

# Food and nutrition surveillance systems

A guide for trainers



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## Introduction

*Food and nutrition surveillance systems: a guide for trainers* provides guidelines and supporting material for facilitators conducting training in food and nutrition surveillance systems.

### Purpose of the training

The purpose of the training is to build the capacity of an interagency, multisectoral team to implement a functional sustainable food and nutrition surveillance system. The training provides individual knowledge, understanding and skills, as well as building a sense of teamwork and collaboration.

The guide takes facilitators through the surveillance system implementation process and covers:

- planning and preparing surveillance data collection tools;
- training staff for data collection, data entry and data analysis;
- capturing and analysing the data collected;
- reporting and disseminating the surveillance results.

### Participant qualifications

The guide is intended for all parties responsible for implementing a food and nutrition surveillance system, including nutritionists and public health officials from the Ministry of Health and other nutrition-related institutions, field staff, laboratory technicians, nutrition workers and statisticians. Participants in the training should have some basic computer skills.

### Planning the training

#### Trainer qualifications

It is recommended that two trainers work as co-facilitators and that both trainers are knowledgeable about food and nutrition surveillance systems and recommended interventions. The trainers should also be knowledgeable about the specific food and nutrition surveillance system in the site where the training will be conducted.

#### Pretraining activities

Experience has shown that previous involvement in nutrition surveillance strengthens participants' commitment to the training and enhances the outcomes.

Approximately six weeks before the training course, send each participant a questionnaire to be completed and returned before the start of the course. At a minimum, the questions should include information about the individual's prior experience and training in this area.

It is also useful to send each participant a case study and ask them to answer a series of questions. The case study should be a "typical" food and nutrition surveillance system that highlights problems in interagency coordination, data management procedures and community participation.



## Participant materials

The training is designed to help participants learn about, and use, the relevant resource materials. During the training, participants should become familiar with these resource materials. Therefore, throughout the course instruct participants to read the relevant sections of the training manual *Food and nutrition surveillance systems: a manual for policy-makers and programme managers* and underline or highlight the text that corresponds to the topic being discussed.

## Training methods

A variety of training methods are used in this guide, including individual work, small group work, computer skills for data management and reporting, exercises, lectures and large group discussions. Take care to avoid lengthy lectures or large group discussions and remember that individuals may use different methods for learning.

## Venue and training room layout

Take particular care in selecting a venue for the training course. A residential programme at a hotel or conference centre is more effective for teambuilding but may not be possible due to funding considerations.

Participants should sit in a semicircle or horseshoe shape, preferable at tables, facing one another.

## Scheduling training sessions

You will need to schedule training sessions for data collection and data management staff in advance to ensure each course is well attended and that training is given to all team members before the survey begins.

You should also provide each participant with a letter confirming the course agenda, including the date and place of the training course.

## Facilitator guide layout

The training modules in the guide refer to the course modules in *Food and nutrition surveillance systems: a manual for policy-makers and programme managers*.

Each training module in the guide begins with an overview and general information about its purpose and the length of time required to complete it. The times indicated for each module are estimates and can either be shortened or lengthened depending on your requirements.

In each training module, there are a number of individual sessions. Each session begins with information about purpose, objectives, preparation and timing.

## How is the training conducted?

- Small groups of participants are led and assisted by the facilitators as they work through the course modules (booklets that contain units of instruction). The role of the facilitators is to answer questions, provide individual feedback on exercises, lead discussions, structure role plays, etc.
- The course modules provide the basic information to be learned. Information is also provided through demonstrations, practical work, photographs and a video.

- The course modules are designed to help each participant develop the specific skills necessary to develop a food and nutrition surveillance system. Participants develop these skills as they read through these modules and practice skills through written exercises, computer practical training, group discussions, role plays, and clinical and field exercises.
- Each participant discusses any problems or questions with a facilitator and receives prompt feedback on completing the exercises. Feedback should include reviewing and discussing the exercise with the participant.

## How can this facilitator guide help you?

This guide will help you teach the course modules. The guide includes a list of the procedures required to complete each training module and highlights the type of feedback to be given after each exercise.

To prepare yourself for each training module, you should:

- read the course module;
- read through the teaching module in the guide and do the exercises;
- prepare the relevant answers with your co-facilitator;
- collect any necessary supplies for the exercises;
- plan with your co-facilitator how the work will be done and the major points to emphasize;
- plan ways to assist with difficult sessions and answer potential questions;
- think of the questions to ask participants that will encourage them to consider how they will use the skills in their own work settings.

## Checklist of supplies needed for modules

Each person will need:

- a name tag and holder;
- two pens;
- two pencils with erasers;
- paper;
- a highlighter pen.

Each group will need:

- a computer and printer;
- paper clips;
- a pencil sharpener;
- a stapler and staples;
- extra pencils and erasers;
- a flipchart and markers or a blackboard and chalk or a whiteboard and dry erase markers;
- equipment for PowerPoint projection and video viewing (videotape or DVD) (groups may share if necessary).

In addition, some exercises will require special measuring equipment and other items, for example:

- a taring scale;
- a length/height board set up to measure length;
- a length/height board set up to measure height;
- paper towels or a soft cloth to cover the length/height board.



## Pretraining preparation checklist

1. Finalize the training venue and date and check the times allocated for various sections of the training course.
2. Assign personnel who will assist in the training.
3. Identify sites for the field visit and obtain official confirmation for the visit.
4. Confirm nomination of participants.
5. Arrange for teaching aids to be available, for example computers, blackboard, chalk, flip charts, markers, TV and CD player, etc.
6. Arrange for stationery, including adequate numbers of folders, hand-outs, the training modules and any other training materials that may be required.
7. Print participants' certificates.
8. Arrange the requisite number of background documents, registration forms, etc.
9. Arrange for accommodation, transportation, payment of honoraria, and refreshment and lunch during the training.

## Training location requirements

A training room will need to be found and arrangements made for its use over a three to four week period to train all recruited members of the surveillance system; that is, the data collection, data management and data analysis teams.

The room (or rooms) should be able to accommodate the total number of people being trained, plus the facilitators and several extra people, at any one time.

Requirements for	Details
All rooms	Tables Chairs Blackboard, white board or flip chart Chalk, marker pens or crayons Multimedia projector (optional) Overhead projector (optional)
Data collection	Sufficient room to practice taking physical measurements
Data entry	Props can help with scenarios
Data analysis	Computers (minimum 1:2 ratio) loaded with site-specific data entry software (Epi Data)

## Training schedule

### Day 1

8:30–9:30	Session 1: Introduction and course objectives
9:30–12:30	Session 2: Module 1, Sections 1–3: The food and nutrition surveillance system: Concept and principles. What is a food and nutrition surveillance system?
12:30–13:30	Lunch break
13:30–16:30	Session 3: Module 1, Sections 4–5: Food and nutrition surveillance
16:30–17:30	Session 4: Module 1, Section 6: How to strengthen a food and nutrition surveillance system

### Day 2

8:30–12:30	Session 1: Module 2, Sections 1–4
12:30–13:30	Lunch break
13:30–14:30	Session 2: Module 2, Sections 5–6
14:30–16:30	Session 3: Module 3, Types of indicators for surveillance systems

### Day 3

8:30–9:30	Session 1: Module 4, Section 4: Measuring malnutrition: Individual assessment
9:30–11:30	Session 2: Field visit to a health facility with weighing activities for children and mothers or to a basic school to practice how to measure the nutritional status at the individual level
11:30–13:00	Session 3: Module 4, Section 5: Measuring malnutrition: Population assessment
13:00–14:00	Lunch break
14:00–16:00	Session 4: Computer skills (WHO Anthro)
16:00–17:30	Session 5: Supervision, monitoring and evaluation
17:30–18:30	Session 6: Exercise: Country profiles

### Day 4

8:30–9:30	Session 1: Module 6: Data management and processing
9:30–17:00	Session 2: How to conduct data analysis (lunch break variable)

### Day 5

8:30–10:30	Session 1: Group work and presentation
10:30–11:00	Break
11:00–13:00	Course evaluation, closing ceremony and certificate distribution



## Day 1

### Session 1: Introduction and course objectives

#### Time

1 hour (08:30–9:30).

#### Introductions and warm up

Before you start the training, it is important for team development to introduce yourself and find out a little about the people in the room. Use the instructions below to help with the introductions.

Step	Action
1	Introduce yourself and any other co-trainers to the participants.
2	If you don't already know everyone in the room, or they don't know each other, ask each participant to briefly introduce themselves (or a person beside them).
3	Ask participants the following (can adapt questions according to the class): <ul style="list-style-type: none"><li>• What do they understand by a "food and nutrition surveillance system"?</li><li>• What do they think the biggest nutrition and health problems are in their country or area?</li><li>• In what ways do those diseases impact on the health and welfare of the people in their communities?</li></ul> Note: Write their responses on a board. Acknowledge that there is not necessarily a "correct" answer; it varies with time and different communities. Encourage discussion so you can gauge the level of understanding that the course participants already have. They can also begin to learn what they and their colleagues will be working on.
4	Ask participants if they have any questions or topics they would like to have covered in the training. Note: write their responses on the board and try to answer them during the training course.

#### Course agenda and setting expectations

Participants need to know what to expect in terms of training content, how long the training will take and what is expected of them during the course. Use the table below (and the lesson plans) to explain the agenda and set expectations.

Step	Action
1	Explain the aim of the training.
2	Outline what will be covered.
3	Tell participants how long the training will take.
4	Explain what is expected of them during the training.

#### Beginning and ending sessions

It is always helpful to begin each session with an introduction covering:

- the previous work that built a foundation for the session;
- the content and purpose of the session;
- a brief description the resources and format to be used.

At the end of each session:

- summarize the topics and skills that have been covered;
- mention whether this is the end of a particular topic or if a future session will cover further material;
- acknowledge areas of good progress but also highlight areas where further work will be required.

## Session 2: Module 1, Sections 1–3: The food and nutrition surveillance system: Concept and principles. What is a food and nutrition surveillance system?

### Time

3 hours (09:30–12:30).

### Summary

Use Module 1, Sections 1–3 to discuss with participants the following issues, based on the previous brainstorming session:

- Learning objectives.
- What is nutritional surveillance?
- Challenges of food and nutrition surveillance systems.
- Essential actions to conduct nutritional surveillance.
- Methods used in food and nutrition surveillance systems.
- Uses and users of nutritional surveillance information.
- Introduction to computers using SPSS<sup>®</sup> software.

### Procedure

- Lecture.
- Group discussion.
- Computer skills: introduction to SPSS<sup>®</sup>.

### Introduction

You should explain to the participants that data entry staff play a key role in ensuring that data collected and recorded on the surveillance system is accurately entered into the surveillance databases and all associated tracking forms are systematically sorted and filed. Note: please tailor this training guide according to the level of baseline knowledge of your data entry staff.

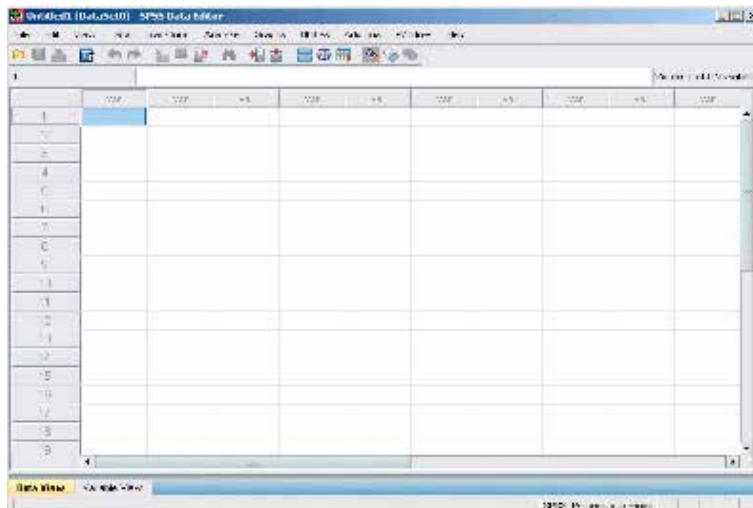
You will guide the participants on:

- using the computer;
- the data entry process;
- rules and guidelines for data entry;
- how to handle queries;
- data entry and data management;
- using SPSS<sup>®</sup> software and the generic templates.



## Introduction to SPSS®<sup>1</sup>

You should use the following screens in order to equip trainees with the basic skills of dealing with food and nutrition surveillance data using the statistical package SPSS®.



This section provides an overview on how to create, open, save and view data files, recode and compute variables, and produce and understand output files in SPSS®.

### Creating a dataset

Upon opening SPSS®, a blank dataset should open; if a window pops up you may hit cancel or go to File >>> New >>> Data to open a blank dataset.

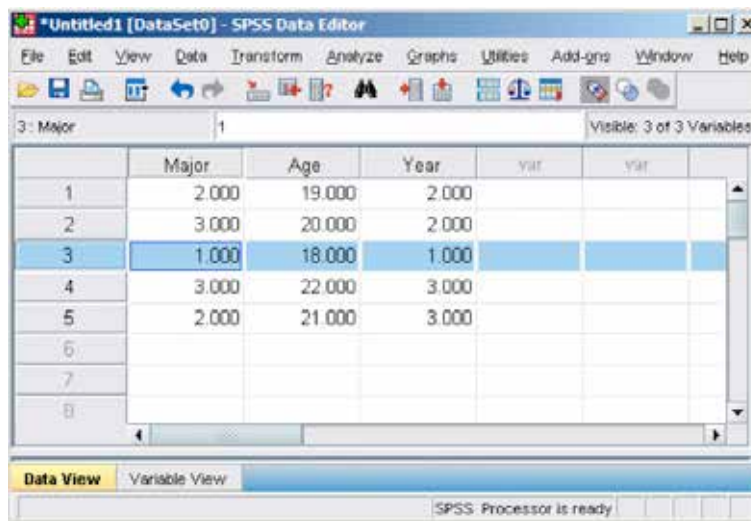
### Viewing data

SPSS® has both a Data View and a Variable View; Data View displays the raw, case by case, data for each variable and Variable View displays the specifications for each variable in an SPSS® dataset. To switch between Variable View and Data View, select the desired view with the button in the bottom left corner; the view that is currently in use will remain highlighted.

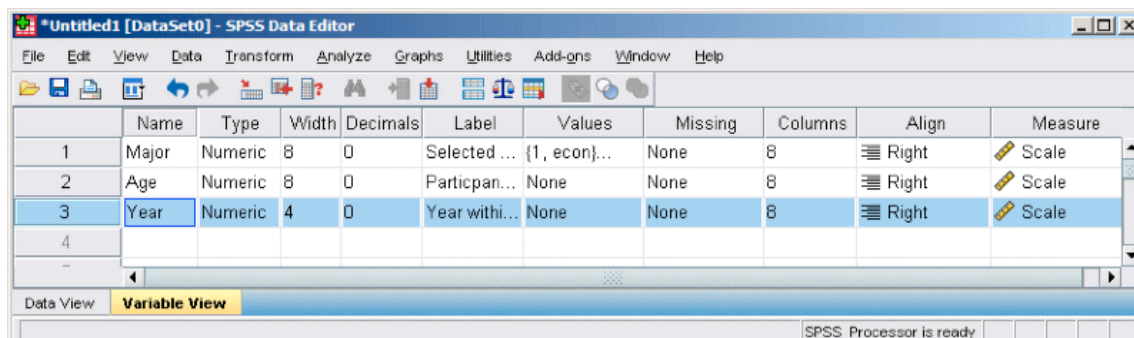


Data View presents data in a series of rows and columns, where the rows are individual cases and the columns are separate variables. This means that each entry corresponds to both a case and a variable. For example, each participant in a survey would be a case, each question on the survey would be a variable and each data entry would link back to both the person taking the survey and the question that they answered. The screenshot below illustrates this by showing how one person who filled out a survey had a Major of 1, Age of 18 and a Year of 1.

<sup>1</sup> <http://archive.nyu.edu/bitstream/2451/28097/4/Brief%20Introduction%20to%20SPSS%2016.pdf>



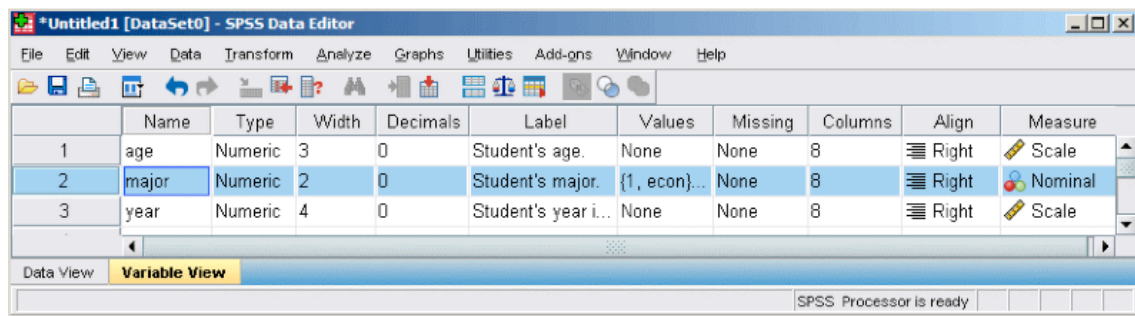
Variable View is used for creating and modifying the variables from the topmost row in Data View. Each row represents an individual variable, similar to how each row acts as a case in Data View, and each of the nine columns are parameters for the variables. As an example, the screenshot below highlights a variable named Year that is of Type Numeric and of Measure Scale, along with a few other parameters.



## Creating variables

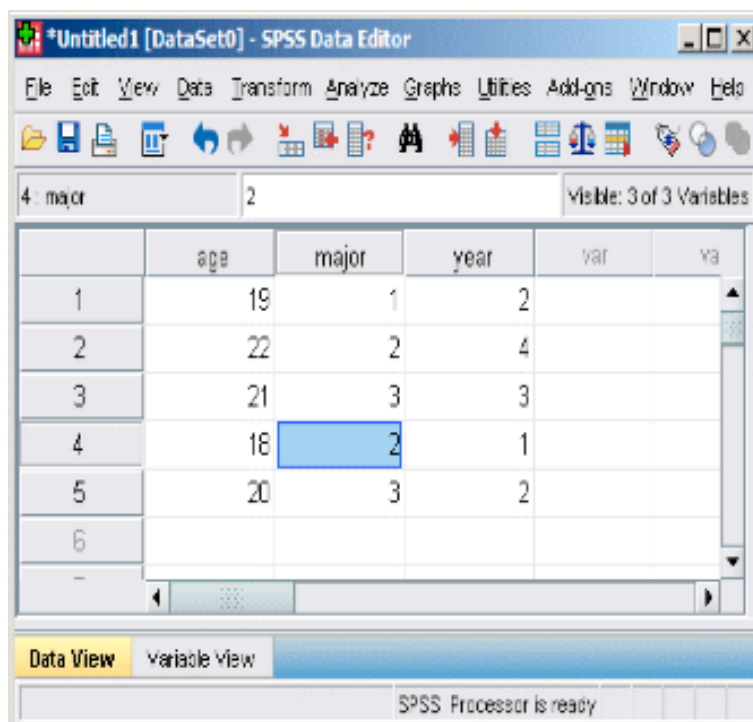
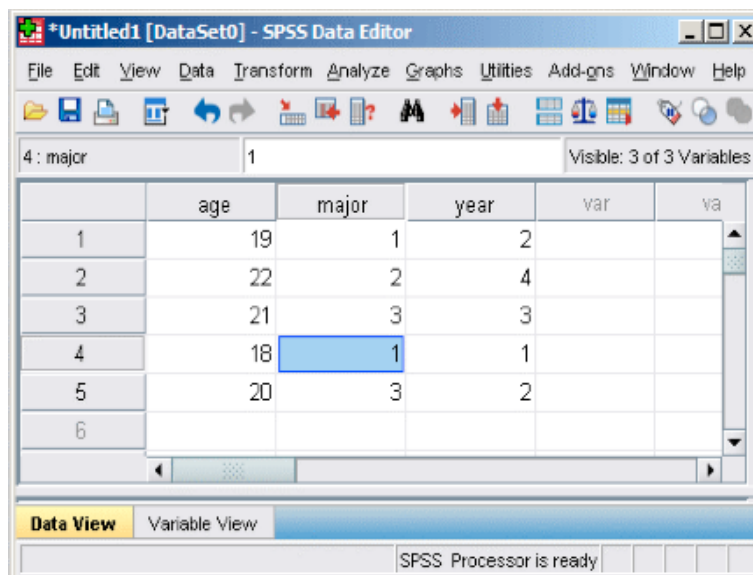
To create a variable within a SPSS® dataset, navigate to Variable View and select a blank cell in the Name column and type in the name of the variable you would like to create (additional information can be stored in the Label column, so it is recommended that variable names are short and consistent).

Once a name is entered, SPSS® will automatically fill in the rest of the variable's parameters with the default settings; however, most variables require additional modification. Most of the parameters will only affect how data are aesthetically presented in Data View, but Type, Missing and Measure impact how the variable is, and can be, analysed. Type refers to the specific kind of data being entered; Missing tells SPSS® how to handle missing values during analysis and Measure is the nature of the kind of data that is being entered. Some examples of Type are: Numeric (numbers), Date (dates) and String (letters, numbers and characters with or without spaces). Measure's three options are: Scale (measurable data), Ordinal (data with some linear relationship) and Nominal (data with no apparent linear sequence); some examples of each type of data are: temperatures (Scale), Likert scale questions (Ordinal) and countries (Nominal).



## Entering and editing data

To enter new data, or modify an existing data entry, simply select the cell you would like to change and type in the desired value.



## Session 3: Module 1, Section 4–5: Food and nutrition surveillance

### Time

3 hours (13:30–16:30).

### Summary

1. Food and nutrition surveillance: implementation steps.
2. Start discussing with the participants the organization and implementation process of a food and nutrition surveillance system.
3. How the surveillance will be organized:
  - What are the practical steps to be undertaken?
  - Where to start?
  - What indicators should be used?

### Procedure

- Group work exercise.
- Group presentation (1 hour).

Ask the participants to read and select the country profile (see Annex 1) of the following countries to answer Exercise 1:

Case study 1: Egypt

Case study 2: Oman

Case study 3: Afghanistan

### Exercise 1

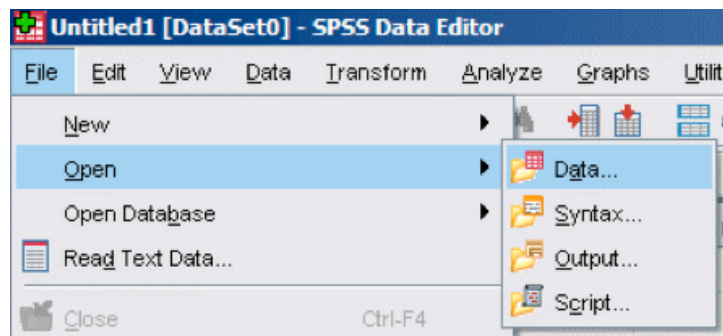
Read thoroughly the information in the case studies for the three countries, assess the situation and answer the following questions:

Are Egypt, Oman and Afghanistan:

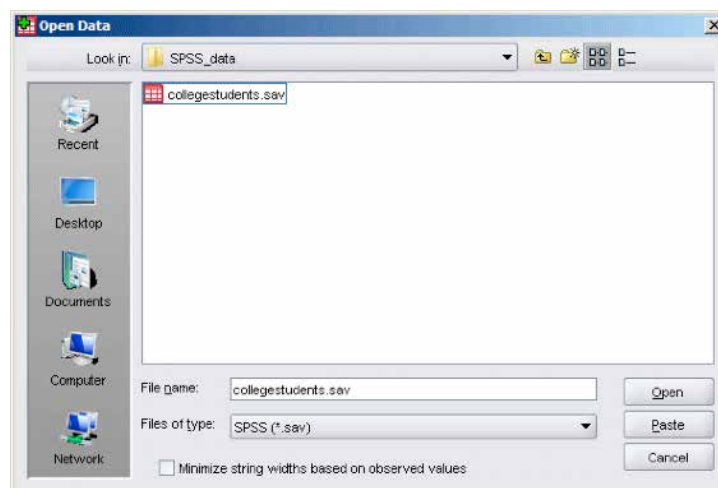
- Implementing a surveillance system? Give justification to your answer.
- If the answer is Yes, what are the main characteristics of the surveillance system?
- If the answer is Yes, what are the strengths and weaknesses in the system and how would you improve it?
- If the answer is No:
- Why not?
- What steps should be undertaken to implement a food and nutrition surveillance system?

## Opening data

- To open a file in SPSS®, navigate to File >>> Open >>> Data.



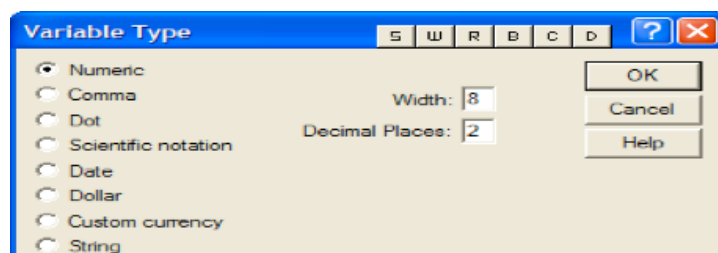
Browse for the desired dataset, select and press the open button; if the dataset is not visible make sure that the directory is correct and the proper file format (SPSS® (\*.sav), Excel (\*.xls, \*.xlsx, \*.xlsm) etc.) is selected.



## Creating a new dataset<sup>2</sup>

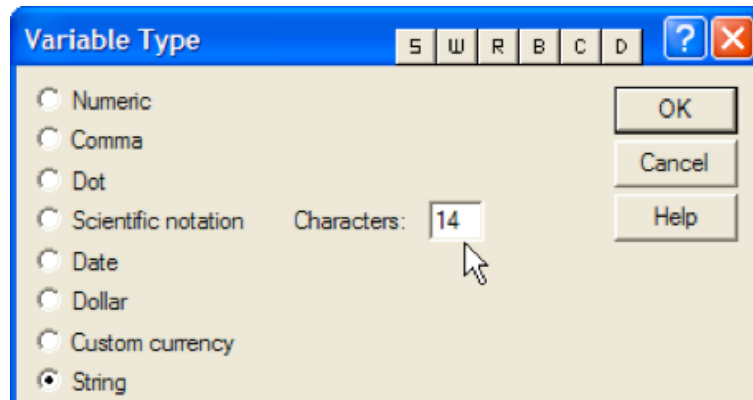
In this task, you will create four types of variables: numeric, date, string and binary.

- From the menu, select File >>> New >>> Data. If you're asked to save the contents of the current file, click No.
- When the new file opens in Data View, click the Variable View tab at the bottom of the window.
- With the cursor in the Name column on the first row (referring to the name of the variable) type: clientid
- In the Type column, click the build button ("build button" is actually a Microsoft® term, but since the SPSS® documentation doesn't give the button a name, we'll use "build") to open the Variable Type dialog box.



