



SAM

Why we presented this disease?

- ❖ **Common**
- ❖ **Near death**
- ❖ **All complications**



Is the treatment simple ?

NO



?Why

**They are so sensitive to any change in v
electrolytes& acid-base**



Severe Acute Malnutrition:

- When?
- What?
- Where?
- How?





The PHOTO in the mail is the "Pulitzer prize" winning photo taken in 1994 during the Sudan famine. The picture depicts a famine stricken child crawling towards an United Nations food camp, located a kilometer away.

>The vulture is waiting for the child to die so that it can eat it. This picture shocked the whole world. No one knows what happened to the child, including the photographer Kevin Carter who left the place as soon as the photograph was taken.



إذا كنت قد اصبحت في عافية هذا
اليوم فأنت في نعمة عظيمة،
فهناك مليون إنسان في العالم لن
يستطيعوا أن يعيشوا لأكثر من
أسبوع بسبب مرضهم.







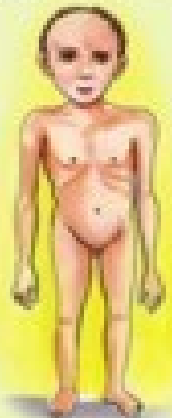


Malnutrition कुपोषण

Kwashiorkor and Marasmus कुपोषण के कारण

Kwashiorkor is a protein deficiency disease which develops among infants. Body weight falls by 25-30%. It occurs usually in the second year of life because rice is a staple protein and the child receives little fat/protein in traditional diets. Swelling and distended abdomen.

संकेत: - वजन कम होना, 25-30% तक होना।
 - 2-3 साल की उमिर में होना।
 - 2-3 साल की उमिर में होना।
 - 2-3 साल की उमिर में होना।
 - 2-3 साल की उमिर में होना।



Marasmus is total depletion of the child due to chronic and prolonged starvation of all foods. It is a wasting disease and often associated with dehydration usually occurring in the second six months of life.

संकेत: - बच्चा बहुत पतला होना।
 - 6-12 माह की उमिर में होना।
 - 6-12 माह की उमिर में होना।
 - 6-12 माह की उमिर में होना।
 - 6-12 माह की उमिर में होना।

SYMPTOMS

लक्षण



Swelling in the abdomen, legs and extremities.



Pale and thin hair and a swollen face.



Extreme thinness, wasting, no fat and greatly emaciated.



Weakness and inability to hold the head up or to walk.

TREATMENT

उपचार

Treated initially by giving fluids of milk with vitamins and mineral supplements and then if possible a normal balanced diet with adequate protein diet.

पहले दूध और विटामिन-मिनरल सप्लीमेंट्स देना।
 - फिर संभव हो तो सामान्य संतुलित आहार देना।
 - फिर संभव हो तो सामान्य संतुलित आहार देना।



SUPPORTIVE CARE

सह-उपचार



Encourage mothers and provide them supplements in diet.



Encourage mothers to use this food for their child.



Encourage breast feeding even in dry.

