POST GRADUATE DPLOMA ASSIGNMENT

ASSIGNMENT THREE

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POST GRADUATE DIPLOMA IN FOOD SECURITY AND MANAGEMENT

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# ASSIGNMENTS THREE QUESTIONS

1. Discuss rationale for general food distribution.
2. Explain different livelihood approaches in emergencies.
3. What are the best ways of preventing communicable diseases? Explain five.
4. Discuss thecommon 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.

**QUESTION ONE**

THE RATIONALE FOR GENERAL FOOD DISTRIBUTION

**Introduction:**

Before going deep to narrate the rationale for general food distribution (GFD), it should be noted that, in the last twenty years, the number and size of emergencies are rapidly escalating at an alarming rate in African, Middle East, Southern Europe and other parts of Arab world. The number of people affected is getting great and greater than ever before. Hellen M (1995) she relates that in many famine and conflict affected countries, relief projects may now reach anything from 10 to 40 percent of the population. This means in financial terms, food assistance is the single most important response of the international community to current emergencies.

And the growing scale of emergencies has resulted in a doubling in the demand for emergency food aid between 1990 and 2019, and has reversed the relative importance of food aid for emergencies compared with food aid for development. The vast majority of emergency food aid and food aid for protracted refugee and displaced persons operations is distributed in Sub-Saharan Africa and Southern Europe.

Definition and Nature of general food distribution

In General food distribution (GFD)/Fact Sheet Version 2: 2011, the term is used for food rations that are given out to selected households affected by an emergency. The food ration consists of a number of items (the minimum three are cereal, pulses and oil, but items such as salt, sugar, fresh vegetables, canned meat or fish can be added). The general ration is normally delivered as a package of dry items.

So, general food distribution is used to respond to an assessed food need based on livelihood, economic or nutritional indicators or to vulnerable demographic groups identified as in need of food. The objectives of a general food distribution arise from the definition of need and could vary from saving lives and protecting the nutritional status of a population to protecting and rehabilitating livelihoods.

The food distribution process involves a variety of organizations or ‘actors’. The different components of food distribution are usually dealt with by different organizations, and within an organization, different staff may be responsible for each component. For example, decisions on targeting and ration composition may be the responsibility of technical staff, and made at headquarters or country level, rather than by those implementing food distributions.

Standard agency procedure

Food distribution is the mandate of world food programme worldwide. It provides for

1. Practical guidance for WFP field staff that plans, set up, run a food distribution operation.
2. Already complement existing Guidelines on overall Emergency and Development Guidelines found in the Programme Design Manual (PDM), the Emergency Field Operations Pocketbook, the Emergency Tool Kit, the Food and Nutrition Handbook and the Project Design Manual found in the World Food Programme under WW.*WFPGo*.
3. Account take of the World Food Programme Monitoring and Evaluation Guidelines, the United Nation High Commission for Refugees Guidelines for selective feeding programmes in emergency situations, and the United Nation High Commission for Refugees Registration and Commodity Distribution Guidelines.

The Humanitarian community at large provides assistance on the basis of assessed needs and defines the three basic principles as follows:

**Humanity:** For World Food Programme it translates in intervening if lives or livelihoods are at risk.

**Neutrality:** Not taking sides in a conflict. It translates in; providing aid solely to non-combatants working with accountable institutions; ensuring independent supervision and minimizing taxation of relief supplies.

**Impartiality:** For World Food Programme it translates in ensuring that distribution methods reach the most vulnerable; that assistance is distributed according to needs.

Having these principles in mind, one question is, how ideal is pre-set distribution systems? The answer is no, each situation commands a different type. General Food Distribution evolves some stages, as the population becomes more stable or when a registration can be conducted. These mainly include

1. Distribution direct to households or individuals
2. Distribution through groups of households
3. Distribution through traditional leaders

Distribution direct to households or individuals; it means that the food is directly handed over to a head of household or an individual. It can be done in two ways, either a dry ration is distributed or a wet ration is directly handed over to an individual.

Distribution through groups of households; it means that a group of households, usually of the same size, form a group of households with a total of 50 people in the group. Once it is done, they designate a “distribution leader” within their own group. That same person (and designated helpers) will present him/her at the distribution site and pick up the entire food commodity ration for the entire group.

Distribution through traditional leaders; it means that a local leader or traditional leader will be receiving the food for the entire community. S/he will then redistribute the food according to the needs of the community members.

**Significance of General Food Distribution (GFD)**

In summary form, general food distribution can have positive and negative consequences beyond immediate programme objectives. As an integral part of everyday life, food has major social and cultural significance and defines relationships within and between families and other social groups. Food therefore has a major significance beyond the characteristics or quality of the food itself. A balanced food basket is not just a collection of macro- and micro-nutrients, as if they were taken from a medicine chest. Even the most narrowly defined nutritional objectives of providing food assistance are usually supplemented by quality standards in terms of cultural acceptability diversity, hygiene, ease of preparation and fuel economy.

However, some of the potentially negative consequences of providing food assistance are briefly considered as:-

* Creates a ‘magnet effect’ of drawing people away from their homes in the hope of receiving food assistance. This may result in overcrowding around distribution points and the associated problems of poor living conditions and greater exposure to disease. The disruption caused also contributes to a breakdown in social structures.
* Perpetuates the notion of a crisis situation, in which people are treated as victims dependent on external assistance for their survival.
* Provides a focal point for military recruitment and subscription.
* Produces a disincentive effect on local food production.
* Affects local market conditions, forcing down the price of staples and other foods provided as food assistance.
* Affects local social support mechanisms. For example, local support networks may contract and local assistance may be withheld as it is perceived that external relief is available.
* A targeted food distribution may be divisive thereby fuelling local conflict.

**Problems in general food distribution**

## Availability of food items; the selection and number of items in the food basket are frequently determined by availability. When certain food items are unavailable they can be replaced with other items of similar nutritional value. Ideally, substitution should be temporary and recipients should be fully informed of the change in food basket composition through the public information systems.

Estimation of the size of the affected population; **the** actual size of the population in need can vary from the estimated or planned program population leading to insufficient quantities of food being distributed. Reasons for this difference in planned and actual figures can be various.

* In the initial stage of an acute emergency the size of the affected population has to be estimated very quickly
* In protracted operations, population estimates cover long periods of time and assessments are usually done well in advance of the distribution time therefore leading to a disconnect between estimated need and actual need
* Duplicate registration of recipients

The political priorities; of host or donor countries may influence the timeliness and scale of response. For example, host governments may be reluctant to declare a state of emergency or alternatively exaggerate the scale of the emergency in order to influence aid. Donor response often depends on the political relationship with the recipient country.

