutrition target- child and adolescent health strategy- source

Criteria 2: Health service coverage and quality – Indicators such as access to healthcare facilities, MCH indicators (percentage coverage 4 ANC visits) and attended delivery (Coverage of Skilled Attendance at Birth & Institutional Delivery%), vaccination coverage (Penta and MR1 coverage percentage), and the main communicable disease affected children under 5 (Diarrhea, ARI, and Fever) provide insight into underlying determinants exacerbating nutritional vulnerabilities.

Table 4: Health service indicators baseline and target

Sector	Indicator	Baseline(current)	Target (as per Yemen sectors strategy 2030)	Target (global) beyond 2030	Global target source
Health	4 ANC visits coverage %	32.4% (MICS and MNH str.)	42%(MCNH updated strategy)	80%	WHO ANC coverage target
	Attended Delivery (births attended by skilled health personnel)	39% (MNH strategy,Ref: MOPHP surveillance system)	60% (MOPHP MNH strategy)	80%	WHO Global Nutrition Monitoring Framework target
	Penta3 Coverage%	77% (MOPHP data)	NA	90%	WHO Immunization agenda 2-23 target
	MR1 Coverage%	73%(MOPHP data)	NA	90%	WHO Immunization agenda 2-23 target
	Communicable Disease: Diarrhea prevalence	43.3% (SMART)	NA	Below 10%	
	Communicable Disease: ARI prevalence	54.7% (SMART)	NA	Below 15%	
	Communicable Disease: Fever prevalence	59.6% (SMART)	NA	Below 20%	

Criteria 3: WASH service coverage and quality – Number or percentage of population using safely managed drinking water services, number or percentage of population using improved sanitation services and hygiene practices (Hand washing by soap at two critical times: before meal and after toilet) influences disease dynamics and nutritional status. Related indicators help pinpoint environmental risk factors.

Table 5: WASH indicators baseline and target

Sector	Indicator	Baseline(current)	Target (as per Yemen sectors strategy 2030)	Target (global) beyond 2030	Global target source
Water and Environment ⁵	# or % of population using	39.5% (MOWE strategy)	45-50% (MOWE strategy)	≥90% population	WHO/UNICEF JMP target

⁵ The baseline percentage is estimated and is applied in all indicators issued by the Ministry for two years with an annual increase of 1.5% for water and 1% for sanitation, and this is what was adopted in the national vision.

	safely managed drinking water services				
	# or % of population using safely managed sanitation services	28% (MOWE strategy)	35-40% (MOWE strategy)	≥75% population	WHO/UNICEF JMP target
	# or % of Hand Washing	Handwashing after toilet : 44.6% (SMART) Handwashing before meal: 47.8% (SMART)	NA	Global targets related to handwashing with soap in WASH: <ul style="list-style-type: none"> Handwashing before meal (above 80%) and; Handwashing after toilet (above 90%) 	Global Handwashing Partnership target)

Criteria 4: Education service - Education access impacts development outcomes and opportunities, specifically for girls in primary, lower, and upper secondary education. As well as ensuring that school-age children and adolescents access nutrition services through education platforms. As a result of this criterion, we can identify an **impactful** indirect cause of malnutrition in Yemen.

Table 6: Education indicators baseline and target:

Sector	Indicator	Baseline (current)	Target (as per Yemen sectors strategy 2030)	Target (global) beyond 2030	Global target source
Education ⁶	Primary Girl Education (age 6-11 yrs) Out of school	23.2% (MICS)	NA	No more than 1% out of school	UN SDG 4.1 target
	Lower Secondary Girl Education (age 12-14 yrs) Out of school	28.5% (MICS)	NA	At least 75% completion rate	UN SDG 4.1 target
	Upper Secondary Girl Education (age 15-17 yrs) Out of school	50.8% (MICS)	NA	At least 70% completion rate	UN SDG 4c target

⁶ In the Ministry of Education, there are two categories only: primary and secondary education, with baseline figures of **26%** for primary and **58%** for secondary. These figures are close to the MICS data, indicating no significant discrepancy and MICS data represent north and south..

Criteria 5: Food Security & Livelihoods (FSL) - Metrics related to Food Consumption score (Food Poverty), and Hunger score reflect underlying economic stresses on nutritional status.

Table 7: FSL indicators baseline and target

Sector	Indicator	Baseline(current)	Target (as per Yemen sectors strategy 2030)	Target (global) beyond 2030	Global target source
FSL	Food Consumption score (Food Poverty)	SMART 2021: Acceptable: 48.4% Borderline: 26.6% Poor: 25% FAO 2024: Acceptable: 57.2% Borderline: 22.1% Poor: 20.6%	NA	Acceptable: At least 75% of HHs Borderline: less than 30% of the HHs Poor: less than 20%	<ul style="list-style-type: none"> - World Bank/UNICEF joint global nutrition target of 75% of households reaching acceptable FCS - The WHO Global Nutrition Monitoring Framework target of reducing poor FCS HHS to under 20%
	Hunger score	FAO 2024: Little to no Hunger: 46.1% Slight hunger: 28.9% Moderate hunger: 21.5% Sever hunger: 3.5%	NA	Little to no hunger: > 70% Slight hunger: < 30% Moderate hunger: < 20% Severe hunger: < 5%	<ul style="list-style-type: none"> - The targets of <20% households with moderate hunger and >70% with little/no hunger by 2025 are modeled on the 2025 World Health Assembly nutrition targets. The target of <5% households with severe hunger by 2030 aligns with SDG Target 2.1 which aims to end hunger and ensure access to food for all people by 2030.