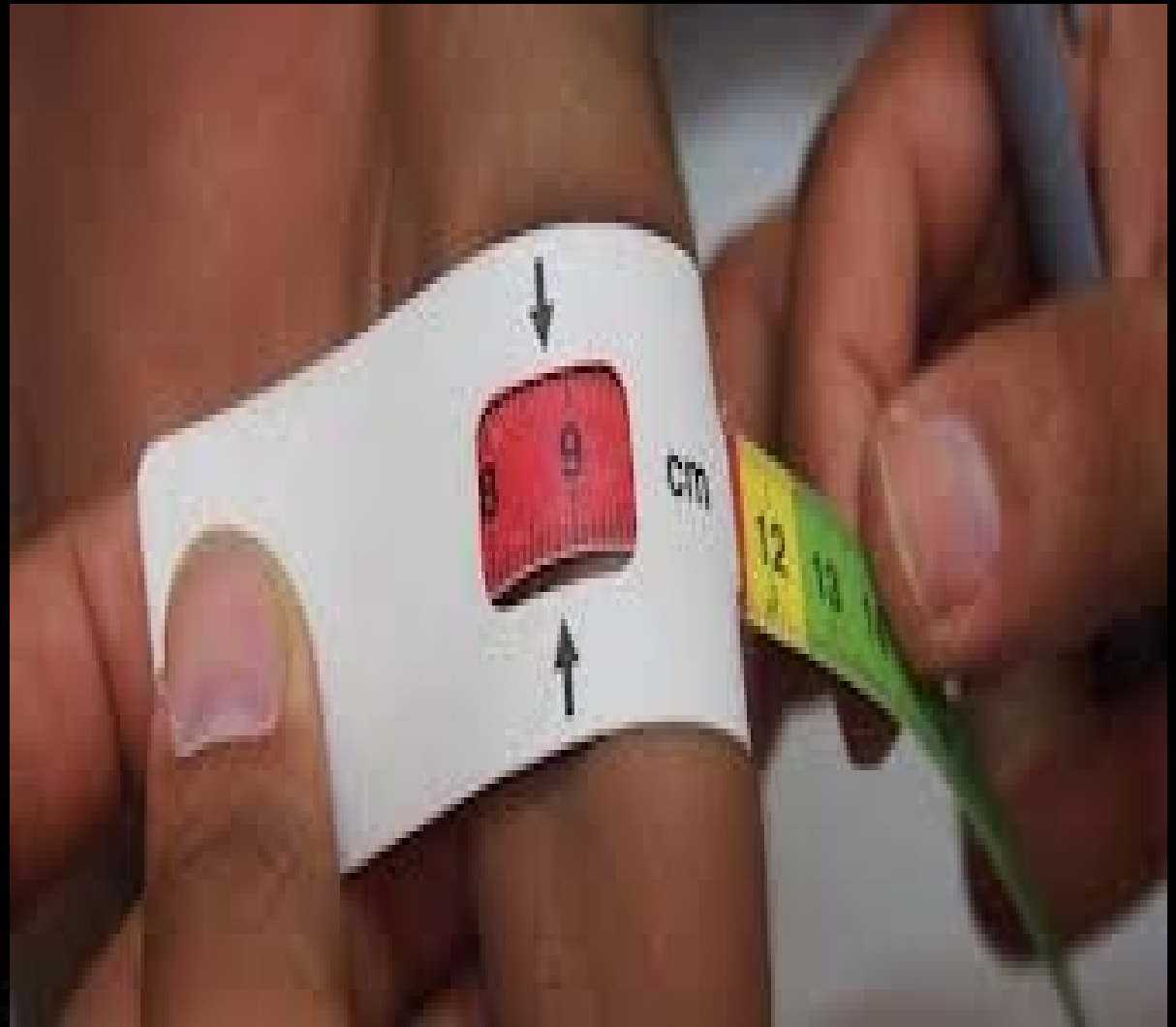














years 1-5




Abyan survey September 2011:

A global acute malnutrition (GAM) rate of 18.6 %, of which 3.9 % were severe cases.



:Hudeidah survey in october 2011

A (GAM) rate of 31.7 % - meaning nearly 1/3 of children surveyed suffered from either moderate or severe acute malnutrition - of which nearly 10 % were severe cases.




The survey also found that nearly 60 % of children were underweight and 54.5 % stunted, meaning their height was too low for their age, a sign of longer-term malnutrition



Hajjah survey in June 2012:

**a GAM rate of 31.4%, of which 9.1 %
were severe cases. Nearly ½ of the
children surveyed in Hajjah were
underweight and 43.6 %were
. stunted**



These figures are more than double the internationally recognized emergency % threshold of 15



The UN has appealed for US\$154 million for food and agricultural programmes and \$70 million for nutritional programmes, the largest sectoral demands amid an overall appeal of

\$447 million for Yemen in 2012.



