

**TRAINING FOR IMPROVED PRACTICE:**  
Public Health and Nutrition in Emergencies

# **Introduction**

## **Policies, Practice and Decision-Making in Public Health and Nutrition in Emergencies**

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**Mailman School of  
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**International Emergency  
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Centers for Disease Control**

# Overview

- **Core workshop themes**
- **Emergencies, vulnerability and risk**
- **Practical tools for decision-making, prioritization and planning of relief responses**
- **Ethiopia case-study (task 2)**
- **Ethiopia 2003**

# Core themes expressed in overall workshop goals

- Analysis of evolving health and nutrition needs
- Prioritization
- Engaging in key policy and decision-making fora
- Understanding of good practice and internationally accepted standards
- *Inter-agency coordination?*

# DEFINITIONS OF AN EMERGENCY?



*AN EVENT THAT OVERWHELMS THE CAPACITY  
OF A COMMUNITY TO COPE...*

# Types of Emergencies

- **Natural disasters:**
    - Drought, floods, cyclones, earthquakes, volcanic eruptions etc.
  - **Manmade emergencies:**
    - Displaced populations (refugees and IDPs)
    - Armed conflict, civil war & war between nation states
  - *Emergencies of the future that are not covered in the course?  
Chemical, biological, radiological and nuclear (CBRN)*
- Reading: World Disasters Reports***

# **Vulnerability**

*What does it mean?*

*Vulnerable Groups: Women, Children, Older People, People with Disabilities, Chronically sick etc.*

## **RISK**

**External Shock**

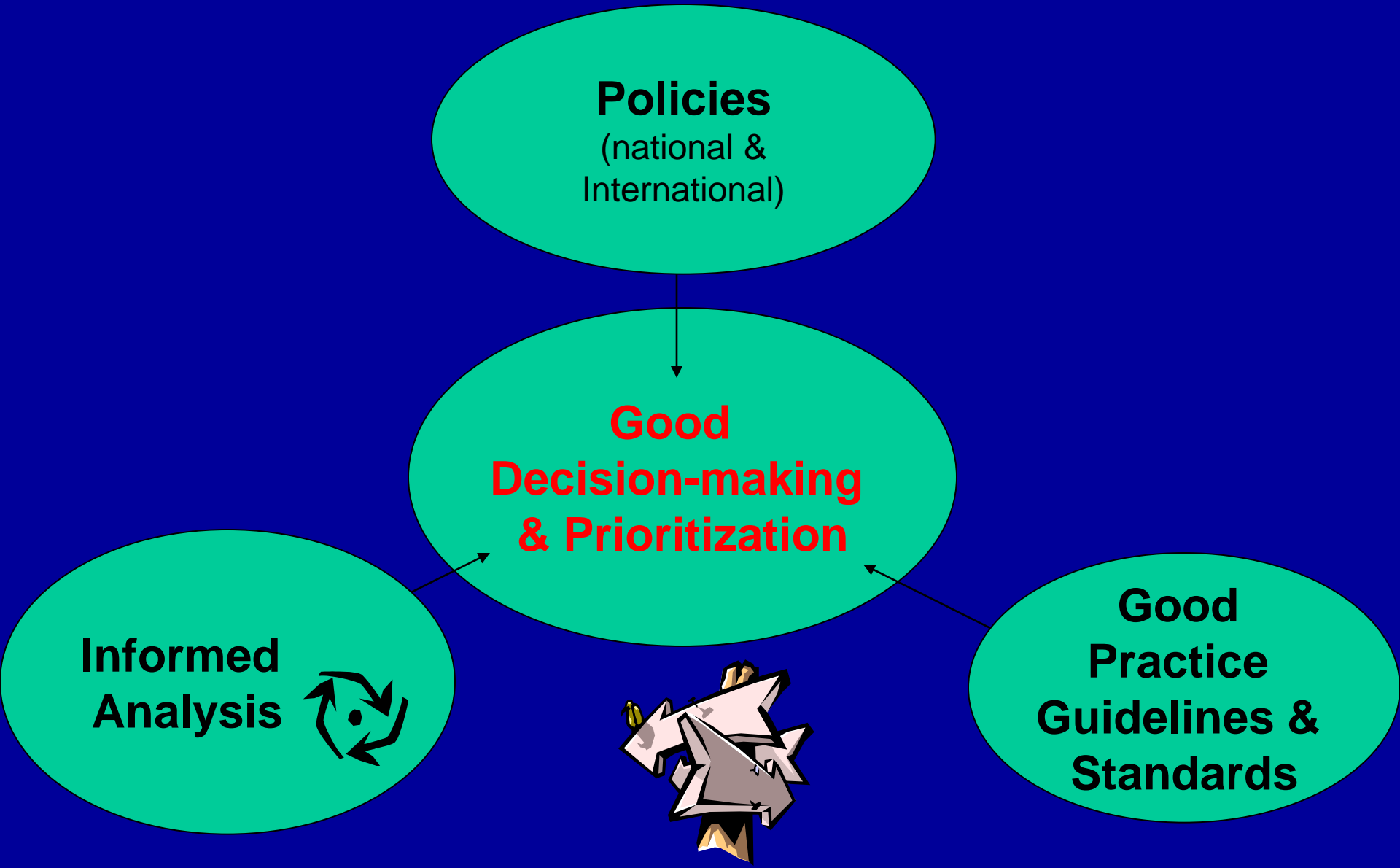
*(war, drought, flood, Earthquake, cyclone)*

