

Student 's Assignment 2 (Module Two)

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Course: Diploma in Food Security and Nutrition in Humanitarian Emergencies

Module: Introduction to Emergencies

Admission number: ACPM/DIP/192/2019

Date of Submission: 26 June 2019

Questions

- 1. Discuss rationale of general food distribution
- 2. Explain different livelihood approaches in emergencies.
- 3. What are the best ways of preventing communicable diseases? Explain five.
- 4. Discuss the common emergencies common in the African content in the past twenty years.
- 5. Describe the roles of the United Nations agencies that are involved in emergency response.
- 6. Discuss factors that trigger nutrition emergencies

Answers

1. Discuss rationale of general food distribution

General Food Distribution – means blanket humanitarian aid free of charge food delivery to population that had or have been undergoing crisis and as consequence, facing food and livelihoods insecurities. Complete food ration is mainly conducted when populations are in critical malnutrition, adverse conditions and lack of medicines, food and non-food items insufficiency.

The aim of the emergency food aid response is to deliver timely an adequate quantity and quality of food to the affected population to reduce the risk of acute malnutrition and mortality so that communities, households and individuals can survive and recover from the emergency.

Implementing adequate food aid early in combination with public health measures will maintain the nutritional status of the affected population. The following is a list of reasons of the food distribution: To ensure that emergency affected populations have adequate food intakes.

To reduce the risk of acute malnutrition and mortality.

To solve the problem of micronutrient deficiencies often co-exist with acute malnutrition and lead to severe disorders and death. Vitamin A and iron deficiencies are widely endemic and epidemic, public health nutrition problems that can also be exacerbated by food emergencies. Because of the risk of these specific micronutrient deficiencies, the minimum daily requirements of essential vitamins and minerals must be ensured in the diet of populations who are fully dependent on food aid.

General food ration bridges the gap between the population's requirements and their own food resources from market trading, wage labor, garden plots, community sharing, food stocks, small livestock.

In most cases, general food distributions same ration is given to every member of the household regardless of age or individual need (practical experience from South Sudan, relief interventions, ICRC/WFP). The food basket for the general food ration consists of food commodities in sufficient quantities to meet a family's basic nutritional requirements and provide a buffer against shortages or spoilage. Culturally acceptable staple food such as maize, wheat, rice, millet, sorghum. Pulse or legume, which is a source of complementary protein such as lentils, beans, peas or peanuts (groundnuts). Red palm oil a vitamin A fortified vegetable oil as found in groundnut, soya,

sunflower, rapeseed oil. Fortified blended food, corn-soya blend. Iodized salt, sugar (WFP/ICRC, food basket).

Locally available meat or fish sometimes form part of the food basket adequate fuel, cooking utensils, mills and other grinding facilities should also be available to assisted households and communities specially among the displaced persons and refugees. Some bartering and trading of food aid and sale of small livestock to the local population to buy other foods should be expected to a certain degree and should not be discouraged, refugees typically set up marketplaces in camps. Bartering and trading generally improves dietary diversity and quality and provides income to buy essential non-food items such as clothes or soap. Trading foods does not mean that beneficiaries do not need all the rations. More expensive foods that give higher returns are more likely/usually traded while cheaper foods are more likely consumed by beneficiaries.

Where possible, it is highly recommended that the food basket should also include locally available and culturally acceptable foods such as fruits, vegetables, condiments/spices, tea and coffee in order to add nutrients, taste and variety to basic foods, to increase the palatability, familiarity and acceptability of prepared foods and for the preparation of cultural/traditional foods and dishes (IFC/C, Public health guide for emergencies, pages 458 - 463).

General food ration is calculated with the help available tool from Nestle Research Center, Lausanne, Switzerland. The food basket calculator is a software that easily calculates the energy, protein, vitamin and mineral contents of food available worldwide. It is helpful during the actual emergency to ensure the distribution of rations of 2,100 kcal//day/person. It is useful during the more long-term assistance when vitamins and micronutrients are becoming more and more important. It is adapted to operational issues often seen in the field where some basic foods are provided by the World Food Programme and other international organizations, whilst other suitable and locally available foods, fruits and vegetables can be found to create a full food and healthy food basket. Furthermore, food basket calculator can be used to establish special diets for special vulnerable groups and supplementary feeding.