<sup>2</sup> [http://www.datastep.com/SPSSTutorial\\_1.pdf](http://www.datastep.com/SPSSTutorial_1.pdf)

5. Select (click) String. Notice that you can now define the length of the variable.





## Session 4: Module 1, Section 6: How to strengthen a food and nutrition surveillance system

### Time

1 hour (16:30–17:30).

### Summary

- How to strengthen a food and nutrition surveillance system:
  - characteristics of a good surveillance system;
  - practical steps to transform a weak surveillance system into a stronger one.

### Procedure

- Lecture.
- Group discussion.
- Group work exercise.

### Assignment for the next day

Participants read Module 2.



## Day 2

### Session1: Module 2, Sections 1–4

#### Time

4 hours (08:30–12:30).

#### Malnutrition and its links

Ask the participants what they have read and understood from Module 2 and discuss the links of a food and nutrition surveillance system, for example:

- the major determinants of nutritional status;
- malnutrition and its causes, for example links with food security, the agriculture and health sectors.

#### Procedure

- Lecture.
- Group discussion.
- Group work and presentation.

Ask the participants to read and select the country profile (see Annex) of the following countries to answer Exercise 2:

Case study 1: Morocco

Case study 2: Qatar

Case study 3: Somalia

#### Exercise 2

Assess the health and nutrition situation in case studies from the three countries and answer the following questions:

- What type of malnutrition exists in the country?
- Who are at risk of malnutrition in the country and why?
- What are the causes of malnutrition in the country? What steps did you follow to reach this answer?
- What are other health problems related to nutrition in the country?
- Is the country or part of the country in a food insecurity situation? If so, why?

#### SPSS® : Continuation of data entry and data management

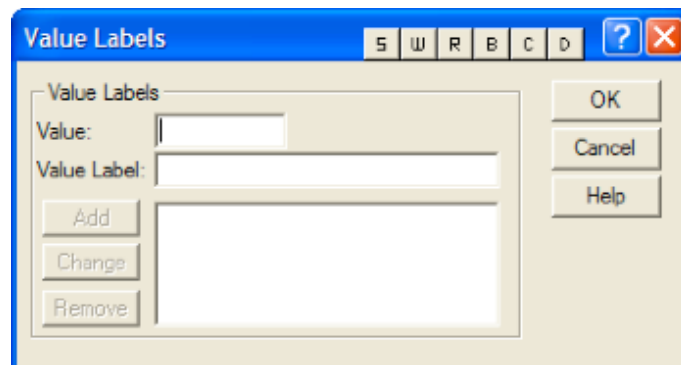
6. Select all the text in the Characters field and type:
7. Click OK. The dialog box closes and the variable is now set to a length of 14 characters with no decimal places.
8. Press tab or Enter three times to move to the label column.
9. Type: Client ID

This is the label that will appear on all output and in dialog boxes like those you used in crosstabs and charts

10. Press tab or Enter three times to move to the “columns” column. “Columns” defines the width of the display of the variable, not its actual contents. The display width affects how the column will be displayed in output such as crosstabs and pivot tables.
11. Select all the text in the “columns” column and type: 14
12. Leave the remaining columns as they are, with left alignment and “nominal” as the measure.
13. On the next row, click in the name column and type: gender
14. Press tab or Enter to move to the next column.
15. Click the build button to open the Variable Type dialog box.
16. Select String and click OK to accept the width.
17. Click in the Label column for gender and type: Gender

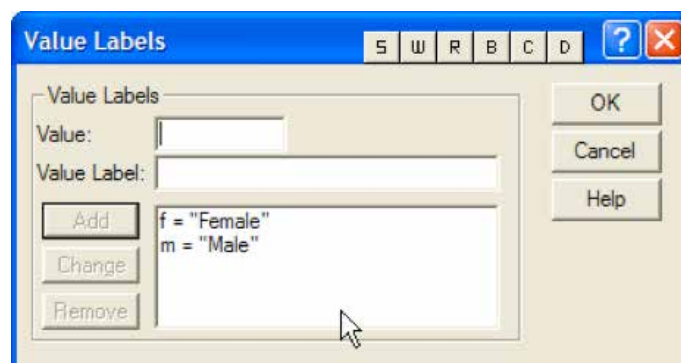
Notice that in the variable labels, you can use upper and lower case as well as spaces and punctuation.

18. Press tab or Enter to move to the Values column.
19. Click the build button in the Values column to open the Value Labels window

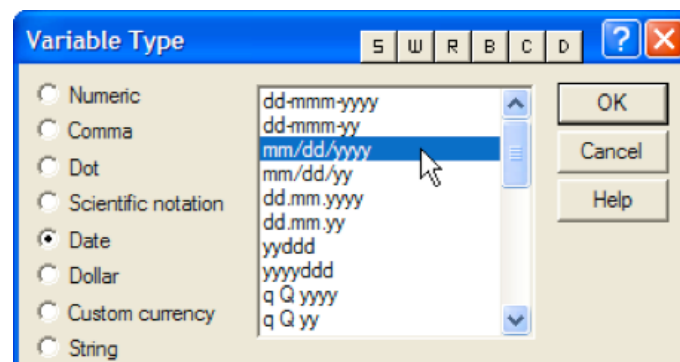


The label of “Female” for “f” in the gender variable instructs SPSS® to display “Female” as a column heading for all cases with a value of f in gender.

20. In the Value field, type: f
21. In the Value Label field, type: Female
22. Click Add.
23. In the Value field, type: m
24. In the Value Label field, type: Male
25. Click Add.
26. The Value Labels window should now look like this:



27. Click OK.
28. On the next row, click in the Name column and type: employed
29. Press tab or Enter or click in the Type field.
30. Click the build button to open the Variable Type window.
31. Employed is going to be a numeric, binary variable, so leave numeric selected, but change Width to 1 and Decimal Places to 0.
32. Click OK.
33. Tab to or click in the Label field and type: Employed year-end
34. Press tab or Enter to move to the Values field and click the build button.
35. In the Value field, type: 1
36. In the Value Label field, type: Yes
37. Click Add.
38. In the Value field, type: 0
39. In the Value Label field, type: No
40. Click Add.
41. Click OK.
42. On the next row, click in the Name field and type: nextelig
43. Press tab or Enter or click in the Type field and click the build button to open the Variable Type window.
44. Select Date by clicking it.
45. In the pane to the right, select the date format mm/dd/yyyy.

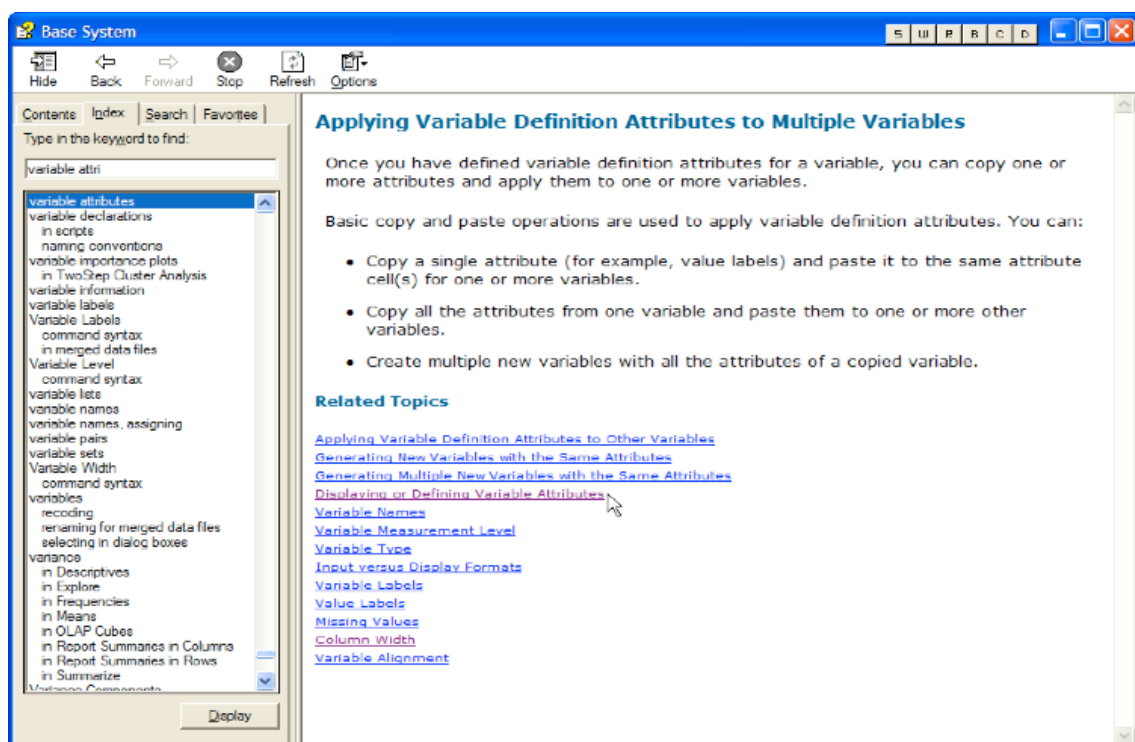


46. Click OK.
47. Tab to or click in the Label field and type: Next eligibility date
48. Tab to or click in the columns field and set the column with to 12.
49. From the menu, select File >>> Save As.
50. Navigate to the A:\ drive and name the file TestData.sav
51. Click OK.
52. Click the Data View tab. Notice that you now have four columns in which you'll enter data for each record.
53. On the first row, click in the clientid column and type: 4839209
54. In the gender column, type: f
55. Press tab. Notice that when you leave the field, SPSS® updates the field to the value label you assigned for f.
56. In the Employed field, click the drop down arrow and select Yes.
57. In the nextelig field, type: 4/1/2004
58. Use the following table to complete the data entry for this file.

## Getting help in creating datasets and defining variables

Now that you have had some practice in creating a dataset, let's review the kind of help SPSS® provides to answer your questions.

1. From the menu, select Help >>> Topics.
2. On the Index tab, click in the field named: Type in the keyword to find:
3. Type: variable attri
4. Double-click the highlighted text in the list (Variable attributes) to display the topics found.
5. SPSS® opens the Topics Found window with Applying Variable Definition Attributes highlighted.
6. Click Display.
7. The Help window is updated to this topic.



8. Click the highlighted item Displaying or Defining Variable Attributes.
9. When the window is updated, click Show Me. SPSS® now opens the Tutorial window that is included as part of the application. Any time you see Show Me in a Help window, you can click it to see that specific section of the tutorial.
10. Click the Next arrow a few times to see how the steps are illustrated.
11. Close the Show Me window (the Internet Explorer window) to return to the standard Help window.
12. Under Related Topics, click Value Labels. As you can see, you can follow the links in the help file, start a new search, or select any of the topics listed on the left to move around in the SPSS® Help system.
13. Close the Help window.
14. From the menu, select File >>> Open >>> Data.
15. Navigate to the Employee data.sav file on the floppy disk and open it.

## Session 2: Module 2, Sections 5–6

### Time

1 hour (13:30–14:30).

### Summary

- Health assessment and the link with nutrition.
- Food security and the link with nutrition.

### Procedure

- Lecture.
- Group discussion.



## Session 3: Module 3, Types of indicators for surveillance systems

### Time

2 hours (14:30–16:30).

### Procedure

- Group work and presentation.

Ask the participant to read and select the country profile (see Annex) of the following countries to answer Exercise 3:

Case study 1: Afghanistan

Case study 2: Kuwait

Case study 3: Lebanon

### Exercise 3

Assess the health and nutrition situation in each of the above case studies and answer the following questions:

- What are the relevant types of indicators to be selected and used in the nutrition surveillance system in each country and the criteria for their selection?
- What are the steps used for identifying and selecting the set of indicators?
- What indicators you are going to use at each different level and why?

### Assignment for the next day

Participants read Module 4.

## Day 3

### Session 1: Module 4, Section 4: Measuring malnutrition: Individual assessment

#### Time

1 hour (08:30–09:30).

#### Procedure

- Live demonstration of equipment.
- Video demonstration for anthropometry and case study.

### Session 2: Field visit to a health facility with weighing activities for children and mother or to a basic school to practice on how to measure the nutrition status at the individual level

#### Time

2 hours (09:30–11:30).

### Session 3: Module 4, Section 2: Measuring malnutrition: Population assessment

#### Time

1.5 hours (11:30–13.00).

#### Procedure

- Lecture.
- Group discussion.
- Group exercise.

Ask the participants to read and select the country profile (see Annex) of the following countries to answer Exercise 4:

Case study 1: Islamic Republic of Iran

Case study 2: Pakistan

Case study 3: Yemen

#### Exercise 4

Based on the situation in each country:

- What type of survey should be used for the situation of each country and why?
- What methodology should be used to collect the data at the population level and why?
- Calculate a sample size for each country based on the selected type of survey.

## Session 4: Computer skills (WHO Anthro)

### Time

2 hours (14.00–16.00).

### Main window

From the main window the user can open three modules:

- Anthropometric calculator.
- Individual assessment.
- Nutritional survey.

To open a module use tab or arrow keys and press <Enter> or point with the mouse on the respective button name and left click.

Another way to open the modules is via the menu button. Click on Application and select module. The menu icons on the top right work as in any other Microsoft® application to minimize and close the application. Resizing to fill the screen is not possible for the main window.

### Nutritional survey

This module facilitates the collection of new nutritional and/or motor development data based on a sample of children (one record per child). However, the user can also edit existing surveys. Besides deriving and displaying individual results using z-scores and percentiles based on the WHO standards or the National Center for Health Statistics reference, this module also produces standardized summary results for the anthropometry (with and without the 95% confidence interval [CI]) and for the MM assessment. Furthermore, the user has the possibility to correct the 95% CI when a survey used a cluster sample design.

The user can import survey data files in \*.REC, \*.DBF, \*.WNS (WHO Anthro 2005 Beta version), \*.TXT, \*.CSV or \*.XML formats, while exporting survey data files is possible in \*.TXT, \*.CSV or \*.XML formats. The nutritional survey module has the following differences compared with the individual assessment module:

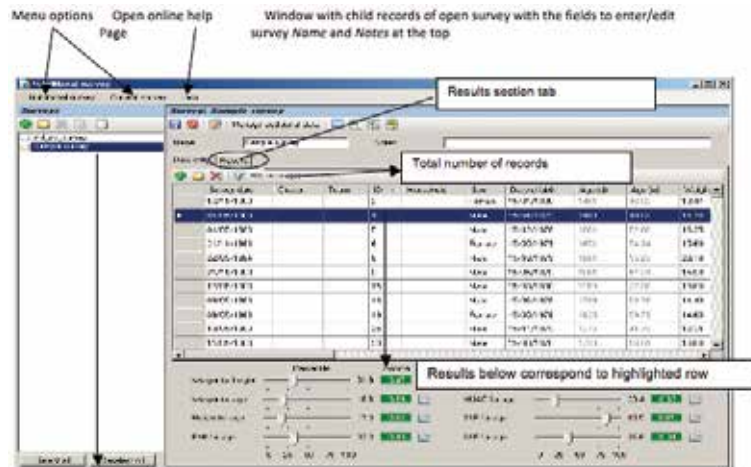
- a child can only have one assessment of growth and/or development;
- the motor milestone assessment has the option to collect "reported as achieved" milestones in addition to "assessed and observed" (given that there is only one visit, this allows for collection of reported and recalled data);
- the user can record data on: Cluster, Household and Team;
- the Survey options allows: change of the flag limits, change of the age groupings for the summary report, and manipulation of the address reference data.

To open the module, click on the respective button on the Start window or select it from the application menu.

### Windows and functions

When opening this module, the column to the left displays the active list of surveys, showing at present two example surveys, and to the right there is the survey-specific window that is grey and inactive.

Click on tick box next to Sample survey and click on to open. Then click on ID (the header of the fourth column from the left) to sort and select the second record. You should see an image like the one below (the date format depends on what the user selected in his/her Settings).



Active list with example surveys;

The icons on top enable the user to manage the surveys in this list (Add, Open, Delete, Archive and View archive).

## Survey specific window

In the list of records (1 row = 1 record) the selected record is highlighted in blue. Use the arrow or <Enter> keys or mouse to select other records. Results by indicator of selected record are shown in the lower part of the window. Click on  behind each result to open a plotted graph by indicator. Use icons:  to add a new record; to  open a record or double-click on a selected (highlighted) row;  to delete the selected (highlighted) record(s). To move to the right of the spreadsheet use the scroll bar at the bottom; to display records further down the spreadsheet use the scroll bar to the right.

## Session 5: Module 5: Supervision, monitoring and evaluation

## Time

1.5 hours (16.00–17:30).

## Procedure

- Lecture.
- Group discussion.
- Group work and presentation.

## Session 6: Exercise: Country profiles

### Time

1 hour (17:30–18:30).

### Procedure

Ask the participants to read and select the country profile (see Annex ) of the following countries to answer Exercise 5:

#### Exercise 5

- Design a plan for supervision, monitoring and evaluation of a food and nutrition surveillance system in the country.
- What are the strengths and weaknesses you observed in the field? How can the surveillance system be improved?



## Day 4

### Session 1: Module 6: Data management and processing

#### Time

1 hour (08:30–09:30).

#### Procedure

- Lecture.
- Group discussion.

### Session 2: How to conduct data analysis, computer skills (data analysis and reporting)

#### Time

7.5 hours (09:30–17:00, to include a variable lunch break).

#### Procedure

The facilitator should follow the instructions below to teach data analysis and computer skills.

#### Data Editor

##### Starting SPSS® for Windows

Start >>> Program >>> SPSS® for Windows >>> SPSS® 15.0 for Windows >>> “Type in data” >>> get the SPSS® Data Editor Window.

In Data Editor:

- cases are presented in rows;
- variables are presented in columns;
- the intersection of a row and a column is called a cell.

##### Define a variable

Click Variable View at the bottom left of Data Editor:

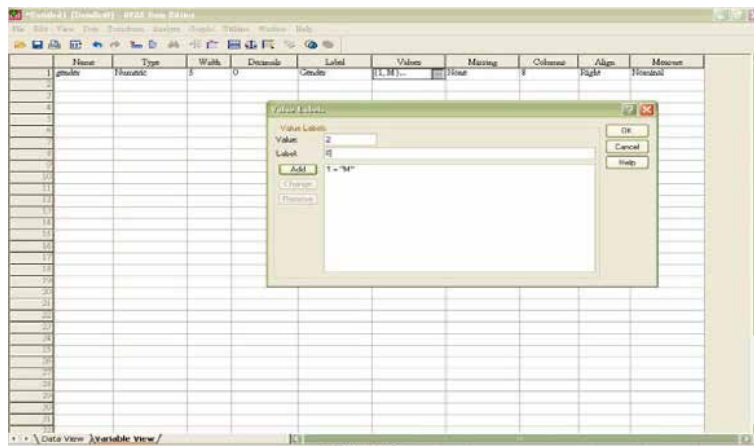
- Name: the name of the variable, for example Gender, Subject001 (maximum 64 characters, no spaces and the first character must be a letter).
- Type: numeric or string
- Width: the maximum number of characters for data entry for a variable, for example 8.
- Decimal: number of decimal places, for example 0, 1, 2.
- Label: a string of texts to describe the variable that will be shown as the title of output table, for example Gender, Age (maximum 255 characters).
- Values: set the value of the data entered for a variable (maximum 120 characters).

For example: to set 1 = Male; and 2 = Female:

- Enter “1” in Value box and “M” in Value Label box; then click Add or press Enter.
- Enter “2” in Value box and “F” in Value Label box; then click Add or press Enter.

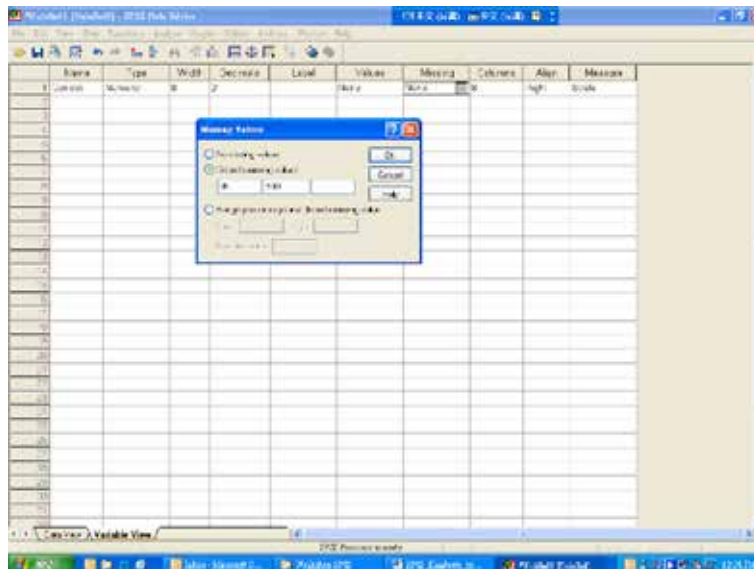
Click OK.





### Missing

To identify the meaning of a blank cell (i.e. missing value), you can set 88 or 888 for “Not Applicable”; and 99 or 999 for “Unknown” data.



### Columns

Column width of a variable, for example 8.

### Align

The alignment of data shown in Data View can be Left, Centre or Right.

### Measure

This indicates the level of measurements, Scale, Ordinal or Nominal:

1. Nominal: a set of data is said to be nominal if the values belonging to it can be assigned a code in the form of a number where the numbers are simply labels. You can count but not order or measure nominal data. For example:
  - Gender (1 = male; 2 = female).
  - Age range (1 = 17 or below; 2 = 18–29; 3 = 30–39; 4 = 40–49; 5 = 50 and above).
  - Nationality (1 = Chinese; 2 = British; 3 = American; 4 = Others).

2. Ordinal: a set of data is said to be ordinal if the values belonging to it can be ranked or have a rating scale attached. You can count and order, but not measure, ordinal data. For example:
  - 5-point Likert scales:
    - Very good – good – no opinion – poor – very poor.
    - Very satisfactory – satisfactory – undecided – unsatisfactory – very unsatisfactory.
    - Most important – important – neutral – not important – least important.
    - Strongly agree – agree – undecided – disagree – strongly disagree.
    - Highly favourable – favourable – no opinion – unfavourable – highly unfavourable.
    - Highly appropriate – appropriate – neutral – inappropriate – highly inappropriate.
    - Very supportive – supportive – neutral – unsupportive – very unsupportive.
    - Definitely yes – probably yes – uncertain – probably no – definitely no.
  - 3- or 4-point Likert scales:
    - Agree – undecided – disagree.
    - Very satisfied – moderately satisfied – a little dissatisfied – very dissatisfied.
3. Scale: this contains a true zero point that indicates a total absence of whatever is being measured, for example height, working hours per week.

### Enter data

Click the tab of Data View at the bottom left of Data Editor:

- move to the next cell in a row, press Tab or → key;
- move to the previous cell in a row, press ← key;
- move to the next cell in a column, press Enter or ↓ key;
- move to the previous cell in a column, press ↑ key.

### Insert variables or cases

- Highlight a particular variable column where you want to insert a new variable, at the tool bar, select Data >>> Insert Variable (select Insert >>> Insert Variable for higher version).
- Highlight a particular row where you want to insert a new row (case), at the tool bar, select Data >>> Insert Cases (select Insert >>> Insert Cases for higher version).

### Delete variables or cases

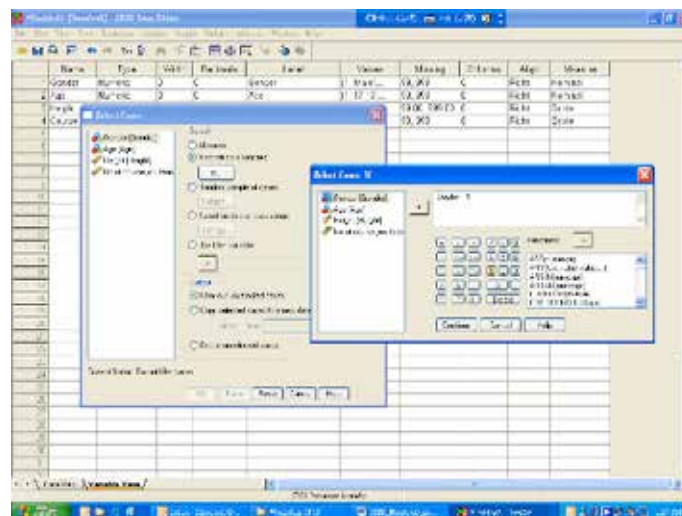
- Highlight the variable, at the tool bar, select Edit >>> Clear.
- Highlight the row, at the tool bar, select Edit >>> Clear.

### Go to particular case

- At the tool bar, select Data >>> Go to case (select Insert >>> Go to case for higher version).

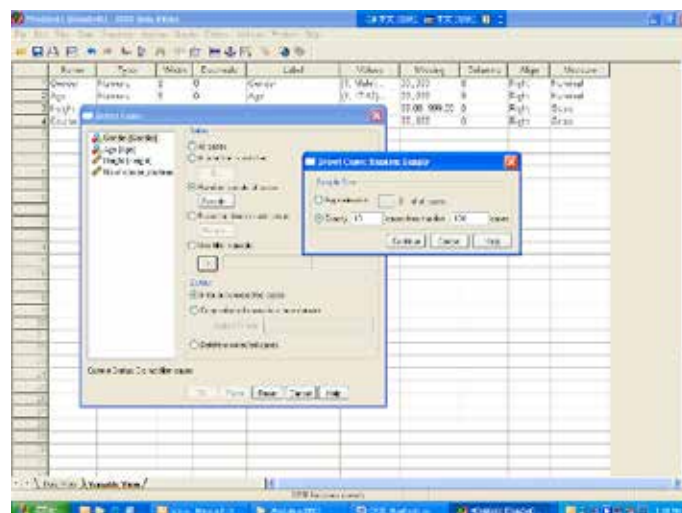
### Select cases

- At the tool bar, select Data >>> Select Cases:
  1. All cases.
  2. If condition is satisfied – this is to select those responses that fulfil specified conditions. For example, to select male responses (Gender = 1):
    - Select If condition is satisfied >>> click If... >>> highlight Gender>>> click ? into Selection box >>> click = >>> click 1 >>> click Continue.



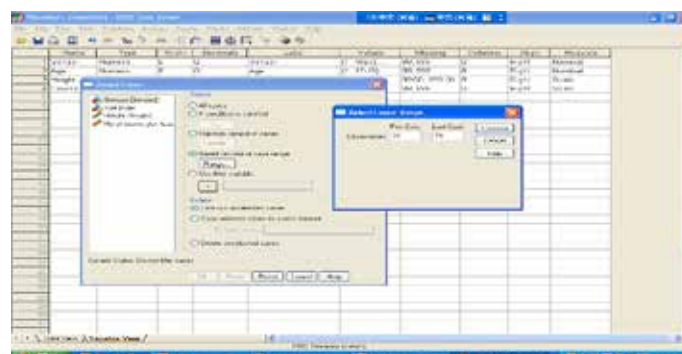
3. Random sample of cases – this is to select random cases from a specified percentage or a range. For example, to select 10 cases from the first 100 cases:

- Select Random sample of cases >>> click Sample >>> enter 10 and 100 into the Criteria Box >>> click Continue.