$\frac{1}{2}$ Yemeni children are underweight or stunted growth

10% are severe malnutrition




**Yemen has the 1st rank among Arabs in
????????**


**Yemen has the 2nd rank among the world in
????????**


Malnutrition Hotspots

The 50 shaded countries have a high under-five mortality rate (greater than 50 per 1,000) and greater than 30% of stunting⁸ in under-fives.

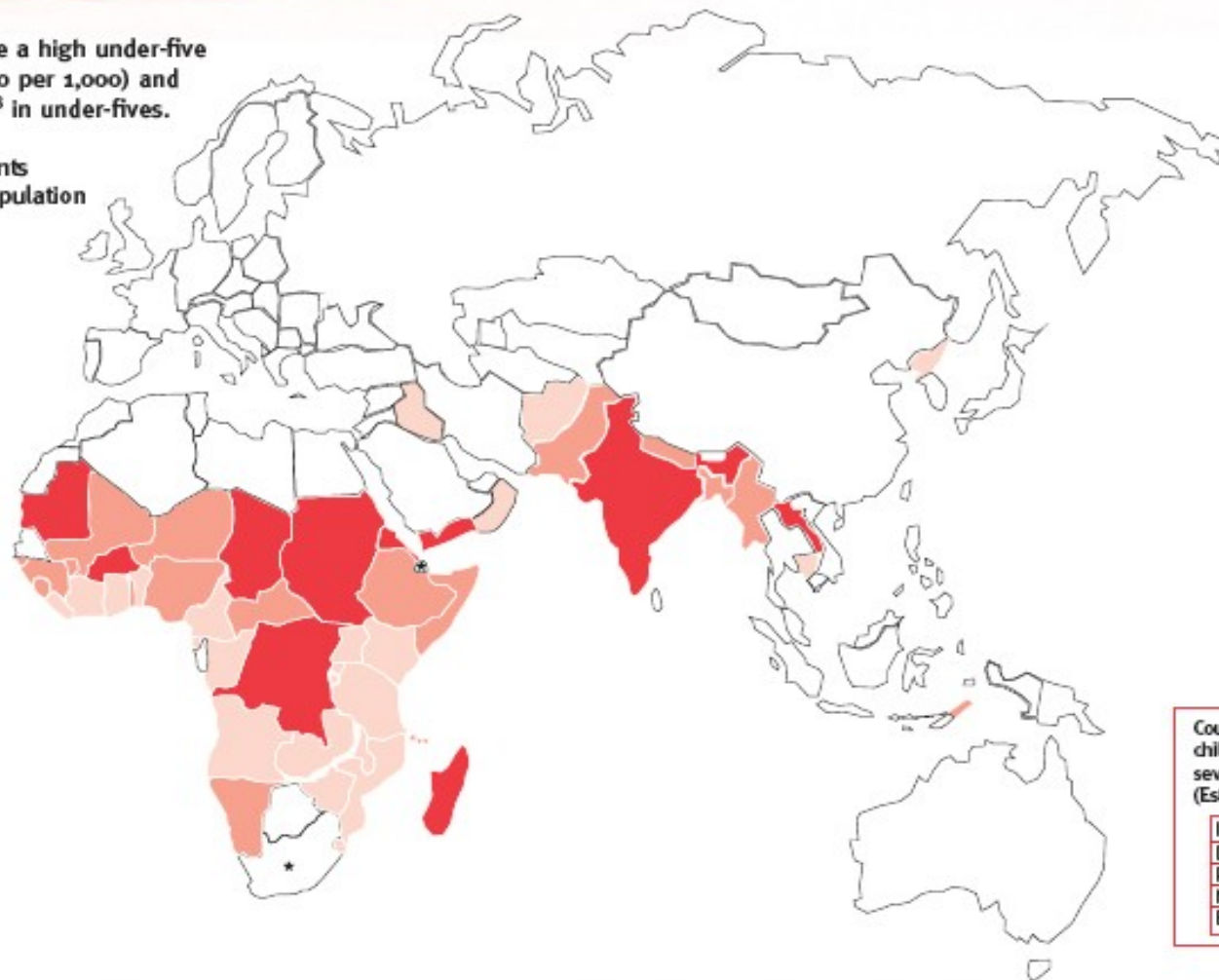
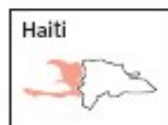
The following legend represents wasting⁹ in the under-five population of these countries.