## **RESILIENCE**

**Capacity to Cope**

*(resources: economic, social, human, natural)*

# Tools for Decision-Making...



# Tools for Assessment and Analysis in Emergencies

*(for decision-making & prioritization)*

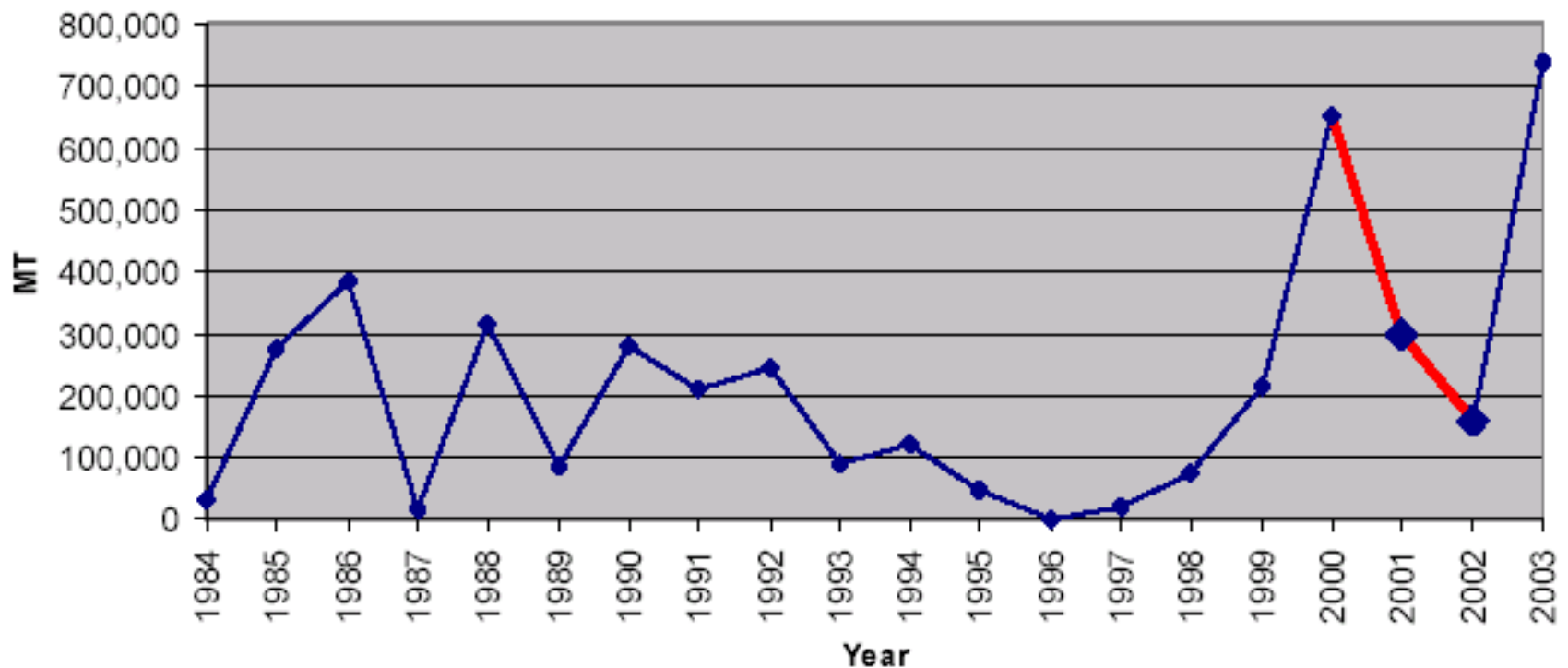
- **Epidemiological approaches to addressing Public Health problems**
- **Causes of Malnutrition**
- Food Security Assessments
- Vulnerability Assessment
- Livelihoods analysis
- Rapid Environmental Impact Analysis