Criteria 6: Social vulnerabilities – Poverty rate, proportion of IDPs, and severity of access constraints shed light on absorption capacity and resilience against shocks. In addition to and upon review of the available data for the social vulnerabilities indicators, it was determined that they could not reliably be included in this geographic prioritization analysis for the following reasons:

- ✓ Poverty rate data from 2015 is too outdated to accurately reflect the current poverty situation across districts, given the dynamic changes over the past 7 years due to the conflict.
- ✓ Data on the percentage of female-headed households is sensitive in nature due to cultural restrictions imposed by some local authorities. Its inclusion could therefore face limitations in verification and acceptance.
- ✓ IDP percentage data is only available from secondary sources from the UN agencies, and recently, the government is working on providing corresponding figures from national authorities that could validate these estimates.

Table 8: Social vulnerabilities indicators baseline and target

Sector	Indicator	Baseline(current)	Target (as per Yemen sectors strategy 2030)	Target (global) beyond 2030	Global target source
Social vulnerabilities	Poverty rate (% households below poverty line)	48.6% (Yemen Poverty Notes- World Bank -2014)	NA	below 30%	Sustainable Development Goal 1 target
	IDP/returnee rate (% population)	11.1% (OCHA)	NA	-	-
	Female-headed households (% households)	8.3% (MICS) 3.4 (SMART)	NA	At least 30%	Female-headed households (% households)

Geographical Prioritisation Findings

Step I Findings:

Step I: Criteria for identifying districts with high prevalence of undernutrition (stunting and persistent wasting)

Table 9 identifies the number of districts falling into each category according to the criteria defined above.

Table 9: GPT criteria:

#	# district	Criteria	Flagging
Criteria one	103	Stunting \geq 30 and wasting \geq 10	Extremely High Priority
Criteria Two	43	Stunting $<$ 30 and wasting \geq 10	High Priority
Criteria Three	172	Stunting \geq 30 and wasting $<$ 10	Priority
MSNAP Scope	318		
Remaining districts	15	Stunting $<$ 30 and wasting $<$ 10	Other
Total districts of Yemen	333		

The table categorizes targeted districts based on specific criteria related to stunting and wasting rates and total number of prioritized districts per criteria (*For more detail about the name of the districts per criteria, please refer to tables 11, 12, 13 & 14 in table annex*). It shows that:

Additionally, a comparison of data from the SMART reports of 2021, 2022, and 2023 for wasting. As a result, we were able **to identify persistent wasting** in these districts, as well as assess whether indicators had deteriorated or improved over time. Based on the findings:

- The SMART reports from 2021, 2022, and 2023, identified 293 out of the 318 priority districts that showed no improvement or deterrence in wasting.
- The wasting indicators deteriorated in 12 districts in Abyan Lowland (3), Taiz City (3), Taiz Lowland (4), and Hodeidah Southern Lowland (2).
- There has been an improvement in 13 districts in Taiz Highlands (7) and Lahj Lowlands (6).

Step II: Inclusion of multisectoral criteria to understand underlying determinants

Step II criteria:

- ✓ Criterion 1: Malnutrition Indicators
- ✓ Criterion 2: Health service coverage and quality
- ✓ Criterion 3: WASH service coverage and quality:
- ✓ Criterion 4: Education service
- ✓ Criterion 5: Food Security & Livelihoods (FSL)

- ✓ Criterion 6: Social vulnerabilities

Step II Findings:

In this section multisectoral indicators are analysed for each of the three categories of districts identified in Step 1.

Category 1: 103 Districts with stunting rates of 30% or higher and wasting rates of 10% or higher

1. Nutrition and Health sector:

- The MAD in the 103 districts ranges from 3% to 15.6% while EBF rates are low in all districts. 297 districts range between 1.2% to 26%; and 21 districts between 36.3% and 40.3%.
- 4 ANC visits : 103 districts that are (Between 15% to 42%) all are >50%
- Attended delivery: 24 of the 103 districts have less than 60% and Hajjah governorate is the most affected in 13 districts, followed by 2 districts in Socotra at 45%.
- Communicable disease: There is diarrhea in 101 out of the 103 districts ranging between (28.6% -61%), the highest affected 3 districts in Al-Hudaydah Highland cluster (61%), followed by 55.3 % in 9 districts in AL Dhalea, and the lowest percentage is in Socotra two districts (18.3%).

2. WASH sector:

2.1. Population using safely managed drinking water services: the 3 most affected governorates as follows:

- Hajjah with 13 affected districts with 48%
- Al-Mahweet (Lowland) with 4 affected districts with 58%
- Aldhalea with 9 affected districts with 51%

The rate of affected area should at least be 75% globally and the above are under it.

2.2. Population using safely managed sanitation services: the 3 most effected governorates as follows:

- Hajjah with 13 affected districts with 22%
- Mahweet with 4 affected districts with 36%
- Aldhalea with 9 affected districts with 48%

The rate of affected area should at least be 50% and the above are under it

3. Education

3.1. Primary Education (age 6-11 yrs) Out of school: all 103 districts are affected with a rate of 9.9% to 36.9%

3.2. Lower (age 12-14 yrs) and Upper Secondary Education (age 15-17 yrs) Out of school: all 103 districts are affected with a rate of (12% to 37.4%) and (21.8% to 57.2%) respectively.

4. Food security and livelihood:

4.1. "Food Consumption score(Food Poverty)": 97 out of 103 districts are affected in acceptable rate less than 75% in food consumption score. And 63 districts out of 103 with the highest rate of poor classification being 32.3% in Shabwah with 17

districts, 30.2% in Hajjah with 13 districts and 29.8% in 6 districts in Lahj Lowland, 26.6% in 9 districts in Al Dhalea, 23.9% in 11 districts in Abyan and 21.6 in Taiz governorate. However, the best situation for this indicator only in 6 districts located in 4 districts in Al-Mahweet Lowland and two districts in Socotra⁷.