 Countries with more than 15% acute malnutrition¹⁰

 Countries with more than 10% acute malnutrition¹¹

 Countries with more than 4% acute malnutrition¹²

* No data



Countries with the most children under-five with severe acute malnutrition. (Estimates in millions)

India	8.0
DRC	1.3
Pakistan	1.2
Nigeria	1.1
Ethiopia	0.6

⁸ Stunting – Growth retardation, indicated by low height for age (height for age <-2 Z according to WHO 2005 Growth Standards).

⁹ Wasting – Emaciation or thinness as measured by low weight for one's height (weight for height <-2 Z according to WHO 2005 Growth Standards)

¹⁰ Burkina Faso, Chad, Democratic Republic of Congo, Eritrea, India, Lao People's Democratic Republic, Madagascar, Mauritania, Sudan, Yemen.

¹¹ Bangladesh, Central Africa Republic, Comoros, Ethiopia, Guinea, Guinea Bissau, Haiti, Mali, Myanmar, Namibia, Nepal, Niger, Nigeria, Pakistan, Sierra Leone, Somalia, Timor-Leste, Togo.

¹² Afghanistan, Angola, Benin, Burundi, Cambodia, Cameroon, Republic of Congo, Côte d'Ivoire, Equatorial Guinea, Ghana, Iraq, Kenya, Democratic People's Republic of Korea, Liberia, Malawi, Mozambique, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe.

Sources for map: Population Reference Bureau 2007 World Population Data. WHO Analyses of national nutritional surveys done 2001-2006.

UNICEF – The State of the World's Children 2008

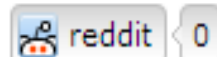
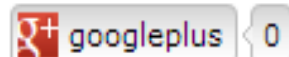
🕒 19 Sep 2012

🖨️ Print

Yemen: Displacement, Refugees, Food Security, Malnutrition and Humanitarian Presence (as of 15 September 2012)

📍 MAP from [UN Office for the Coordination of Humanitarian Affairs](#)

Published on 29 Aug 2012

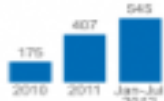




A large part of the country is facing food insecurity, malnutrition, lack of safe water, inadequate health services and displacement of civilians. A significant number of humanitarian partners are on the ground but need resources to sustain ongoing operations and expand to other areas of need.

Internal displacement

545,310 IDPs
30,417 Returnees

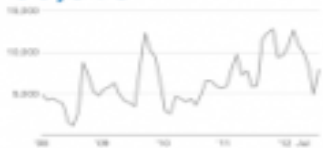


of displaced (thousands)

Hundreds of thousands of Yemenis remain displaced from their homes by conflict. From May, fighting in the south between Government forces and militants, left 320,000 people in need of urgent assistance. Some have returned but are finding difficulty rebuilding their lives.