Lack of resources; by implementing agency including “in-kind” donations of food commodities aid, lack of cash to pay for local purchases, institutional costs, and in-country transport.

Late delivery the food aid; for example, due to long order or transportation times and seasonal or logistical factors and insecurity a challenge.

**QUESTION TWO**

DIFFERENT LIVELIHOOD APPROACHES IN EMERGENCIES

**Introduction:**

Livelihood programmes in emergencies can enable affected individuals to respond to crises and contribute to their own recovery, but may also increase vulnerabilities and possible exposure to threats and violence. When humanitarian actors design, implement and evaluate livelihood programmes without considering beneficiaries’ risk of do no harm, interventions are less likely to achieve their stated objectives and more likely to compromise personal safety.

**Concept of Livelihoods**

According to Ann, Y, (2014) livelihoods are the capabilities, assets, and strategies people put to use to meet basic needs in time of crises or after to survive. This means that people will work to ensure they contribute to their own recovery.

**Significance of Livelihood Programmes in Emergencies**

Crisis-affected people do not wait for the delivery of humanitarian assistance in the wake of an emergency. Soon after conflicts and disasters, markets begin to function, and people rely on their assets to rebuild their livelihoods.

However, every day, the affected population depletes their assets, making them more vulnerable to threats and weakening their capacity to bounce back from the crisis. So, investing in livelihood programmes immediately after an emergency enables the affected population to meet basic needs in the immediate term, such as through cash programming to provide for basic food and access to health and education services.

Therefore, the earlier a livelihoods programme can stem the depletion of critical assets and savings, the more resilient the crisis-affected population can be, shortening recovery time and potentially being more cost effective.

Livelihood programs that seek to decrease economic vulnerability and increase wealth may do so at the expense of the security for different types of individuals if pre-existing conditions and potential risks are not considered. Bringing resources into an affected population create assets, with the power to increase resilience and self-sufficiency.

**Common Livelihoods Approaches and Strategies in Emergencies**

* Cash programming (CP). This includes unconditional/conditional cash grants and cash for work.
* Asset restoration (Livestock, tools, equipment etc)
* Agrarian intervention
* Vocational training and placement programmes
* Market intervention
* Enterprise development
* Village saving and loan association (VSLA)
* Microfinance (Loans)

**Cash Programming (CP)**

Is widely used in emergency response; it is directed at providing cash transfers or cash-like vehicles, such as vouchers, to purchase goods and/or services (e.g., food, assets and school fees). Cash Programming can be an effective social protection tool by quickly injecting cash or assets in disrupted or damaged economies and markets, protecting affected populations from drawing down on remaining assets or resorting to riskier livelihood strategies, all while providing access to basic needs. Based on a Global Humanitarian Assistance report on cash transfer financing, funding for cash transfer programs in emergencies increased steadily from 2007 to 2019, from

$1.8 million to $52 million and is witnessed in South Sudan. The current Food Security and Livelihoods project am implementing, cash grant is one component of the South Sudan Joint Response funded by the Netherlands Government. So, cash programming is being used in almost every new emergency and in diverse sectors, such as in water, sanitation and hygiene (WASH) and shelter.

**Market Interventions**

Market interventions also are increasingly seen as a humanitarian response approach in emergencies. Market interventions seek to support or repair broken links in the chain of activities that constitute a given market. Market interventions can also include support to local businesses affected by crises in order to provide consumers with basic needs (foodstuff, essential nonfood items and livelihood assets) while supporting the return of normal functioning economies.

Market mapping exercises try to understand the collection of decisions by a multitude of diverse individuals. In South Sudan International Cash Working Group is mandated to conduct monthly market monitoring assessment. It is a systemic level unit of analysis, rather than a household- or individual-level analysis and response. As a result, market intervention guidance often glazes over the impact of gender on markets and within the broader market system. This on the other hand informs policy makers as well cash programming.

**Agricultural Intervention**

Agricultural interventions aimed at improving nutrition have been implemented by various governments and development agencies since the 1960s. However, the focus and types of interventions have changed considerably over the years according to the World Bank report (2007). Changes have followed millennium developments goals in the understanding of the causes of hunger and its remedies. Early agricultural interventions focused on increasing food production and agricultural productivity because undernourishment has been seen as the result of lack of food. Agricultural extension and irrigation projects are examples of this type of intervention.

It was soon realised that increasing food production alone, whilst ignoring distributional issues, was not sufficient to eradicate malnutrition, unless the poorest were given access to food as was explained in question one of general food distribution. Data from the 1960s and the 1970s showed that poor nutritional status coexisted with adequate food supplies Reutlinger and Pellekaan (1986). From the late 1970s, and particularly after the seminal work on famines by Sen (1981), malnutrition was linked to food insecurity rather than food availability.

Food may be available to poor people but they may not have access to it because of lack of means or other constraints. As a result, projects focused on increasing incomes and livelihoods rather than food production start to emerge. In the fight against hunger, agricultural interventions were replaced by interventions that promoted food security, such as income and food transfers. Interventions increasing agricultural productivity were still implemented but only if targeted to the poorest sections of the rural population.

A shift in thinking about agricultural interventions occurred after research on budget studies in developing countries documented the low calorie elasticity of income Bouis and Haddad (1992, Strauss and Thomas (1995). It showed that changes in incomes did not immediately translate into changes in the consumption of calories, and highlighted the limitations of increasing income alone in order to improve nutritional status. This statement inspired a new wave of agricultural interventions in the 1990s that aimed at simultaneously increasing income and the intake of nutritious food. Undernourishment was to be reduced not only by increasing the incomes of the poor, but also by shifting their diets towards the consumption of more nutritious food in terms of their caloric, protein or micronutrients contents.

Therefore, that is why Edoardo, M (2011) notes that, these agricultural interventions had the explicit objective of reducing undernourishment. Projects of this type include production diversification projects such as dairy development, and the promotion of vegetable gardens, fisheries and livestock, and bio-fortification projects such as projects increasing the nutritional content of staple foods.

**Asset Creation**

As explained by Yellow Wood Associates; [*www.yellowwood.org*](http://www.yellowwood.org)*,* for too long, the resources and assets of rural communities – their natural resources, agricultural bounty, labor force, and young people – have flowed out of rural places, along with the economic and social returns to those resources. Rural regions, particularly low-wealth rural areas, have struggled to put in place the strategies and institutions that build local assets and create wealth that stays local. They have struggled to replenish rural resources and create communities that are resilient in the face of a rapidly changing global environment.