- 4.2. Hunger Score: 101 out of 103 districts have been affected affected in little to no hunger (HHS score=0) as all districts under this criteria are less than 70%. And with the highest rate of severe hunger (HHS>4), the highest rate being 7.4% in Hajjah with 13 districts, followed by Alhudaidah with 26 districts and a rate of 6%. Similarly to food poverty indicator, Socotra has the best hunger score.

Category 2: 43 districts with stunting rates less than 30% and wasting rates equal or greater than 10%.

1. Nutrition and Health sectors:

- The MAD affects all 103 districts by 14.9% to 32.3%
- 4 ANC visits: 13 out of 43 districts are affected and located in Marib Rural.
- Communicable disease: All 43 districts ranging are affected and the highest affected 13 districts in Marib Rural cluster (50.2%), followed by 8 districts in Aden (41.3%)⁸.

2. Water and Environment:

2.1 Population using safely managed drinking water services: 43 districts have good coverage

2.2 Population using improved sanitation services: All districts under this criteria have good coverage of safely managed sanitation services.

3. Education- Girl

3.1 Primary Education (age 6-11 yrs) Out of school: A total of 43 districts are affected, with Marib Rural reporting the highest percentage of girls out of school at 30.8%.

3.2 Lower (age 12-14 yrs) and Upper Secondary Education (age 15-17 yrs) Out of school: all 43 districts are affected with a rate of (15.8% to 26.6%) and (31.8% to 39.2%) respectively.

4. Food security and livelihood:

4.1. "Food Consumption score (Food Poverty)": 43 districts are affected in acceptable rate of food consumption and less than 75%. For lowest districts rate is (39.8%) in Marib Rural cluster with 13 districts, followed by 55.2% in Aden with 8 districts.

⁷ While most indicators for Socotra district scored well, it was still classified under the first priority group due to elevated rates of stunting and wasting. Upon discussion with Nutrition Information System Working Group members regarding the underlying cause, it was noted that **lack of dietary diversity** was a major contributing factor for the district's high malnutrition levels despite access to adequate food supplies.

⁸ For communicable diseases like diarrhea, the main reason cited across many affected districts was lack or absence of clean drinking water or deteriorated sanitation conditions. However, for Aden' districts it was noted that access to improved water and sanitation was relatively better compared to other vulnerable areas. Upon further discussion with the NIS working group members, it was revealed that the high rate of internally displaced persons (IDPs) in Aden governorate was likely the underlying cause of recurrent diarrhea outbreaks in Ad Dali'.

- 4.2. Hunger Score: All 43 districts have been affected in little to no hunger score as all districts are less than 70%, and the lowest rate being 49.8% in Marib Rural with 13 districts, followed by 51% in Aden with 8 districts.

Category 3: 172 districts with stunting rates equal to or greater than 30% and wasting rates below 10%.

1. Nutrition and Health sectors:

- MAD: MAD impacts all 172 districts by 4.2% to 28.8%
- 4 ANC visits : 150 out of 172 districts are affected and the lowest coverage in Saada with 15 affected districts with 3.8% , followed by Rayma with 6 affected districts with 4.3%. However, the highest coverage were in Dhamar (12 districts) and Taiz highland (16 districts) with affects districts with 28%.
- Attended delivery: In the 92 districts out of 172 are affected and the lowest coverage in Rayma with 6 Districts with 21%, Saada with 15 districts with 27%, and Hajja with 18 Districts with 34.6%. However the highest coverage were in Sana'a City Inner Neighbourhoods districts with 81.8%
- Communicable disease (Diarrhea) All 172 districts have high diarrhea percentage between (35.2% -55.8%)

2. Water and Environment:

2.1 Population using safely managed drinking water services: 68 districts are affected as the rate for all is under 60% the most effected governorates as follows:

- Rayma with 6 affected districts with 24%, followed by,
- Saada with 15 affected districts with 41%

2.2 Population using safely managed sanitation services with 86 districts out of the 172 districts degraded,the most affected districts in:

- Hajjah with 18 districts affected districts with 22%
- Rayma with 6 districts affected districts with 25%

3. Education – Girls

3.1. Primary Education (age 6-11 yrs) Out of school: A total of 172 districts are affected, with Al Jawf 12 districts reporting the highest percentage of girl out of school at 44%, followed by 15 districts in Sa'ada governorate.

3.2. Lower (age 12-14 yrs) and Upper Secondary Education (age 15-17 yrs) Out of school: all 172 districts are affected with a rate of (9.8% to 44.8%) and (35.4% to 65.6%) respectively, with the lowest rate in Taiz of 36.6% and the highest is in Al Bayda 20 districts with 65.6%, then Rayma 6 districts with 63.6%

4. Food security and livelihood:

- 4.1. "Food Consumption score(Food Poverty)": There are 82 districts affected out of 172, with 12 districts in Al Jawf with rate of poor classification 41%, followed by 37% in 20 districts in Al Bayda, and 18 districts in Hajjah rate of 30.2%.
- 4.2. Hunger Score⁹: all 172 districts have been affected in little to no hunger (HHS score=0) as all districts under this criteria are less than 70%. And with the highest rate of severe hunger (HHS>4), there are 76 districts out of 172 are affected which being the highest rate 9.1% in Al Bayda with 20 districts, followed by rate 7.4 in both Hajjah with 18 districts and Al Jawf with 12 districts.

The NIS working group members conducted a review of key indicator data across relevant sectors to identify priority districts for intervention. The following district targeting was identified. *Name of districts in tables 15, 16 & 17 in table annexes.*

Health Sector

- A total of 318 districts were identified as having malnutrition caseloads requiring health interventions as defined by criteria set by UNICEF, WHO and the Ministry of Public Health and Population (MOPHP).
- The criteria considered malnutrition prevalence rates along with other health system indicators.
- Some health programs indicated national coverage targeting all 333 districts.