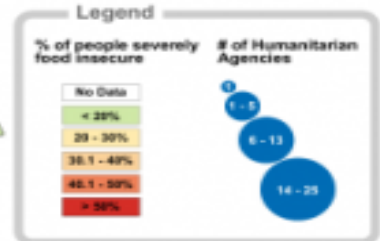
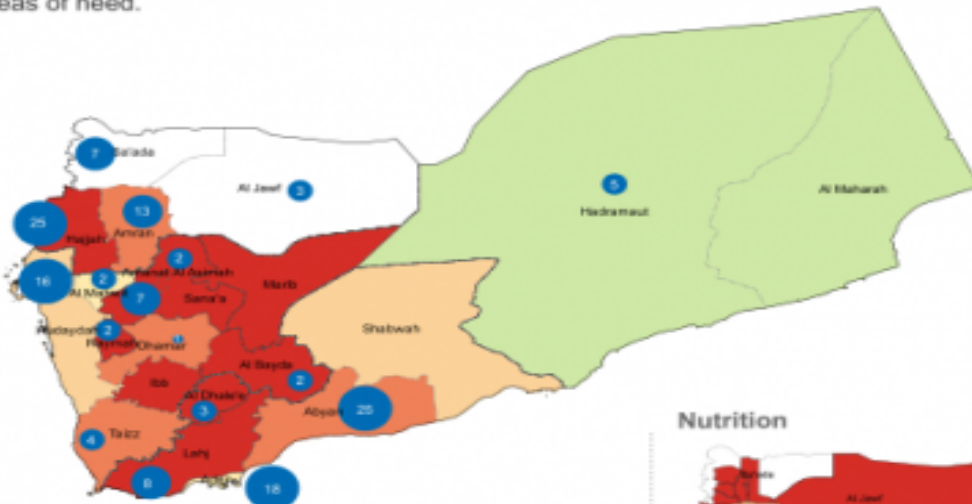
Refugees

63,818 new arrivals in 2012



of refugees arriving monthly to Yemen

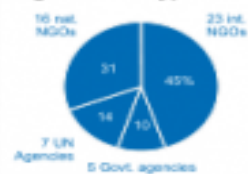
The flow of refugees and migrants from the Horn of Africa to Yemen has continued to exceed previous records. In the first seven months of 2012, more people made this perilous journey than those who did during the same period last year. More Ethiopians made the crossing using the services of smugglers.



Humanitarian presence

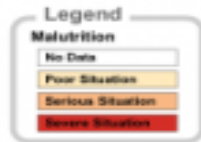
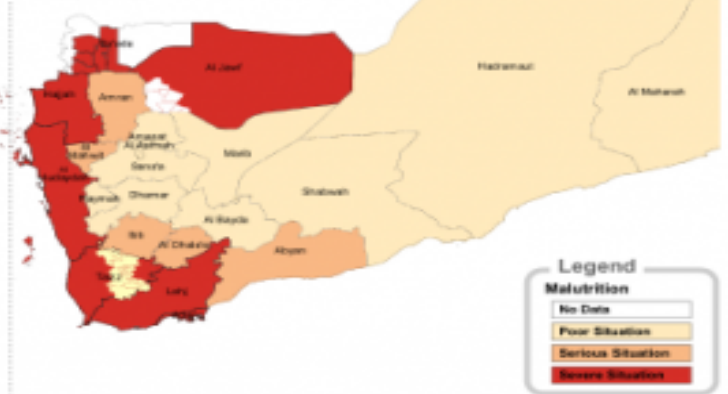
51 partners

Organization type



A number of new partners have arrived in Yemen since the beginning of the year, increasing the humanitarian response. These include Khalifa Foundation, NGOs from Turkey, the UAE and Kuwait Red Crescent Societies, the Organization of Islamic Cooperation, Qatar Charity, Mercy Corps, ACF, Merlin, IRC, NRC, ACTED and IMC. Partnerships with local NGOs have increased significantly. 17 local NGOs have received funding for projects from the ERF since 2010.