4. Based on time or case range – this is to select responses of a specified range. For example, to select case no. 26–79:

- Select Based on time or case range >>> click Range >>> enter 26 and 79 into the Criteria Box >>> click Continue.



## Exercise 6

## Sample questionnaire

Gender: ☐ Male ☐ Female

Age group: ☐ 17-19 ☐ 20-24 ☐ 25-30 ☐ 31-40 ☐ 41-50 ☐ 50+

Your height: \_\_\_\_\_ metres

Number of online courses you are currently teaching: \_\_\_\_\_

Job Title: ☐ Professor ☐ Associate Professor ☐ Assistant Professor

☐ Lecturer/Tutor ☐ Teaching Assistant ☐ Research Associate

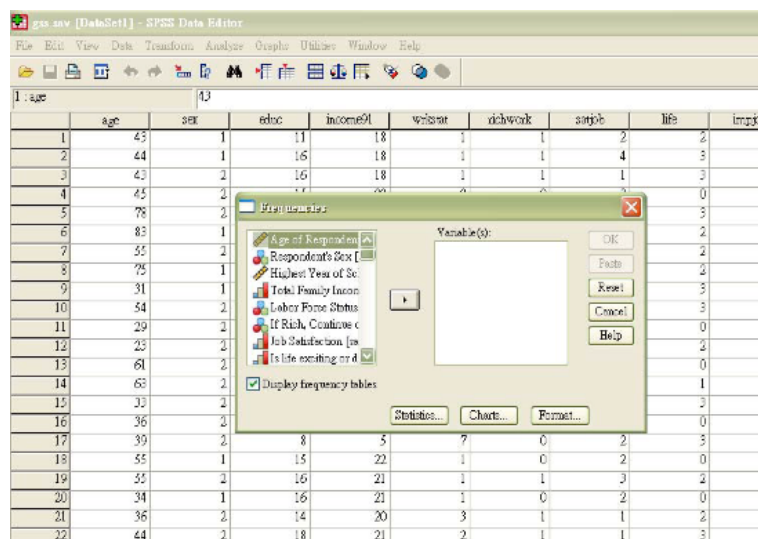
☐ Research Assistant ☐ Dean ☐ Director

☐ President ☐ Other (please specify): \_\_\_\_\_

1. Define the variables as shown in the questionnaire, and enter the data from the second table .
2. Change the name of the variable from Job Title to Job.
3. Change gender in code 27 from 99 to 1.
4. Insert this case before case (code) 13.
5. Insert a variable “Programme” (below) between “Age” and “Height”.
6. Select cases.
  - I. Gender = 1.
  - II. Range: cases 4–9.

## Run Frequencies

1. Open Data File:
  - Click File >>> Open >>> Data >>> gss.sav (data from the General Social Survey).
2. Run Frequencies:
  - At the tool bar, select Analyze >>> Descriptive Statistics >>> Frequencies.
  - Double click the selected Variable(s) into the Variable(s) box.



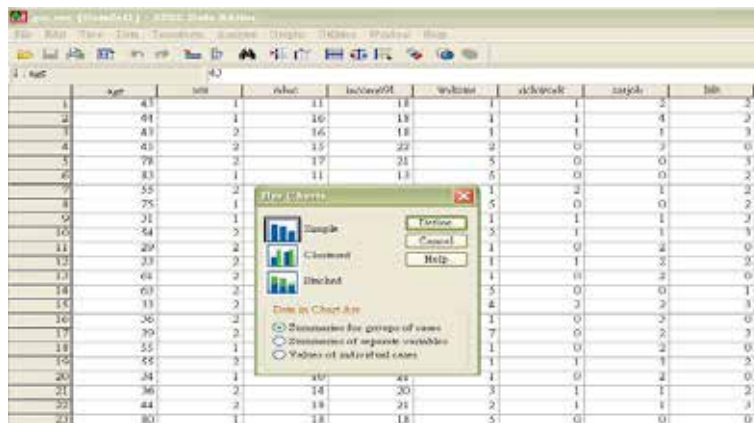
- Select the following Variable(s) for generating frequency tables:

- Respondent's Sex[sex].
- Job Satisfaction[satjob].
- Marital Status[marital].

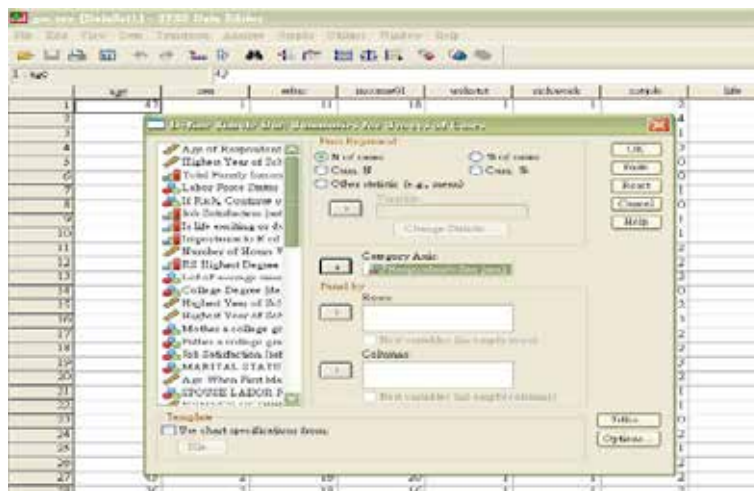
- Press OK to view the frequency tables in the Output Window.

### 3. Plot Charts:

- At the tool bar, select Graphs >>> Bar Charts (Graphs >>> Legacy Dialogs >>> Bar Charts for higher version).
- Choose Simple >>> tick Summaries for groups of cases >>> click Define



- Highlight “Respondent's Sex[sex]” >>> click ? into Category Axis.
- Click OK to view the bar chart in the Output Window.



- Do it again for a Pie Chart with Variable “RS Highest Degree[degree]” and a Histogram with Variable “Age of Respondent[age]”.

### Run mean and standard deviation

Some basic concepts are outlined below.

## Median

The value above and below which half of the cases fall – the 50th percentile. If there is an even number of cases, the median is the average of the two middle cases when they are sorted in ascending or descending order.

### Examples:

3, 5, 8, 10, 11, so the median is 8

4, 5, 7, 9, 11, 12, so the median is  $(7 + 9)/2 = 8$ .

## Mode

The most frequently occurring value. If more than one value has the same greatest frequency of occurrence, all of them are mode.

### Example:

2, 3, 4, 4, 4, 4, 5, 7, 7, 9, so the mode is 4.

## Mean

This is a measure of central tendency, the arithmetic average, which is the sum of the cases divided by the number of cases.

### Example:

16, 10, 5, 6, 8, 15, 20, 14, 16, 10

→  $(16 + 10 + 5 + 6 + 8 + 15 + 20 + 14 + 16 + 10)/10 = 12$ , so the mean is 12.

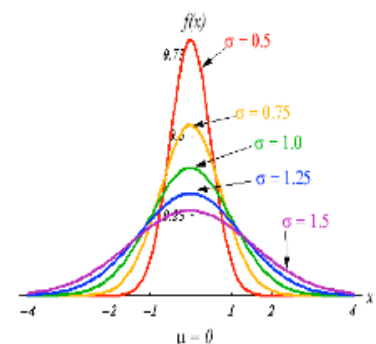
## Standard deviation

Standard deviation (SD) is a measure of dispersion around the mean. In a normal distribution, 68% of cases fall within  $\pm 1$  SD of the mean and 95% of cases fall within  $\pm 2$  SD of the mean.

### Example:

#### Language aptitude scores of classes

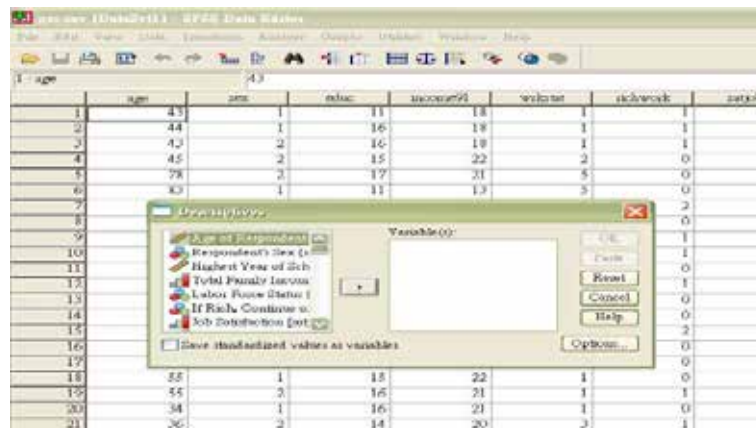
Class	Mean	SD
1	80.5	13.2
2	66.4	4.8
3	70.1	5.3
4	56.2	18.7
5	52.5	23.3



## To run Mean and Standard Deviation

1. At the tool bar, select Analyze >>> Descriptive Statistics >>> Descriptives.





2. Double click the following variable(s) into the Variable(s) box:
  - Age of Respondent[age].
  - Highest Year of School Complete[educ].
  - RS Highest Degree[degree].
3. Click the icon Option to select Mean, Std deviation, Minimum, Maximum.
4. Click Continue, then press OK to view the results in the Output Window.
5. Do it again for “Total Family Income[income91]”, “Job Satisfaction[satjob]” and “Importance to R of Having a Fulfilling Job[impjob]” with Mean, Std deviation, Minimum, and Maximum.

### Exercise 7

Find:

- The average income of the respondents’ families, also the standard deviation, minimum and maximum values.
- The average income for “RESPONDENTS INCOME[rincom91]”.

### Run Crosstabs

Chi-square test: it helps answer questions such as:

- Are the two variables independent? Or
- Is there any relationship between the two variables?

For example, you may want to know whether there is a significant difference between male and female students in their preference for learning methods. You can’t let a student choose two preferences of learning methods.

	Male	Female	Total
Method 1	47	53	100
Method 2	31	22	53
Method 3	49	24	73
Method 4	15	19	34
Column total	118	142	260

## Day 5

### Session 1: Group work and presentation

#### Time

2 hours (08:30–10:30).

#### Procedure

##### Exercise 8

- Design a reporting format for a food and nutrition surveillance system.
- Develop a food and nutrition surveillance system report dissemination plan.

### Session 2: Course evaluation, closing ceremony and certificate distribution

#### Time

2 hours (11:00–13:00).





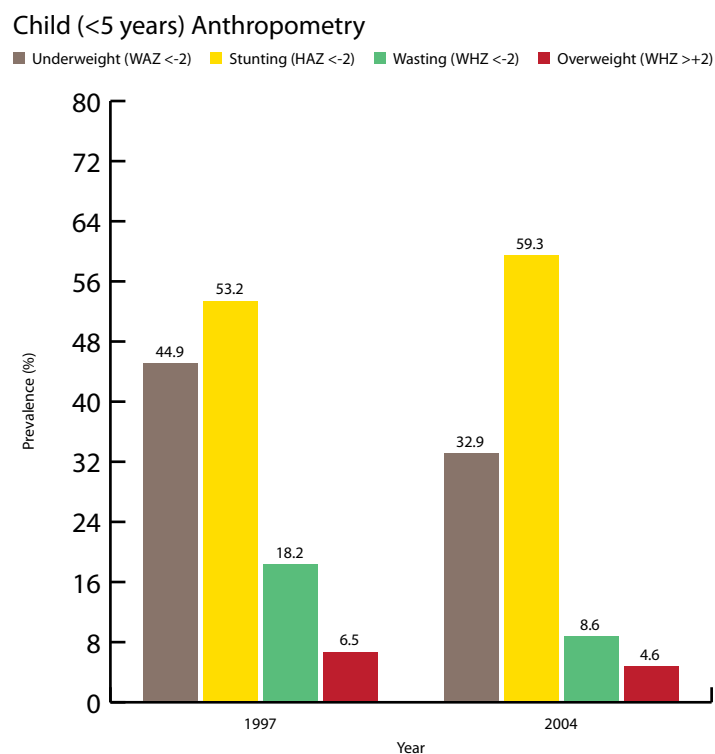


## Annex 1. Country profiles<sup>3</sup>

### Afghanistan

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in Afghanistan? See national data below.

#### Child malnutrition



Indicator	Year	Value
% Low birth weight (< 2500 g)		No data

#### Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5 years (haemoglobin < 110 g/L)	2004	37.9
% Anaemia in pregnant women (haemoglobin < 110 g/L)		No data
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)		No data
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)		No data
Median urinary iodine concentration (µg/L) in children 6–12 years	2004	49.0

#### Malnutrition in women

No female malnutrition data available for this country.

#### Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth		No data
% Infants 6–8 months age who receive solid, semi-solid or soft foods		No data
% children 6–23 months who receive a minimum acceptable diet		No data
% Children < 5 years with diarrhoea receiving oral rehydration therapy and continued feeding		No data
% Women 15–19 years who are mothers or pregnant with their first child		No data

## Exclusive breastfeeding under 6 months

No breastfeeding data available for this country.

## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	2003	14.3
% Children 6–59 months receiving vitamin A supplements (dose 1)	2007	94.0
% Children 6–59 months receiving vitamin A supplements (dose 2)	2007	92.0
% Children aged 1 year immunized against measles	2008	75.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility	2008	37.0
% Population using improved drinking water sources	2008	48.0
% Women supplemented with iron and folate during pregnancy		No data

## Food security

Indicator	Year	Value
% Population living below US\$ 1 per day		No data
% Population below minimum level of dietary energy consumption		No data
Iodized salt consumption (% households consuming adequately iodized salt – 15 parts per million or more)	2004	28.0

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure	2007	3.7
Total expenditure on health as % of gross domestic product	2008	7.3
Per capita total expenditure on health (US\$)	2007	83.0
Nutrition component of the United Nations Development Assistance Framework	2006–2008	Medium
Nutrition component of Poverty Reduction Strategy Paper	2008–2013	Medium
Nutrition governance	2008	Weak
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	No
Maternity leave	2009	No data

## Capacity

Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100 000 population		No data
Nursing and midwifery personnel density per 10 000 population	2005	5.0
Gross domestic product per capita (purchasing power parity US\$)	2008	366
Gross domestic product per capita annual growth rate (%)	1970–2008	1.9
Official development assistance received (net disbursements) (% of gross domestic product)		No data
Low-income food-deficit country	2010	Yes

## Meta-indicators

Indicator	Year	Value
% Seats held by women in national parliament	2010	68
Averaged aggregate governance indicators	2008	-0.92
Gender parity index in primary level enrolment (ratio of girls to boys)	2008	0.66
Gender-related development index value	2007	0.31
Global Hunger Index		No data
Human development index value	2010	0.349
Official development assistance received (net disbursements) (% of gross domestic product)		No data
Low-income food-deficit country	2010	Yes

## Education

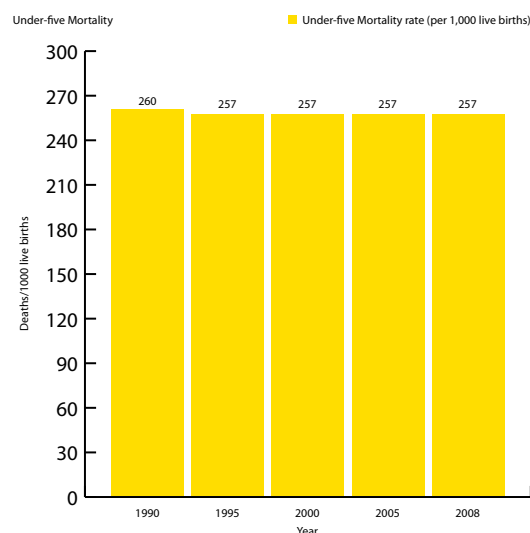
### Primary education

No primary education data available for this country.

### Maternal education

No maternal education data available for this country.

## Under-5 mortality



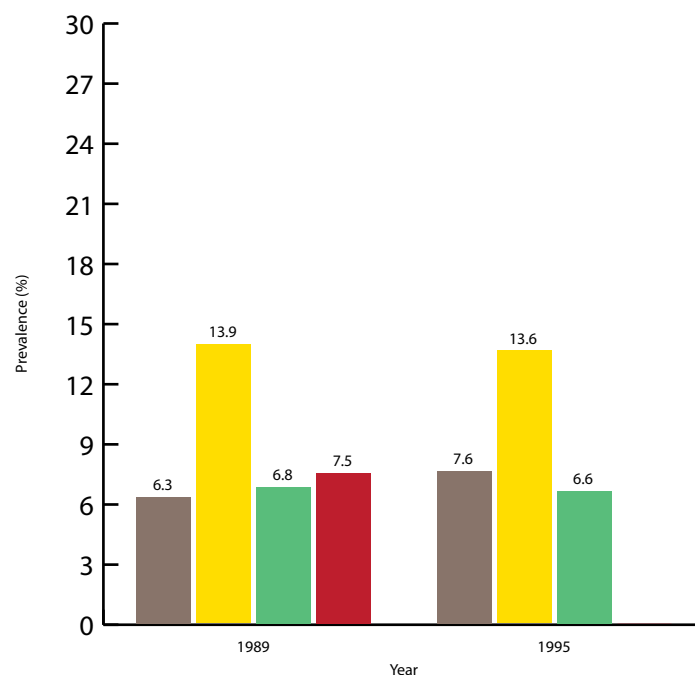
## Bahrain

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in Bahrain? See national data below.

### Child malnutrition

Child (<5 years) Anthropometry

■ Underweight (WAZ <-2) ■ Stunting (HAZ <-2) ■ Wasting (WHZ <-2) ■ Overweight (WHZ >+2)

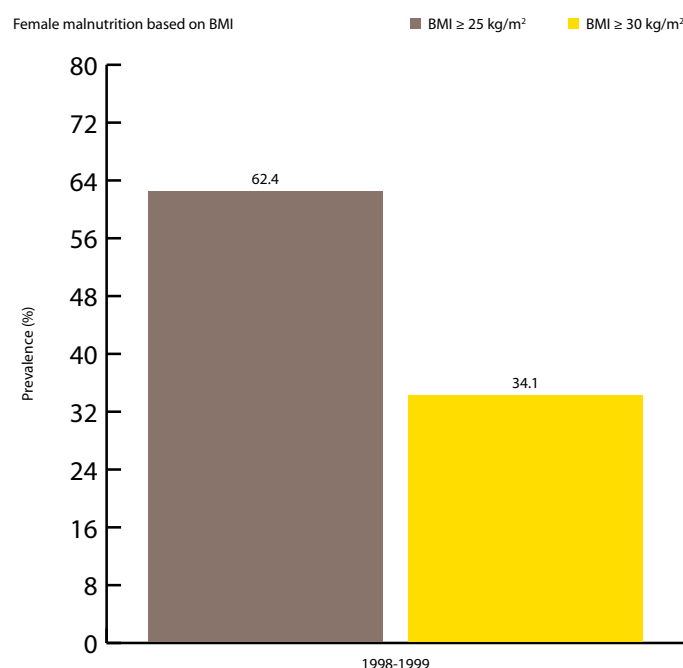


Indicator	Year	Value
% Low birth weight (< 2500 g)	1999	8.0

### Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5 years (haemoglobin < 110 g/L)		No data
% Anaemia in pregnant women (haemoglobin < 110 g/L)		No data
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)		No data
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)		No data
Median urinary iodine concentration (µg/L) in children 6–12 years		No data

## Malnutrition in women



BMI, body mass index.

## Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth		No data
% Infants 6–8 months who receive solid, semi-solid or soft foods		No data
% Children 6–23 months who receive a minimum acceptable diet		No data
% Children < 5 years with diarrhoea receiving oral rehydration therapy and continued feeding		No data
% Women 15–19 years who are mothers or pregnant with their first child		No data

## Exclusive breastfeeding under 6 months

No breastfeeding data available for this country.

## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	1995	97.6
% Children 6–59 months receiving vitamin A supplements (dose 1)		No data
% Children 6–59 months receiving vitamin A supplements (dose 2)		No data
% Children aged 1 year immunized against measles	2008	99.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility		No data
% Population using improved drinking water sources		No data
% Women supplemented with iron and folate during pregnancy		No data

## Food security

Indicator	Year	Value
% Population living below US\$ 1 per day		No data
% Population below minimum level of dietary energy consumption		No data
Iodized salt consumption (% households consuming adequately iodized salt – 15 parts per million or more)		No data

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure	2007	9.8
Total expenditure on health as % of gross domestic product	2008	3.6
Per capita total expenditure on health (US\$)	2007	1199.0
Nutrition component of the United Nations Development Assistance Framework		No data
Nutrition component of Poverty Reduction Strategy Paper		No data
Nutrition governance		No data
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	No data
Maternity leave	2009	45 days

## Capacity

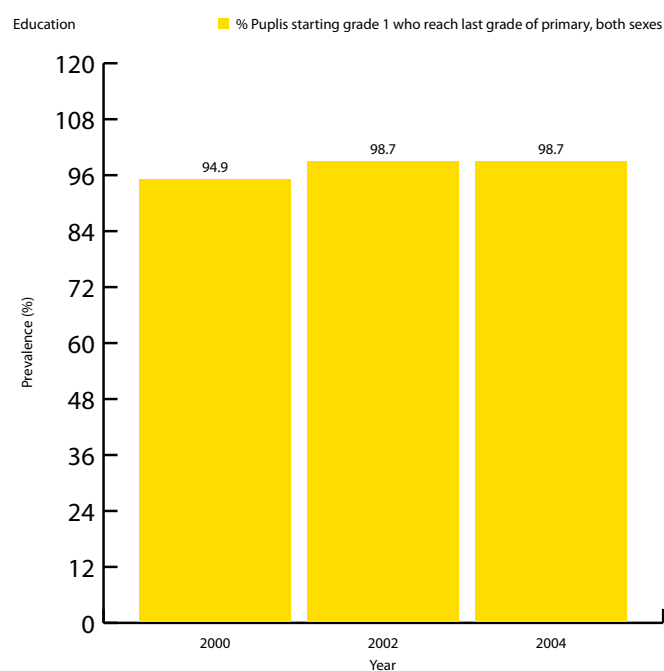
Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100 000 population		No data
Nursing and midwifery personnel density per 10 000 population	2007	58.0
Gross domestic product per capita (purchasing power parity US\$)	2008	28 240
Gross domestic product per capita annual growth rate (%)	1970–2008	1.0
Official development assistance received (net disbursements) (% of gross domestic product)		No data
Low-income food-deficit country	2010	No

## Meta-indicators

Indicator	Year	Value
% Seats held by women in national parliament	2010	1
Averaged aggregate governance indicators	2008	-0.1
Gender parity index in primary level enrolment (ratio of girls to boys)	2008	0.98
Gender-related development index value	2007	0.895
Global Hunger Index		No data
Human development index value	2010	0.801

## Education

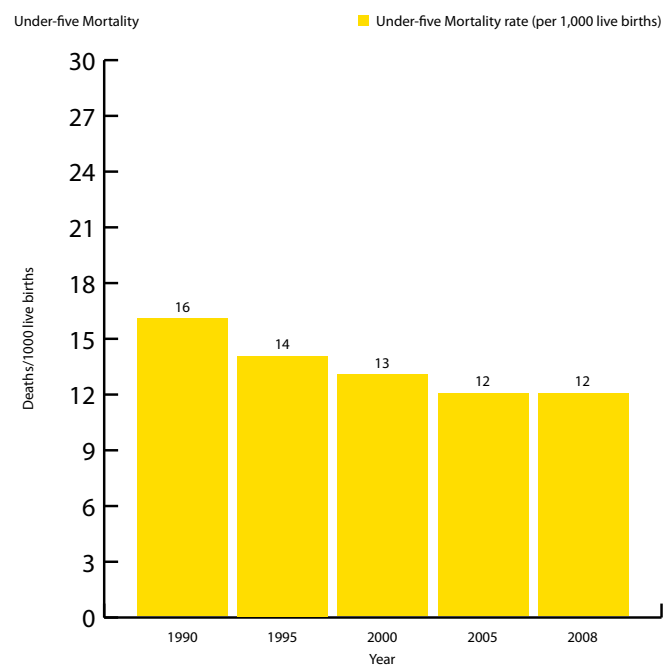
### Primary education



### Maternal education

No maternal education data available for this country.

### Under-5 mortality

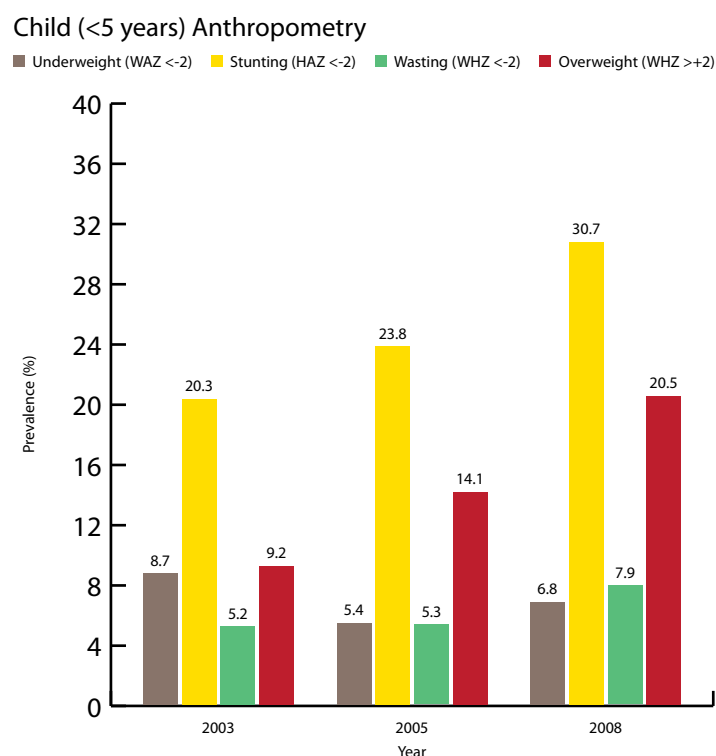




## Egypt

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in Egypt? See national data below.