Education Sector

- Analysis showed that strengthening of the education system is needed across all 333 districts, with a focus on improving access for girls.

Water and Environment Sector

- 160 districts were prioritized for urgent WASH interventions related to access to safely managed drinking water and sanitation facilities. This included:
 - 26 districts under Nutrition Criteria 1
 - 134 districts under Nutrition Criteria 3
- All 333 districts were identified as requiring hygiene promotion activities.

Food Security and Livelihoods Sector

- Food consumption and hunger indicators showed 210 districts required targeting:
 - 89 districts under Nutrition Criteria 1
 - 13 districts under Nutrition Criteria 2
 - 108 districts under Nutrition Criteria 3

⁹ *The prioritization of these districts at the first step depending on stunting and wasting indicators, which were based on the results of the SMART survey conducted in 2021.*

If a more recent SMART survey had been carried out in 2023, it is expected that the northern governorates of Al-Bayda and Al-Jawf would have been categorized as higher priority areas as per recent hunger score rate for these two governorates.

However, in order to maintain a consistent methodological approach, these northern governorates were ultimately placed in the 5th category for prioritization, despite the anticipated changes that a newer SMART survey might have indicated.

- The criteria focused on districts with over 20% food poverty and/or over 5% severe hunger.

The indicators and the data analysed in this exercise provide a good basis on which to build the SUN Yemen Nutrition Information System (NIS). However, they do not allow us to say with any uncertainty where interventions in different sectors need to be targeted. There will be a need for sub-national level assessments in order to better understand the main underlying determinants of different forms of undernutrition.

Implications for geographical targeting during MSNAP implementation

The findings from this geographical prioritisation exercise provide a categorisation of districts according to the levels of undernutrition as well as insights into the relative importance of different underlying causes in different categories of districts.

During phase 1 of MSNAP implementation (2024 – 2025), as many of the most severely affected districts as possible will be targeted according to available resources. They will be targeted with a multisectoral package of interventions, informed by deeper sub-national assessments of the underlying causes, building upon this initial analysis. Gaps in the coverage of existing services and interventions will be addressed in order to provide a comprehensive package. During this first phase, the MSNAP is seeking to support the scale up of a comprehensive package of multisectoral interventions in a relatively small number of districts in order to achieve more sustainable nutrition outcomes that can inspire a scale up to a wider range of districts over time.

There will be a need to further prioritise districts for attention during the first phase. Given the likely availability of resources, it will not be feasible to scale up implementation even in the 103 highest priority districts at the same time. In the selection of phase 1 districts, whilst highest priority will be given to districts with the most severe levels of undernutrition, consideration will be given to factors such as governorate and district level capacities to allocate and utilise resources efficiently and effectively.

In addition the consideration of geographical prioritisation gives rise to the following recommendations:

1. Strengthen coordination between humanitarian and development actors to implement harmonized multisectoral interventions across all prioritized districts. The geographical targeting should guide joint resource mobilization and planning.
2. Conduct regular reviews and updates to the prioritization tool as new data becomes available. Refine targeting as situations evolve. Pay particular attention to districts where indicators are deteriorating.
3. Geographically expand the provision of a comprehensive, multisectoral, locally appropriate package of interventions as quickly as resources and service delivery capacity allow.
4. Incorporate additional vulnerability indicators like poverty, disability, and displacement status into the tool once reliable subnational data is collected. This will enhance the equity of response.
5. Build district and governorate capacity for periodic nutrition surveys, routine information systems, and own resource allocation toward priority needs.

6. Advocate for increased government and donor investments congruent with response plans for targeted districts and sectors over the long-term strategic period until 2030 targets are realised.
7. Establish a monitoring framework tracking progress against baselines and targets across all priority indicators to continually optimize the approach.
8. Conduct periodic evaluations to understand the impact and efficiency gains from targeted, integrated responses guided by the prioritization methodology.
9. Working on building the capacities of the local community through awareness and education to change harmful behaviors that contribute to the rising rates of malnutrition."

In summary, strategic geographical targeting anchored in evidence and reviewed regularly can maximize sustainable impacts on malnutrition when complemented by strengthened multisectoral programming, partnership, coordination, capacity building and resources.

It is crucial to note that the indicators used for geographical prioritization often reflect coverage rather than the quality of services and interventions provided. High rates of undernutrition may indicate a significant need for intervention, but they do not always capture the effectiveness or adequacy of existing programs. Therefore, while these indicators are essential for identifying priority districts, they should be complemented by detailed subnational causal analyses and assessments. These deeper investigations can reveal nuances such as gaps in service quality, the effectiveness of local interventions, and specific barriers to access that coverage data alone may miss. Addressing these aspects is vital for ensuring that the multisectoral interventions implemented are not only widespread but also of high quality and tailored to the unique needs of each district. This comprehensive approach will enhance the overall impact of the MSNAP and contribute to more sustainable nutrition outcomes.