In the face of these struggles, the ability of rural areas to contribute to overall economic growth it has been limited. What has been needed is a new way forward for rural areas. What is needed is an approach to development that allows rural areas to build wealth and become stewards of resources in ways that serve the larger public good, and provide for expanded opportunities for low income and poor individuals and households.

Rural areas therefore stand at a historic crossroads. Rural communities are facing an enormous potential loss of wealth as current generations retire or pass on, often closing businesses and leaving their assets to kin who reside outside rural areas. The present economic crisis has produced massive upheaval. Yet this moment of crisis could give rise to innovation and an opportunity for renewal.

The potential contributions to be made by rural communities are significant. Rural areas can responsibly provide the nation with renewable energy of many types, with energy-efficient housing, with food that is healthy and affordable, with open spaces, with ecosystem services, and with so much more that our nation needs. But, effectively making these contributions means avoiding the exploitative patterns of the past and adopting a new approach to wealth creation. In order to respond to today’s historic opportunities in a way that builds wealth and assets rooted in rural places, rural leaders need new ways of thinking about economic development.

For example, since early 2008, the Ford Foundation has been exploring a wealth-creation approach to rural economic development. The Ford Initiative, *Expanding Livelihood Opportunities for the Poor*, provides a framework for creating wealth that is rooted in rural regions, including those of persistent poverty, by using a systems approach to intentionally connect people, resources, and markets; to make investments that create multiple forms of wealth; and to develop new models of local ownership.

**Village Savings and Loan Association (VSLA)**

A Village Savings and Loan Association (VSLA) is a group of people who save together and take small loans from those savings. The activities of the group run in cycles of one year, after which the accumulated savings and the loan profits are distributed back to members. The purpose of a VSLA is to provide simple savings and loan facilities in a community that does not have easy access to formal financial services.

A VSLA is a more transparent, structured and democratic version of the informal savings groups found in villages and slums in many parts of the developing world. The main difference is that the VSL methodology is a better organized and more accountable system that even the least literate, least influential member of the group can understand and trust.

How this does therefore work? According to CARE International training manual (2013), groups usually hold annual elections. The roles and responsibilities of the five-person management committee are clearly defined and highly decentralized. This is to encourage the participation of all members in the operations of the group; and, moreover, to protect the group from being dominated by a single individual.

Each group is composed of 15 to 25 self-selected individuals. Groups meet weekly and members save through the purchase of shares. The price of a share is decided by the group. At each meeting, every member must purchase between 1 and 5 shares. The share-price is set by the group at the beginning of the cycle and is fixed for the entire cycle.

The system is very simple; but the result is powerful. In a VSLA, savings is flexible across members and over time. Members do not have to save the same amount as each other; and they do not have to save the same amount at each meeting. Also, by saving more frequently in very small amounts, the poor can build their savings more easily; and this contributes to improving the security of the household livelihoods.

Savings are maintained in a loan fund from which members can borrow in small amounts, up to three times their individual savings. Loans are for a maximum period of three months in the first year and loans may be repaid in flexible installments at a monthly service charge determined by the group.

Each group may also have a social fund, which provides members a basic form of insurance. The social fund serves as a community safety net and may serve a number of purposes – such as emergency assistance, festivals and funeral expenses – for the entire community, including group members and non-members.

Each group agrees upon a contribution made by all members at every meeting. The social fund is not intended to grow, but to be set at a level that covers basic insurance needs. It is not distributed back to the members at the end of the annual cycle, but remains a group asset.

There is no group ledger or complex system of accounts at the level of the group. The closing balance of the loan fund is simply counted, announced, remembered by all members, and noted in a notebook at the end of each meeting. In order to track the individual savings and loan liabilities of its members, VSLAs use a simple passbook that is appropriate for groups with limited literacy and numeracy skills.

The materials, passbooks, loan fund and social fund of the VSLA are maintained in a lock-box, which is safeguarded by the group box-keeper between meetings. The lock-box has three padlocks and the keys are held by three members of the group who are not members of the Management Committee. The system is robust and ensures that there can be no manipulation of the group’s passbooks or funds outside of group meetings.

Groups operate in annual cycles. At the end of every cycle, the accumulated savings plus service charge earnings are shared out amongst the membership according to the amount each member has saved. The annual share-out resolves any outstanding issues and builds member confidence. It is an action audit that provides an immediate verification to all members that their money is safe and the process is profitable.

After the share-out, members who do not wish to continue may leave the group and new members may be invited to join. Members who plan to continue to the next cycle may all agree to use some of their savings to make a contribution to the loan fund for the next cycle. This initiates lending activities with a useful amount of money on hand.

When a new cycle begins, members conduct new elections, review their constitution and may make changes to the terms and conditions that apply to savings, lending and the social fund. They may, for example, agree to change the social fund contribution, share price and the monthly loan service charge. However, the share value and loan service charge can never be changed during the cycle. After this process the group then continues to operate independently in its second cycle.

**Enterprise Development**

Innovative business and entrepreneurship activities form the basis of private sector development. Emphasis is placed on a thorough analysis of existing market actors and the interplay of all of them. This provides a better understanding of how the market works for the poor and what interventions are needed to facilitate their inclusion.

Interventions focus on both the supply and demand side of a given sector.Opportunities are then created for the disadvantaged so that they are able to generate more income and ultimately improve their livelihoods.  
  
To maximise impact, scale and sustainability of interventions, the Inclusive Systems Development approach seeks to introduce fundamental changes to market mechanisms, stimulating change and innovation.

Value chain development helps smallholder farmers take advantage of business opportunities to increase their incomes and create jobs. The approach focuses exclusively on sectors or subsectors with particular potential for growth. It identifies and addresses bottlenecks and constraints to more successful farmer participation through specific interventions.

Entrepreneurs play a crucial role in developing homegrown economies. Yet, the success of new entrepreneurial ventures is strongly impacted by something much larger than the business itself: the surrounding ecosystem. Having access to local and seamless support for entrepreneurs will help them in their endeavour to survive and grow, and hence create new wealth or livelihoods.

**Microfinance**

Microfinance is a category of financial services targeted at individuals and small businesses who lack access to conventional banking and related services. Microfinance includes microcredit, the provision of small loans to poor clients; savings and checking accounts; micro insurance; and payment systems.