Supplementary feeding is not a substitute for inadequate general rations and should always be considered in the context of the general food ration. Supplementary feeding programmes include the following: Blanket supplementary feeding is a stopgap measure to prevent the deterioration of high-risk groups' nutritional status such as children under five, pregnant women, lactating women, HIV/AIDS affected families and the elderly. In emergency situations, the World Food Programme, UNHCR and implementing agencies work to ensure the timely provision of an adequate general food

ration. Nevertheless, supplementary food might be needed for a certain period for subpopulations who are either already malnourished or at high risk of becoming malnourished. Blanket supplementary feeding is to be considered for instance at the beginning of a food emergency when the food pipeline for the general food ration is still inadequate.

Targeted supplementary feeding is for acutely malnourished children from six months to five years according to set cut-off criteria (Mid-Upper-Arm Circumference < 12.5 cm or weight of 70% to 79% weight-for-height); for pregnant women in the second or third trimester of pregnancy; lactating women up to six months postpartum; adults who are severely malnourished based on Body Mass Index (BMI <16); and the elderly. A specific group giving major concern is families affected by HIV/AIDS. The purpose of targeted supplementary feeding is to prevent severe acute malnutrition among the moderately malnourished and to limit the need for widespread therapeutic feeding among children in particular. Targeted supplementary feeding is often implemented on a limited scale.

Supplementary feeding linked to therapeutic feeding is for children discharged from therapeutic feeding but are still moderately malnourished. Children are generally discharged from these supplementary feeding programmes when they reach 85% of median weight-for-height and maintain this weight for two successive weighing. When information about the prevalence of acute malnutrition is lacking in a nutrition emergency, planning figures of 15% acute malnutrition among children under five can be used to estimate supplementary food requirements for these children (Public Health Guides for Emergencies, IFRC/C).

The above-mentioned foods are recommended for humanitarian aid while following the protocols only that no donations of breast-milk substitutes, bottles or teats should be given to any part of the health care system and donations made to institutions outside the health care system to infants who have to be fed on breast-milk substitutes should be continued as long as the infants (United Nations Children 's Emergency Fund).

2. Explain different livelihood approaches in emergencies.

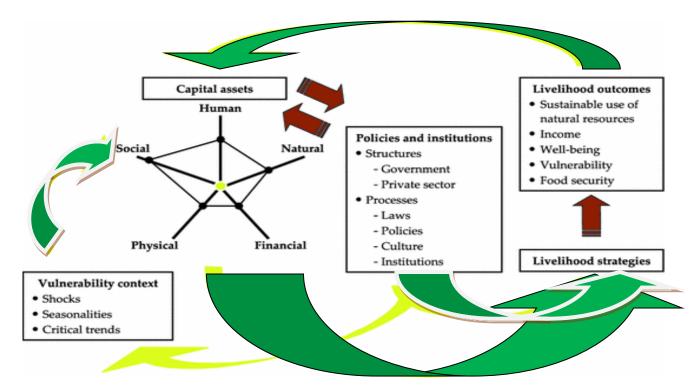
A livelihood comprises the capabilities, assets, and activities required for a means of living. It is deemed sustainable when it can cope with and recover from stresses and shocks and maintain or enhance its capabilities, assets, and activities both now and in the future, while not undermining the natural resource base.

The sustainable livelihoods approach improves understanding of the livelihoods of the poor. It organizes the factors that constrain or enhance livelihood opportunities and shows how they relate. It

can help plan development activities and assess the contribution that existing activities have made to sustaining livelihoods.

The sustainable livelihoods approach is a way of thinking about the objectives, scope, and priorities for development activities. It is based on evolving thinking about the way the poor and vulnerable live their lives and the importance of policies and institutions. It helps formulate development activities that are: People-centered, responsive and participatory, multilevel, conducted in partnership with the public and private sectors, dynamic and sustainable.