Annexed Tables

GP Data Sources

- ❖ The source of stunting and wasting data, SMART data for 2021, 2022, 2023 were used.
- ❖ For step two as shown in the below table:

Table 10: Data source of step two indicators

Field	Data source	
Demography	Total population (OCHA)	OCHA
	Total population (Male, Female)	CSO
	Total IDPs districts & Disability 10%	OCHA
	# of under 5 children (0-59) (UNICEF)	OCHA
	Adolescent Girl*12%	CSO
	Pregnant/lactating women (PLW) (UNICEF))	OCHA
Nutrition	Nutrition (stunting)	SMART 2021
	Nutrition (wasting)	SMART 2021
	IYCF (MAD and EBF)	SMART 2021
	Prevalnce of anemia U5	DHS 2013
	Adolescent Girl (Prevalence of anemia PLW)	DHS 2013
Health	4 ANS visits & Attendend delivery	MICS
	Communicable disease: Diarrhea, ARI and Fever	SMART 2021
	Vaccination: Penta 3 &MR1	MOPHP- EPI
Water and Environment	WASH Indicators	SMART 2021 MICS 2022- 2023
Education	Education	MICS 2022- 2023
FSL	Food Security & Livelihoods (FSL)	FAO- DIEM – Data in Emergencies Information System- Yemen- High Frequency Monitoring (HFM) Snapshot- Issued 27 March, 2024
Social vulnerabilities	Poverty rate (% households below poverty line)	Yemen Poverty Notes- World Bank- Shared by Nutrition Cluster Coordinator
	IDP/returnee rate (% population)	OCHA
	Female-headed household (% household)	SMART 2021

- ❖ The Indicators baseline and targets:

- 1- National Nutrition Strategy of MOPHP
- 2- National Maternal and Newborn Health Strategy of MOPHP
- 3- National Child and Adolescent Health Strategy of MOPHP
- 4- National MOWE strategy
- 5- SMART 2021
- 6- MICS 2022-2023
- 7- Global Nutrition Targets 2025
- 8- WHO/UNICEF JMP target
- 9- UN SDG 4.1 target

Table 11: Criteria 1, Districts with stunting rates of 30% or higher and wasting rates of 10% or higher.

Name of Governorate/cluster	Number of district
Abyan	11
Abyan Highland	8
Abyan Lowland	3
Al Dhale'e	9
Al Dhale'e	9
Al Hudaydah	26
Hodeidah City	3
Hodeidah Highland	3
Hodeidah Northern Lowland	11
Hodeidah Southern Lowland	9
Al Mahwit	4
Al-Mahweet Lowland	4
Hajjah	13
Hajjah Northern Lowland	5
Hajjah Southern Lowland	4
Hajjah Western Lowland	4
Ibb	8
Ibb West	8
Lahj	6
Lahj Lowland	6
Shabwah	17
Shabwah	17
Socotra	2
Socotra	2
Taizz / تعز	7
Taiz City	3
Taiz Lowland	4
(blank)	
(blank)	
Grand Total	103

Table 12: Criteria 2, Districts with stunting rates less than 30% and wasting rates equal or greater than 10%.

Row Labels	Number of district
Aden	8
Aden	8
Hadramaut Sahel	6
Hadramaut Valleys & Desert	6
Hadramaut Wadi	16
Hadramaut Valleys & Desert	16
Marib	13

Marib Rural	13
Grand Total	43

Table 13: Criteria 3, Districts with stunting rates equal to or greater than 30% and wasting rates below 10%.

Row Labels	Number of district
Al Bayda	20
Al Bayda	20
Al Jawf	12
Al Jawf	12
Al Mahwit	5
Al-Mahweet Highland	5
Amanat Al Asimah	10
Sana'a City Inner Neighbourhoods	8
Sana'a City Suburbs	2
Amran	20
Amran	20
Dhamar	12
Dhamar East	8
Dhamar West	4
Hajjah	18
Hajjah Highland	18
Ibb	12
Ibb City	2
Ibb East	10
Lahj	9
Lahj Highland	9
Marib	1
Marib City	1
Raymah	6
Raymah	6
Sa'ada	15
Sa'ada Highland	9
Sa'ada Lowland	6
Sana'a	16
Sana'a Dry Highland	5
Sana'a Temperate Highland	11
Taizz	16
Taiz Highland	16
Grand Total	172

Table 14: Districts not experiencing acute nutritional issues

Name of Governorate/ cluster	Number of district
Al Maharah	9
Al Maharah	9

Hadramaut Sahel	6
Hadramaut Coastal	6
Grand Total	15

Table 15: Sectors affected of criteria 1 (**Stunting ≥ 30 and wasting ≥ 10**):

#	Governorate	district	health	education	FSL	WASH	Social protection
1	Ibb	Al Qafr	√	√			
2	Ibb	Al Makhadir	√	√			
3	Ibb	Hubaysh	√	√			
4	Ibb	Hazm Al Udayn	√	√			
5	Ibb	Far Al Udayn	√	√			
6	Ibb	Al Udayn	√	√			
7	Ibb	Dhi As Sufal	√	√			
8	Ibb	Mudhaykhirah	√	√			
9	Abyan	Al Mahfad	√	√	√		
10	Abyan	Mudiyah	√	√	√		
11	Abyan	Jayshan	√	√	√		
12	Abyan	Lawdar	√	√	√		
13	Abyan	Sibah	√	√	√		
14	Abyan	Rasad	√	√	√		
15	Abyan	Sarar	√	√	√		
16	Abyan	Al Wade'a	√	√	√		
17	Abyan	Ahwar	√	√	√		
18	Abyan	Zingibar	√	√	√		
19	Abyan	khanfir	√	√	√		
20	Taizz	Al Mudhaffar	√	√	√		
21	Taizz	Al Qahirah	√	√	√		
22	Taizz	Salh	√	√	√		
23	Taizz	Al Mukha	√	√	√		
24	Taizz	Dhubab	√	√	√		
25	Taizz	Mawza	√	√	√		
26	Taizz	Al Wazi'iyah	√	√	√		
27	Hajjah	Bakil Al Mir	√	√	√	√	
28	Hajjah	Mustaba	√	√	√	√	
29	Hajjah	Khayran Al Muharraq	√	√	√	√	
30	Hajjah	Aslem	√	√	√	√	
31	Hajjah	Aflah Al Yaman	√	√	√	√	
32	Hajjah	Qafl Shamer	√	√	√	√	
33	Hajjah	Ku'aydinah	√	√	√	√	
34	Hajjah	Bani Qa'is	√	√	√	√	
35	Hajjah	Ash Shaghadirah	√	√	√	√	
36	Hajjah	Haradh	√	√	√	√	
37	Hajjah	Midi	√	√	√	√	