### Child malnutrition

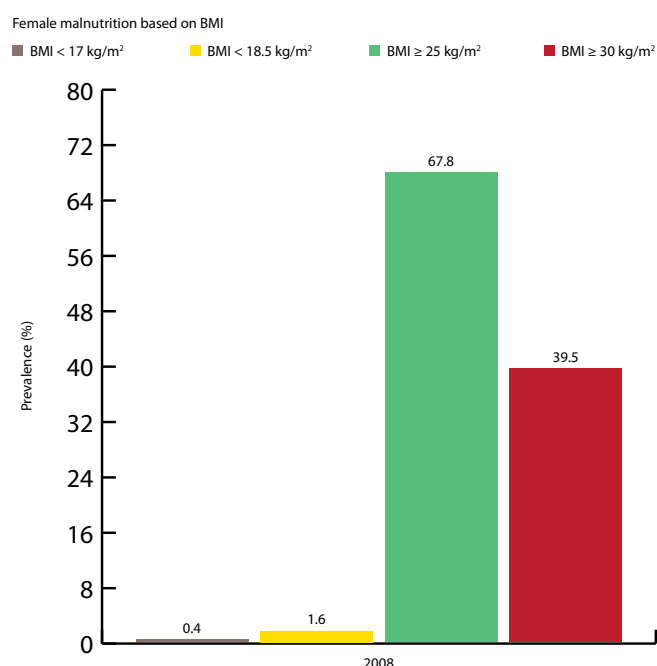


Indicator	Year	Value
% Low birth weight (< 2500 g)	2008	13.0

### Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5 years (haemoglobin < 110 g/L)	2005	48.5
% Anaemia in pregnant women (haemoglobin < 110 g/L)	2005	34.2
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)		No data
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)	1995	11.9
Median urinary iodine concentration (µg/L) in children 6–12 years	2006–2007	183.6

## Malnutrition in women

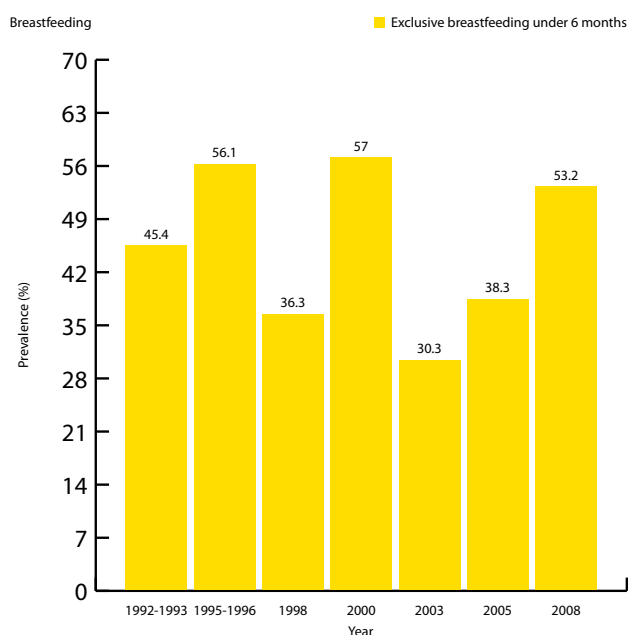


BMI, body mass index.

## Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth		No data
% Infants 6–8 months who receive solid, semi-solid or soft foods		No data
% Children 6–23 months who receive a minimum acceptable diet		No data
% Children < 5 years with diarrhoea receiving oral rehydration therapy and continued feeding	2005	27.0
% Women 15–19 years who are mothers or pregnant with their first child	2008	9.6

## Exclusive breastfeeding under 6 months



## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	2008	78.9
% Children 6–59 months receiving vitamin A supplements (dose 1)	2007	87.0
% Children 6–59 months receiving vitamin A supplements (dose 2)	2007	87.0
% Children aged 1 year immunized against measles	2008	92.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility	2008	94.0
% Population using improved drinking water sources	2008	99.0
% Women supplemented with iron and folate during pregnancy		No data

## Food security

Indicator	Year	Value
% Population living below US\$ 1 per day	2005	2.0
% Population below minimum level of dietary energy consumption		No data
Iodized salt consumption (% households consuming adequately iodized salt – 15 parts per million or more)	2008	79.0

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure	2007	7.1
Total expenditure on health as % of gross domestic product	2008	6.4
Per capita total expenditure on health (US\$)	2007	310.0
Nutrition component of the United Nations Development Assistance Framework	2007–2011	Weak
Nutrition component of Poverty Reduction Strategy Paper		No data
Nutrition governance	2008	Medium
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	Yes
Maternity leave	2009	90 days

## Capacity

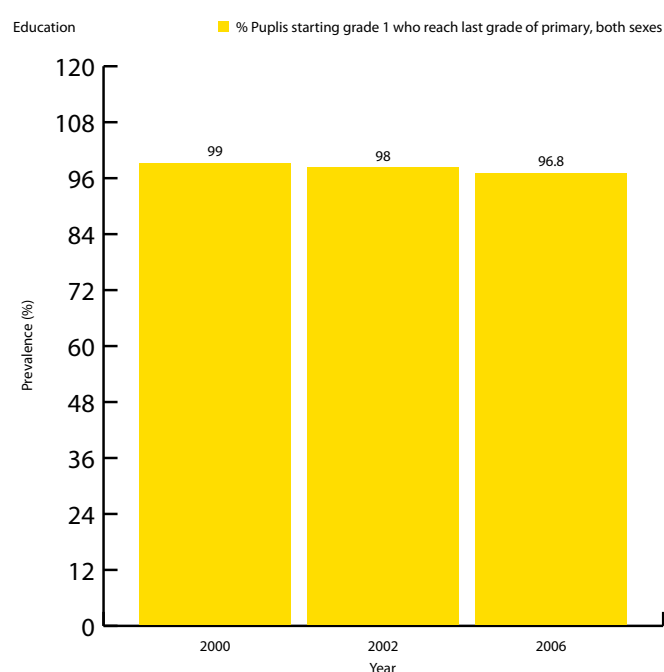
Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100 000 population		No data
Nursing and midwifery personnel density per 10 000 population	2005	33.5
Gross domestic product per capita (purchasing power parity US\$)	2008	1991
Gross domestic product per capita annual growth rate (%)	1970–2008	2.5
Official development assistance received (net disbursements) (% of gross domestic product)	2007	6.0
Low-income food-deficit country	2010	Yes

## Meta-indicators

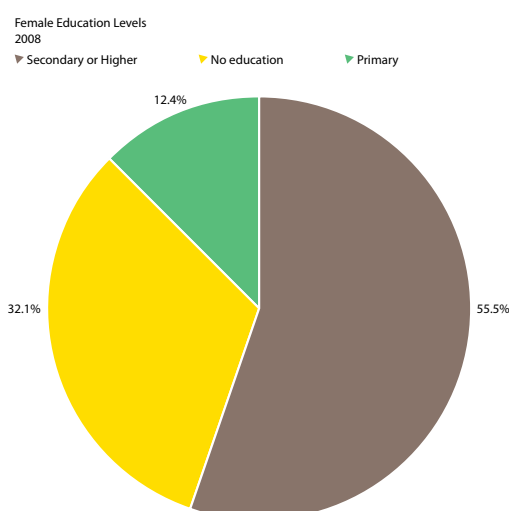
Indicator	Year	Value
% Seats held by women in national parliament	2010	8
Averaged aggregate governance indicators	2008	-0.42
Gender parity index in primary level enrolment (ratio of girls to boys)	2007	0.95
Gender-related development index value		No data
Global Hunger Index		No data
Human development index value	2010	0.62

## Education

### Primary education



### Female education



## Under-5 mortality

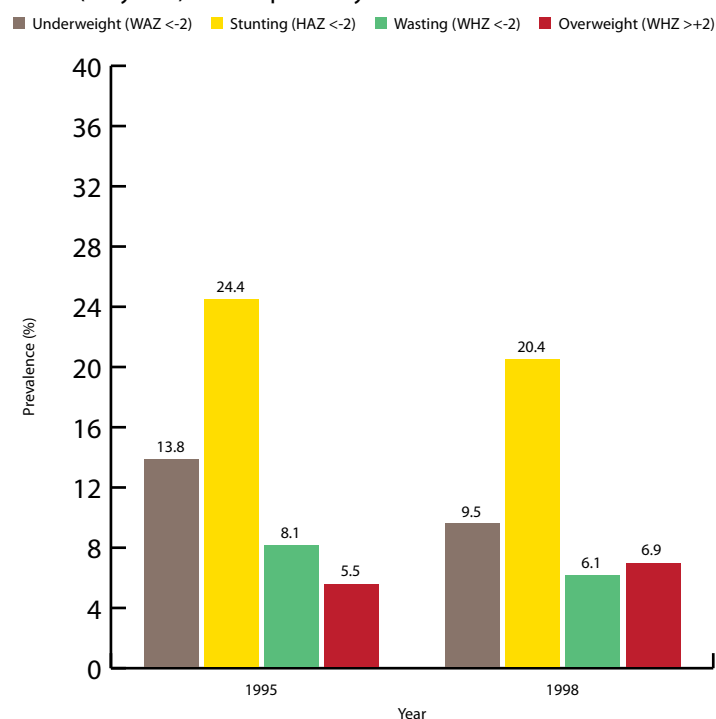
No under-5 mortality data available for this country.

## Iran, Islamic Republic of

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in the Islamic Republic of Iran? See national data below.

### Child malnutrition

Child (<5 years) Anthropometry

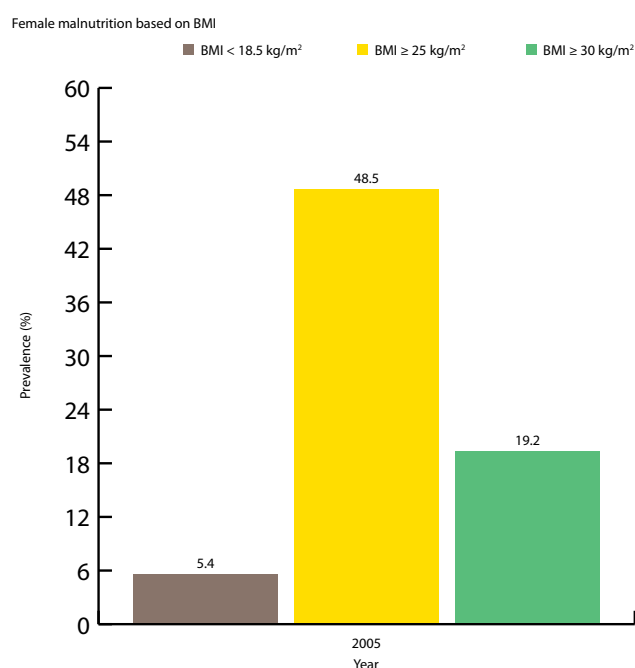


Indicator	Year	Value
% Low birth weight (< 2500 g)	2006	7.0

### Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5 years (haemoglobin < 110 g/L)		No data
% Anaemia in pregnant women (haemoglobin < 110 g/L)	2001	21.4
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)		No data
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)	2001	0.5
Median urinary iodine concentration (µg/L) in children 6–12 years	2000–2001	165.0

## Malnutrition in women



BMI, body mass index.

## Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth		No data
% Infants 6–8 months who receive solid, semi-solid or soft foods		No data
% Children 6–23 months who receive a minimum acceptable diet		No data
% Children < 5 years with diarrhoea receiving oral rehydration salts and continued feeding		No data
% Women 15–19 years who are mothers or pregnant with their first child		No data

## Exclusive breastfeeding under 6 months

No breastfeeding data available for this country.

## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	2005	97.3
% Children 6–59 months receiving vitamin A supplements (dose 1)		No data
% Children 6–59 months receiving vitamin A supplements (dose 2)		No data
% Children aged 1 year immunized against measles	2008	98.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility	2000	83.0
% Population using improved drinking water sources	2000	93.0
% Women supplemented with iron and folate during pregnancy		No data

## Food security

Indicator	Year	Value
% Population living below US\$ 1 per day	2005	2.0
% Population below minimum level of dietary energy consumption		No data
Iodized salt consumption (% households consuming adequately iodized salt – 15 parts per million or more)	2005	99.0

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure	2007	11.5
Total expenditure on health as % of gross domestic product	2008	6.3
Per capita total expenditure on health (US\$)	2007	689.0
Nutrition component of the United Nations Development Assistance Framework		No data
Nutrition component of Poverty Reduction Strategy Paper		No data
Nutrition governance		No data
Maternity leave	2009	90 days
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	Yes

## Capacity

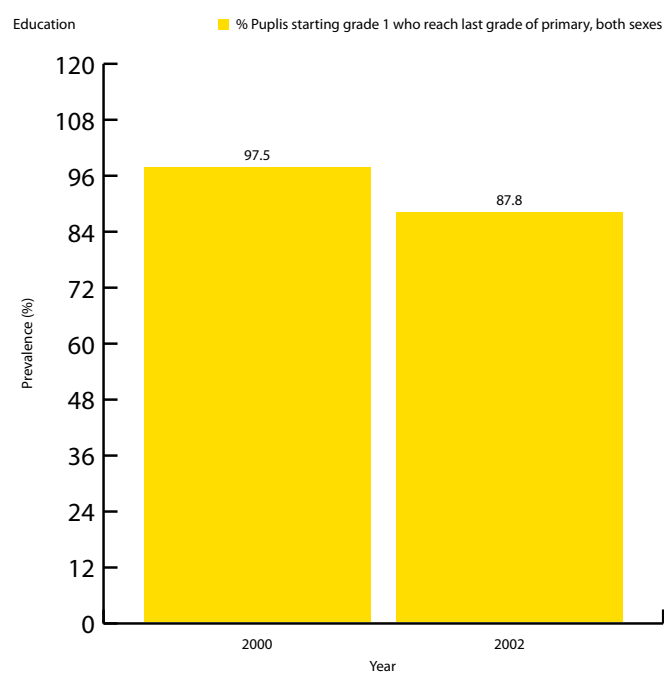
Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100 000 population		No data
Nursing and midwifery personnel density per 10 000 population	205	14.1
Gross domestic product per capita (purchasing power parity US\$)		No data
Gross domestic product per capita annual growth rate (%)	1970–2008	0.2
Official development assistance received (net disbursements) (% of gross national product)	2007	0.5
Low-income food-deficit country	2010	No

## Meta-indicators

Indicator	Year	Value
% Seats held by women in national parliament	2010	8
Averaged aggregate governance indicators	2008	-0.54
Gender parity index in primary level enrolment (ratio of girls to boys)	2008	1.4
Gender-related development index value	2007	0.77
Global Hunger Index		No data
Human development index value	2010	0.702

## Education

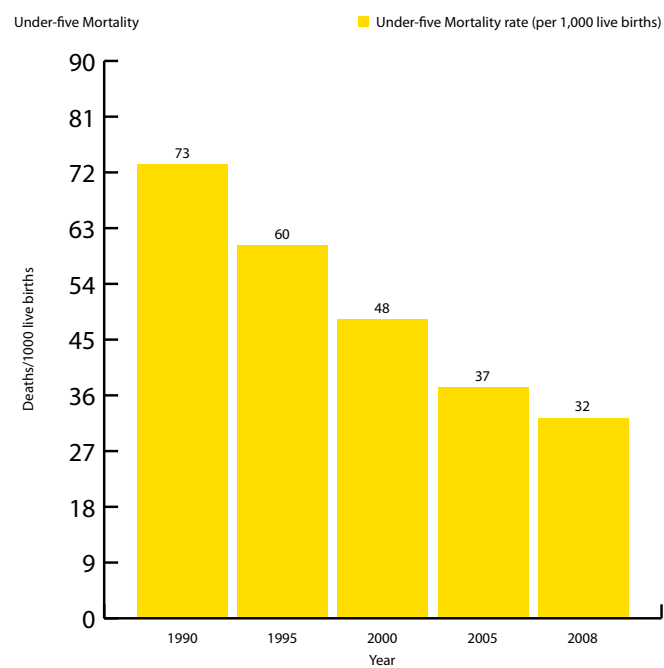
### Primary education



### Maternal education

No maternal education data available for this country.

### Under-5 mortality

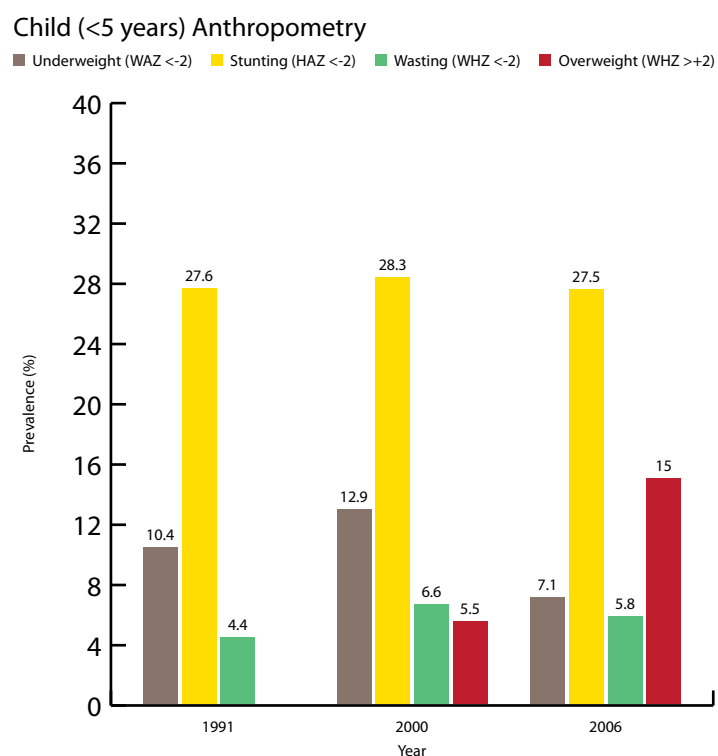




## Iraq

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in Iraq? See national data below.

### Child malnutrition

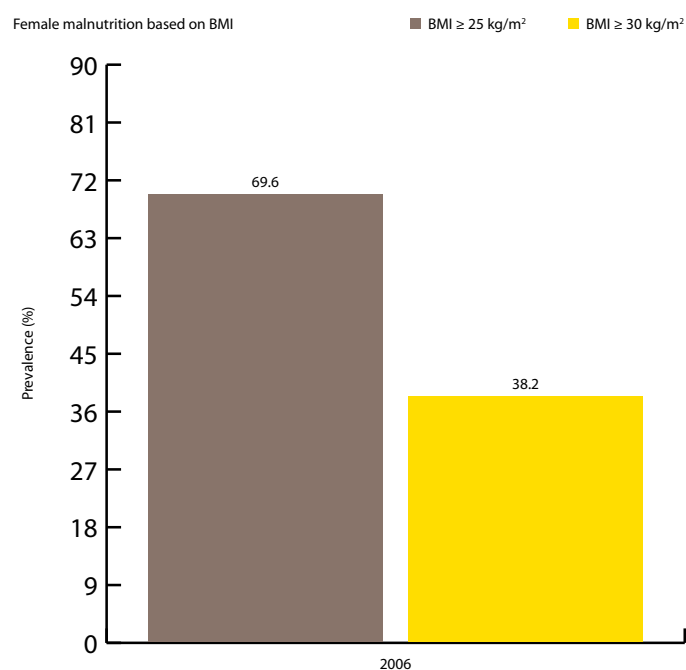


Indicator	Year	Value
% Low birth weight (< 2500 g)	2006	15.0

### Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5 years (haemoglobin < 110 g/L)		No data
% Anaemia in pregnant women (haemoglobin < 110 g/L)		No data
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)		No data
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)		No data
Median urinary iodine concentration (µg/L) in children 6–12 years		No data

## Malnutrition in women

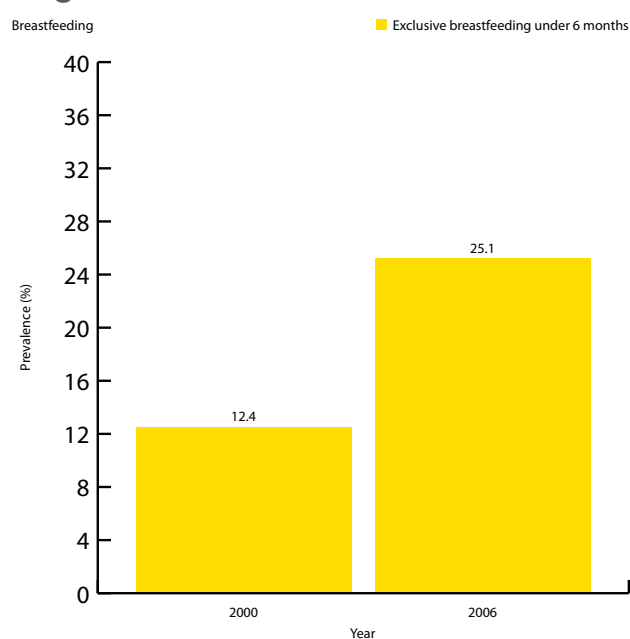


BMI, body mass index.

## Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth	2006	30.6
% Infants 6–8 months who receive solid, semi-solid or soft foods		No data
% Children 6–23 months who receive a minimum acceptable diet		No data
% Children < 5 years with diarrhoea receiving oral rehydration salts and continued feeding	2006	64.0
% Women 15–19 years who are mothers or pregnant with their first child		No data

## Exclusive breastfeeding under 6 months



## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	2007	79.7
% Children 6–59 months receiving vitamin A supplements (dose 1)		No data
% Children 6–59 months receiving vitamin A supplements (dose 2)		No data
% Children aged 1 year immunized against measles	2008	69.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility	2008	73.0
% Population using improved drinking water sources	2008	79.0
% Women supplemented with iron and folate during pregnancy		No data

## Food security

Indicator	Year	Value
% Population living below US\$ 1 per day		No data
% Population below minimum level of dietary energy consumption		No data
Iodized salt consumption (% households consuming adequately iodized salt – 15 parts per million or more)	2006	28.0

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure	2007	3.1
Total expenditure on health as % of gross domestic product	2008	2.7
Per capita total expenditure on health (US\$)	2007	78.0
Nutrition component of the United Nations Development Assistance Framework		No data
Nutrition component of Poverty Reduction Strategy Paper		No data
Nutrition governance	2008	No data
Maternity leave	2009	62 days
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	No

## Capacity

Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100 000 population		No data
Nursing and midwifery personnel density per 10 000 population	2007	10.5
Gross domestic product per capita (purchasing power parity US\$)		No data
Gross domestic product per capita annual growth rate (%)		No data
Official development assistance received (net disbursements) (% of gross domestic product)		No data
Low-income food-deficit country	2010	Yes

## Meta-indicators

Indicator	Year	Value
% Seats held by women in national parliament	2010	70
Averaged aggregate governance indicators	2008	-0.9
Gender parity index in primary level enrolment (ratio of girls to boys)	2005	0.84
Gender-related development index value		No data
Global Hunger Index		No data
Human development index value		No data
% Pupils starting Grade 1 who reach last grade of primary, both sexes	2004	70.1

## Education

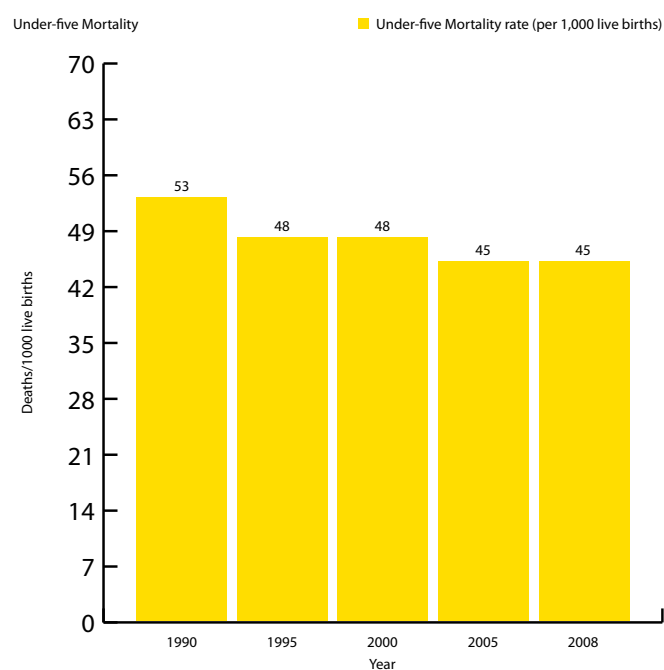
### Primary education

No primary education data available for this country

### Maternal education

No maternal education data available for this country

## Under-5 mortality



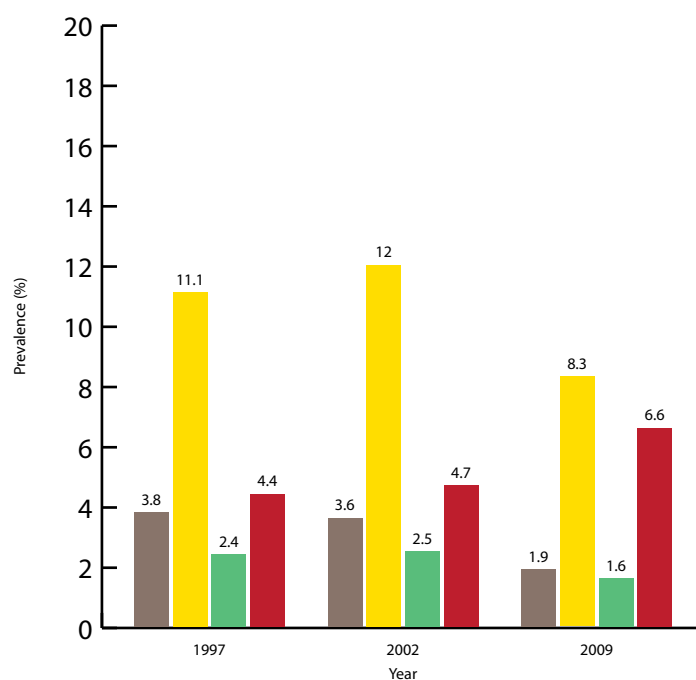
## Jordan

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in Jordan? See national data below.