Microfinance also called microcredit is a way to provide small business owners and entrepreneurs access to capital. Essentially, microfinance is providing loans, credit, and access to savings accounts even insurance policies and money transfers to the small business owner and entrepreneur.

**Thomas, M. (2018) explains the importance of financial inclusion in the socio-economic development of people and that** there is still a tremendous untapped market. It is estimated that at least 200 million micro, small, and medium-sized enterprises (MSMEs) in emerging economies have no or insufficient access to credit. There is an estimated gap of USD 2.2 trillion between what these businesses need and the amount of credit currently extended. Demand for financing by smallholder farmers alone is estimated at USD 450 billion, with less than 2% of this need being met.

Over the past decades, microfinance has proven to be a powerful tool in raising welfare levels of the poor through increased disposable household income. Broader effects on social welfare such as health, nutrition, education and female empowerment, however, are yet to be universally acknowledged. Still, microfinance is commonly accepted as a useful tool to combat poverty in low-income countries.

Nevertheless, microfinance faces various challenges. While it saw a median return on equity of 8.1% in 2016, the financial viability of microfinance is one of the key issues. Operational expenses are relatively high due to expensive credit risk management processes and relatively small loan portfolios.

Second, cost efficiency reduces the higher the credit risk of a loan portfolio. The risk-return characteristics of microfinance lending are not in favour of high-risk portfolios because the required interest rates charged for these clients would be far beyond socially acceptable levels.

Third, lending more to existing borrowers is more efficient than lending to new customers and using new technology, such as mobile banking, does not allow financial institutions reach more customers and offer a wide range of financial services, such as payments and savings accounts and insurance and microloans to expand the business with existing customers.

**QUESTION THREE**

FIVE BEST WAYS OF PREVENTING COMMUNICABLE DISEASES

**Introduction:**

In our health science studies in high school, health is referred to as a complete state of physical, mental and social well-being and not the mere absence of disease. The term disease therefore refers to a disturbance in the normal functioning of the body and is used interchangeably with illnesses. Diseases may be classified as communicable or non-communicable. Communicable diseases are caused by infectious agents that can be transmitted to other people or person from an infected people or person, animal or a source in the environment. Communicable diseases constitute the leading cause of health problems in very remote areas and among refugees.

Before we describe each communicable disease relevant to the question, it is important that first talk about the basic concepts underlying communicable diseases. Understanding these basic concepts will help a lot, as they form the basis for this question.

Having said that, I will introduce definition of important terms used in communicable diseases, the types of infectious agents that cause these diseases, the main factors involved in their transmission, and the stages in their natural development. This will help you to understand how measures for the prevention and control of communicable diseases are put into place at several levels of the health system, including in homes and at your Health Post – which is the focus of Study Session 2.

**Definition of communicable disease**

In a lay man’s language, a communicable disease is one that is spread from one person to another through a variety of ways that include: contact with blood and bodily fluids; breathing in an airborne virus; or by being bitten by an insect or an animal.

In understanding the above definition, the organisms that cause communicable diseases are called infectious agents, and their transmission to new uninfected people is what causes communicable diseases; meaning that infectious diseases is an interchangeable term with communicable disease. Familiar examples of communicable diseases are malaria and tuberculosis. Diseases such as heart disease, cancer and diabetes mellitus, which are not caused by infectious agents and are not transmitted between people, are called non-communicable diseases.

**Commonly known communicable diseases**

[Ebola](http://www.acphd.org/ebola.aspx), [Flu](http://www.acphd.org/flu.aspx), [Hantavirus](http://www.acphd.org/hantavirus.aspx), [Hepatitis A](http://www.acphd.org/hepa.aspx), [Hepatitis B](http://www.acphd.org/hepb.aspx), [HIV/AIDS](http://www.acphd.org/oaa/hiv-aids-basics.aspx), [Measles](http://www.acphd.org/measles.aspx), [Rabies](http://www.acphd.org/rabies.aspx), [Sexually Transmitted Disease](http://www.acphd.org/std/stds-you-should-know.aspx), [Tuberculosis](http://www.acphd.org/tb.aspx), [West Nile Virus](http://www.acphd.org/west-nile-virus.aspx), [Zika](http://www.acphd.org/zika.aspx) etc

Ebola; According EcoHealth Alliance, Ebola formerly called the Ebola hemorrhagic fever, is a rare, severe illness that attacks its victims’ immune systems, causing extreme fluid loss and often death. The disease disrupts blood-clotting, which can lead to internal and external bleeding. Shortly after infection, victims typically experience fever, muscle pain, headache, and sore throat, followed by vomiting, diarrhea, rash, and bleeding. Symptoms appear, on average, eight to ten days after contact with the virus. Fatalities, most often caused by severe dehydration, can occur [within a week](https://www.vox.com/2014/10/9/6905347/too-afraid-to-ask-about-ebola-virus-outbreak-symptoms) after initial symptoms.

Flu; Influenza (the Flu) is a serious disease spread by coughs and sneezes and caused by influenza A or B viruses, mainly during the winter season.  It can cause mild to severe illness and at times can lead to death.

Hepatitis A; is a vaccine-preventable contagious disease caused by the Hepatitis A virus. It causes acute inflammation of the liver (hepatitis means inflamed liver) and does not become a chronic condition unlike other Hepatitis infections such as B, C or D. After an individual is infected with Hepatitis A they cannot catch it again as the body develops antibodies to protect against future exposures.

[Measles](http://www.cdc.gov/measles/); also called rubeola, is a highly contagious illness caused by a virus. It starts with fever that gets worse over several days, cough, runny nose, and watery, red eyes. After a few days a rash develops and lasts up to a week.

Rabies, is a serious infection of the nervous system caused by a virus, known as Rabies virus. In Alameda County, the virus is usually transmitted to humans by a bite or scratch from a wild infected animal, most commonly, a bat or a skunk. Rabies almost always results in death if a bite or scratch from a rabid animal (an animal infected with rabies) is not treated at the time of exposure and symptoms of an infection develop.

**Sexually Transmitted Diseases;** is a sexually transmitted diseases that have high rates of infection or can cause severe medical complications, including death and infertility. Examples are Gonorrhea, Chlamydia,Human Immunodeficiency Virus, or HIV, Pelvic Inflammatory Disease (PID), Syphilis, genital warts, and genital herpes among many others.

Tuberculosis (TB); is a communicable disease that is caused by bacteria (germs) that attack the lungs or other parts of the body such as the kidney, spine or brain. If not treated properly, TB can be fatal.