Nutrition

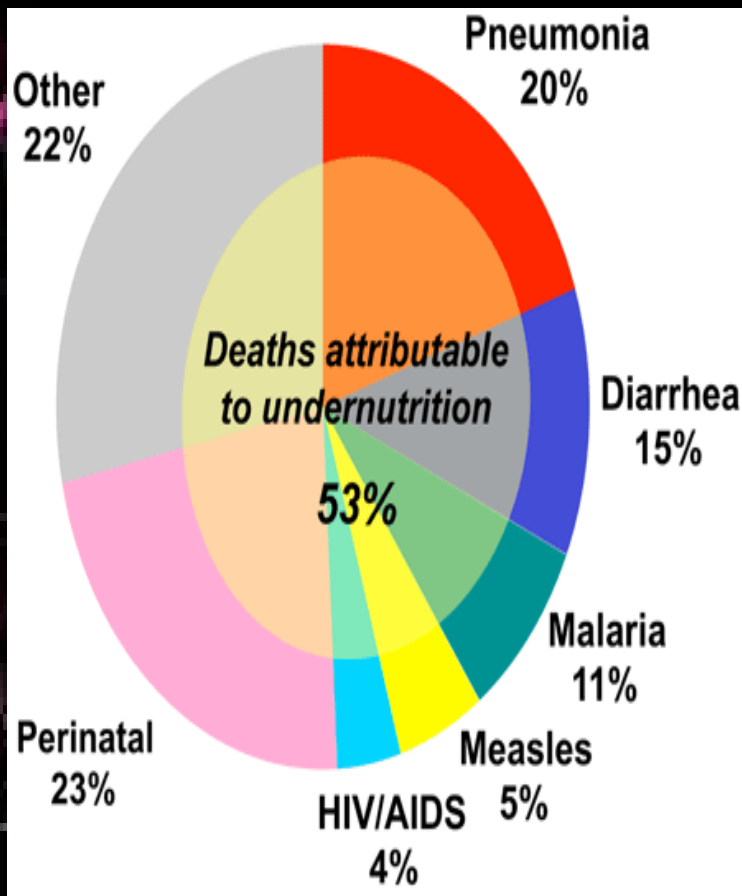


Feedback: ochayemen@un.org - yemen.humanitarianresponse.info - www.reliefweb.int
Sources: WFP - UNICEF - UNHCR - IOM - ERF

Creation date: 29 August 2012
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

 [Download PDF \(929.16 KB\)](#)

A large part of the country is facing food insecurity, malnutrition, lack of safe water, inadequate health services and displacement of civilians. A significant number of humanitarian partners are on the ground but need resources to sustain ongoing operations and expand to other areas of need.



Mortality of children with severe acute malnutrition observed in longitudinal studies

Country	Mortality rate
Congo, Democratic Republic of the	21%
Bangladesh	20%
Senegal	20%
Uganda	12%
Yemen	10%



25 Jan 2012

Malnutrition could kill half a million children in Yemen

[LISTEN](#) / [DOWNLOAD](#)



Maria Calvis speaks to press on child malnutrition in Yemen:
UNICEF

Half a million children in Yemen could die this year from malnutrition or suffer lifelong consequences from it, according to the UN children's agency (UNICEF).

Yemen has the world's second highest rate of chronic childhood malnutrition, after Afghanistan.

Charles Appel reports...

Maria Calvis, UNICEF Regional Director for the Middle East and North Africa concluded her first official visit to Yemen on Wednesday.

She said conflict, poverty and drought have harmed the health of Yemeni children.

Continued civil unrest in the Gulf country has also had a detrimental effect.

She added that high food and fuel prices and the breakdown in social services were

also contributing factors.

Charles Appel, United Nations
Duration: 26"

[Download](#)

Malnutrition could kill half a million children in Yemen

[Download](#)

World Radio Day
13 February

please click here for slideshow

CONNECT

[MOST READ](#) [MOST DOWNLOADED](#)

1. Malala Day celebrated at the UN
2. Ban praises Burkina Faso efforts to achieve the anti-poverty goals
3. Situation in the DRC still complex even after

اليمن على حافة الجوع

تحذير من مجاعة وشيكة باليمن



مظاهرة سابقة في صنعاء ضد الغلاء والفساد (جزيرة-أرشيف)

[إبراهيم القديمي-صنعاء](#)

كشفت دراسة ميدانية صدرت حديثاً عن دخول عشرات الآلاف من الأسر اليمنية مرحلة الجوع وعدم قدرتها على الوفاء بمتطلبات الغذاء الأساسية، وحذرت من كارثة غذائية جراء انعدام المشتقات النفطية وانقطاع الكهرباء وارتفاع أسعار السلع والخدمات بشكل مخيف.