38	Hajjah	Abs	√	√	√	√	
39	Hajjah	Hayran	√	√	√	√	
40	Al Hundaydah	Al Hawak	√	√	√		
41	Al Hundaydah	Al mina	√	√	√		
42	Al Hundaydah	Al Hali	√	√	√		
43	Al Hundaydah	Al Hajjaylah	√	√	√		
44	Al Hundaydah	Bura	√	√	√		
45	Al Hundaydah	Jabal Ra's	√	√	√		
46	Al Hundaydah	Az Zuhrah	√	√	√		
47	Al Hundaydah	Alluheyah	√	√	√		
48	Al Hundaydah	Kamaran	√	√	√		
49	Al Hundaydah	AS Salif	√	√	√		
50	Al Hundaydah	Al Munirah	√	√	√		
51	Al Hundaydah	Al Qanawis	√	√	√		
52	Al Hundaydah	Az Zaydiyah	√	√	√		
53	Al Hundaydah	Al Mighlaf	√	√	√		
54	Al Hundaydah	Ad Dahi	√	√	√		
55	Al Hundaydah	Bajil	√	√	√		
56	Al Hundaydah	Al Marawi'ah	√	√	√		
57	Al Hundaydah	Hays	√	√	√		
58	Al Hundaydah	Al Khawkhah	√	√	√		
59	Al Hundaydah	Ad Durayhimi	√	√	√		
60	Al Hundaydah	As Sukhnah	√	√	√		
61	Al Hundaydah	Al Mansuriyah	√	√	√		
62	Al Hundaydah	Bayt Al Faqiah	√	√	√		
63	Al Hundaydah	Zabid	√	√	√		
64	Al Hundaydah	Al Garrahi	√	√	√		
65	Al Hundaydah	At Tuhayat	√	√	√		
66	Shabwah	Dhar	√	√	√		
67	Shabwah	Al Talh	√	√	√		
68	Shabwah	Jardan	√	√	√		
69	Shabwah	Arma	√	√	√		
70	Shabwah	Usaylan	√	√	√		
71	Shabwah	Ain	√	√	√		
72	Shabwah	Bayhan	√	√	√		
73	Shabwah	Merkhah Al Ulya	√	√	√		
74	Shabwah	Merkhah As Sufila	√	√	√		
75	Shabwah	Nisab	√	√	√		
76	Shabwah	Hatib	√	√	√		
77	Shabwah	As Said	√	√	√		
78	Shabwah	Ataq	√	√	√		
79	Shabwah	Habban	√	√	√		
80	Shabwah	Ar Rawdah	√	√	√		
81	Shabwah	Mayfa'a	√	√	√		
82	Shabwah	Rudum	√	√	√		

83	Lahj	Al Milah	√	√	√		
84	Lahj	Al Musaymir	√	√	√		
85	Lahj	Tur Al Bahah	√	√	√		
86	Lahj	Al Madaribah Wa Al Arah	√	√	√		
87	Lahj	Al Hawtah	√	√	√		
88	Lahj	Tuban	√	√	√		
89	Al Mahwit	Al Khabt	√	√		√	
90	Al Mahwit	Milhan	√	√		√	
91	Al Mahwit	Hufash	√	√		√	
92	Al Mahwit	Bani Sa'd	√	√	√	√	
93	Al Dhale'e	Qa'atabah	√	√	√	√	
94	Al Dhale'e	Ash Shu'ayb	√	√	√	√	
95	Al Dhale'e	Al Hussein	√	√	√	√	
96	Al Dhale'e	Ad Dhale'e	√	√	√	√	
97	Al Dhale'e	Jahaf	√	√	√	√	
98	Al Dhale'e	Al Azariq	√	√	√	√	
99	Al Dhale'e	Juban	√	√	√	√	
100	Al Dhale'e	Damt	√	√	√	√	
101	Al Dhale'e	Al Husha	√	√	√	√	
102	Socotra	Hidaybu	√	√			
103	Socotra	Qulensya Wa Abd Al Kuri	√	√			
Total	10	103	103	103	89	26	

Table 16: Sectors affected of criteria 2 (*Stunting < 30 and wasting ≥ 10*):

#	Governorate	district	health	education	FSL	WA SH	Social protecti on
1	Hadramaut Wadi	Rumah	√	√			
2	Hadramaut Wadi	Thamud	√	√			
3	Hadramaut Wadi	Al Qaf	√	√			
4	Hadramaut Wadi	Zamakh wa Manwakh	√	√			
5	Hadramaut Wadi	Hagr As Sai'ar	√	√			
6	Hadramaut Wadi	Al Abr	√	√			
7	Hadramaut Wadi	Al Qatn	√	√			
8	Hadramaut Wadi	Shibam	√	√			
9	Hadramaut Wadi	Sah	√	√			
10	Hadramaut Wadi	Sayun	√	√			
11	Hadramaut Wadi	Tarim	√	√			
12	Hadramaut Wadi	As Sawm	√	√			
13	Hadramaut Sahel	Ghayl Bin Yamin	√	√			
14	Hadramaut Sahel	Daw'an	√	√			
15	Hadramaut Sahel	Wadi Al Ayn	√	√			