# Ethiopia Case-Study

- Recurrent drought and food shortages since 1984!
- In 2000 WFP estimate 12 million in need of food assistance. Fears of major famine.

***USG Emergency Food Assistance to Ethiopia 1983-2003***



**Salama et al. contrast the humanitarian response programme in Ethiopia with the international response in refugee situations. What are their conclusions? (Q1)**

# Contrasting displaced and refugee populations

## REFUGEES

UNHCR is the UN coordinating body for refugees. Refugee Convention applies and possibly IHL.

Often organized in camps or centers

## DISPLACED & HOME-BASED

National government has the responsibility for response. Human rights law applies.

Affected groups may be home-based, dispersed in rural or urban areas, or in camps

UNICEF is mandated to protect the rights of the child and women (CEDAW and CRC)

## Who singled out Gode District for particular attention as the epi-centre of the famine in Somali region? (Q2)

### The international media

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Many stakeholders are involved in international emergencies, including:

- National ministries and other bodies e.g. Disaster Preparedness and Prevention Committee, National Task Forces
- UN agencies (UNICEF, WFP, UNHCR, WHO, UNDP etc)
- Donors
- INGOs
- NGOs
- Faith based groups
- Information systems – e.g. FEWSNET, GIEWS
- IFRC and ICRC
- Expert groups and independent consultants
- Academic & research institutions
- Combatants
- Affected groups

# Widespread Claims of 'Famine Averted'

***BUT....***

- ***No population based data on malnutrition or mortality***
- ***Much of the available data was generally poor and often disputed***
- ***A review of 127 nutritional assessments and surveys undertaken in Ethiopia from May 1999 through July 2000 showed that survey results were often of insufficient quality to use as decision-making tools***
  - *e.g. only 9 reported measles immunization status*