### Child malnutrition

Child (<5 years) Anthropometry

■ Underweight (WAZ <-2) ■ Stunting (HAZ <-2) ■ Wasting (WHZ <-2) ■ Overweight (WHZ >+2)

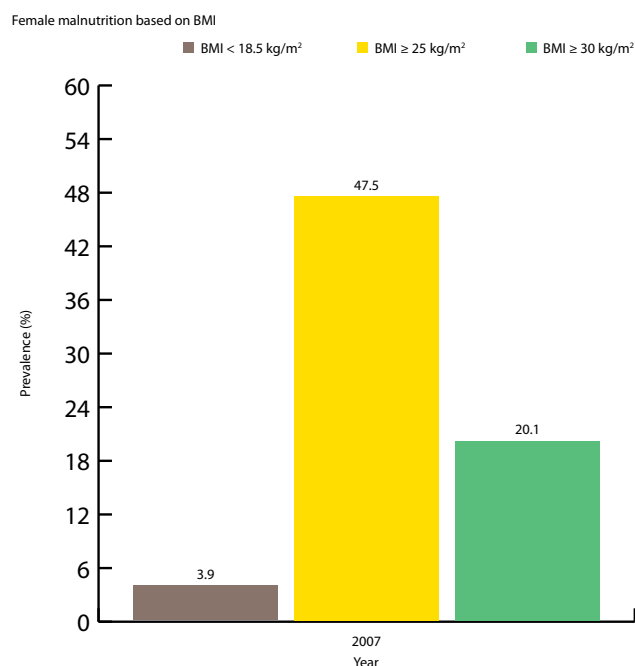


Indicator	Year	Value
% Low birth weight (< 2500 g)	2007	13.0

### Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5 years (haemoglobin < 110 g/L) Source: Jordan Population and Family Health Survey, 2002	2002	34.2
% Anaemia in children <5 years (haemoglobin < 110 g/L) Source: National baseline survey on iron deficiency anemia and vitamin A deficiency.	2002	20.1
% Anaemia in pregnant women (haemoglobin < 110 g/L)	2002	20.1
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)	2002	37.0
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)		No data
Median urinary iodine concentration (µg/L) in children 6–12 years	2002	15.1

## Malnutrition in women

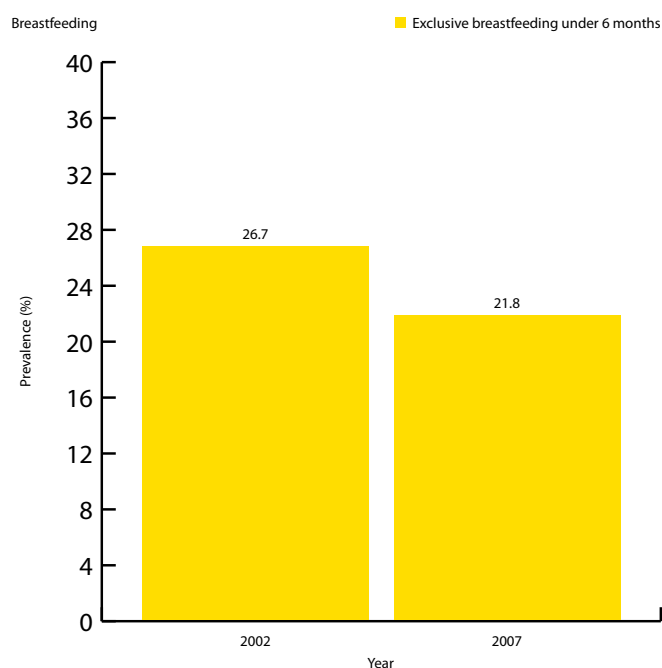


BMI, body mass index.

## Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth		No data
% Infants 6–8 months who receive solid, semi-solid or soft foods		No data
% Children 6–23 months who receive a minimum acceptable diet		No data
% Children < 5 years with diarrhoea receiving oral rehydration therapy and continued feeding	2007	32.0
% Women 15–19 years who are mothers or pregnant with their first child	2009	4.7

## Exclusive breastfeeding under 6 months



## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	2007	99.1
% Children 6–59 months receiving vitamin A supplements (dose 1)		No data
% Children 6–59 months receiving vitamin A supplements (dose 2)		No data
% Children aged 1 year immunized against measles	2008	95.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility	2008	98.0
% Population using improved drinking water sources	2008	96.0
% Women supplemented with iron and folate during pregnancy		No data

## Food security

Indicator	Year	Value
% Population living below US\$ 1 per day	2006	2.0
% Population below minimum level of dietary energy consumption	2000–2002	5.0
Iodized salt consumption (% households consuming adequately iodized salt – 15 parts per million or more)	2000	88.0

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure	2007	11.4
Total expenditure on health as % of gross domestic product	2008	8.5
Per capita total expenditure on health (US\$)	2007	434.0
Nutrition component of the United Nations Development Assistance Framework		No data
Nutrition component of Poverty Reduction Strategy Paper		No data
Nutrition governance		No data
Maternity leave	2009	10 weeks
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	No

## Capacity

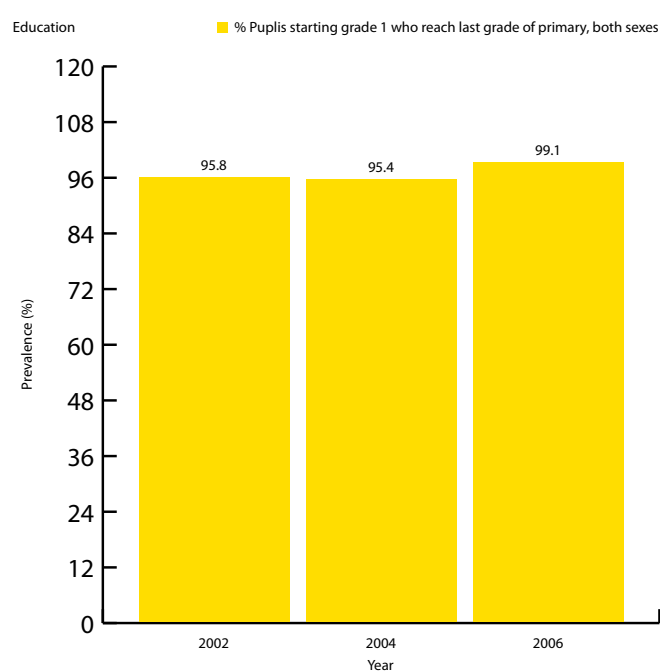
Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100 000 population		No data
Nursing and midwifery personnel density per 10 000 population	2006	31.8
Gross domestic product per capita (purchasing power parity US\$)	2008	3596
Gross domestic product per capita annual growth rate (%)	1970–2008	1.6
Official development assistance received (net disbursements) (% of gross domestic product)	2007	22.7
Low-income food-deficit country	2010	No

## Meta-indicators

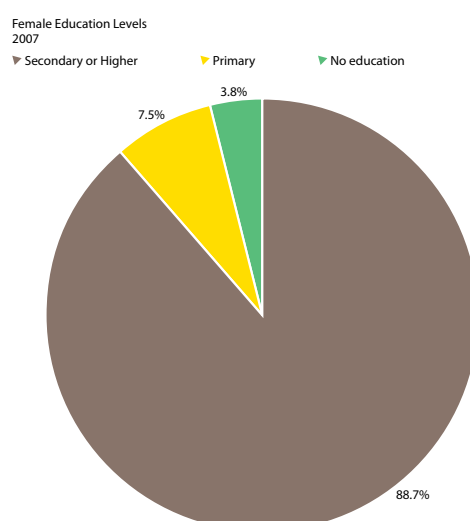
Indicator	Year	Value
% Seats held by women in national parliament	2010	7
Averaged aggregate governance indicators	2008	-0.1
Gender parity index in primary level enrolment (ratio of girls to boys)	2008	1.01
Gender-related development index value	2007	0.743
Global Hunger Index		No data
Human development index value	2010	0.681

## Education

### Primary education

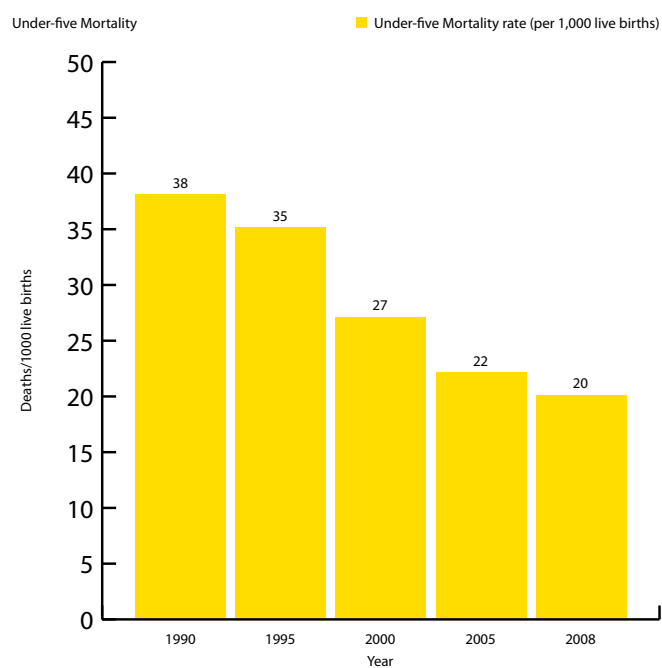


### Female education





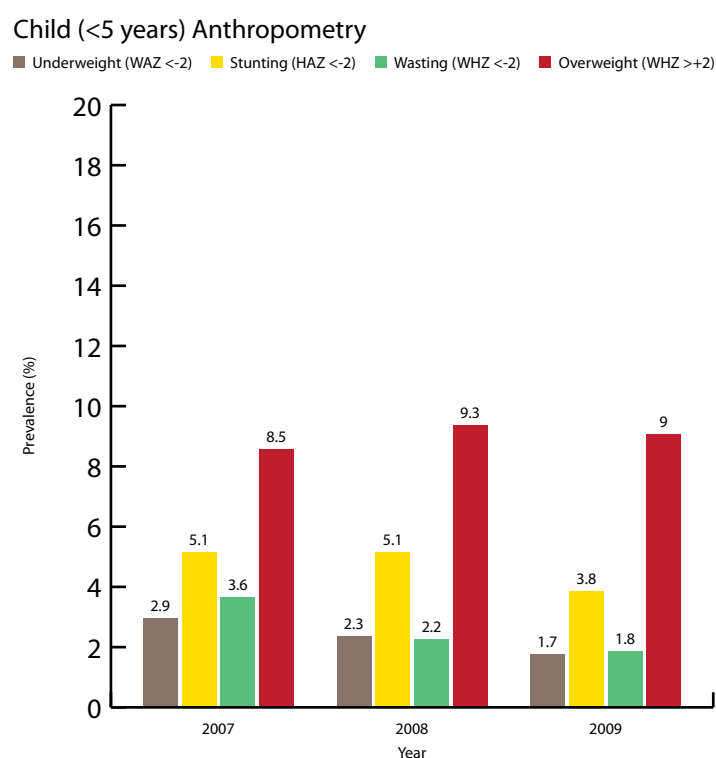
## Under-5 mortality



## Kuwait

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in Kuwait? See national data below.

### Child malnutrition

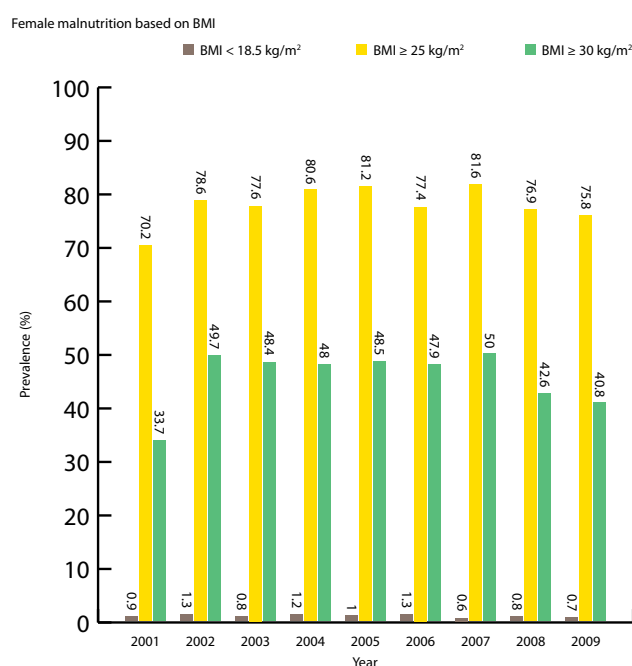


Indicator	Year	Value
% Low birth weight (< 2500 g)	2000	4.0

### Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5years (haemoglobin < 110 g/L)		No data
% Anaemia in pregnant women (haemoglobin < 110 g/L)		No data
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)		No data
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)		No data
Median urinary iodine concentration (µg/L) in children 6–12 years		No data

## Malnutrition in women



BMI, body mass index.

## Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth		No data
% Infants 6–8 months who receive solid, semi-solid or soft foods		No data
% Children 6–23 months who receive a minimum acceptable diet		No data
% Children <5 years with diarrhoea receiving oral rehydration therapy and continued feeding		No data
% Women 15–19 years who are mothers or pregnant with their first child		No data
% Exclusive breastfeeding under 6 months	1987	38.3

## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	1996	98.1
% Children 6–59 months receiving vitamin A supplements (dose 1)		No data
% Children 6–59 months receiving vitamin A supplements (dose 2)		No data
% Children aged 1 year immunized against measles	2008	99.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility	2008	100.0
% Population using improved drinking water sources	2008	99.0
% Women supplemented with iron and folate during pregnancy		No data

## Food security

Indicator	Year	Value
% Population living below US\$ 1 per day		No data
% Population below minimum level of dietary energy consumption	1995–1997	5.0
Iodized salt consumption (% households consuming adequately iodized salt – 15 parts per million or more)		No data

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure	2007	5.4
Total expenditure on health as % of gross domestic product	2008	2.0
Per capita total expenditure on health (US\$)	2007	814.0
Nutrition component of the United Nations Development Assistance Framework		No data
Nutrition component of Poverty Reduction Strategy Paper		No data
Nutrition governance		No data
Maternity leave	2009	70 days
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	No

## Capacity

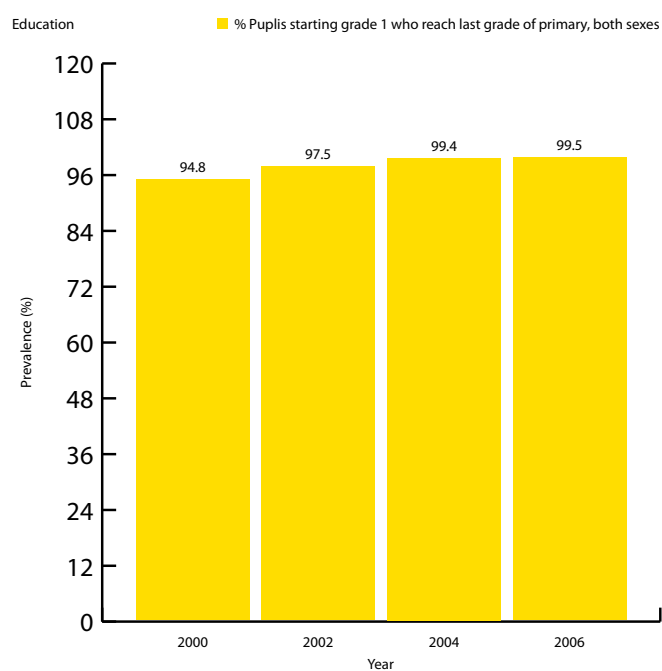
Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100 000 population		No data
Nursing and midwifery personnel density per 10 000 population	2005	37.0
Gross domestic product per capita (purchasing power parity US\$)	2008	54 260
Growth domestic product per capita annual growth rate (%)	1970–2008	-1.2
Official development assistance received (net disbursements) (% of gross domestic product)		No data
Low-income food-deficit country	2010	No

## Meta-indicators

Indicator	Year	Value
% Seats held by women in national parliament	2010	5
Averaged aggregate governance indicators	2008	0.07
Gender parity index in primary level enrolment (ratio of girls to boys)	2008	0.98
Gender-related development index value	2007	0.892
Global Hunger Index		No data
Human development index value	2010	0.771

## Education

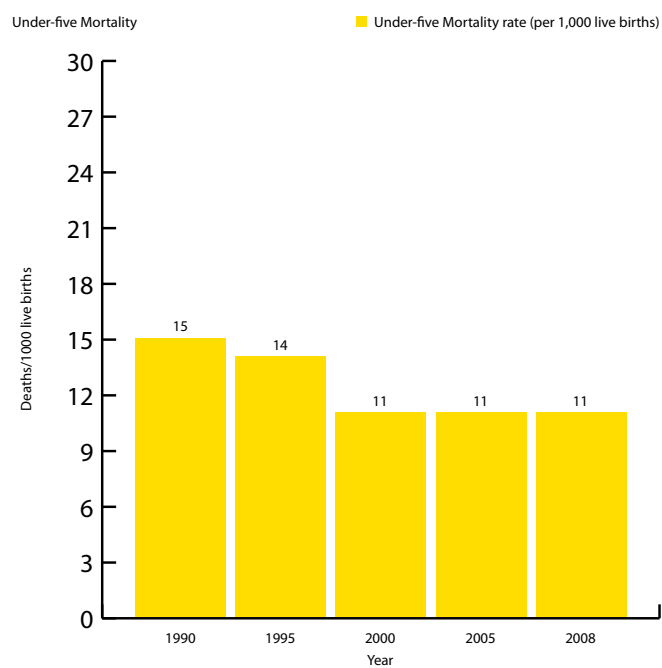
### Primary education



### Maternal education

No maternal education data available for this country.

### Under-5 mortality rate

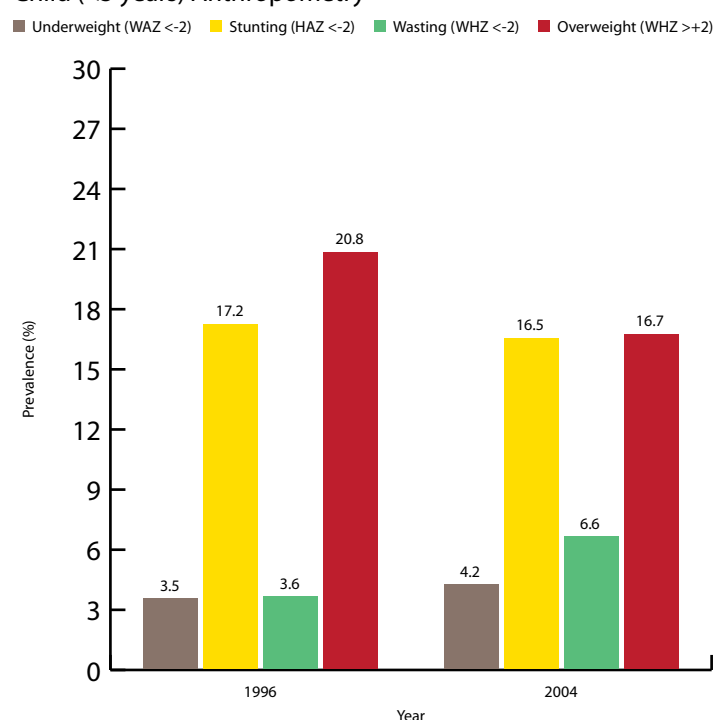


## Lebanon

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in Lebanon? See national data below.

### Child malnutrition

Child (<5 years) Anthropometry

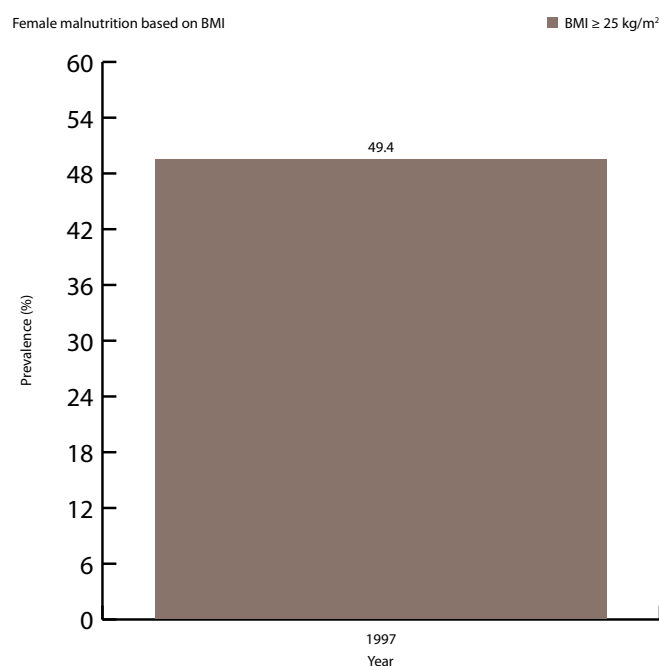


Indicator	Year	Value
% Low birth weight (< 2500 g)	2001	5.0

### Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5 years (haemoglobin < 110 g/L)	1997–1998	24.8
% Anaemia in pregnant women (haemoglobin < 110 g/L)	1997–1998	20.0
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)		No data
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)		No data
Median urinary iodine concentration (µg/L) in children 6–12 years	1997	94.5

## Malnutrition in women



BMI, body mass index.

## Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth		No data
% Infants 6–8 months age who receive solid, semi-solid or soft foods		No data
% Children 6–23 months who receive a minimum acceptable diet		No data
% Children < 5 years with diarrhoea receiving oral rehydration therapy and continued feeding		No data
% Women 15–19 years who are mothers or pregnant with their first child		No data

## Exclusive breastfeeding under 6 months

No breastfeeding data available for this country.

## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	1995	98.0
% Children 6–59 months receiving vitamin A supplements (dose 1)		No data
% Children 6–59 months receiving vitamin A supplements (dose 2)		No data
% Children aged 1 year immunized against measles	2008	53.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility	2005	98.0
% Population using improved drinking water sources	2008	100.0
% Women supplemented with iron and folate during pregnancy		No data

## Food security

Indicator	Year	Value
% Population living below US\$ 1 per day		No data
% Population below minimum level of dietary energy consumption		No data
Iodized salt consumption (% households consuming adequately iodized salt – 15 parts per million or more)	2004	92.0

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure	2007	11.7
Total expenditure on health as % of gross domestic product	2008	8.8
Per capita total expenditure on health (US\$)	2007	921.0
Nutrition component of the United Nations Development Assistance Framework		No data
Nutrition component of Poverty Reduction Strategy Paper		No data
Nutrition governance		No data
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	No
Maternity leave	2009	7 weeks

## Capacity

Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100 000 population		No data
Nursing and midwifery personnel density per 10 000 population	2005	13.2
Gross domestic product per capita (purchasing power parity US\$)	2008	6978
Gross domestic product per capita annual growth rate (%)	1970–2008	4.0
Official development assistance received (net disbursements) (% of gross domestic product)	2007	24.4
Low-income food-deficit country	2010	No

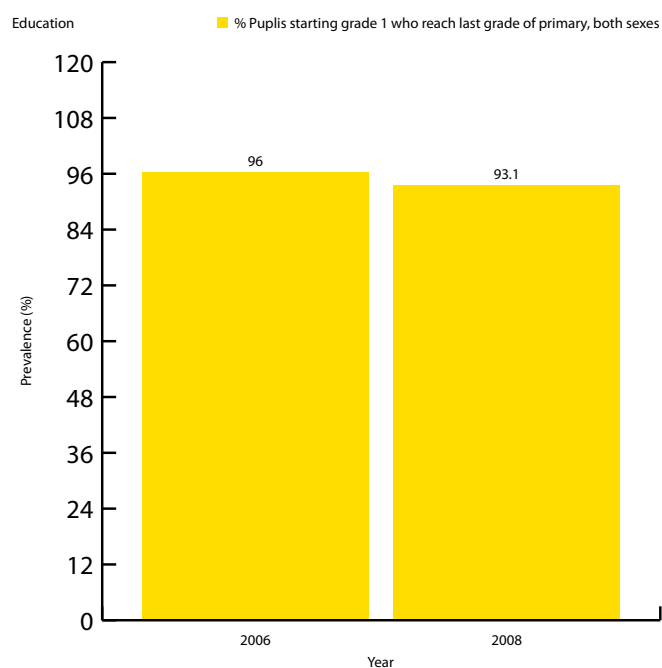
## Meta-indicators

Indicator	Year	Value
% Seats held by women in national parliament	2010	4
Averaged aggregate governance indicators	2008	-0.53
Gender parity index in primary level enrolment (ratio of girls to boys)	2009	0.98
Gender-related development index value	2007	0.784
Global Hunger Index		No data
Human development index value		No data



## Education

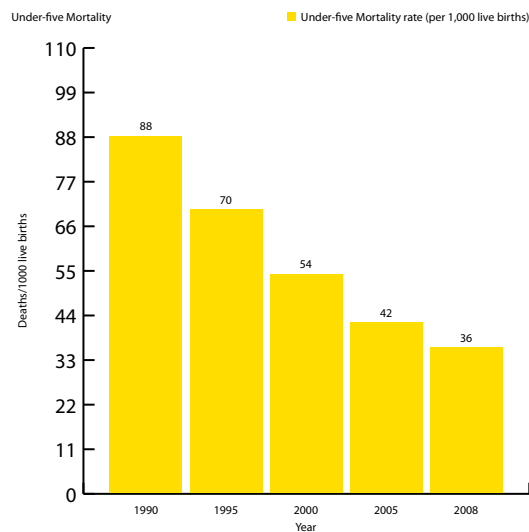
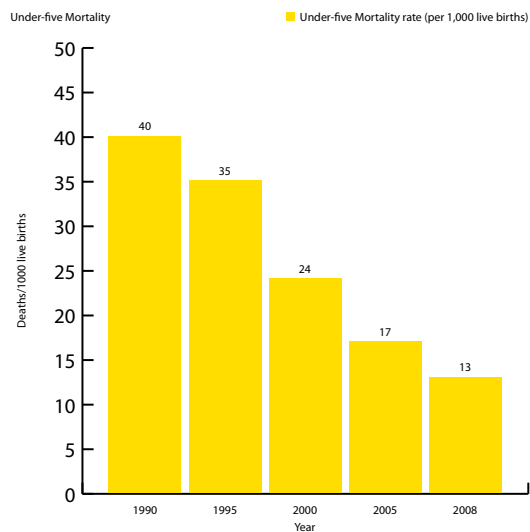
### Primary education



### Maternal education

No maternal education data available for this country.

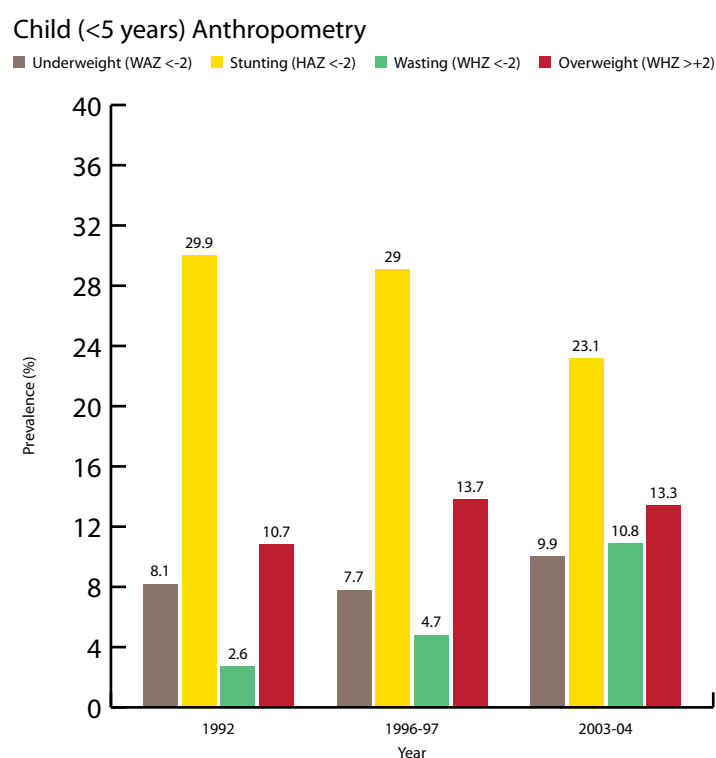
### Under-5 mortality



## Morocco

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in Morocco? See national data below.