ووفقاً للدراسة التي أعدها مركز الدراسات والإعلام الاقتصادي، فإن أسعار القمح والدقيق والسكر والزيادي والحليب ومشتقاته ارتفعت بنسب تتراوح بين 40% و60%، بينما زادت أسعار مياه الشرب النقية بنسبة 202% وأسعار النقل 60%.

في حين قفزت أسعار البنزين والديزل والمازوت وغاز الطبخ بنسبة تتراوح بين 400% و900% متجاوزة الأسعار العالمية بكثير.

اليمن.. ثاني دولة في العالم تعاني من سوء التغذية والتقزم

الثلاثاء, 04 يونيو, 2013 11:15:00 صباحاً



أضغط هنا لمشاهدة الصورة بحجمها الأصلي

النشرة البريدية:

لا تدع الأخبار تفوتك، أحصل على آخر الأخبار على بريدك:

اشترك

*يمن برس - الجمهورية نت


شددت استشارية التغذية ومندوبة الاتحاد الأوروبي واليونسيف الدكتورة سميرة محمد، على أهمية وجود أقسام تغذية في الجامعات اليمنية من أجل نشر مفاهيم التغذية السليمة.

وقالت أستاذة التغذية بجامعة الأحفاد بالسودان في محاضرة القتها أمس بالجامعة الليبانية الدولية بتعز: إن سوء التغذية في اليمن ليس من قلة الغذاء، وحسب، ولكن من عدم تناول واتباع التغذية السليمة، بعكس بعض الدول التي تعاني من الجوع والتصحر.

Write a Letter to America

www.voanews.co...

Share your immigration story. What do you think of U.S. policy?




With the highest level of chronic malnutrition after Afghanistan, affecting 60% of under 5, Yemen is facing levels of acute malnutrition that are equal to or worse than those in Africa's Horn or Sahel,

UNICEF's Yemen representative Geert Cappelaere



**Addressing malnutrition is a complex task,
as the problem relates to:**

many factors mentioned later



Yemen will continue having substantial humanitarian needs for 3-5 years.

Such society needs some form of assistance for two to three decades.