West Nile virus (WNV); is a potentially serious illness. WNV is transmitted to humans and animals through a mosquito bite. Mosquitoes become infected when they feed on infected birds.

**Prevention Methods**

It is very important to learn these healthy habits to protect oneself from disease and prevent germs and infectious diseases from spreading.

**1. Handle & Prepare Food Safely**

Food can carry germs. Wash hands, utensils, and surfaces often when preparing any food, especially raw meat. Always wash fruits and vegetables. Cook and keep foods at proper temperatures. Don't leave food out - refrigerate promptly if at all the service is available or foods should be eaten when it is still hot.

**2. Wash Hands Often**

Hand washing have become one of the most commonly method tought in health science with soap or ash for rural communities. This process includes **Cleaning and disinfecting commonly used surfaces like tables, desks.** Germs can live on surfaces. Cleaning with soap and water is usually enough. However, you should disinfect your bathroom and kitchen regularly. Disinfect other areas if someone in the house is ill. Some disinfectant like bleach solution, or rubbing alcohol is good.

**3. Cough & Sneeze Into Your Sleeve**

[It](http://www.youtube.com/watch?v=SpPA73SZJYE) is believed that one round sneezing emits thousands of microbe organism or bacteria into the air. To prevent cough and flu from spreading rapidly, sneezing into piece of cloth is advisable or any other tissue like napkins, or toilet tissue.

**4. Get Vaccinated**

[Vaccines](http://www.cdc.gov/vaccines/) can prevent many infectious diseases.  There are vaccines for children and adults designed to provide protection against many communicable diseases and tetanus. There are also [vaccines that are recommended or required for travel](http://wwwnc.cdc.gov/travel/)to certain parts of the world. For example, to enter Kenya there is need to have Yellow Card. [Immunization Program](http://www.acphd.org/communicable-disease/protect-yourself.aspx)mes normally advise on immunizations and [clinics where to get needed shots](http://www.acphd.org/clinics.aspx).

**5. Avoid Touching Wild Animals**

[Being cautious around carcass of wild animals](http://www.fs.fed.us/r8/boone/safety/critters/wildanimal.shtml) is important as they can spread infectious diseases to one including pets. In South Sudan communities like where I come from, Ministry of health late 2018 up to this year 2019 had put control measure at the boarder of Democratic Republic of Congo and Central Africa Republic to screen all people crossing or coming in against Ebola virus. Bush meet commonly consumed in the region was banned and that people should not eat fruits eaten by a bird.

**QUESTION FOUR**

COMMON EMERGENCIES COMMON IN AFRICAN

**Introduction:**

The International Federation of Red Cross and Red Crescent Report (2018) indicates that, the International Federation of Red Cross and Red Crescent responded to 34 emergencies in 22 countries across Africa where millions were affected by natural disasters, epidemics, population movement, complex emergencies and food insecurity. Africa is often facing reoccurring emergencies, exacerbated by conflict, extreme weather and lack of long-term investments into resilience building. In fact, nowhere else in the world are communities more at risk than on this continent.

Hazards are dangerous phenomena – like floods, tropical storms or droughts and conflicts– that can cause loss of life, damage to property and the environment, destruction of livelihoods and disruption of services. Hazards can lead to disasters or emergencies, which require urgent action. Such emergencies have a direct impact on food security – conflicts, floods, storms, tsunamis and other hazards destroy agricultural infrastructure and assets.

**Common emergencies common in African Continent**

Natural and manmade hazards have for the last twenty years ravaged African countries. For example, heavy rainfall across Ethiopia, Kenya, Zimbabwe, Somalia, Uganda, and of recent South Sudan resulted in flash floods and landslides, causing loss of life, displacement and damage to property and livelihoods. Violence, conflict and hunger continue to drive displacement. Refugees from the broader region like South Sudan and Democratic Republic of Congo have continued to flee to neighboring Countries like Uganda for example, with more than 78,000 new arrivals from the DRC (nearly 47,100), South Sudan (more than 27,100), and Burundi (over 4,500) as indicated by Ocha report (2019).

**The following are some of the emergencies:-**

**A complex emergency**; is a major humanitarian crisis that is often the result of a combination of political instability, conflict and violence, social inequities and underlying poverty. Complex emergencies are essentially political in nature and can erode the cultural, civil, political and economic stability of societies, particularly when exacerbated by natural hazards and diseases such as HIV and AIDS, which further undermine livelihoods and worsen poverty.

A central part of many governments and non-governmental agencies’ work in complex emergencies is to monitor food security by assessing the economic, political and social causes of hunger, food insecurity and malnutrition; vulnerability and risk; and the impact of crises/response on food security.

**Conflict;** is a major cause and, in some cases, result of humanitarian emergencies. Conflict frequently overlaps with underlying social inequalities, poverty and high levels of vulnerability. Conflicts are direct threats to food security as they cause massive loss of life and therefore loss of workforce which is particularly important as agriculture tends to rely heavily on human labour, loss of vital livestock, and loss of land.

Access to and use of natural resources like water and land for grazing or crop production – are key sources of conflict. In countries such as [the Sudan](http://www.fao.org/emergencies/countries/detail/en/c/148725/) and [South Sudan](http://www.fao.org/emergencies/countries/detail/en/c/147627/), tens of thousands of people are displaced from their land each year as a direct result of resource-based conflicts.

Conflicts displace millions of people each year, often forcing them to flee with nothing and making them extremely reliant on the communities that offer them shelter and humanitarian aid. This can place unsustainable pressure on hosting communities that often face high levels of food insecurity and struggle to make ends meet. In [Yemen](http://www.fao.org/emergencies/countries/detail/en/c/161523/) for example, where many conflict-affected herders risked their lives to bring their animals when they fled violence. In the [Democratic Republic of the Congo](http://www.fao.org/emergencies/countries/detail/en/c/148705/), farmers have been uprooted from their homes by fighting.

**Drought;** is among the most devastating of natural hazards – crippling food production, depleting pastures, disrupting markets, and, at its most extreme, causing widespread human and animal deaths. Droughts can also lead to increased migration from rural to urban areas, placing additional pressures on declining food production. Herders are often forced to seek alternative sources of food and water for their animals, which can create conflict between pastoral and farming communities.

