

Malnutrition is a critical risk in Yemen and good nutrition and access to adequate food remains a challenge to child survival. Consensus exists over the immediate causes of malnutrition and food insecurity in Yemen, which include poverty, illiteracy, low availability of clean water supplies, low levels of breastfeeding, and dependence on imported grain as a staple. The conflict in Yemen, which plays a clear role in aggravating malnutrition, has escalated dramatically since nearly five years ago and is compounding an already severe protracted humanitarian crisis. So, conflict and insecurity remain the main drivers of food insecurity and malnutrition that have pushed the most vulnerable households to the brink of famine.

The lack of education of mothers and their subsequent lack of knowledge regarding

nutrition issues clearly aggravates the already fragile nutritional status of their children. Worse yet, this bad nutritional status is also widely spread in the pregnant and postpartum women, making them weaker and less able to take adequate care of their children.

With a vital role, SORD raised its project which is entitled: " Protecting 1469 Yemeni



children from malnutrition". The proposed project aims at contributing to the reduction of mortality and morbidity associated with acute malnutrition to children under 5, pregnant women and lactating mothers in the targeted areas that have high acute malnutrition rates. To achieve this overall objective, SORD has been providing nutrition assistance to children and pregnant and lactating women (PLW) to prevent and treat malnutrition.

During the first quarter of 2020, children under 5 and PLWs suffering from acute malnutrition have been supplied with the proper nutrition supplementary. Community awareness have been raised among the pregnant women ,lactating mothers and Girls of childbearing age regarding the evils of malnutrition, both for child and mother, the importance of good nutrition for the mental and physical wellbeing, and how to use the available resources In order to overcome or reduce malnutrition. More details can be found in the following charts:



Newly recruited children in program (CMAM), to treat malnutrition for January-March 2020.

الشهر	Program type	Sex	MUAC<11.5 Cm	Z-SCORE<3	Total	Total of children attending hospital
January		Male	1	3	4	9
	SAM without complications for children <5 Years	Female	4	11	15	25
		Total	5	14	19	34
February	SAM without complications for	Male	1	3	4	15
	children <5 Years	Female	4	11	15	29
		Total	5	14	19	44
March	SAM without complications for children <5 Years	Male	2		2	34
		Female Total	1	9	10	67
		lotal	3	9	12	101
	Total		13	37	50	179

Performance indicators in percentage for TFC/SC



DETAILS STATEMENT for January-March, 2020

	Monthly summary of the number of children from 6 to 24 months									
		Sex		Classification by color, location and measurement of the mid-arm in the measuring tape of the child		Number of children with Number		Action taken		
Month	Male	Female	Total	Sever acute malnutrition (SAM)	Average malnutrition MAM	Normal	(Edema)	of children	Referral	Awareness
January	61	75	136	19	62	74	0	- 7		126
February	78	74	152	10	70	72	1			152
March	46	77	123	11	73	39	1			123
Total	185	226	2977	40	205	185	2			401

Monthly summary of the number of children aged 6 to 24 months according to the schedule at the level of the health center							
Month	Total	Female	Male				
January	96	54	42				
February	122	67	55				

Website: WWW.SANID.ORG.





Sanid Organization for Relief and Development

March	101	67	2.4
March	101	07	34
Total	319	188	131

	The total number of pre	Average less than(23)cm		normal		Action taken	
Month	gnant and lactating mothers	Pregnant	Lactating	pregnant	lactating	Referral	Awareness
January	96	2	19	10	65		96
February	159	8	12	75			90
March	225	32	5	103	85		225
Total	480	42	36	188	150	1.	411

Again and again and over again, we are expressing our gratitude and millions of thank to our generous donors who are the milestone of hope for Yemeni children. Your grants will never ever be in vain. Many thanks to all those helped in implementing the project, staff, health workers and volunteers.