The below sustainable livelihoods framework (ICRC/IFRC).



The sustainable livelihoods approach facilitates the identification of practical priorities for actions that are based on the views and interests of those concerned but they are not a panacea (Food Security and Nutrition, International Federation of the Red Cross/Crescent Societies). It does not replace other tools, such as participatory development, sector-wide approaches, or integrated rural development. However, it makes the connection between people and the overall enabling environment that influences the outcomes of livelihood strategies. It brings attention to bear on the inherent potential of people in terms of their skills, social networks, access to physical and financial resources, and ability to influence core institutions.

Appreciative inquiry—originally developed as a tool for industry to avoid negative approaches to problem solving—extends this constructive outlook. Appreciative inquiry is a highly inclusive process that maximizes the positive (as opposed to minimizing the negative) in which a community takes responsibility for generating and gathering information and then forms strategies based on the most positive experiences of the past.

Capital Assets; the sustainable livelihoods framework helps to organize the factors that constrain or enhance livelihood opportunities and shows how they relate to one another. A central notion is that different households have different access livelihood assets, which the sustainable livelihood approach aims to expand. The livelihood assets, which the poor must often make trade-offs and choices about, comprise:

Human capital - health, nutrition, education, knowledge and skills, capacity to work, capacity to adapt.

Social capital - networks and connections (patronage, neighborhoods, kinship), relations of trust and mutual understanding and support, formal and informal groups, shared values and behaviors, common rules and sanctions, collective representation, mechanisms for participation in decision-making, leadership.

Natural capital - land and produce, water and aquatic resources, trees and forest products, wildlife, wild foods and fibers, biodiversity, environmental services.

Physical capital - infrastructure (transport, roads, vehicles, secure shelter and buildings, water supply and sanitation, energy, communications), tools and technology (tools and equipment for production, seed, fertilizer, pesticides, traditional technology).

Financial capital - savings, credit and debt (formal, informal), remittances, pensions, wages.

Vulnerability Context; Vulnerability is characterized as insecurity in the well-being of individuals, households, and communities in the face of changes in their external environment. People move in and out of poverty and the concept of vulnerability captures the processes of change better than poverty line measurements. Vulnerability has two facets: an external side of shocks, seasonalities, and critical trends and an internal side of defenselessness caused by lack of ability and means to cope with these. The vulnerability context includes: shocks, e.g. conflict, illnesses, floods, storms, droughts, pests, diseases, Seasonalities, e.g. prices and employment opportunities. Critical trends, e.g. demographic, environmental, economic, governance, and technological trends.

Policies and Institutions; livelihood strategies and outcomes are not just dependent on access to capital assets or constrained by the vulnerability context; they are also transformed by the environment of structures and processes. Structures are the public and private sector organizations that set and implement policy and legislation; deliver services; and purchase, trade, and perform all manner of other functions that affect livelihoods.

Processes embrace the laws, regulations, policies, operational arrangements, agreements, societal norms, and practices that, in turn, determine the way in which structures operate. Policy-determining structures cannot be effective in the absence of appropriate institutions and processes through which policies can be implemented. Processes are important to every aspect of livelihoods. They provide incentives that stimulate people to make better choices. They grant or deny access to assets. They enable people to transform one type of asset into another through markets. They have a strong influence on interpersonal relations. One of the main problems the poor and vulnerable face is that the processes which frame their livelihoods may systematically restrict them unless the government adopts pro-poor policies that, in turn, filter down to legislation and even less formal processes.

Livelihood Strategies and Outcomes; livelihood strategies aim to achieve livelihood outcomes. Decisions on livelihood strategies may invoke natural-resource-based activities, non-natural resource-based and off-farm activities, migration and remittances, pensions and grants, intensification versus diversification, and short-term versus long-term outcomes, some of which may compete. (One of the many problems of development is that projects and programs, while favoring some, can disadvantage others.²) Potential livelihood outcomes can include more income, increased well-being, reduced vulnerability, improved food security, more sustainable use of the natural resource base, and recovered human dignity, between which there may again also be conflict.