# Findings

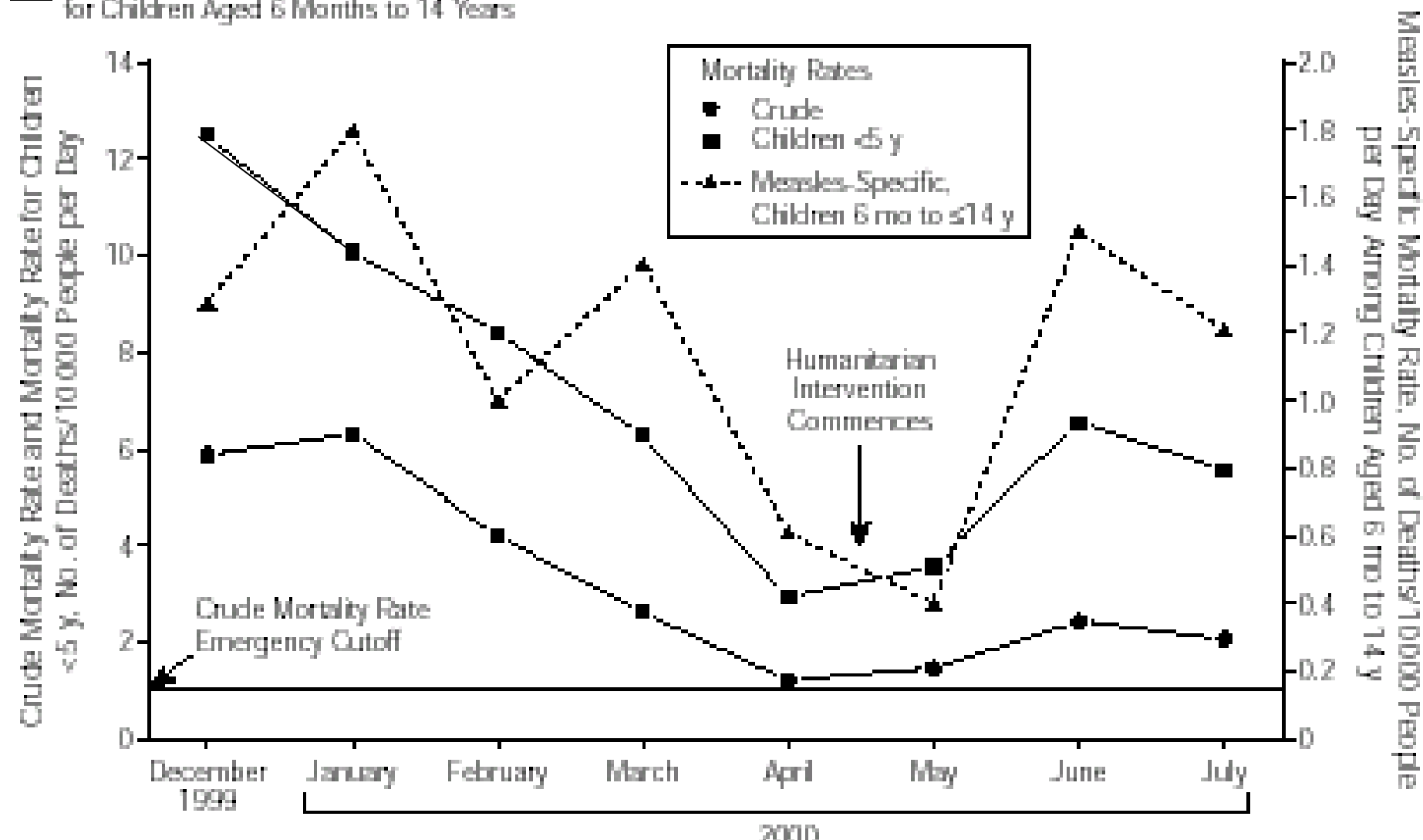
*Salama et al., report on a 2 stage 30 cluster survey in Gode district;*

- *Retrospective mortality (8 month recall)*
- *Prevalence of malnutrition*
- *Causes of death*

Level of displacement	58.2%
CMR	3.2/ 10,000/ day
U5MR	6.8/ 10,000/ day
Prevalence of Acute Malnutrition	29.1% (24.7% - 33.4%)
Measles vaccination coverage	59.1% (48.5% - 71%)

**Which months coincided with the lowest CMR?**  
**Which month did the relief operations get going? Did the mortality rate fall or increase after this?**

**B** Crude Mortality Rate, Mortality Rate for Children Younger Than 5 Years, and Measles-Specific Mortality Rate for Children Aged 6 Months to 14 Years