16	Hadramaut Sahel	Rakhyah	√	√			
17	Hadramaut Sahel	Amd	√	√			
18	Hadramaut Sahel	Adh Dhli'a'ah	√	√			
19	Hadramaut Sahel	Yabuth	√	√			
20	Hadramaut Sahel	Hajr	√	√			
21	Hadramaut Sahel	Al Mukalla	√	√			
22	Hadramaut Wadi	Huraidhah	√	√			
23	Aden	Dar Sad	√	√			
24	Aden	Ash Shaikh Outhman	√	√			
25	Aden	Al Mansura	√	√			
26	Aden	Al Buraiqeh	√	√			
27	Aden	Attawahi	√	√			
28	Aden	Al Mualla	√	√			
29	Aden	Craiter	√	√			
30	Aden	Khur Maksar	√	√			
31	Marib	Marib	√	√	√		
32	Marib	Majzar	√	√	√		
33	Marib	Raghwan	√	√	√		
34	Marib	Medghal	√	√	√		
35	Marib	Harib Al Qaramish	√	√	√		
36	Marib	Bidbadah	√	√	√		
37	Marib	Sirwah	√	√	√		
38	Marib	Al Jubah	√	√	√		
39	Marib	Rahabah	√	√	√		
40	Marib	Harib	√	√	√		
41	Marib	Mahliyah	√	√	√		
42	Marib	Al Abdiyah	√	√	√		
43	Marib	Jabal Murad	√	√	√		
Total	4	43	43	43	13		

Table 17: Sectors affected of criteria 3(Stunting ≥ 30 and wasting < 10):

#	Governorate	district	health	education	FSL	WASH	Social protection
1	Ibb	Al Mashannah	√	√			
2	Ibb	Al Dhihar	√	√			
3	Ibb	Yarim	√	√			
4	Ibb	Ar Radmah	√	√			
5	Ibb	An Nadirah	√	√			
6	Ibb	Ash Sha'ir	√	√			
7	Ibb	As Saddah	√	√			

8	Ibb	Jiblah	√	√			
9	Ibb	Ba'dan	√	√			
10	Ibb	As Sabrah	√	√			
11	Ibb	As Sayyani	√	√			
12	Ibb	Ibb	√	√			
13	Amanat Al Asimah	Old City	√	√	√		
14	Amanat Al Asimah	Shu'Aub	√	√	√		
15	Amanat Al Asimah	Az'zal	√	√	√		
16	Amanat Al Asimah	Assafi'yah	√	√	√		
17	Amanat Al Asimah	As Sabain	√	√	√		
18	Amanat Al Asimah	Al Wahdah	√	√	√		
19	Amanat Al Asimah	At Tahrir	√	√	√		
20	Amanat Al Asimah	Ath'thaorah	√	√	√		
21	Amanat Al Asimah	Ma'ain	√	√	√		
22	Amanat Al Asimah	Bani Al Harith	√	√	√		
23	Al Bayda	Na'man	√	√	√	√	
24	Al Bayda	Nati'	√	√	√	√	
25	Al Bayda	Maswarah	√	√	√	√	
26	Al Bayda	As Sawma'ah	√	√	√	√	
27	Al Bayda	Az Zahir	√	√	√	√	
28	Al Bayda	Dhi Na'im	√	√	√	√	
29	Al Bayda	At Taffah	√	√	√	√	
30	Al Bayda	Mukayras	√	√	√	√	
31	Al Bayda	Al Bayda City	√	√	√	√	
32	Al Bayda	Al Bayda	√	√	√	√	
33	Al Bayda	As Sawadiyah	√	√	√	√	
34	Al Bayda	Radman Al Awad	√	√	√	√	
35	Al Bayda	Rada'	√	√	√	√	
36	Al Bayda	Al Quraishyah	√	√	√	√	
37	Al Bayda	Wald Rabi'	√	√	√	√	
38	Al Bayda	Al A'rsh	√	√	√	√	
39	Al Bayda	Sabah	√	√	√	√	
40	Al Bayda	Ar ryashyyah	√	√	√	√	
41	Al Bayda	Ash Sharyah	√	√	√	√	
42	Al Bayda	Al Malagim	√	√	√	√	
43	Taizz	Jabal Habashy	√	√	√		

44	Taizz	Mashra'a Wa Hadnan	√	√	√		
45	Taizz	Sabir Al Mawadim	√	√	√		
46	Taizz	Al Misrakh	√	√	√		
47	Taizz	Ash Shamayatay n	√	√	√		
48	Taizz	Al Ma'afar	√	√	√		
49	Taizz	Al Mawasit	√	√	√		
50	Taizz	Mawiyah	√	√	√		
51	Taizz	Shara'b As Salam	√	√	√		
52	Taizz	Shara'b Ar Rawnah	√	√	√		
53	Taizz	Maqbanah	√	√	√		
54	Taizz	Dimnat Khadir	√	√	√		
55	Taizz	As Silw	√	√	√		
56	Taizz	Hayfan	√	√	√		
57	Taizz	At Ta'iziyah	√	√	√		
58	Taizz	Sama	√	√	√		
59	Al Jawf	Khabb wa ash Sha'af	√	√	√	√	
60	Al Jawf	Al Humaydat	√	√	√	√	
61	Al Jawf	Al Matammah	√	√	√	√	
62	Al Jawf	Az Zahir	√	√	√	√	
63	Al Jawf	Al Hazm	√	√	√	√	
64	Al Jawf	Al Maton	√	√	√	√	
65	Al Jawf	Al Maslub	√	√	√	√	
66	Al Jawf	Al Ghayl	√	√	√	√	
67	Al Jawf	Al Khalq	√	√	√	√	
68	Al Jawf	Bart Al Anan	√	√	√	√	
69	Al Jawf	Rajuzah	√	√	√	√	
70	Al Jawf	Kharab Al Marashi	√	√	√	√	
71	Hajjah	Kushar	√	√	√	√	
72	Hajjah	Al Jamimah	√	√	√	√	
73	Hajjah	Kuhlan Ash Sharaf	√	√	√	√	
74	Hajjah	Aflah Ash Shawm	√	√	√	√	
75	Hajjah	Al Mahabishah	√	√	√	√	
76	Hajjah	Al Miftah	√	√	√	√	
77	Hajjah	Al Maghrabah	√	√	√	√	
78	Hajjah	Kuhlan Affar	√	√	√	√	
79	Hajjah	Sharas	√	√	√	√	
80	Hajjah	Mabyan	√	√	√	√	
81	Hajjah	Ash Shahil	√	√	√	√	