The sustainable livelihoods approach encourages thinking out of the box. It frees development practitioners from conventional approaches that are often restricted to identifying problems and finding solutions. It invites them to look at contexts and relationships so that development activities can become more process-oriented. It compels them to look for multiple entry points and to move beyond a homogenous community view and a narrow sectoral perspective. It represents an important shift away from the focus on project inputs and outputs and the assumed mechanical links between them. In particular, the sustainable livelihoods approach stresses the importance of understanding institutions by mapping the institutional framework and linking the micro to the macro and the formal to the informal. Therefore, it calls for a new style of policy appraisal that moves from universal prescriptions to context-specific approaches that allow alternative, local perspectives to reveal themselves in the policy framework, (Asian Development Bank 2017).

3. What are the best ways of preventing communicable diseases? Explain five.

Communicable diseases are those diseases that are transmitted from person to person via food or drink - utensils for instance, cups, spoons, plates. Communicable disease transmission is a dynamic process. The process is dependent on: interaction of the agent besides microorganism, the host with person, and the environment moreover conditions present.

For a communicable disease to occur the following factors must be present: a microorganism of sufficient strength, a person who is susceptible (lowered immunity) and an environment supportive to the agent's transmission.

Types of Transmission: Direct Transmission – occurs when an infectious agent enters a receptive portal, i.e., through direct contact as: touching, kissing, biting, or projecting air droplets by sneezing, talking, spitting, coughing. **Indirect Transmission** – occurs when an infectious agent is deposited on contaminated objects or materials, i.e. toys, soiled clothes, bedding, cooking or eating utensils, food, water. The major prevention and control measures are: Enforcing immunization laws and practicing universal precautions/ bloodborne pathogen procedures according to WHO public health guidelines and protocols. Ongoing health education relating to disease prevention, hygiene measures for individuals, families and communities.

Implementing good hand washing procedures specially after handling suspected contaminated objects or in contact with influenza patient/s. People must wash with soap or wood ash to kill the viruses, fungi, bacteria or any other pathogens.

Implementing case isolation of individual or individuals with contagious disease. Meaning we have put patient in far distant or a place where others will not get in contact with, to avoid contamination from.

Effective treatment of all communicable disease cases will help curb the spread of the sickness to other people within in the habitant.

4. Discuss the common emergencies common in the African content in the past twenty years.

Africa's hazards are mainly categorized into two namely: manmade; armed conflicts, air, road and railway incidents, other industrial hazards such as mining accidents, chemical spills. Natural ones include; epidemics, endemic diseases, drought, floods, agricultural pests, bush fires and few incidents

of earthquakes, cyclones and volcanic eruptions. The natural hazards interact with manmade ones, with widespread vulnerability. Disasters occur when hazards and vulnerability meet.

Through complex causal chains, disasters affect people directly, killing and injuring them, and indirectly:

by precluding production, by destroying assets and stocks, by denying access to services, by disrupting the environment and the social fabric, and by wasting development opportunities. (According to reports in the WHO Weekly epidemiological, 1996).

Manmade disasters: emergencies created by human beings are the most severe and frequent in Africa continent. Political wars have been experienced in east and central, north Africa nations. Armed conflict in South Sudan (UN, 2014), thousands of people left killed and millions internally or externally displaced. The human suffering has reached its peak.

The conflict sparked between president Kiir and his sacked vice president, Riek Machar. Of political with rooted tribal elements, the conflict collided Dinka, the largest community with Nuer, the second in population hierarchy. All over the country, civilians either displaced staying inside the UN Camps or to neighboring countries. The needs of food and non-food items, health, nutrition, family separation, trauma, water, education and etc. remain very high up to present.

There had been an incident of tradition miners collapsed in a goldmine- field hole in Kapoeta, South Sudan that left over 20 people dead (Eye Radio, 2018).

