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| **AFRICAN INSTUTUTE FOR PROJECT MANAGEMENT STUDIES**  **(AIPMS)-NIROBI-KENYA.**  **COURSE STUDY: FORCED MIGRATION STUDY**  **POST GRADUATE DIPLOMA**  **YEAR 2019.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **COURSE UNIT SIX [6]:**  **FOOD SECURITY AND NUTRITION IN FORCED MIGRATION**  **ATTEMPT QUESTION ASSIGNMENTS FROM ONE-SIX [1-6]:**  **SUBMITTED BY:**  **OKETA DOMINIC LABOKE**  **ADMISSION NO: 256/003/2019**  **SUBMITTED TO:**  **MODERATOR: \_\_\_\_\_\_\_/\_\_\_\_\_\_ 2019.**  **SUBMISSION DATE: 03/11/2019. SIGNATURE:**  **Discuss rationale for general food distribution?**  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 [Dawn 2013]. Assessment should be carried out to determine if food support is a priority need in the context in question and to define who, for how long, how much and with what types of food.  The objectives of a General Food Distribution could vary from saving lives and protecting the nutritional status of a population to protecting and rehabilitating livelihoods. The nutrition and energy needs of a population are affected by a number of factors climate, activity, health and nutrition status, age and sex, which must all be considered when planning food aid requirements as rations planning to meet the targets of the beneficiaries [Austin G Ogen G and Hill J. 2011]  It is important to consider the risk of micronutrient deficiencies among populations dependent on food aid. The General Food Distribution should meet the nutrition and energy needs of the recipient population. The food provided should be appropriate and, ideally, be familiar to the population. The Eligibility criteria must specify the characteristics of individuals or households which are thought to require a certain quantity and quality of food using these eligibility criteria.  There are two primary systems for distributing food aid to the general population: take home rations and large scale cooked food distribution. Other forms of general food distribution, such as Food for Work and voucher programmes are gaining in popularity. Accountability, transparency and coordination are key elements for implementing a successful General Food Distribution. Monitoring all aspects of the General Food Distribution should ensure that food effectively reaches intended beneficiaries in the agreed quantities and measure its impact on food security and nutrition. A rationale of General Food Distribution can be phased out when its objectives have been achieved, and the implementation criteria no longer apply.  General Food Distribution is frequently used to respond to a food security crisis or in reports of high levels of malnutrition and mortality death in a population. During acute food insecurity the objectives of General Food Distribution are primarily to save lives and protect the nutritional status of the population. As the food security situation improves, the aim of General Food Distribution may be broadened and, for the affected population, could also include the protection and rehabilitation of their livelihoods [Grünewald, F. [2010].  The following are the Key principles of General Food Distribution apply:  General Food Distribution must meet minimum nutrition requirements. The food aid must be fit for human consumption, easily digested and preferably familiar and acceptable to the beneficiaries. The General Food Distribution system must be fair, transparent and accountable at all levels to prevent abuse. Monitoring and reporting for the General Food Distribution must take place and the dignity and human rights of recipients must be protected.  **Summary;** The general food distribution [GFD] refers to the food rations given to populations affected by emergencies. Food rations usually include dry items such as cereals, pulses, and oil and are a response to populations needs. The design of the food basket is based on a comprehensive assessment of economic, nutritional or livelihood interventions and needs to consider the population characteristics and availability of food items.  Food distribution can be implemented as take-home rations or through large-scale cooked food distribution; each of these methods requires specific planning and monitoring to guarantee success. Monitoring food distribution is important to assess whether the objectives are being achieved, and to make all the necessary modifications to the food basket.  **Explain different livelihood approaches in emergencies.**  There is no single standard method for doing Emergency Food Security Assessments [EFSA]. Different agencies have developed their own unique approaches and there is broad variation in the indicators collected, the methods used to collect and analyze information, and the degree to which nutrition data are incorporated. Even the language varies when describing Emergency Food Security Assessment. Approaches to food security assessment There is no standard method of collecting and analyzing data in Emergency Food Security Assessment. Different agencies have developed different approaches to suit their individual needs. There are at least different agency approaches to assessing food security. For the purposes of this, these have been classified into three groups  1. Early warning and surveillance approaches  2. Economic and livelihood approaches  3. Nutritional status approaches.  **Early warning and surveillance approaches** Early warning is described as “a process of information gathering and policy analysis to allow the prediction of developing crises and action to prevent them or contain their effects”. It involves continuous collection and interpretation of information rather than on one-off assessments. Early warning is related to preparedness and contingency planning on the one hand, and preventive intervention on the other. It is most commonly used to predict crisis rather than to assess need. Most food security monitoring systems collate data from the following four sources:  1. Agricultural production such as crop production and livestock farming  2. Markets such as domestic and international trade import/export, prices of key staples and livestock  3. Vulnerable groups such as monitoring poverty  4. Nutrition and health status of populations  **Economic and livelihood approaches**  Economic approaches Household economy approach [HEA] is one of the most well-defined approaches to food security assessment. Household Economy Approach surveys are carried out at one point in time and collect primary data [collected first hand]. The approach recognizes that the economy of a population depends on household income both cash and food production, household expenditure both food and nonfood, and other factors, including savings, livestock and other assets, availability of wild foods, and access to and use of markets. The great advantage of the Household Economy Assessment is that it provides quantitative estimates of household food deficits and provides a projection of deficits in the future. Household Economy Assessment is widely used by World Food Programme [WFP] to calculate food aid needs. Economic security assessments [ESA], assesses food security as one element of economic security. It can be applied in highly insecure situations a common feature of International Committee Red Cross [ICRC] work where access is limited and decisions need to be taken speedily. The approach is dependent on participatory, qualitative forms of data collection and can therefore only be conducted by skilled assessors.  **Livelihoods approaches**  Livelihoods approaches address poverty. Food security is viewed as one sub-set of objectives of poor households while food is considered as only one of a whole range of factors which determines why the poor take decisions and spread risk, and how they finely balance competing interests in order to subsist in the short and longer term. People may choose to go hungry to preserve their assets and future livelihoods. So food security is dependent on wider livelihood considerations. The household livelihood security [HLS] model relies on secondary data combined with in-depth participatory, qualitative data collection. CARE has incorporated a rights-based approach which recognizes that poor, displaced and war-affected people have inherent rights essential to livelihoods security. Issues of social relations and power are therefore critical to understanding vulnerability and livelihood security. Oxfam’s emergency food security assessments aim to support livelihoods, as well as saving lives. This involves assessing the longer-term risks to livelihoods, as well as short-term nutritional or life threatening risks. The revised emergency food security assessment guidance currently being produced by WFP [2008] takes a similar approach.  **Nutritional status approaches**  There is no direct link between food insecurity and malnutrition. Rather, food insecurity can exist without any malnutrition while malnutrition rates can rise in food secure environments for example, due to epidemics. Linking food security and nutrition information can help to interpret Emergency Food Security Assessment findings.  However, nutrition surveys and food security assessments are usually carried out independently of one another. This is partly because different sampling procedures are employed so that it may be difficult to conduct the assessments simultaneously, and partly because individuals and agencies tend to have expertise and experience in either one area, or if in both, they are situated in different units. The main challenge is that Food security and nutrition assessments are rarely carried out together due to differences in sampling procedures and differing objectives. This remains a weakness.  **What are the best ways of preventing communicable diseases? Explain five?**  Communicable, or infectious diseases, are caused by microorganisms such as bacteria, viruses, parasites and fungi that can be spread, directly or indirectly, from one person to another. Some are transmitted through bites from insects while others are caused by ingesting contaminated food or water. Infection is defined as the entry and an increase in number of an infectious agent in the tissue of a host.  Communicable disease control in emergencies Common epidemics in emergencies include measles, cholera, shigella dysentery, typhoid, hepatitis E, malaria both epidemic [outbreak] and endemic [present on a regular basis], meningitis and influenza. All of these can have high death rates case fatality rates and cause widespread sickness and malnutrition if not properly managed from the outset. An epidemic or outbreak occurs when there are an unusually high number of cases of a disease within a certain time period or an area. A communicable disease is one that can be transmitted by an infectious organism from one person to another. This is often via a vector, such as a mosquito [malaria], from person to person [measles and meningitis] or waterborne [cholera, dysentery].  However, there are numbers of strategies to help prevent communicable diseases or general measures for preventing epidemic and endemic disease Prevention measures include:   * Water and sanitation sector: sufficient water quantity and quality; hygiene promotion; vector control. * Food aid sector: appropriate food basket and rations quality and quantity. Nutrition sector: general nutrition support for the population; management of malnutrition and micronutrients and safety food hygiene care is needed highly to control germs infection. * Shelter sector: sufficient and adequate shelter and don’t share personal items that may cause communicable diseases like HIV/AIDS and full stay home or in hospital went sick * Health sector: vaccination; surveillance; essential health services Health education messages provide individuals with information on how to prevent common communicable diseases and how to access relevant services. Public health education messages encourage people to seek care early for fever, cough, diarrhea, etc., especially for children and pregnant women. * Immunization; managing vaccines during transport and maintaining stocks that is to say proper handling of vaccines for immunization, wash hands often and clean and disinfect commonly used surfaces as getting vaccination to young one at birth against other infectious diseases like Measles. * Avoid Touching Wild Animals and Cough and Sneeze into a Tissue or Your Sleeve.   **Discuss the common emergencies common in the African content in the past twenty years?**  **Slow onset and chronic emergencies;**  Slow-onset is when the emergency comes on gradually while in chronic emergency, the emergency situation stays on for a prolonged time; for example, what is experienced in the arid and semi-arid districts in Kenya.  **Acute emergencies**  In acute emergencies is when emergency situation happens suddenly. For example, the floods which are unexpected example in BudalangiBusia, Kenya. In such cases, nutrition and health assessments need to be conducted rapidly in order to mobilize resources, especially where the need is for livelihood protection, such as preventing the sale of key assets or damaging coping strategies.  **Chronic conflict and political insecurity;**  In situations of chronic conflict and political insecurity there may also be very limited time that can be spent on the ground example what has been in southern Sudan or in Somalia currently. In such cases, assessments may not only need to be very rapid but it may only be possible to interview a small number of households or key informants. In extreme situations it will only be possible to interview those who have managed to escape a location where there is life threatening insecurity.  There are several examples of recent emergencies that have been caused by political and economic mismanagement. In Southern Sudan, where food shortages have partly been caused by drought and floods, disruption of farming activities due to political strife and national mismanagement of the grain reserves has led to food shortages and a spiraling of food prices. Fortunately, there have not been reports of famine in Zimbabwe although vulnerability to acute malnutrition remains high  **Describe the roles of the UNITED NATIONS agencies that are involved in emergency response**?  There are numbers ofAgencies involved in Emergency Response such as United Nations High Commissioner for Refugees, World Health Organization, World Food Programme, United Nations Children’s Fund, Food and Agriculture Organization, and United Nations Development Programme. The roles of the United Nations agencies that are involved in emergency response are composed of six key actors who are active during a nutrition emergency response and each of these agencies was established by separate treaties and has its own governance mechanisms as discuss below:  **United Nations High Commissioner for Refugees [UNHCR]** The Office of UNHCR was established in 1950 by the United Nations General Assembly. Today, UNHCR has over 6000 staff working in over 100 countries assisting more than 30 million people. The agency is mandated to lead and coordinate international action to protect refugees and resolve refugee problems worldwide. Its primary purpose is to safeguard the rights and well-being of refugees. UNHCR are involved in material assistance primarily to refugees but to other affected populations in certain instances including distribution of food and non-food commodities.  **World Food Programme [WFP]** WFP is the food aid arm of the United Nations system. WFP’s mandate is to use food aid to support economic and social development, meet refugee and other emergency food needs, and the associated logistics support and promote world food security in accordance with the recommendations of the United Nations and FAO. WFP is responsible for mobilizing basic food commodities and funds for meeting transport costs, and for all large-scale refugee feeding operations managed by UNHCR.  The **United Nations Children’s Fund [UNICEF].** The overall aim of UNICEF’s humanitarian response is to save lives, alleviate suffering and protect the rights of children. In emergencies UNICEF is sometimes the designated coordinating agency for certain programme sectors, including nutrition. In this role UNICEF is responsible for coordinating with national government bodies, other agencies and NGOs to ensure that the needs of the sector are addressed, that information is shared and that reporting is done. UNICEF’s direct contribution to emergency nutrition work typically includes: immediately protecting breastfeeding by preventing general supply of powdered milks or formulas providing technical assistance to ensure that safe havens are established in all camps or sites and to provide special rations for pregnant and lactating women, as well as offer breastfeeding and re-lactation support providing supplies and equipment for therapeutic feeding centres, including therapeutic food, micronutrients and fortified foods for young children providing technical and financial support for nutrition assessment and surveillance supporting nutrition surveys including training, operational costs and equipment working closely with WFP to monitor food situation, distribution and impact on nutrition, especially that of women and children coordinating nutritionists and medical staff to run therapeutic feeding centres monitoring supplementary feeding, blanket feeding and general nutritional status disseminating standard guidelines and protocols on therapeutic and supplementary feeding, and conducting nutritional surveys providing financial support to implementing partners.  **Food and Agriculture Organization [FAO]** FAO is the lead United Nations agency in agriculture, providing technical advice and coordination to agricultural interventions undertaken by all partners. FAO’s mandate is to raise levels of nutrition, improve agricultural productivity, better the lives of rural populations and contribute to the growth of the world economy. FAO distributes material assets, such as seed and fertilizer**,** fishing equipment, livestock and farm tools**.** In complex emergencies**,** when rural communities have suffered from armed conflicts as well as natural disasters, such as drought, FAO programmes focus not just on providing material assets but on building the knowledge and skills of vulnerable people so that they are better able to cope with future shocks. The goal is to increase people's self-reliance and lay the foundations for agricultural recovery.  **The World Health Organization [WHO]** WHO’s goal is “to reduce avoidable loss of life, burden of disease and disability in emergencies and post-crisis transitions” by ensuring presence and operational capacity in the field in order to strengthen coordinated public health management for optimal immediate impact, collective learning and health sector accountability. WHO supports national and international humanitarian agencies to apply best public health practices in preparing for, assessing, implementing and evaluating the impact of humanitarian health assistance? WHO provides situational information, including baseline statistics, health situation reports and epidemiological surveillance data along with WHO disaster-related guidelines for effective programme planning? WHO assists with project proposal writing, including the United Nations-administered CAP, coordinating the mobilization of WHO's technical departments for the delivery of life-saving interventions and in assisting with the logistics of emergency operations and mobilizing supplies through the United Nations Humanitarian Response Depot.  **The United Nations Development Programme [UNDP]** With respect to the humanitarian system, the UNDP is important in two respects: first, it works closely with governments on emergency preparedness, and second, at the country level, the head of UNDP is also the United Nations Resident Coordinator [RC], who is most often the person who takes on the role of humanitarian coordinator in emergencies. UNDP headquarters has a Bureau for Crisis Prevention and Recovery [BCPR] that aims to help countries prevent and recover from armed conflicts and natural disasters through advocacy, capacity building, conflict-sensitive development, development of tools and methodologies, gender equality, knowledge networking, strategic planning and programming, and policy and standard setting. UNDP is the lead agency for the early recovery cluster.  **Summary:** This paper discusses the humanitarian agency mandates and coordination mechanisms in emergencies in general and specifically in relation to nutrition. The roles and functions of the main agencies are described covering the United Nations [UN], bilateral agencies [government to government], non-governmental organizations [NGOs] and the Red Cross Movement. The role of the military is also described.  **Discuss factors that trigger nutrition emergencies?**  This Question elaborate the factors that triggers nutrition emergencies Where there is underlying vulnerability, sudden events such as natural disasters, conflict or economic shocks can trigger a nutrition emergency. What triggers emergency settings and the impact it leads to in populations, households and individuals are summarised as Natural disasters. Natural disasters include floods, hurricanes, cyclones, volcanic eruptions and drought. The drivers for nutrition emergencies in South Sudan is underlying vulnerability, sudden events such as natural disasters, conflict or economic shocks can trigger a nutrition emergency. [Dylan O’ Driscoll 2018].  **Natural disasters**  Natural disasters include floods, hurricanes, cyclones, volcanic eruptions and drought. Floods are the most damaging of natural disasters, particularly in Asia. Floods can cause sudden destruction of crops and livestock, and sever people's links with markets. Health systems can be disrupted and health risks can increase. One of the scholar argues that food aid weakens local resilience, as due to the geographic and climatic dynamics the local population formed strong social systems and sophisticated survival mechanisms, which have been weakened by the aid system. [Grunewald [2010]  **Human/Manmade disasters i.e. Conflict**  Conflict, especially internal conflict, is a major trigger for emergencies. The majority have been in Africa and in Asia. Conflict, especially internal conflict, is a major trigger for emergencies. The ending of the Cold War and of the existing global geo-political order prompted a wave of intrastate and interstate conflict that has continued since the early 1980s. The majority have been in Africa and in Asia. Internal conflicts include for example the post-elections violence in Kenya in 2008 that lead to IDPs in the country. War causes nutrition emergencies in different ways.  **Political crises and economic shocks**  A significant underlying factor in the cause of nutrition emergencies is the nature of a political regime. Political systems that have either disintegrated altogether as in Southern Sudan and Somalia or are undemocratic as in the Democratic People’s Republic of Korea are the most vulnerable to nutrition emergencies. In these countries, individual vulnerability is often related to social or political status. For example, Afghan women, who under Taliban rule were socially, politically and economically marginalized, were particularly vulnerable. In Southern Sudan due to the conflict, there is also an absence of men from the household and as men can earn more than women this also puts a stress on the household’s ability to purchase food during periods of scarcity [Paul et al., 2014].  **Summary:** Emergencies cover a wide variety of different scenarios. While there is no universally accepted definition of the term ‘nutrition emergency’, various attempts have been made to classify the severity of an emergency using acute malnutrition or wasting in the population as one indicator of distress. Historically, the largest famines in terms of excess deaths have occurred in Asia though Africa has suffered more frequent famines. The distribution of acute malnutrition by country suggests that most nutritional emergencies are chronic and ‘invisible’ i.e. they are not declared publically as emergencies. Emergencies where acute malnutrition rates rise are usually directly caused by severe shortages of food combined with disease epidemics.  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