### Child malnutrition

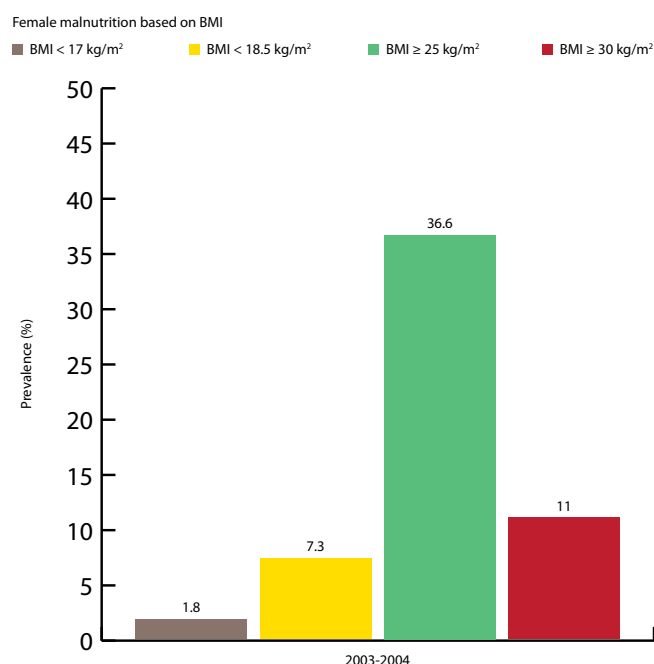


Indicator	Year	Value
% Low birth weight (< 2500 g)	2003	15.0

### Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5 years (haemoglobin < 110 g/L)	2000	31.5
% Anaemia in pregnant women (haemoglobin < 110 g/L)	2000	37.2
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)	2003–2004	2.2
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)	1996	40.4
Median urinary iodine concentration (µg/L) in children 6–12 years		No data

## Malnutrition in women



BMI, body mass index.

## Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth		No data
% Infants 6–8 months age who receive solid, semi-solid or soft foods		No data
% children 6–23 months who receive a minimum acceptable diet		No data
% Children < 5 years with diarrhoea receiving oral rehydration salts and continued feeding	2003–2004	46.0
% Women 15–19 years who are mothers or pregnant with their first child	2003–2004	6.5
% Exclusive breastfeeding under 6 months	2003–2004	31.0
Official development assistance received (net disbursements) (% of gross domestic product)	2007	24.4
Low-income food-deficit country	2010	No

## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	2004	62.6
% Children 6–59 months receiving vitamin A supplements (dose 1)		No data
% Children 6–59 months receiving vitamin A supplements (dose 2)		No data
% Children aged 1 year immunized against measles	2008	96.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility	2008	69.0
% Population using improved drinking water sources	2008	81.0
% Women supplemented with iron and folate during pregnancy		No data

## Food security

Indicator	Year	Value
% Population living below US\$ 1 per day	2007	2.5
% Population below minimum level of dietary energy consumption	2000–2002	5.0
Iodized salt consumption (% households consuming adequately iodized salt – 15 parts per million or more)	2006	21.0

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure	2007	6.2
Total expenditure on health as % of gross domestic product	2008	5.3
Per capita total expenditure on health (US\$)	2007	202.0
Nutrition component of the United Nations Development Assistance Framework		No data
Nutrition component of Poverty Reduction Strategy Paper		No data
Nutrition governance		No data
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	No
Maternity leave	2009	14 weeks

## Capacity

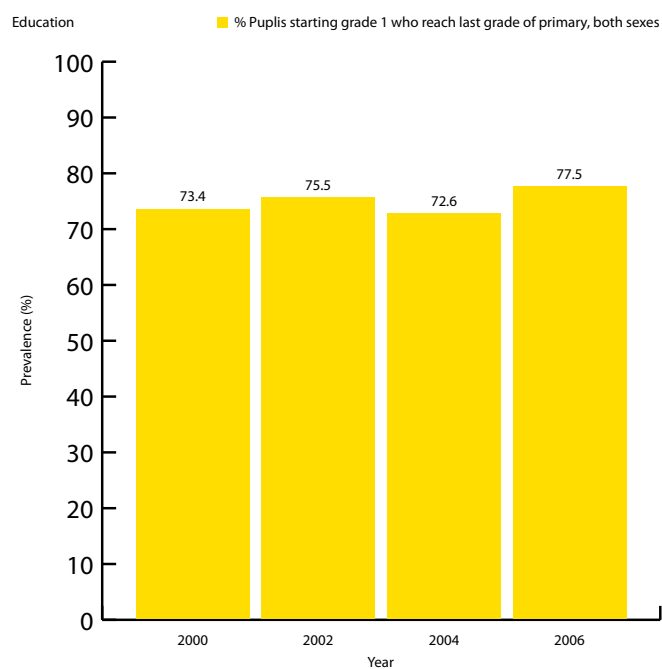
Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100 000 population		No data
Nursing and midwifery personnel density per 10 000 population	2004	7.8
Gross domestic product per capita (purchasing power parity US\$)	2008	2769
Gross domestic product per capita annual growth rate (%)	1970–2008	2.4
Official development assistance received (net disbursements) (% of gross domestic product)	2007	9.0
Low-income food-deficit country	2010	Yes

## Meta-indicators

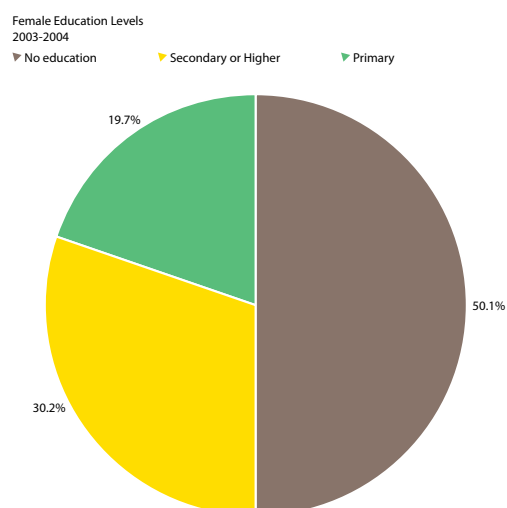
Indicator	Year	Value
% Seats held by women in national parliament	2010	34
Averaged aggregate governance indicators	2008	-0.24
Gender parity index in primary level enrolment (ratio of girls to boys)	2008	0.91
Gender-related development index value	2007	0.625
Global Hunger Index	2010	5.8
Human development index value	2010	0.567

## Education

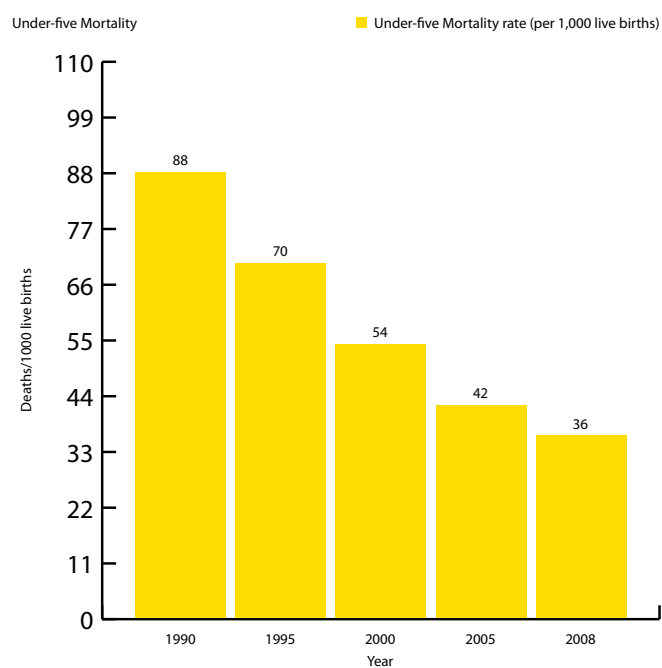
### Primary education



### Female education



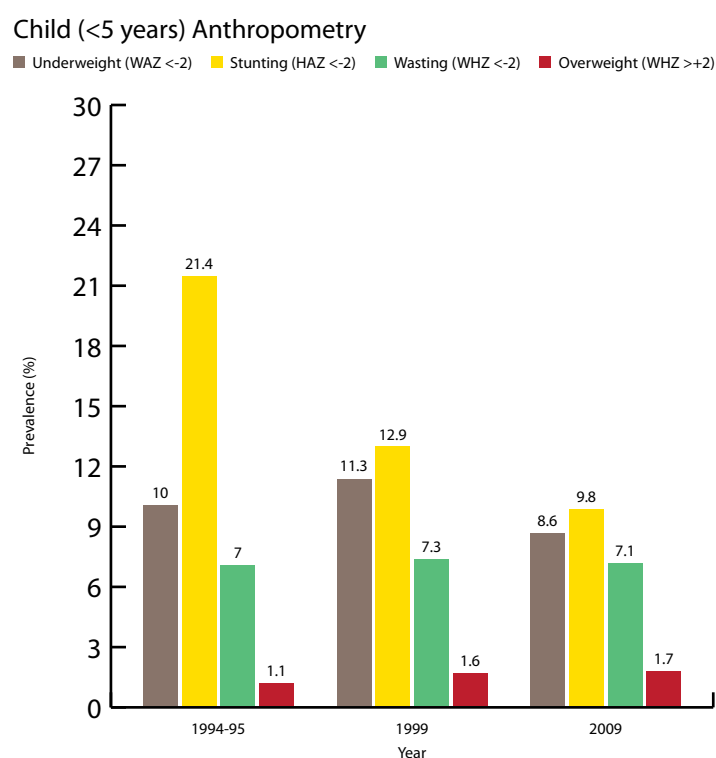
## Under-5 mortality



## Oman

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in Oman? See national data below.

### Child malnutrition

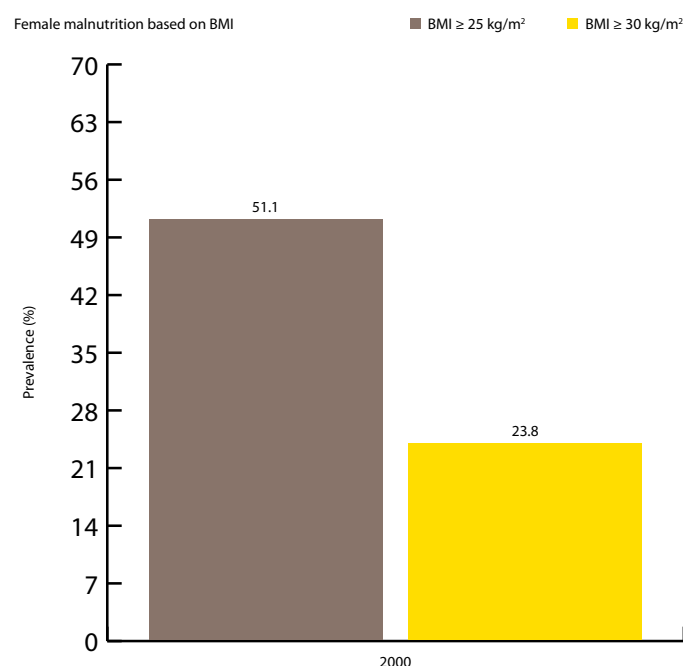


Indicator	Year	Value
% Low birth weight (< 2500 g)	2007	9.0

### Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5 years (haemoglobin < 110 g/L)	2004	41.5
% Anaemia in pregnant women (haemoglobin < 110 g/L)	2000	42.7
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)		No data
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)	2004	5.5
Median urinary iodine concentration (µg/L) in children 6–12 years	1993–1994	91.0

## Malnutrition in women



BMI, body mass index.

## Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth	2000	84.8
% Infants 6–8 months age who receive solid, semi-solid or soft foods		No data
% Children 6–23 months who receive a minimum acceptable diet		No data
% Children < 5 years with diarrhoea receiving oral rehydration therapy and continued feeding		No data
% Women 15–19 years who are mothers or pregnant with their first child		No data

## Exclusive breastfeeding under 6 months

No breastfeeding data available for this country.

## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	2007	98.6
% Children 6–59 months receiving vitamin A supplements (dose 1)	2004	95.0
% Children 6–59 months receiving vitamin A supplements (dose 2)	2002	91.0
% Children aged 1 year immunized against measles	2008	99.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility	2000	87.0
% Population using improved drinking water sources	2008	88.0
% Women supplemented with iron and folate during pregnancy		No data



## Food security

Indicator	Year	Value
% Population living below US\$ 1 per day		No data
% Population below minimum level of dietary energy consumption		No data
Iodized salt consumption (% households consuming adequately iodized salt – 15 parts per million or more)	2000	69.0

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure	2007	5.2
Total expenditure on health as % of gross domestic product	2008	2.4
Per capita total expenditure on health (US\$)	2007	688.0
Nutrition component of the United Nations Development Assistance Framework		No data
Nutrition component of Poverty Reduction Strategy Paper		No data
Nutrition governance		No data
Maternity leave	2009	No data
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	No

## Capacity

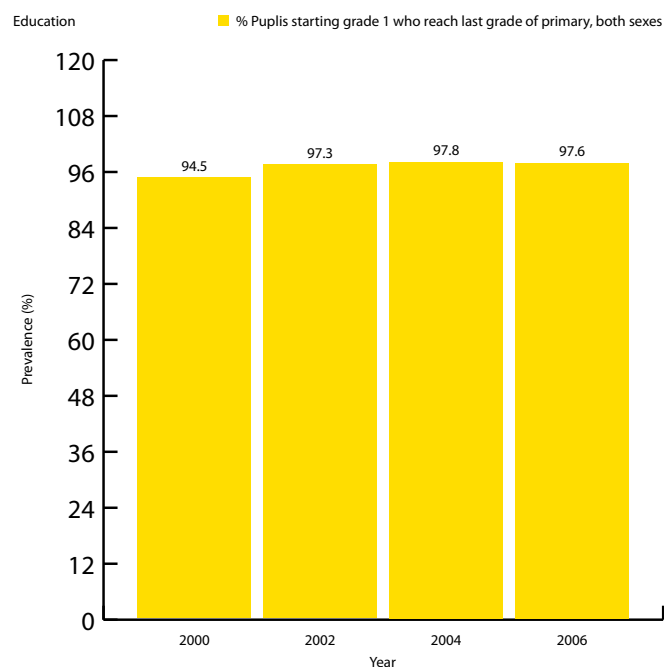
Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100 000 population		No data
Nursing and midwifery personnel density per 10 000 population	2007	39.0
Gross domestic product per capita (purchasing power parity US\$)		No data
Gross domestic product per capita annual growth rate (%)	1970–2008	3.4
Official development assistance received (net disbursements) (% of gross domestic product)	2007	0.1
Low-income food-deficit country	2010	No

## Meta-indicators

Indicator	Year	Value
% Seats held by women in national parliament	2010	0
Averaged aggregate governance indicators	2008	0.08
Gender parity index in primary level enrolment (ratio of girls to boys)	2008	1.01
Gender-related development index value	2007	0.826
Global Hunger Index		No data
Human development index value		No data

## Education

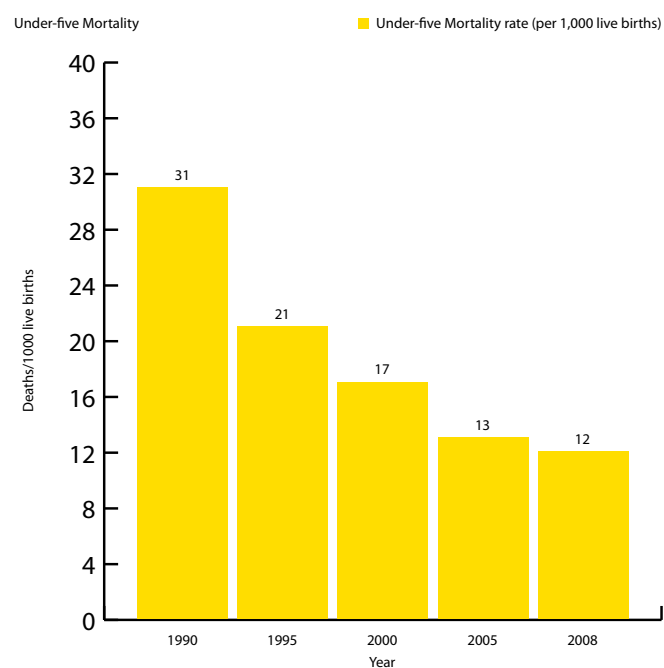
### Primary education



### Maternal education

No maternal education data available for this country.

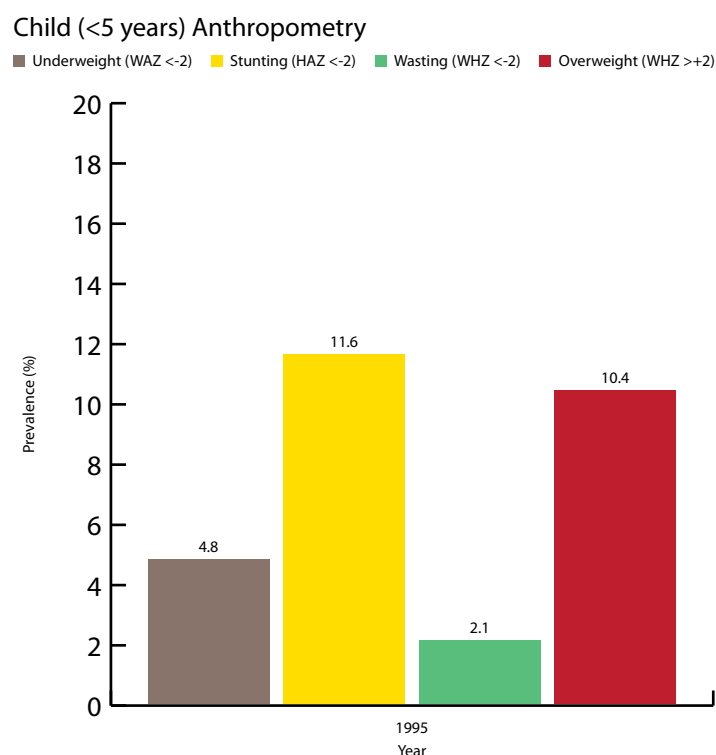
### Under-5 mortality



## Qatar

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in Qatar? See national data below.

### Child malnutrition



Indicator	Year	Value
% Low birth weight (< 2500 g)	1999	10.0

### Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5 years (haemoglobin < 110 g/L)	1995	26.2
% Anaemia in pregnant women (haemoglobin < 110 g/L)		No data
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)		No data
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)		No data
Median urinary iodine concentration (µg/L) in children 6–12 years		No data

### Malnutrition in women

No female malnutrition data available for this country.

## Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth		No data
% Infants 6–8 months who receive solid, semi-solid or soft foods		No data
% Children 6–23 months who receive a minimum acceptable diet		No data
% Children < 5 years with diarrhoea receiving oral rehydration salts and continued feeding		No data
% Women 15–19 years who are mothers or pregnant with their first child		No data

## Exclusive breastfeeding under 6 months

No breastfeeding data available for this country.

## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	1998	99.0
% Children 6–59 months receiving vitamin A supplements (dose 1)		No data
% Children 6–59 months receiving vitamin A supplements (dose 2)		No data
% Children aged 1 year immunized against measles	2008	92.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility	2008	100.0
% Population using improved drinking water sources	2008	100.0
% Women supplemented with iron and folate during pregnancy		No data

## Food security

Indicator	Year	Value
% Population living below US\$ 1 per day		No data
% Population below minimum level of dietary energy consumption		No data
Iodized salt consumption (% households consuming adequately iodised salt – 15 parts per million or more)		No data

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure	2007	9.7
Total expenditure on health as % of gross domestic product	2008	3.3
Per capita total expenditure on health (US\$)	2007	3075.0
Nutrition component of the United Nations Development Assistance Framework		No data
Nutrition component of Poverty Reduction Strategy Paper		No data
Nutrition governance		No data
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	No
Maternity leave	2009	50 days

## Capacity

Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100 000 population		No data
Nursing and midwifery personnel density per 10 000 population	2006	73.7
Gross domestic product per capita (purchasing power parity US\$)		No data
Gross domestic product per capita annual growth rate (%)	1970–2008	0.0
Official development assistance received (net disbursements) (% of gross domestic product)		No data
Low-income food-deficit country	2010	No

## Meta-indicators

Indicator	Year	Value
% Seats held by women in national parliament	2010	0
Averaged aggregate governance indicators	2008	0.25
Gender parity index in primary level enrolment (ratio of girls to boys)	2008	0.99
Gender-related development index value	2007	0.891
Global Hunger Index		No data
Human development index value	2010	0.803

## Education

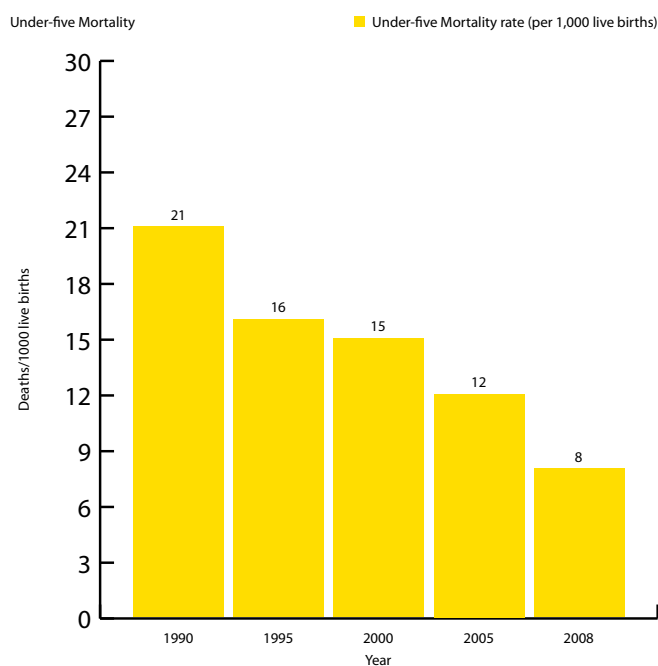
### Primary education

No primary education-related data available for this country.

### Maternal education

No maternal education data available for this country.

## Under-5 mortality

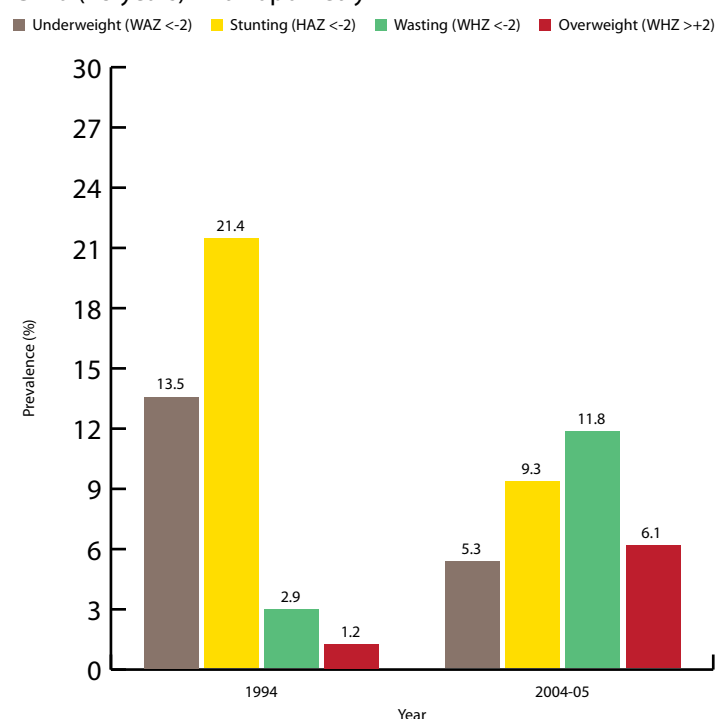


## Saudi Arabia

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in Saudi Arabia? See national data below.

### Child malnutrition

Child (<5 years) Anthropometry

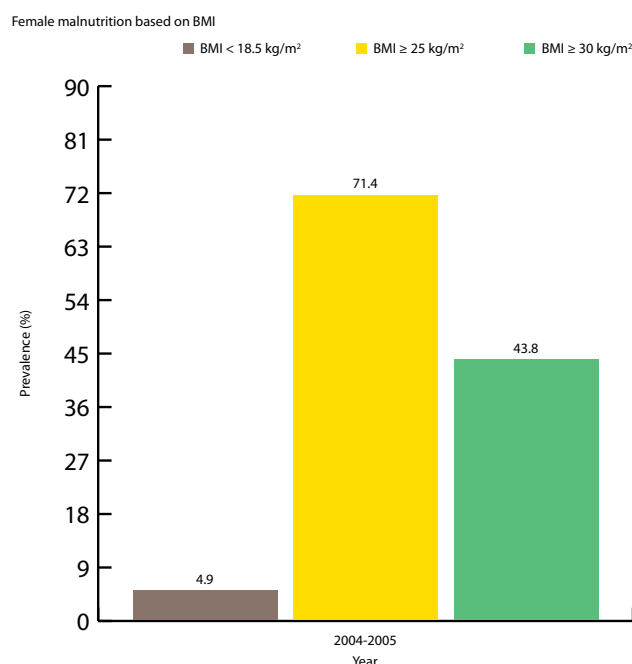


Indicator	Year	Value
% Low birth weight (< 2500 g)	1996	11.0

### Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5 years (haemoglobin < 110 g/L)		No data
% Anaemia in pregnant women (haemoglobin < 110 g/L)		No data
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)		No data
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)		No data
Median urinary iodine concentration (µg/L) in children 6–12 years	1994–1995	180.0

## Malnutrition in women



BMI, body mass index.

## Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth		No data
% Infants 6–8 months age who receive solid, semi-solid or soft foods		No data
% Children 6–23 months who receive a minimum acceptable diet		No data
% Children < 5 years with diarrhoea receiving oral rehydration therapy and continued feeding		No data
% Women 15–19 years who are mothers or pregnant with their first child		No data

## Exclusive breastfeeding under 6 months

No breastfeeding data available for this country.

## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	1996	91.4
% Children 6–59 months receiving vitamin A supplements (dose 1)		No data
% Children 6–59 months receiving vitamin A supplements (dose 2)		No data
% Children aged 1 year immunized against measles	2008	97.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility		No data
% Population using improved drinking water sources	1995	90.0
% Women supplemented with iron and folate during pregnancy		No data

## Food security

Indicator	Year	Value
% Population living below US\$ 1 per day		No data
% Population below minimum level of dietary energy consumption		No data
Iodized salt consumption (% households consuming adequately iodized salt – 15 parts per million or more)		No data

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure	2009	8.4
Total expenditure on health as % of gross domestic product	2009	5.0
Per capita total expenditure on health (US\$)	2009	1,150.0
Nutrition component of the United Nations Development Assistance Framework		No data
Nutrition component of Poverty Reduction Strategy Paper		No data
Nutrition governance		No data
Maternity leave	2009	10 weeks
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	Yes

## Capacity

Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100 000 population		No data
Nursing and midwifery personnel density per 10 000 population	2008	21.0
Gross domestic product per capita (purchasing power parity US\$)	2008	19 022
Gross domestic product per capita annual growth rate (%)	1970–2008	1.1
Official development assistance received (net disbursements) (% of gross domestic product)		No data
Low-income food-deficit country	2010	No

## Meta-indicators

Indicator	Year	Value
% Seats held by women in national parliament	2010	0
Averaged aggregate governance indicators	2008	-0.34
Gender parity index in primary level enrolment (ratio of girls to boys)	2008	0.96
Gender-related development index value	2007	0.816
Global Hunger Index		No data
Human development index value	2010	0.752



## Education

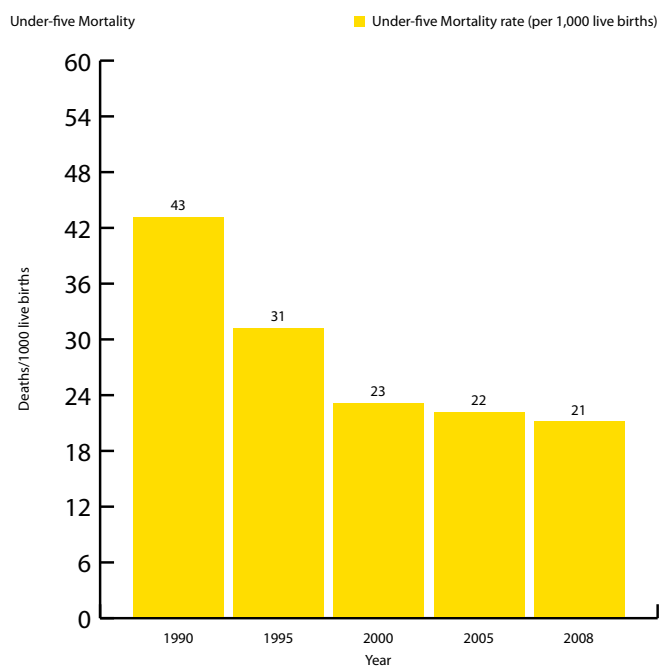
### Primary education

No primary education data available for this country.

### Maternal education

No maternal education data available for this country

## Under-5 mortality

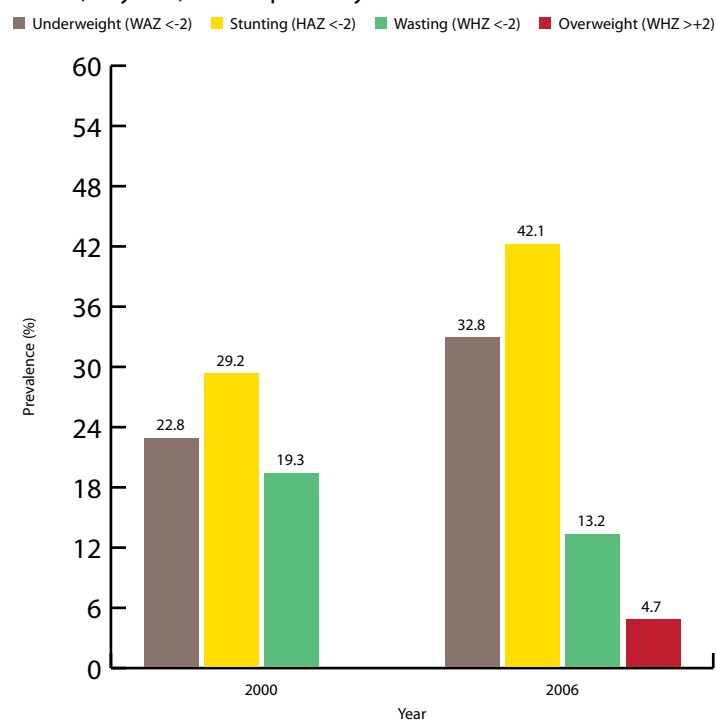


## Somalia

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in Somalia? See national data below.

### Child malnutrition

Child (<5 years) Anthropometry



Indicator	Year	Value
% Low birth weight (<2500 g)		No data

### Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5 years (haemoglobin < 110 g/L)		No data
% Anaemia in pregnant women (haemoglobin < 110 g/L)		No data
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)		No data
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)		No data
Median urinary iodine concentration (µg/L) in children 6–12 years		No data

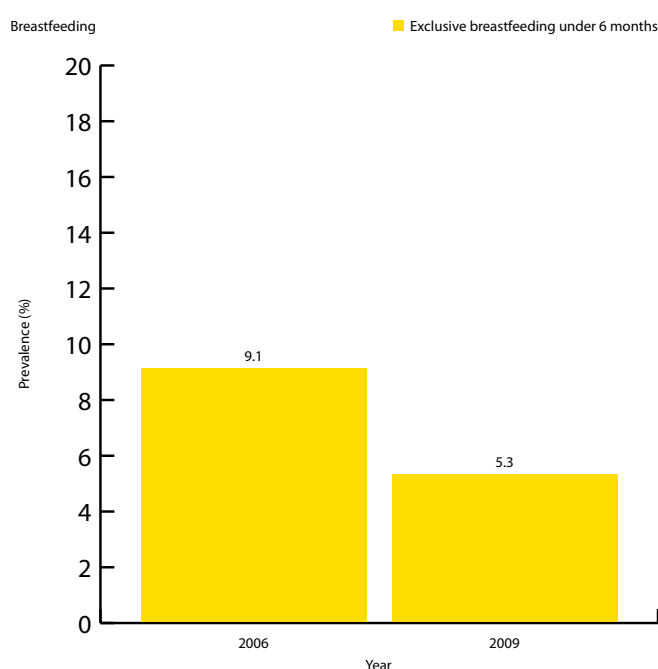
### Malnutrition in women

No female malnutrition data available for this country.

## Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth	2006	26.3
% Infants 6–8 months who receive solid, semi-solid or soft foods		No data
% Children 6–23 months who receive a minimum acceptable diet		No data
% Children <5 years with diarrhoea receiving oral rehydration therapy and continued feeding	2006	7.0
% Women 15–19 years who are mothers or pregnant with their first child		No data

## Exclusive breastfeeding under 6 months



## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	2006	33.0
% Children 6–59 months receiving vitamin A supplements (dose 1)	2007	89.0
% Children 6–59 months receiving vitamin A supplements (dose 2)	2007	4.0
% Children aged 1 year immunized against measles	2008	24.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility	2008	23.0
% Population using improved drinking water sources	2008	30.0
% Women supplemented with iron and folate during pregnancy		No data

## Food security

Indicator	Year	Value
% Population living below US\$ 1 per day		No data
% Population below minimum level of dietary energy consumption		No data
Iodized salt consumption (% households consuming adequately iodized salt – 15 parts per million or more)	2006	1.0

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure		No data
Total expenditure on health as % of gross domestic product	2001	2.6
Per capita total expenditure on health (US\$)	2007	0.0
Nutrition component of the United Nations Development Assistance Framework		No data
Nutrition component of Poverty Reduction Strategy Paper		No data
Nutrition Governance		No data
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	No
Maternity leave	2009	14 weeks

## Capacity

Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100 000 population		No data
Nursing and midwifery personnel density per 10 000 population	2006	1.1
Gross domestic product per capita (purchasing power parity US\$)		No data
Gross domestic product per capita annual growth rate (%)	1970–2008	-1.4
Official development assistance received (net disbursements) (% of gross domestic product)		No data
Low-income food-deficit country	2010	Yes

## Meta-indicators

Indicator	Year	Value
% Seats held by women in national parliament	2010	37
Averaged aggregate governance indicators	2008	-1.17
Gender Parity Index in primary level enrolment (ratio of girls to boys)	2007	0.55
Gender-related development index value		No data
Global Hunger Index		No data
Human development index value		No data

## Education

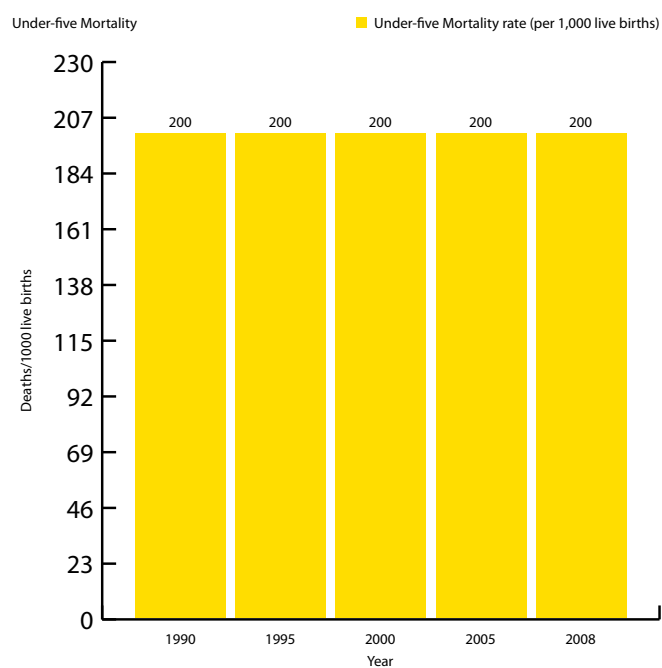
### Primary education

No primary education data available for this country.

### Maternal education

No maternal education data available for this country

## Under-5 mortality



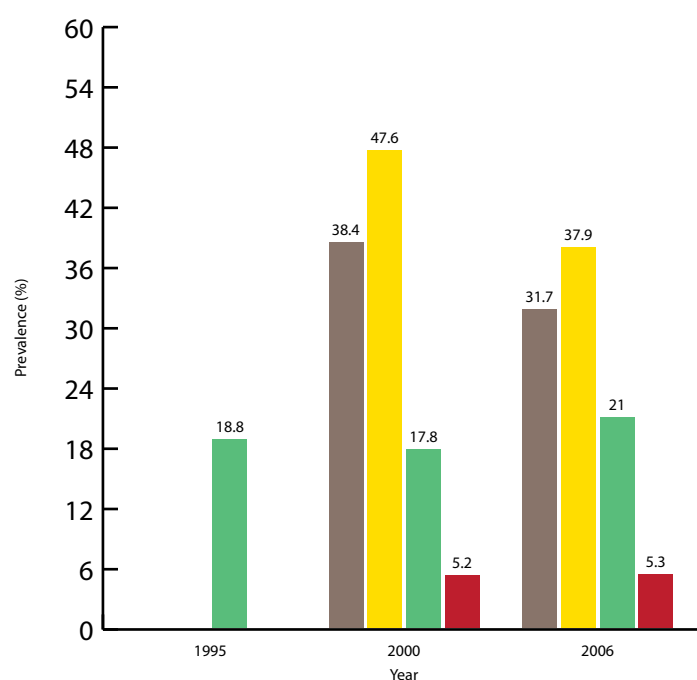
# Sudan

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in Sudan? See national data below.

## Child malnutrition

Child (<5 years) Anthropometry

■ Underweight (WAZ <-2) ■ Stunting (HAZ <-2) ■ Wasting (WHZ <-2) ■ Overweight (WHZ >+2)



Indicator	Year	Value
% Low birth weight (< 2500 g)	1999	31.0

## Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5 years (haemoglobin < 110 g/L)		No data
% Anaemia in pregnant women (haemoglobin < 110 g/L)		No data
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)		No data
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)		No data
Median urinary iodine concentration (µg/L) in children 6–12 years		No data

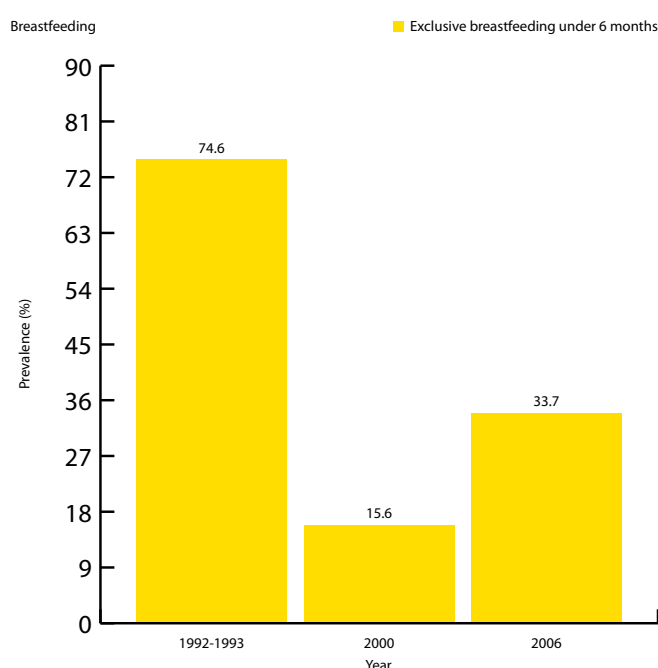
## Malnutrition in women

No female malnutrition data available for this country.

## Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth		No data
% Infants 6–8 months who receive solid, semi-solid or soft foods		No data
% Children 6–23 months who receive a minimum acceptable diet		No data
% Children < 5 years with diarrhoea receiving oral rehydration salts and continued feeding	2006	56.0
% Women 15–19 years who are mothers or pregnant with their first child	1989–1990	10.9

## Exclusive breastfeeding under 6 months



## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	2006	49.2
% Children 6–59 months receiving vitamin A supplements (dose 1)	2007	90.0
% Children 6–59 months receiving vitamin A supplements (dose 2)	2007	90.0
% Children aged 1 year immunized against measles	2008	79.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility	2008	34.0
% Population using improved drinking water sources	2008	57.0
% Women supplemented with iron and folate during pregnancy		No data

## Food security

Indicator	Year	Value
% Population living below US\$ 1 per day		No data
% Population below minimum level of dietary energy consumption	2004–2006	20.0
Iodized salt consumption (% households consuming adequately iodized salt – 15 parts per million or more)	2006	11.0

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure	2007	6.1
Total expenditure on health as % of gross domestic product	2008	3.6
Per capita total expenditure on health (US\$)	2007	71.0
Nutrition component of the United Nations Development Assistance Framework		No data
Nutrition component of Poverty Reduction Strategy Paper		No data
Nutrition governance	2008	Weak
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	Yes
Maternity leave	2009	8 weeks

## Capacity

Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100 000 population		No data
Nursing and midwifery personnel density per 10 000 population	2006	9.0
Gross domestic product per capita (purchasing power parity US\$)	2008	1353
Gross domestic product per capita annual growth rate (%)	1970–2008	1.9
Official development assistance received (net disbursements) (% of gross domestic product)	2007	3.7
Low-income food-deficit country	2010	Yes

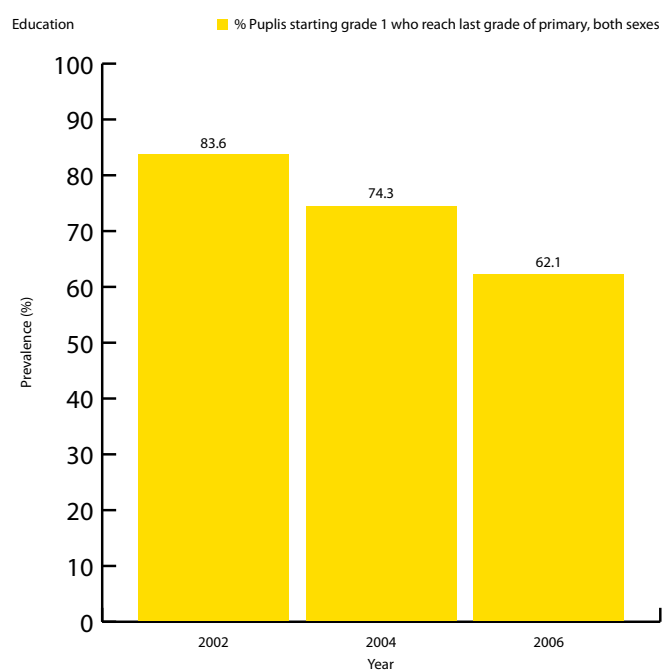
## Meta-indicators

Indicator	Year	Value
% Seats held by women in national parliament	2010	84
Averaged aggregate governance indicators	2008	-0.95
Gender parity index in primary level enrolment (ratio of girls to boys)	2009	0.9
Gender-related development index value	2007	0.516
Global Hunger Index	2010	20.9
Human development index value	2010	0.379

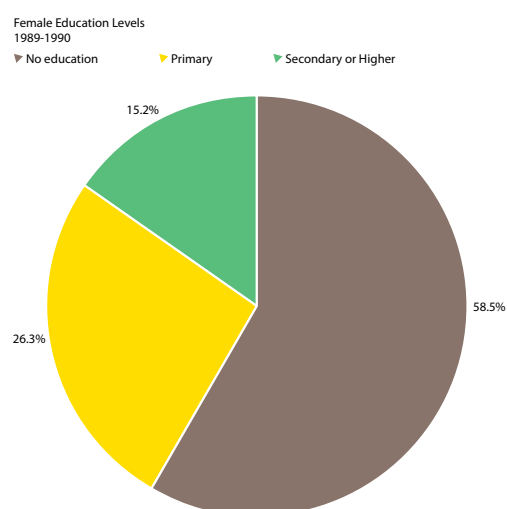


## Education

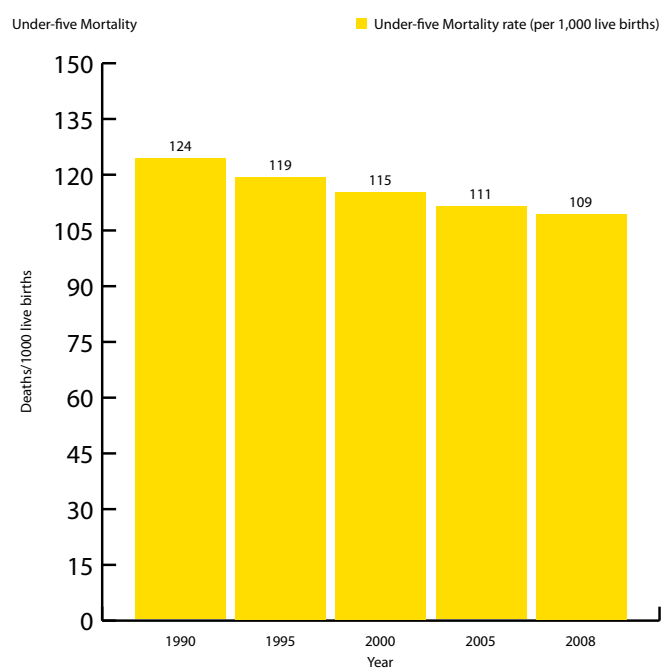
### Primary education



### Female education



## Under-5 mortality



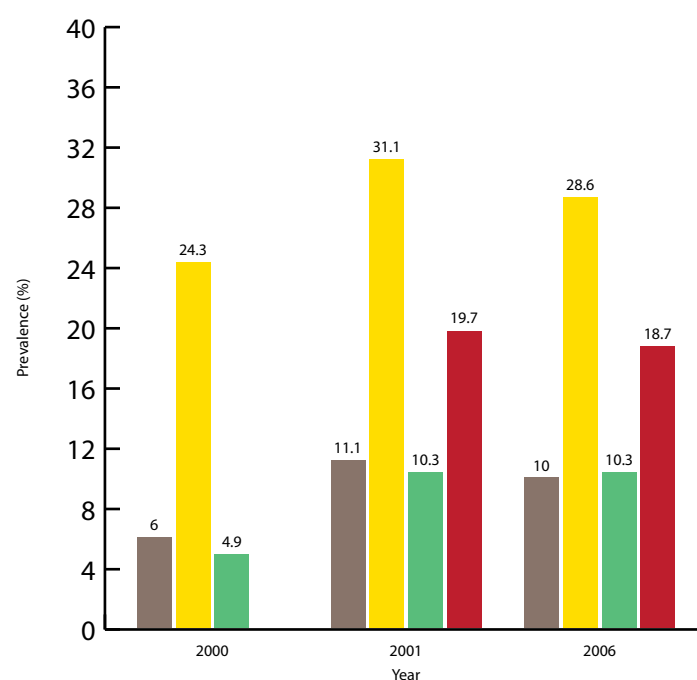
## Syrian Arab Republic

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in the Syrian Arab Republic? See national data below.

### Child malnutrition

Child (<5 years) Anthropometry

■ Underweight (WAZ <-2) ■ Stunting (HAZ <-2) ■ Wasting (WHZ <-2) ■ Overweight (WHZ >+2)



Indicator	Year	Value
% Low birth weight (< 2500 g)	2006	9.0

### Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5 years (haemoglobin < 110 g/L)		No data
% Anaemia in pregnant women (haemoglobin < 110 g/L)		No data
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)		No data
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)		No data
Median urinary iodine concentration (µg/L) in children 6–12 years		No data

### Malnutrition in women

No female malnutrition data available for this country

## Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth	2006	32.4
% Infants 6–8 months age who receive solid, semi-solid or soft foods		No data
% Children 6–23 months who receive a minimum acceptable diet		No data
% Children < 5 years with diarrhoea receiving oral rehydration therapy and continued feeding	2006	34.0
% Women 15–19 years who are mothers or pregnant with their first child		No data
% Exclusive breastfeeding under 6 months	2006	28.7

## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	2006	93.0
% Children 6–59 months receiving vitamin A supplements (dose 1)	2000	7.0
% Children 6–59 months receiving vitamin A supplements (dose 2)		No data
% Children aged 1 year immunized against measles	2008	81.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility	2008	96.0
% Population using improved drinking water sources	2008	89.0
% Women supplemented with iron and folate during pregnancy		No data

## Food security

Indicator	Year	Value
% Population living below US\$ 1 per day		No data
% Population below minimum level of dietary energy consumption		No data
Iodized salt consumption (% households consuming adequately iodized salt – 15 parts per million or more)	2005	79.0

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure	2009	4.6
Total expenditure on health as % of gross domestic product	2009	2.9
Per capita total expenditure on health (US\$)	2009	138.0
Nutrition component of the United Nations Development Assistance Framework		No data
Nutrition component of Poverty Reduction Strategy Paper		No data
Nutrition governance		No data
Maternity leave	2009	50 days
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	No

## Capacity

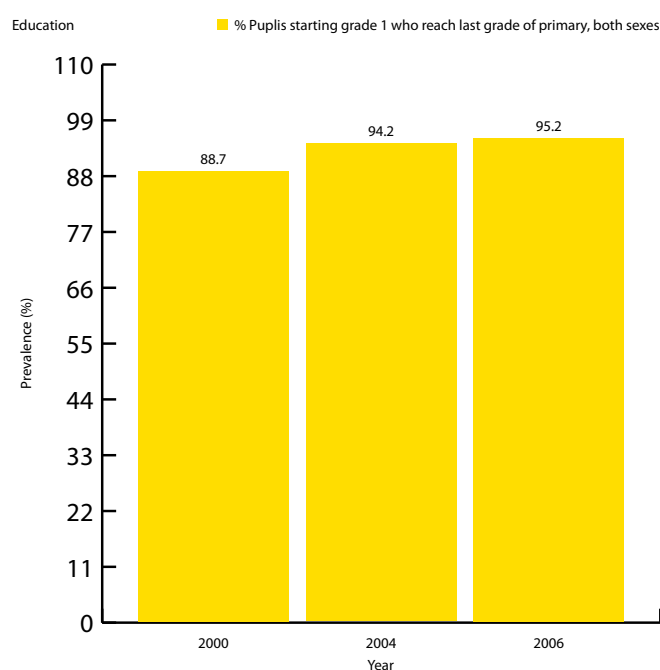
Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100 000 population		No data
Nursing and midwifery personnel density per 10 000 population	2006	14.0
Gross domestic product per capita (purchasing power parity US\$)	2008	2682
Gross domestic product per capita annual growth rate (%)	1970–2008	2.2
Official development assistance received (net disbursements) (% of gross domestic product)	2007	2.2
Low-income food-deficit country	2010	Yes

## Meta-indicators

Indicator	Year	Value
% Seats held by women in national parliament	2010	31
Averaged aggregate governance indicators	2008	-0.56
Gender parity index in primary level enrolment (ratio of girls to boys)	2008	0.96
Gender-related development index value	2007	0.715
Global Hunger Index	2010	5.2
Human development index value	2010	0.589
Official development assistance received (net disbursements) (% of gross domestic product)	2007	2.2
Low-income food-deficit country	2010	Yes

## Education

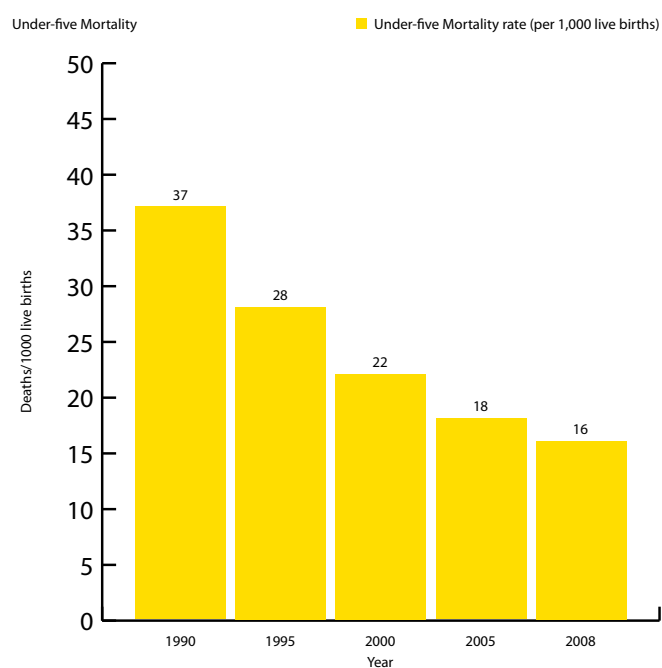
### Primary education



### Maternal education

No maternal education data available for this country.

## Under-5 mortality



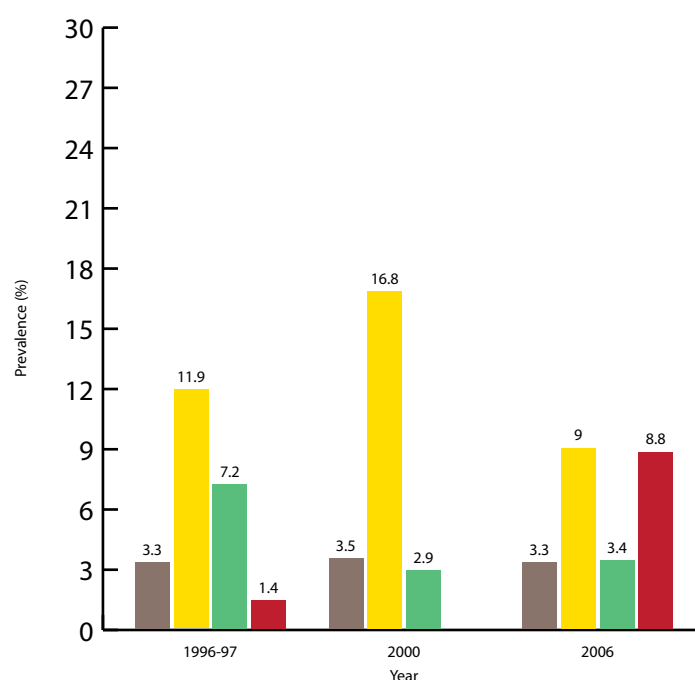
## Tunisia

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in Tunisia? See national data below.