Factors involved in causing the problem of malnutrition



<40-70% of children

>90% to prevent epidemic



Diarrhea



T.B., Malaria, Leishmania...etc



Measles





Parasites



Wars



Vagrancy



Large families



Unclean water



Bad sanitation



Orphans



Poverty, bad economy and corruption

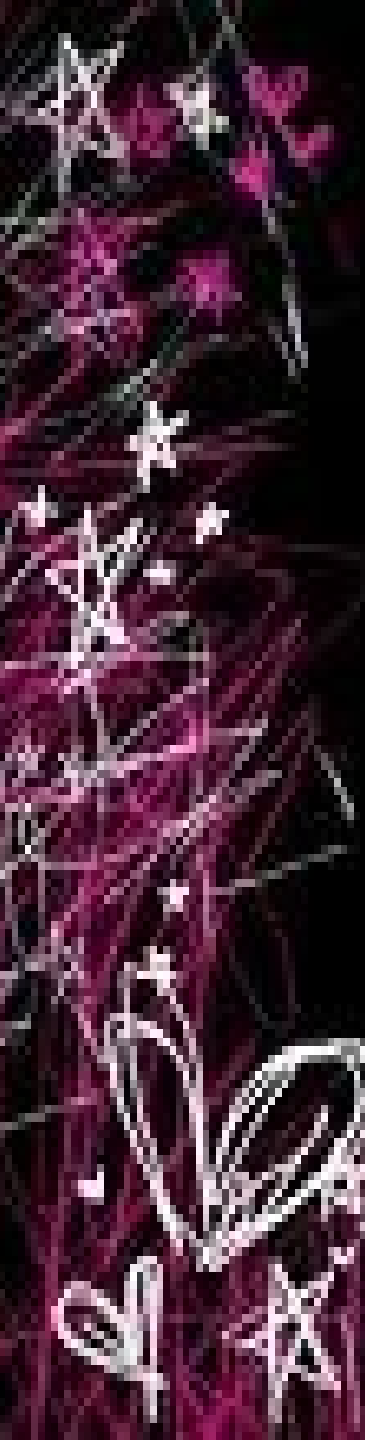


Wrong cultural habits especially chewing khat



Improper food habits e.g. candies consuming







Candies



Ignorant & lazy mother.



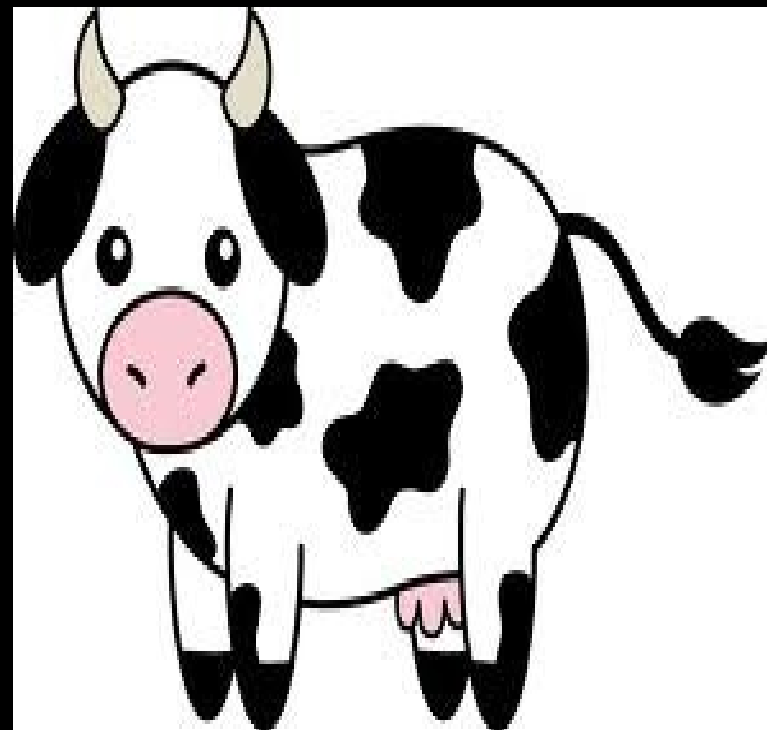
© Dennis Cox * www.ClipartOf.com/77676

Working mother, little time to take care.



Faulty habits of feeding:

Start improper foods early,



**Resists exclusive breast feeding,
Diluted milk.**



Delayed or improper weaning



.Bad starting:LBW, malnourished mother

. Mismanagement by doctors







My will.



My will:

- ✿ **Spend your money correctly.**
- ✿ **Insure clean water& food.**
- ✿ **Infant < 1y : 8 meals/day**
- ✿ **Child < 5y : 5 meals/day**
- ✿ **Don't start food too early.**
- ✿ **Don't start food too late.**
- ✿ **Proper quantity& quality of food.**

My will:

- ☀️ **Take proper history.**
- ☀️ **Check for malnutrition in every case.**

ABCD exam

- ☀️ **Spend more time in counseling.**
- ☀️ **Teach the family feeding a child????**
- ☀️ **Deal with an IPD pt as a human**



Illness

Low immunity

SAM



Future



anks for listening