Sudan had experienced some violence related to long civil unrest that resulted to removal of long serving and despotic President Al-Bashir Hassan from power in 2018 to early 2019. Military government was formed to curb the situation, however, civilian government still not yet in place. More 50 people killed during the demonstrations while a good number internally displaced.

2008, Kenya found itself in a mess as result of elections, violence erupted between opponent parties' supporters, leading to internally displacements while more than thousand forced to flee the country to Uganda with limited or zero household and community livelihood resources.

Besides conflict and political transition, economic growth and industrial development also carry specific manmade hazards. Road and other transportation incidents show increasing trends. 2018 saw a major air crash in Ethiopia, with over 200 victims, and a ferryboat tragedy on River Nile, with about 20 dead. In Tanzania and Zaire railways disasters are frequently reported; in before 1999, Zimbabwe suffered 3 500 road incidents, and 900 related deaths; Ethiopia saw 652 deaths on its

roads in 1995 - 2000. Recently, 2014 -2017 mining and other industrial disasters are reported, too: in 2016 a major chemical spill occurred in Yei, South Sudan.

Natural hazards: natural emergencies are beyond the hand of humans and basically sudden in nature. Meaning they might happen as surprise, sometimes no indicators/signs to enable people to read or predict the future situation.

For example, there was sudden and severe flood that happened in Kenya in recent years, which claimed lives of people, animals, and massive destruction of crops and other properties. Floods also have been chronically occurring in South Sudan along the Nile valleys. This lead to continued destruction of crops and costing lives of animals and even human beings. This alongside manmade, armed conflict contribute more to vulnerability of people to these contexts, causing loss of livelihoods and health.

Drought is also common emergency in continent and it affects over 30 countries, especially the ones along the Sub-Saharan region. Desertification, erosion, and environmental degradation are compounded by locusts and other pest infestations and bush fires (8 reported episodes in Ethiopia, 1995-96).

Continuous outbreak of malaria, cholera, dysentery, yellow fever, plague and gravest epidemic Ebola that often attack Congo, Great Lake region, and the neighboring countries, leading to big loss of millions of people.

The consequences of manmade and natural hazards are human sufferings in terms of loss of; lives, food security, livelihood assets, nutrition and health.

5. Describe the roles of the United Nations agencies that are involved in emergency response.

The United Nations was established on October 24, 1945, as the peacekeeper of the world with the purpose of resolving conflicts and making sure another World War doesn't take place. The UN replaced the League of Nations after World War II. In 1945, World War II was over, but the nations were in ruins and the world wanted peace. Fifty-one countries gathered in San Francisco that year to sign a document. The document was a Charter which created an organization, the United Nations. It took the role of peacekeeper of the world and assumed necessary powers to avoid conflicts resulting in a world war through its various agencies or organizations, each established because of a particular role. Currently, the UN has 193 countries as its members and it is headquartered in New York, USA. The UN not only focuses on peace but also aims at promoting sustainable development, upholding international laws and protecting human rights (New Delhi).

Due to the powers vested in its Charter and its unique international character, the United Nations can take action on the issues confronting humanity in the 21st century, such as: peace and security, climate change, sustainable development, human rights, disarmament, terrorism, humanitarian and health emergencies, gender equality, governance, food production etc.

Here are important UN agencies that involve in emergency and their roles as per their order of establishment:

United Nations International Children's Emergency Fund (UNICEF); Established in 1945 with headquarters in New York, main purpose is to promote children 's welfare all over the world.

Food and Agricultural Organization (FAO); Established in 1945 with headquarters in Rome, Italy and the aim to improve the livelihoods and living conditions of the rural population.

World Health Organization (WHO); established in 1948 with headquarters in Geneva, Switzerland. The overall objective is to strive for attainment of highest possible level of health by all people.

United Nations High Commissioner for Refugees (UNHCR), the office was established in 1950 by United Nations General Assembly. The agency is mandated to lead and coordinate international action to protect refugees and resolve problems worldwide. The main purpose is to safeguard the rights and well-being of refugees. UNHCR involved in material assistance including distribution of food and non-food commodities.