### Child malnutrition

Child (<5 years) Anthropometry

■ Underweight (WAZ <-2) ■ Stunting (HAZ <-2) ■ Wasting (WHZ <-2) ■ Overweight (WHZ >+2)

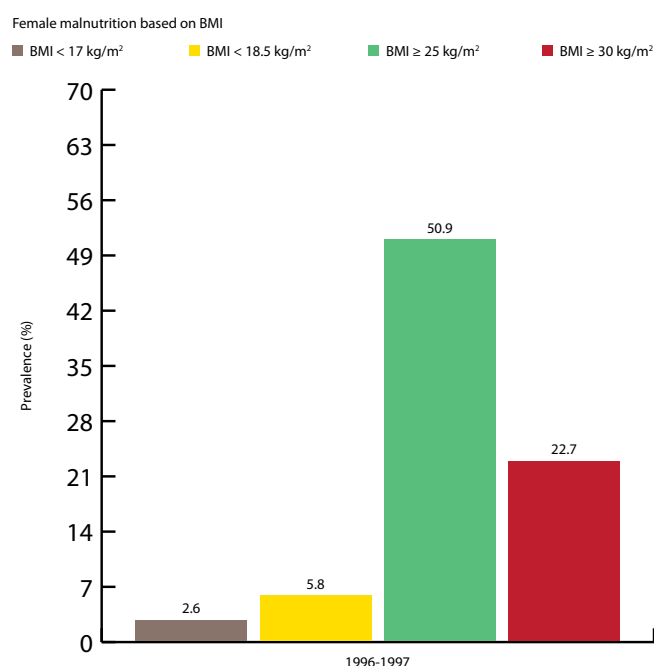


Indicator	Year	Value
% Low birth weight (< 2500 g)	2006	5.0

### Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5 years (haemoglobin < 110 g/L)	1996–1997	21.7
% Anaemia in pregnant women (haemoglobin < 110 g/L)	1996–1997	32.3
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)		No data
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)		No data
Median urinary iodine concentration (µg/L) in children 6–12 years		No data

## Malnutrition in women



BMI, body mass index.

## Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth	2006	87.4
% Infants 6–8 months age who receive solid, semi-solid or soft foods		No data
% Children 6–23 months who receive a minimum acceptable diet		No data
% Children < 5 years with diarrhoea receiving oral rehydration therapy and continued feeding	2006	62.0
% Women 15–19 years who are mothers or pregnant with their first child	1988	2.9
% Exclusive breastfeeding under 6 months	2006	6.2

## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	2000	89.9
% Children 6–59 months receiving vitamin A supplements (dose 1)		No data
% Children 6–59 months receiving vitamin A supplements (dose 2)		No data
% Children aged 1 year immunized against measles	2008	98.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility	2008	85.0
% Population using improved drinking water sources	2008	94.0
% Women supplemented with iron and folate during pregnancy		No data



## Food security

Indicator	Year	Value
% Population living below US\$ 1 per day	2000	2.6
% Population below minimum level of dietary energy consumption		No data
Iodized salt consumption (% households consuming adequately iodized salt - 15 parts per million or more)	2000	97.0

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure	2009	10.4
Total expenditure on health as % of gross domestic product	2009	6.2
Per capita total expenditure on health (US\$)	2009	524.0
Nutrition component of the United Nations Development Assistance Framework		No data
Nutrition component of Poverty Reduction Strategy Paper		No data
Nutrition governance		No data
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	No
Maternity leave	2009	30 days

## Capacity

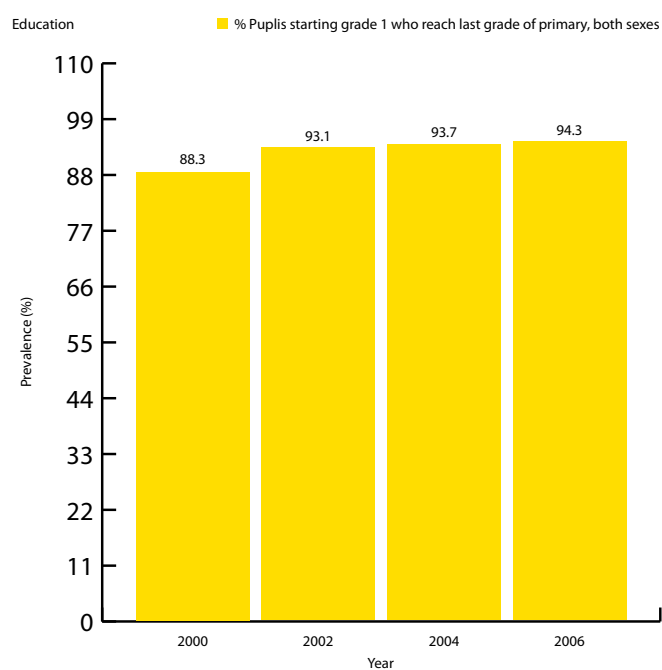
Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100,000 population		No data
Nursing and midwifery personnel density per 10,000 population	2009	32.8
Gross domestic product per capita (purchasing power parity US\$)	2008	3903
Gross domestic product per capita annual growth rate (%)	1970–2008	3.1
Official development assistance received (net disbursements) (% of gross domestic product)	2007	5.0
Low-income food-deficit country	2010	No

## Meta-indicators

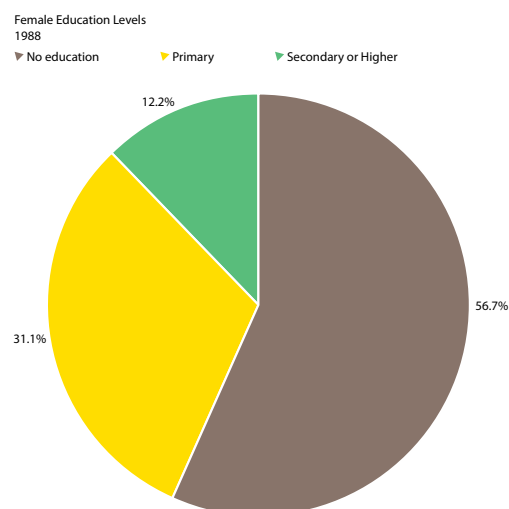
Indicator	Year	Value
% Seats held by women in national parliament	2010	59
Averaged aggregate governance indicators	2008	-0.17
Gender parity index in primary level enrolment (ratio of girls to boys)	2008	0.98
Gender-related development index value	2007	0.752
Global Hunger Index		No data
Human development index value	2010	0.683

## Education

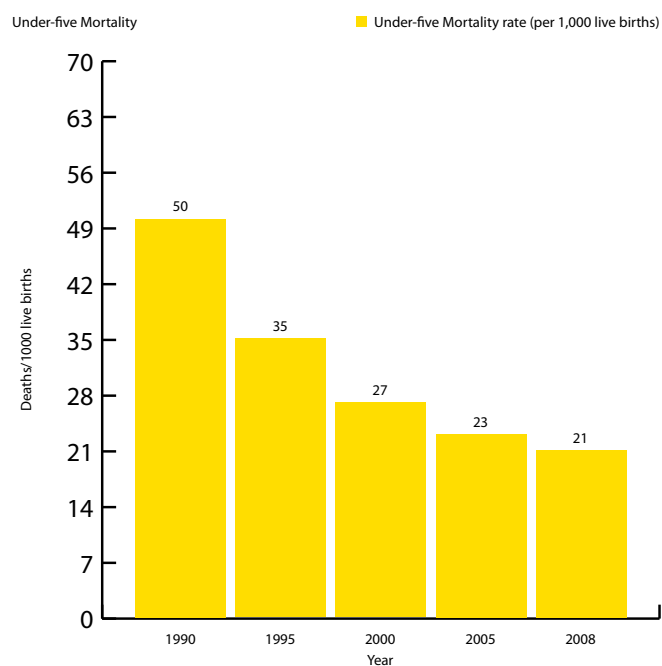
### Primary education



### Female education



## Under-5 mortality



## United Arab Emirates

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in the United Arab Emirates? See national data below.

### Child malnutrition

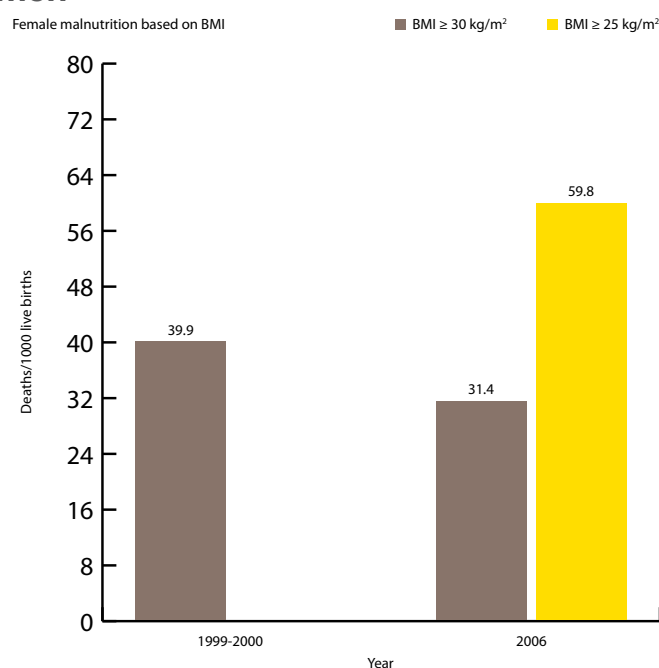
No data available for this country.

Indicator	Year	Value
% Low birth weight (< 2500 g)	1995	15.0

### Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5 years (haemoglobin < 110 g/L)		No data
% Anaemia in pregnant women (haemoglobin < 110 g/L)		No data
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)		No data
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)		No data
Median urinary iodine concentration (µg/L) in children 6–12 years	1994	90.5

### Malnutrition in women



BMI, body mass index.

## Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth		No data
% Infants 6–8 months age who receive solid, semi-solid or soft foods		No data
% Children 6–23 months who receive a minimum acceptable diet		No data
% Children < 5 years with diarrhoea receiving oral rehydration therapy and continued feeding		No data
% Women 15–19 years who are mothers or pregnant with their first child		No data

## Exclusive breastfeeding under 6 months

No breastfeeding data available for this country.

## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	1995	99.2
% Children 6–59 months receiving vitamin A supplements (dose 1)		No data
% Children 6–59 months receiving vitamin A supplements (dose 2)		No data
% Children aged 1 year immunized against measles	2008	92.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility	2008	97.0
% Population using improved drinking water sources	2008	100.0
% Women supplemented with iron and folate during pregnancy		No data

## Food security

Indicator	Year	Value
% Population living below US\$1 per day		No data
% Population below minimum level of dietary energy consumption		No data
Iodized salt consumption (% households consuming adequately iodized salt – 15 parts per million or more)		No data

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure	2009	8.9
Total expenditure on health as % of gross domestic product	2009	2.8
Per capita total expenditure on health (US\$)	2009	1756.0
Nutrition component of the United Nations Development Assistance Framework		No data
Nutrition component of Poverty Reduction Strategy Paper		No data
Nutrition governance		No data
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	No
Maternity leave	2009	3 months

## Capacity

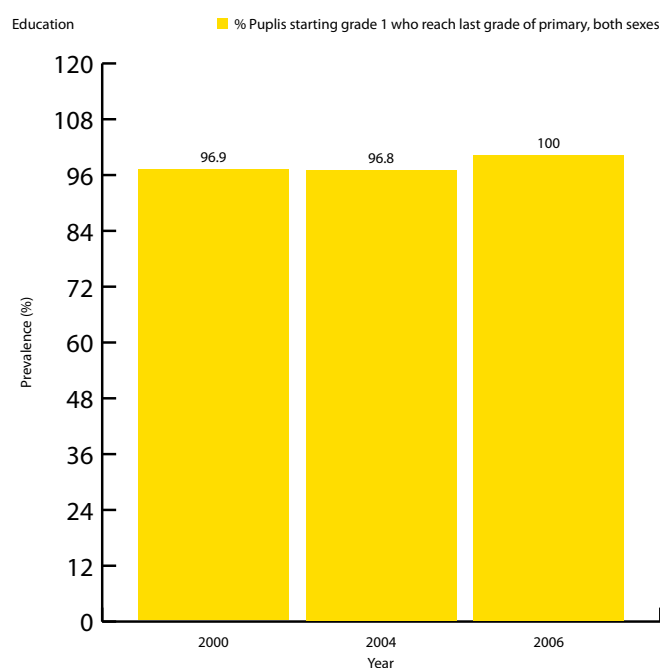
Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100 000 population		No data
Nursing and midwifery personnel density per 10 000 population	2007	40.9
Gross domestic product per capita (purchasing power parity US\$)		No data
Gross domestic product per capita annual growth rate (%)	1970–2008	4.2
Official development assistance received (net disbursements) (% of gross domestic product)		No data
Low-income food-deficit country	2010	No

## Meta-indicators

Indicator	Year	Value
% Seats held by women in national parliament	2010	9
Averaged aggregate governance indicators	2008	0.13
Gender parity index in primary level enrolment (ratio of girls to boys)	2007	1
Gender-related development index value	2007	0.878
Global Hunger Index		No data
Human development index value	2010	0.815

## Education

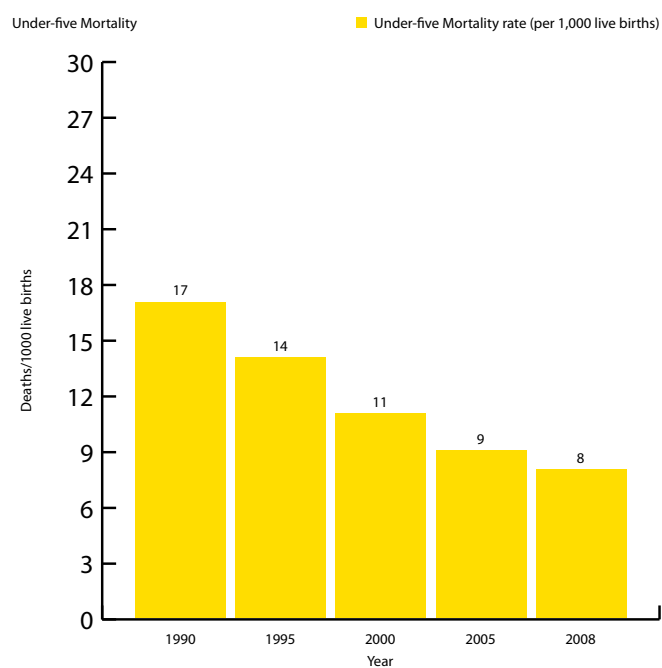
### Primary education



### Maternal education

No data available for this country.

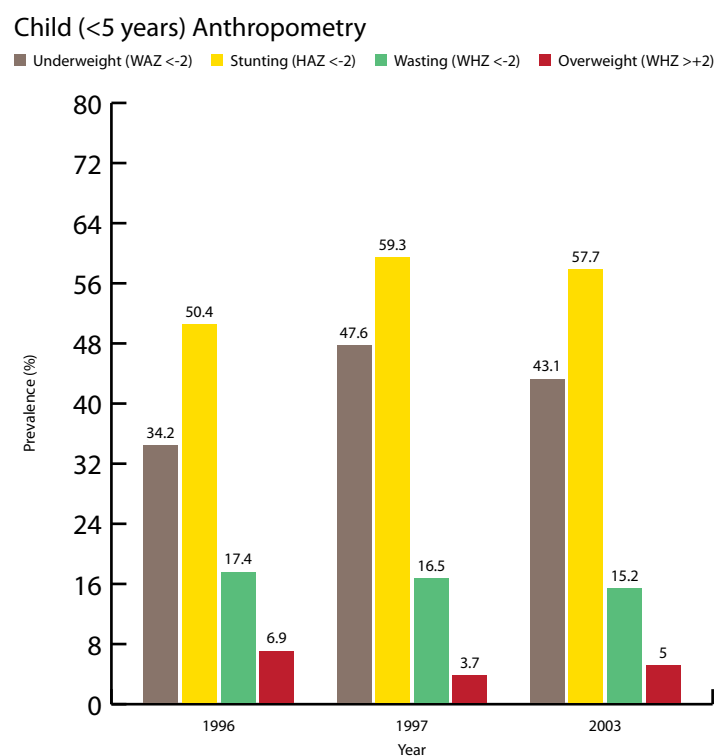
## Under-5 mortality



## Yemen

What is the current status of indicators contributing to a comprehensive view of nutrition for health and development in Yemen? See national data below.

### Child malnutrition



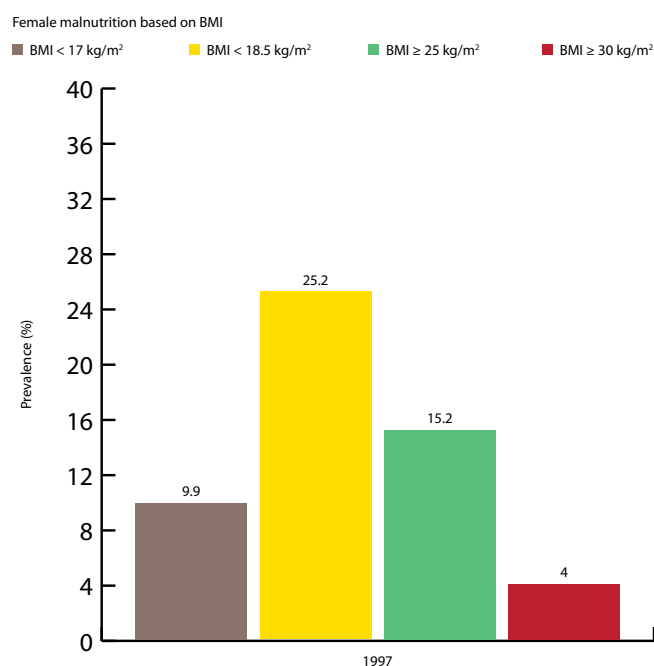
Indicator	Year	Value
% Low birth weight (< 2500 g)	1997	32.0

### Vitamin and mineral deficiencies

Indicator	Year	Value
% Anaemia in children < 5 years (haemoglobin < 110 g/L)		No data
% Anaemia in pregnant women (haemoglobin < 110 g/L)		No data
% Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy)		No data
% Subclinical vitamin A deficiency in preschool-age children (serum/plasma retinol < 0.70 µmol/L)		No data
Median urinary iodine concentration (µg/L) in children 6–12 years	1998	173.0



## Malnutrition in women

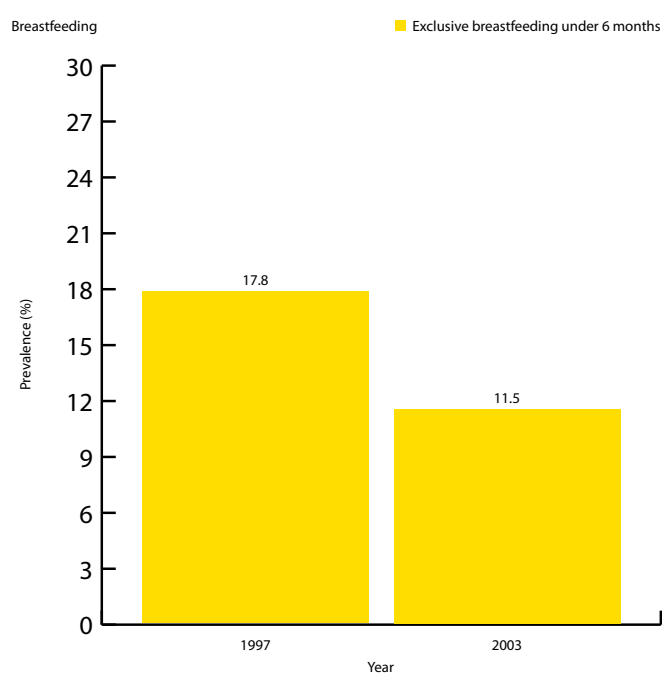


BMI, body mass index.

## Caring practices

Indicator	Year	Value
% Children 0–23 months who were put to the breast within 1 hour of birth	2006	29.6
% Infants 6–8 months age who receive solid, semi-solid or soft foods		No data
% Children 6–23 months who receive a minimum acceptable diet		No data
% Children < 5 years with diarrhoea receiving oral rehydration therapy and continued feeding	2006	48.0
% Women 15–19 years who are mothers or pregnant with their first child	1997	15.5

## Exclusive breastfeeding under 6 months



## Health services

Indicator	Year	Value
% Births attended by skilled health personnel	2006	35.7
% Children 6–59 months receiving vitamin A supplements (dose 1)	2007	47.0
% Children 6–59 months receiving vitamin A supplements (dose 2)	2007	47.0
% Children aged 1 year immunized against measles	2008	62.0
% Children with diarrhoea who received zinc		No data
% Population using an improved sanitation facility	2008	52.0
% Population using improved drinking water sources	2008	62.0
% Women supplemented with iron and folate during pregnancy		No data

## Food security

Indicator	Year	Value
% Population living below US\$ 1 per day	2005	17.5
% Population below minimum level of dietary energy consumption	2004–2006	32.0
Iodized salt consumption (% households consuming adequately iodized salt – 15 parts per million or more)	2003	30.0

## Commitment

Indicator	Year	Value
General government expenditure on health as % of total government expenditure	2009	4.3
Total expenditure on health as % of gross domestic product	2009	5.6
Per capita total expenditure on health (US\$)	2009	142.0
Nutrition component of the United Nations Development Assistance Framework	2007–2011	Weak
Nutrition component of Poverty Reduction Strategy Paper	2008	Weak
Nutrition governance	2008	No data
Monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes	2007	No
Maternity leave	2009	60 days

## Capacity

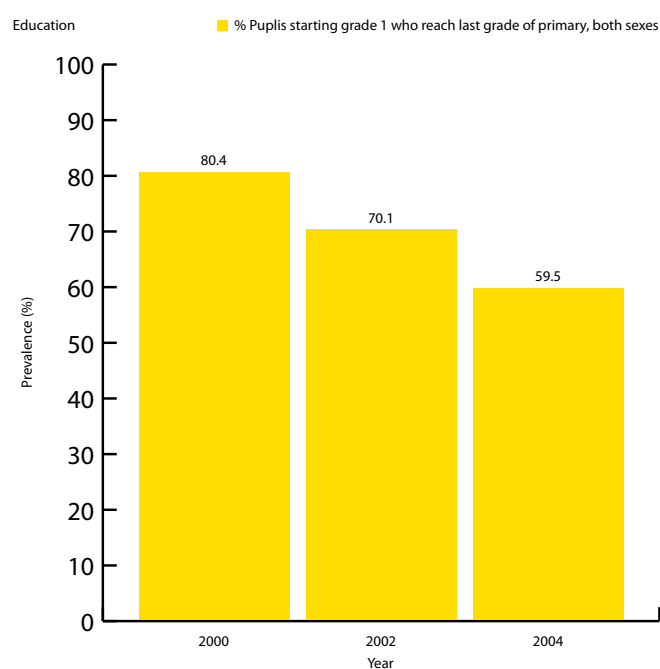
Indicator	Year	Value
Degree training in nutrition exists		No data
Nutrition is part of medical curricula		No data
Number of trained nutrition professionals per 100 000 population		No data
Nursing and midwifery personnel density per 10 000 population	2004	6.6
Gross domestic product per capita (purchasing power parity US\$)	2008	1160
Gross domestic product per capita annual growth rate (%)	1970–2008	2.2
Official development assistance received (net disbursements) (% of gross domestic product)	2007	6.1
Low-income food-deficit country	2010	Yes

## Meta-indicators

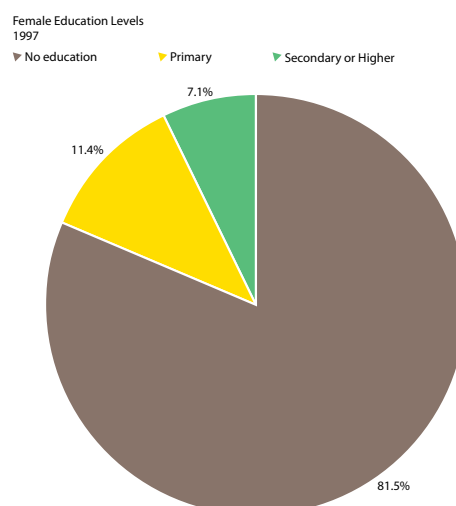
Indicator	Year	Value
% Seats held by women in national parliament	2010	1
Averaged aggregate governance indicators	2008	-0.63
Gender parity index in primary level enrolment (ratio of girls to boys)	2008	0.8
Gender-related development index value	2007	0.538
Global Hunger Index	2010	27.3
Human development index value	2010	0.439

## Education

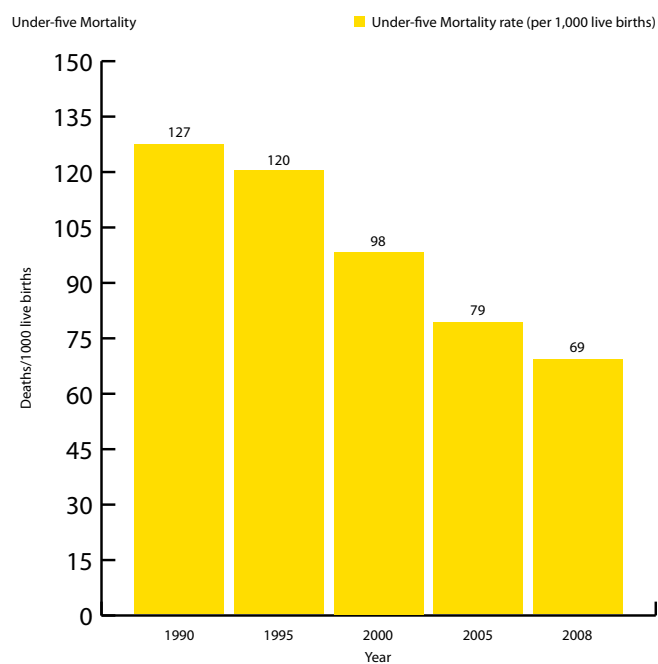
### Primary education



### Female education



## Under-5 mortality





***Food and nutrition surveillance systems: a guide for trainers*** provides an essential tool to build the capacity of an interagency, multisectoral team to implement a functional sustainable food and nutrition surveillance system. The training builds individual knowledge, understanding and skills while also creating a sense of team work and collaboration. It also provides supporting material for participants to be able to plan and prepare for surveillance, conduct data collection, analyse the data collected and report and disseminate the results. It is intended for use in conjunction with ***Food and nutrition surveillance systems: a manual for policy-makers and programme managers***