In recent years, droughts have resulted in some of the most high-profile humanitarian emergencies – including the recent crises in the [Horn of Africa](http://www.fao.org/crisis/horn-africa/home/en/) in 2011 and the [Sahel](http://www.fao.org/crisis/sahel/en/) in 2012 regions, which threatened the lives and livelihoods of millions of people. In the past, droughts were not always so disastrous and are often part of a regular climate cycle, as was the case in the Horn of Africa’s dry lands and in the Sahel. However, the greater frequency of droughts and more erratic nature of rains in many countries, combined with underlying economic, social and environmental vulnerabilities have meant that droughts have an increasingly destructive impact on at-risk populations.

**Floods;** monsoon rains, snow melt, tidal waves and collapsed dams are some of the things that trigger floods that affect millions of people each year. The devastation is often widespread, from loss of life, property and infrastructure to food insecurity and disease. Floods are particularly disastrous for the world’s poor, the majority of whom live in rural areas and rely on agriculture for their food and income. [Malawi](http://www.fao.org/emergencies/countries/detail/en/c/161513/) for example, is one of several countries in southern Africa affected by severe flooding in 2011

Many struggle to replace what was lost or damaged, such as seeds, tools, livestock, animal feed or fishing gear. Stagnant waters often render crop land useless, and make it difficult to maintain livestock, which, without proper shelter, veterinary care or adequate feed, easily fall prey to disease or starvation. Floodwaters also pose a threat to food safety and public health – through spoilt food stocks and contaminated water supplies.

**Landslides;** occur when large amounts of earth, rock, sand or mud flow swiftly down hill and mountain slopes. The incidence of this phenomenon, usually triggered by natural hazards such as earthquakes, volcanic eruptions, heavy rain storms or cyclones, is increasing due to modern land-use practices, climate change and deforestation.

The impact of a landslide can be extensive, including loss of life, destruction of infrastructure, damage to land and loss of natural resources. Landslide material can also block rivers and increase the risk of floods. Deep landslides, triggered by major earthquakes or volcanic activity can destroy thousands of square kilometres of land and kill thousands of people. Landslides have a devastating effect on farmers’ livelihoods as they can prevent access to land for years, destroy seed and food stocks and will commonly result in the loss of livestock and standing crops.

**Trans-boundary plant pests and diseases and** [**trans-boundary animal diseases**](http://www.fao.org/ag/againfo/programmes/en/empres/diseases.asp)**;** affect food crops, causing significant losses to farmers and threatening food security. The spread of trans-boundary plant pests and diseases has increased dramatically in recent years. Globalization, trade and climate change, as well as reduced resilience in production systems due to decades of agricultural intensification, have all played a part.

Trans-boundary plant pests and diseases can easily spread to several countries and reach epidemic proportions. Outbreaks and upsurges can cause huge losses to crops and pastures, threatening the livelihoods of vulnerable farmers and the food and nutrition security of millions at a time.

Locusts, armyworm, fruit flies, banana diseases, cassava diseases and wheat rusts are among the most destructive trans-boundary plant pests and diseases that have been so common in many African Countries.Cassava Mosaic and Brown Streak virus diseases among those that continue to affect the main food crop cassava throughout the Great Lakes region of Eastern and Southern Africa.

[Trans-boundary animal diseases](http://www.fao.org/ag/againfo/programmes/en/empres/diseases.asp)are highly contagious epidemic diseases that can spread extremely rapidly, irrespective of national borders. They cause high rates of death and disease in animals, thereby having serious socio-economic and sometimes public health consequences while constituting a constant threat to the livelihoods of livestock farmers.

**QUESTION FIVE**

ROLES OF THE UNITED NATIONS AGENCIES THAT ARE INVOLVED IN EMERGENCY RESPONSE

**Introduction**

A sudden-onset of emergency situation is often characterized by overwhelming needs, competing priorities, destroyed or damaged communication and transportation infrastructure, a rapid influx of providers of humanitarian assistance coupled with an outburst of mutual aid from local communities, as well as overwhelmed and highly stressed officials from governmental and non-governmental institutions. Given this view of an emergency, an image of chaos quickly springs to mind.

The opposing view would be one of coordinated activities and structures that bring order to the chaos. At its best, coordination contributes to humane, neutral, impartial, timely and relevant assistance, increased management effectiveness, a shared vision of the best possible outcomes from a given situation, a seamless approach to service delivery and donor confidence resulting in sufficient resources to achieve the desired outcomes, i.e., the least possible amount of human suffering and material damage, seamless recovery and a rapid return to normal living conditions and the ongoing progress of development.

The most persistent dangers confront hundreds of millions of people who live in areas afflicted by protracted conflicts. More countries are embroiled in internal and international fighting now than at any time in the past 30 years. And every conflict comes with terrible consequences especially for women and children, who are always among the most vulnerable. In the worst cases, women and children are at risk of immediate harm from targeted and indiscriminate attacks, as well as abuses such as sexual and gender-based violence, abduction and recruitment into armed forces and groups. If we fail to stop these violations – and if perpetuators are not held accountable for committing them – especially children will grow up seeing violence as normal, acceptable, even inevitable. This is the stand point for many United Nation bodies.

**Framework and roles of United Nations emergency response**

There are some fundamental tenets that define the framework of United Nations emergency response and influence coordination of humanitarian assistance. This is to explain fundamental principles, authorities, frameworks and the general context which govern United Nations response.

**Tenets of United Nations emergency response**; According to the United Nations Disaster Assessment and Coordination handbook (2018),international emergency response is humanitarian assistance to a crisis-affected population that seeks, as its primary purpose, to save lives and alleviate suffering. Humanitarian assistance is deeply rooted in history and culture, from ethno-religious beginnings and postwar interventions to the ‘modern’ era of humanitarianism. Considered as the desire to lend assistance to others, humanitarian action is as old as humanity itself.

When States become members of the United Nations, they agree to accept the obligations of the UN Charter, an international treaty that sets out basic principles of international relations. According to the Charter, the UN has four purposes: 1) to maintain international peace and security; 2) to develop friendly relations among nations; 3) to cooperate in solving international problems and in promoting respect for human rights; and 4) to be a centre for harmonizing the actions of nations.

The UN Charter, Article 1.3, mentions humanitarian assistance, in particular, where it defines that one of the UN’s purposes is to achieve international co-operation in solving international problems of an economic, social, cultural, or humanitarian character, and in promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language, political, or religion.