82	Hajjah	Wadhrah	√	√	√	√	
83	Hajjah	Najrah	√	√	√	√	
84	Hajjah	Bani Al Awam	√	√	√	√	
85	Hajjah	Hajjah City	√	√	√	√	
86	Hajjah	Hajjah	√	√	√	√	
87	Hajjah	Washhah	√	√	√	√	
88	Hajjah	Qarah	√	√	√	√	
89	Dhamar	Al Hada	√	√		√	
90	Dhamar	Jahran	√	√		√	
91	Dhamar	Maghirib Ans	√	√		√	
92	Dhamar	Dhamar City	√	√		√	
93	Dhamar	Mayfa'at Anss	√	√		√	
94	Dhamar	Anss	√	√		√	
95	Dhamar	Dawran Aness	√	√		√	
96	Dhamar	Al manar	√	√		√	
97	Dhamar	Jabal Ash sharq	√	√		√	
98	Dhamar	Utmah	√	√		√	
99	Dhamar	Wusab Al Ali	√	√		√	
100	Dhamar	Wusab As Safil	√	√		√	
101	Sa'ada	Qatabir	√	√		√	
102	Sa'ada	Monabbih	√	√		√	
103	Sa'ada	Ghamr	√	√		√	
104	Sa'ada	Razih	√	√		√	
105	Sa'ada	Haydan	√	√		√	
106	Sa'ada	Saqayn	√	√		√	
107	Sa'ada	Majz	√	√		√	
108	Sa'ada	Baqim	√	√		√	
109	Sa'ada	Shada'a	√	√		√	
110	Sa'ada	Al Dhaher	√	√		√	
111	Sa'ada	Sahar	√	√		√	
112	Sa'ada	As Safra	√	√		√	
113	Sa'ada	Al Hashwah	√	√		√	
114	Sa'ada	Kitaf wa Al Boqe'e	√	√		√	
115	Sa'ada	Sa'adah	√	√		√	
116	Sana'a	Al Haymah Ad Dakhiliyah	√	√	√	√	
117	Sana'a	Al Haymah Al Kharijiyah	√	√	√	√	
118	Sana'a	Manakhah	√	√	√	√	
119	Sana'a	Sa'fan	√	√	√	√	
120	Sana'a	Bani Dhabyan	√	√	√	√	
121	Sana'a	Hamdan	√	√	√	√	

122	Sana'a	Arhab	√	√	√	√	
123	Sana'a	Nihm	√	√	√	√	
124	Sana'a	Bani Hushaysh	√	√	√	√	
125	Sana'a	Sanhan	√	√	√	√	
126	Sana'a	Bilad Ar Rus	√	√	√	√	
127	Sana'a	Bani Matar	√	√	√	√	
128	Sana'a	Khwan	√	√	√	√	
129	Sana'a	Attyal	√	√	√	√	
130	Sana'a	Al Husn	√	√	√	√	
131	Sana'a	Jihanah	√	√	√	√	
132	Lahj	Al Had	√	√	√	√	
133	Lahj	Yafa'a	√	√	√	√	
134	Lahj	Al Maflahy	√	√	√	√	
135	Lahj	Yahr	√	√	√	√	
136	Lahj	Habil Jabr	√	√	√	√	
137	Lahj	Halimayn	√	√	√	√	
138	Lahj	Radfan	√	√	√	√	
139	Lahj	Al Qabbaytah	√	√	√	√	
140	Lahj	Al Maqatirah	√	√	√	√	
141	Marib	Marib City	√	√	√	√	
142	Al Mahwit	Shibam Kawkaban	√	√		√	
143	Al Mahwit	At Tawilah	√	√		√	
144	Al Mahwit	Ar Rujum	√	√		√	
145	Al Mahwit	Al Mahwait City	√	√		√	
146	Al Mahwit	Al Mahwait	√	√		√	
147	Amran	Harf Sufyan	√	√		√	
148	Amran	Huth	√	√		√	
149	Amran	Al Ashah	√	√		√	
150	Amran	Al Qafrah	√	√		√	
151	Amran	Shaharah	√	√		√	
152	Amran	Al Madan	√	√		√	
153	Amran	Suwayr	√	√		√	
154	Amran	Habur Zulaymah	√	√		√	
155	Amran	Dhi Bin	√	√		√	
156	Amran	Kharif	√	√		√	
157	Amran	Raydah	√	√		√	
158	Amran	Jabal Iyal Yazid	√	√		√	
159	Amran	As Sudah	√	√		√	
160	Amran	As Sawd	√	√		√	
161	Amran	Amran	√	√		√	
162	Amran	Maswar	√	√		√	
163	Amran	Thula	√	√		√	
164	Amran	Iyal Surayh	√	√		√	

165	Amran	Khamir	√	√		√	
166	Amran	Bani Suraim	√	√		√	
167	Raymah	Bilad At Ta'am	√	√	√	√	
168	Raymah	As Salafiyah	√	√	√	√	
169	Raymah	Al Jabin	√	√	√	√	
170	Raymah	Mazhar	√	√	√	√	
171	Raymah	Kusmah	√	√	√	√	
172	Raymah	Al Jafariyah	√	√	√	√	
Total	14	172	172	172	108	134	