World Food Programme (WFP). Is food aid arm of the United Nations system mandated to use food aid to support economic and social development, meet refugee and other emergency food needs and the associated logistics support, promotion of world food security in accordance with the recommendations of the United Nations and Food and Agriculture Organization.

United Nations Development Programme (UNDP); established in 1965, headquarters, New York with the purpose of helping developing countries increase the wealth producing capabilities of their natural and human resources.

6. Discuss factors that trigger nutrition emergencies

There are inventive vulnerabilities, sudden events such as natural disasters, conflict, or economic shocks that can trigger a nutrition emergency. Hence, lead to populations, households and individuals displacement and suffering (J Pharm Bioallied Sci. 2010 Jul-Sep; 2,3: 248–252).

The occurrence of both natural and human-made emergencies that keep rising in recent years due to climatic changes and poor governances, resulting in large number of affected communities, refugees, and displaced persons worldwide.

Natural disasters; drought, flood, earthquakes, and crop destruction by diseases or pests cause nature-induced famines, market links destruction, health system can be disrupted leading to increased risks.

Manmade disasters; wars and civil conflicts create man-made famine too of which majority have been in Africa and Asia continents. The war in South Sudan has been leaving people massive death, displacement, hence more humanitarian crisis, food/non-food items needs, malnutrition and general ill-health. Deliberate use of chemical, biological, radiological, and nuclear agents as act of terrorism/war or accidents involving them is a threat to a vast population. Political crisis and economic shocks are among factors causing health and specially malnutrition due to unreliable political regime in the country. For example, in Somalia where government disintegrates. South Sudan having political parties divided the people into ethnic lines due to greed of power among the leaders. Discrimination of IDPs and refugees by their host communities, for instance, Rwandan refugees in 1994 still suffered discrimination in Zaire camps, especially the females in respect to food distribution. Also, among the IDPs with their hosts in South Sudan, whereby the host communities are from opponent tribe; in Bor, Malakal and Wau IDPs camps, several attempt attacks were made by the hosts causing lives and more sufferings among the displaced persons.

Major emergencies often result in food shortage, impair the nutritional status of population, and causes excessive mortality in almost all age groups. Nutrition is, therefore, a key public health concern in emergency management. Malnutrition in one or more of its various forms is a main feature during calamities. When nutritional needs of affected population or a subgroup of population are not met completely, sign of malnutrition emerge among helpless or vulnerable individuals. There are underweight children, anemic mothers, marasmus babies, vitamin deficiency diseases, i.e., blindness, scurvy, and other deficiency diseases are also observed.

In major emergencies, most urgently needed action is to prevent death and illness caused by malnutrition. Basic energy and protein requirements are primary concerns, but micronutrient needs must also be met if blindness, disability, and deaths are to be avoided.

References

Public Health Guides for emergencies, The Johns Hopkins and the International Federation of Red Cross and Red Crescent Societies, pages 458-464.

Médicins Sans Frontiàres, MSF Nutrition Guidelines (1995).

World Health Organization, the management of nutrition in major emergencies, (2000).

Thornton R, Court B, Meara J, Murray V, Palmer I, Scott R, et al. Chemical, biological, radiological and nuclear terrorism: An introduction for occupational physicians. OccupMed. 2004; page 54:101-9.

World Health Organization, WHO Community emergency preparedness; a manual for managers and policy makers, 1999.

The Sphere Project, Humanitarian Charter and Minimum Standards in Disaster Response, 2001, last accessed on 2010 Jun 17 (http://www.sphereproject.org).

Articles from Journal of Pharmacy & Bioallied Sciences are provided here courtesy of Wolters Kluwer - Medknow Publications.

United Nations, World papulation prospects; the 1992 revision, New York, United Nations Population Division, Department of Social and Economic Information and Policy Analysis, 1993.

Introduction to Emergencies handout, Africa Center for Project Management, Nairobi, Kenya.

Weekly epidemiological record, 71(21) (1996), pp. 157-162.

J Pharm Bioallied Sci. 2010 Jul-Sep; 2(3): 248–252.