Resolution 46/182 agreed on guiding principles for the Member States and the United Nations and the establishment of coordination mechanisms. The Resolution determined the following as areas to describe the roles of United Nations involved in emergency response:

1) Humanitarian assistance must be provided in accordance with basic humanitarian principles that provide the fundamental foundations for humanitarian action. Humanitarian principles are central to establishing and maintaining access to affected populations whether in the context of a natural disaster, an armed conflict or a complex emergency, i.e., a humanitarian crisis which occurs in a context where there is a total or considerable breakdown of authority resulting from civil conflict and/or foreign aggression. Promoting compliance with humanitarian principles in humanitarian response is an essential element of effective humanitarian coordination. For instance;

* Humanity – Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.
* Impartiality – Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.
* Neutrality – Humanitarian actors must not take sides in hostilities or engage in controversies of political, racial, religious or ideological nature.
* Independence – Humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.

2) The sovereignty, territorial integrity and national unity of countries must be respected and international assistance can only be provided with the consent of the affected country.

The UN Charter, Article 1.3 describes the overarching United Nations’ mandate for humanitarian coordination; but another fundamental principle is defined in the United Nations’ Charter, Article 2, which states that “no international organization or country can intervene in another country without consent”. The national Government is the absolute authority within the borders of its own territory. As such, the responsibility and authority to assist and meet the needs of a society lies with its own Government.

A Government can ask or welcome assistance from other United Nations member States or organizations but assistance cannot be forced upon them unless a majority of the members of the United Nation Security Council can agree that the matter is of such importance that humanitarian assistance must be imposed. To deploy to another country without being requested and without being welcomed or in other ways invited, can, regardless of intentions, be considered an act of force similar to an invasion and will be considered a violation of international conventions. Consequently, all international assistance is conducted in support of national authorities and upon request, irrespective of the desire of international organizations to respond immediately.

3) The affected country has the primary lead role in the initiation, organization, coordination and implementation of humanitarian assistance within its territory. For most natural disasters, the affected State is a willing and legitimate partner and does request or welcome international assistance. In more complex emergencies, however, the legitimacy and territory of the State may be in violent dispute. In some situations, a legitimate Government may not exist and, even if it does, it may have limited authority and capability. This situation compels United Nations to adherence to the above principles problematic in complex emergencies. In these cases, the commitment to the victims may supersede the commitment to the State. More likely, however, coordination efforts will need to acknowledge the legitimacy of competing authorities and humanitarian advocacy will become a strong focus. Thus, one may need to develop and maintain effective relationships not only with the State but also with the antagonists, political opposition and in some situations, non-state actors.

4) At the same time, United Nations encourage sovereign States to facilitate the implementation of humanitarian assistance by intergovernmental and non-governmental organizations, particularly when capacity is lacking.

5) The United Nations play a central and singular role in providing leadership and coordinating the efforts of the international community in support of the affected countries. In line with these principles, no international organization has the authority to tell another organization what to do. The United Nation is an organization of Member States that works through consensus. It is not a world government and it does not make laws. It does, however, provide the means to help resolve international conflicts and formulate policies on matters affecting the whole world. Within the United Nations all Member States, regardless of size, political views or social systems, have a voice and a vote in this process. As a result, several United Nation bodies, i.e., departments and offices of the United Nations Secretariat, specialised agencies, funds and programmes, have been given a mandate to provide or coordinate international assistance within their field but without any authority to command, direct or order. This is a privilege that remains with State authorities only.

In line with the humanitarian principles, therefore, we find the ‘do no harm’ principle which is derived from medical ethics. It requires humanitarian organizations to strive to minimize the harm they may inadvertently do through their presence in providing assistance. Humanitarian actors need to be aware if assistance is used to reinforce nepotism or corruption, or becomes a de facto part of the dynamics in a context because it creates jobs, gives income in the form of taxes, leaves little or no responsibility on the State for social welfare, etc.

Such unintended negative consequences may be wide-ranging and extremely complex. To minimize possible longer-term harm, United Nations provide assistance in ways that are supportive of recovery and long-term development.

**Generic structure**

Generic structures for coordinating the big seven (7) United Nations in emergency response are based on specific or shared areas of coordination. The World Food Programme (WFP) is responsible for food security and logistics, United Nations ICEF (UNICEF) mandated to coordinate education, Wash and nutrition activities, United Nation for Development Programmes (UNDP) takes into account early recovery programmes, International Organization for Migration (IOM) undertakes camp coordination and shelter and non-food items, United Nations High Commission for Refugees (UNHCR) as well does camp coordination in addition to general protection, Food and Agriculture Organization (FAO) offers technical aspect in food security and livelihoods, and World Health Organization (WHO) specifically for health.

Hence, the needs of a disaster-affected population are commonly identified by sectors of humanitarian activity, e.g., health, food, shelter, etc. This can also be referred to as sectors of response or just sectors. Such sectors have been historically recognized as a common modality of organizing disaster response and United Nations have traditionally specialised themselves in working in one or more sectors.

Generic structures for coordinating humanitarian operations exist; however, whether they are applicable is dependent on the affected Government’s wishes, the particular needs of the situation, available resources and what is culturally, contextually and politically pertinent.

In situations where a resourceful and effective governmental structure for disaster response exists, one should seek to adopt a model most suited to support this. However, in situations where the coordination needs overwhelm national capacities, additional structures may be required for the United Nations emergency response.

**QUESTION SIX**

FACTORS THAT TRIGGER NUTRITION EMERGENCIES

**Introduction**

Malnutrition is the result of a complex set of interacting factors, usually related to consumption and access to food, health and sanitation, education, but also gender relations, social equity, and the local social and environmental context. Addressing malnutrition in a sustainable way and in all its forms – including stunting, wasting, micronutrient deficiencies and overweight – requires understanding of what are the root causes at the level of the individual, the household, the community and the region.

Factors that trigger nutrition emergencies

Malnutrition occurs when a person does not receive adequate nutrients from diet. This causes damage to the vital organs and functions of the body. Lack of food is the most cause of malnutrition in the poorer and developing countries. This situation occurs under three main categories of triggers;

1. Immediate trigger; associated with inadequate food intake and disease
2. Underlying triggers; Households food insecurity, poor social and care environment and poor access to health care and unhealthy environment
3. Basic triggers; Formal and informal infrastructure, political ideologies and resources management.

These malnutrition triggers therefore can be broken down and explained below;

* Lack of food: this is common among the low income group as well as those who are homeless.
* Those having difficulty eating due to painful teeth or other painful lesions of the mouth. Those with dysphagia or difficulty swallowing are also at risk of malnutrition. This could be due to a blockage in the throat or mouth or due to sores in the mouth.
* Loss of appetite. Common causes of loss of appetite include cancers, tumours, depressive illness and other mental illnesses, liver or kidney disease, chronic infections etc.
* Those with a limited knowledge about nutrition tend to follow an unhealthy diet with not enough nutrients, vitamins and minerals and are at risk of malnutrition.
* Elderly living alone, disabled persons living alone or young students living on their own often have difficulty cooking healthy balanced meals for themselves and may be at risk of malnutrition.
* The elderly (over 65 years of age are), especially those living in care facilities are at a higher risk of malnutrition. These individuals have long term illnesses that affect their appetite and ability to absorb nutrients from food and they may also have difficulty feeding themselves. In addition, there may be concomitant mental ailments like depression that affect appetite and food intake.
* Those who abuse drugs or are chronic alcoholics.
* Those with eating disorders like anorexia nervosa have difficulty maintaining adequate nutrition.
* Those with digestive illnesses like ulcerative colitis or Crohn’s disease or mal-absorption syndrome have difficulty in assimilating the nutrients from diet and may suffer from malnutrition.
* Those with diarrhea or persistent nausea or vomiting.
* Some medications tend to alter the body’s ability to absorb and break down nutrients and taking these may lead to malnutrition.
* The demand for energy from food exceeds the amount of food taken. This includes those who have suffered a serious injury, burn or after major surgical procedures. This also includes pregnant women and children whose growth and needs for the unborn baby causes increased demand for nutrients and calories that may be deficient in a normal diet.
* Among children lack of knowledge of adequate feeding among parents is the leading cause of malnutrition worldwide.
* Premature babies are at a higher risk of malnutrition as are infants at the time of weaning.
* Childhood cancers, heart defects from birth (congenital heart disease), cystic fibrosis and other major long term diseases in children are the leading cause of malnutrition.
* Neglected children, orphans and those living in care homes are at risk of malnutrition.

**Consequences of Malnutrition**

Human factors likely to be related to dietary intake and regarded as important across cultures and time are disease response, reproductive competence, cognitive function, work output, and social and behavioral habits. Functional failure in these domains is seen as having profound effects on health and demography. Most investigators who have examined issues of food intake and human function have accepted some indicator of an individual's body size as a measure for malnutrition. Anthropometric indicators, such as weight/age, weight/height, or height/age, are most commonly used (African Centre for Project Management Notes).

Unfortunately, body size reflects many other factors in addition to malnutrition, Because food intake is seldom known, it is difficult to estimate the amount of variation in size due either to nutrition or to other factors, The tacit assumption is that, within a given milieu, conditioning factors are reasonably constant and that differences in size not attributable to conditioning factors are due to differences in intake of nutrients. Thus, persons of larger stature generally appear to function better than persons of smaller stature, with respect to reproductive and disease competencies, work performance, and cognitive ability.

Doris, H. (1982), evidence from studies in humans also shows that food deprivation affects ability to produce healthy babies, physical performance, mental attitude, and disease experience, irrespective of body size. Communities that have evolved under conditions of recurrent scarcity will have developed and accepted what are seen to be the lowest-risk strategies for coping with the immediate and longer-range problems of survival. Because the cost of failure is perceived to be high, there will be pressure against innovation. This tendency to avoid risk-taking, in turn, may be among the grave effects of chronic food deprivation, even when deprivation is not severe.

**Intervention measures**

If concerns of malnutrition are identified when the preliminary screening has been completed, it is then important to consider possible solutions. By identifying the, solutions may become evident for dealing with malnutrition.

Here’s more on 5 sustainable solutions to growth stunting:

#### Promoting Gender Equality

Improving gender equality is an essential objective, so we work to engage men in childcare. In most of the countries building or improving water and sanitation facilities and training communities on good health and hygiene habits is basic.

#### Improving Agriculture

With the help of the International organizations; Food and agriculture organization, World food programme and United Nation for international children education fund to develop an award-winning programmes for agriculture to improve nutrition. Determine the root causes of malnutrition and to address them directly through better agriculture. Steadily, nutrition is improving among children under 5 and in the wider community.

#### Improving Maternal, Newborn & Child Health

According to Concern Worldwide (2009) initiative was started funded by the Bill & Melinda Gates Foundation; the Innovations for Maternal, Newborn & Child Health (Innovations) program developed and tested creative solutions for improving the health and survival of mothers, babies, and children. The team actively engaged communities in the design process to ensure its programmes met and responded to their specific needs.

#### Improving Hygiene Services

As we’ll note below, the availability of clean water and proper sanitation also has a far-reaching impact. According to the World Health Organization (2018), almost 400,000 children under the age of five die each year from diarrheal diseases, which are often caused by poor sanitation and contaminated drinking water. Teaching proper hygiene practices, working with communities to keep village environments clean, and supporting the construction of safe and effective toilets are the main ways we act to prevent the spread of infection and water-borne diseases. This means more resources to focus on nutrition.

#### Improving Nutrition Services

The Community can be engaged in management of Acute Malnutrition (CMAM Surge) at the community, facility, district, national, and international level. CMAM is based on the observation that often the number of children seeking treatment for acute malnutrition tends to peak during certain months of the year.

These seasonal “surges” in demand are driven by many overlapping factors, including the pre-harvest hunger gap, increased incidences of malaria or diarrhea during the rainy season, women’s workload patterns, and movements associated with grazing livestock. During these caseload surges, the potential to save lives is at its greatest. The community management of acute malnutrition Surge approach can codify a process and offers a set of practical tools to help health facility determine when their malnutrition surges are likely to occur. From there, they can better prepare for and manage services during those periods of high demand.

## Health service utilization

Use of health services by an emergency-affected population will differ substantially from that of a stable population. If utilization is substantially lower, health services may not be geographically, financially, or culturally accessible.

## Vaccination - Introduction

Childhood vaccination is usually provided as a routine service in maternal-child health clinics or other health facilities. Children should receive the vaccinations they need at the right age during scheduled or drop-in clinic visits. Most countries have a recommended vaccination schedule, that is, the ages at which children should receive each does of various vaccines.

**General Conclusion:**

Derived from my 12 years of humanitarian work, and having reflective answers to assignment three in this food security and livelihoods study, it can be noted that organisations are now adopting livelihoods approaches in more sectors and settings. There is great diversity in the interpretation of the livelihoods approach, which is reflected in the variety of Sustainable Livelihoods (SL) frameworks now used, and the way in which SL approaches are implemented. Some organisations have formally adopted a livelihoods approach as part of their development policy and to guide their intervention strategy; others have been exploring Sustainable Livelihoods Approach (SLA) in more informal ways to see how such approaches might inform their analytical frameworks and programming.

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

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