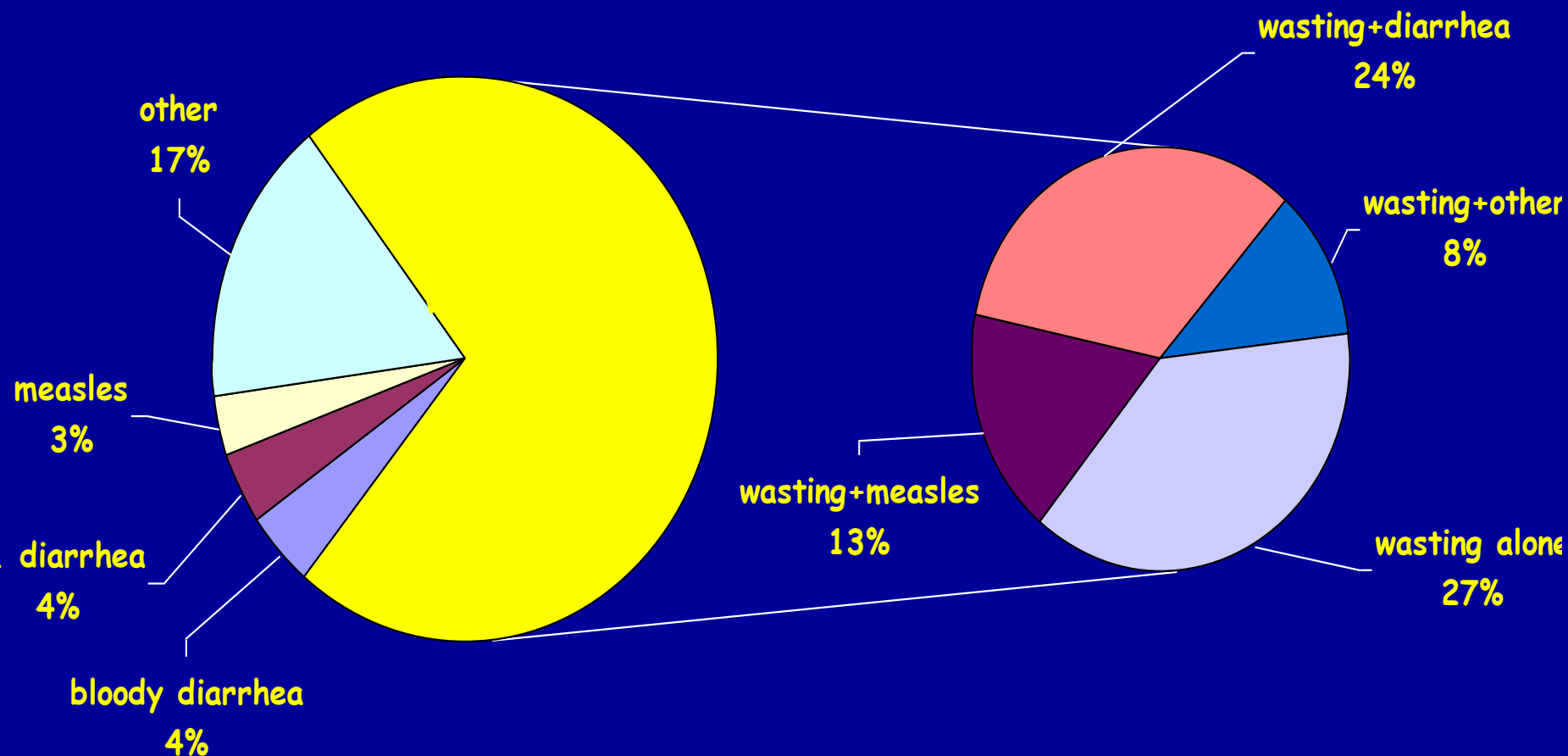
# What do the authors conclude about the quality and timeliness of the humanitarian response in Gode?

- *‘A prolonged and severe famine occurred in Gode district and the surrounding area....*
- *Most deaths were due to wasting and communicable diseases and occurred before the humanitarian intervention began in April/ May 2000.*
- *The humanitarian response in Gode was delayed and inadequate consisting primarily of food aid and selective feeding programs at a few central locations. Despite this programmatic emphasis on food related interventions, coverage of feeding programs remained extremely low, particularly in remote villages.*
- *Humanitarian interventions may have increased communicable disease transmission and mortality.*
- *Measles vaccination with sufficient coverage not implemented until August 2000*



# Causes of Mortality; Gode District, ETHIOPIA Dec 99-Jul 00

(Source: Salama and Assefa, July 2000, unpublished)



# So how could have this been avoided?

Application of UNICEFs CCCs in emergencies, including:

- Rapid assessment of situation of children and women
- Inter-agency coordinating role for:
  - Life-saving public health interventions in support of children and women (including water and sanitation);
  - Provision of infant feeding and nutrition rehabilitation services for children;
  - Child protection and psychosocial support;
  - Unaccompanied children.
- Identify partners, in particular United Nations agencies and NGOs, for interventions in the areas of health, nutrition, education, child protection and water and sanitation.

# Health and Nutrition CCCs

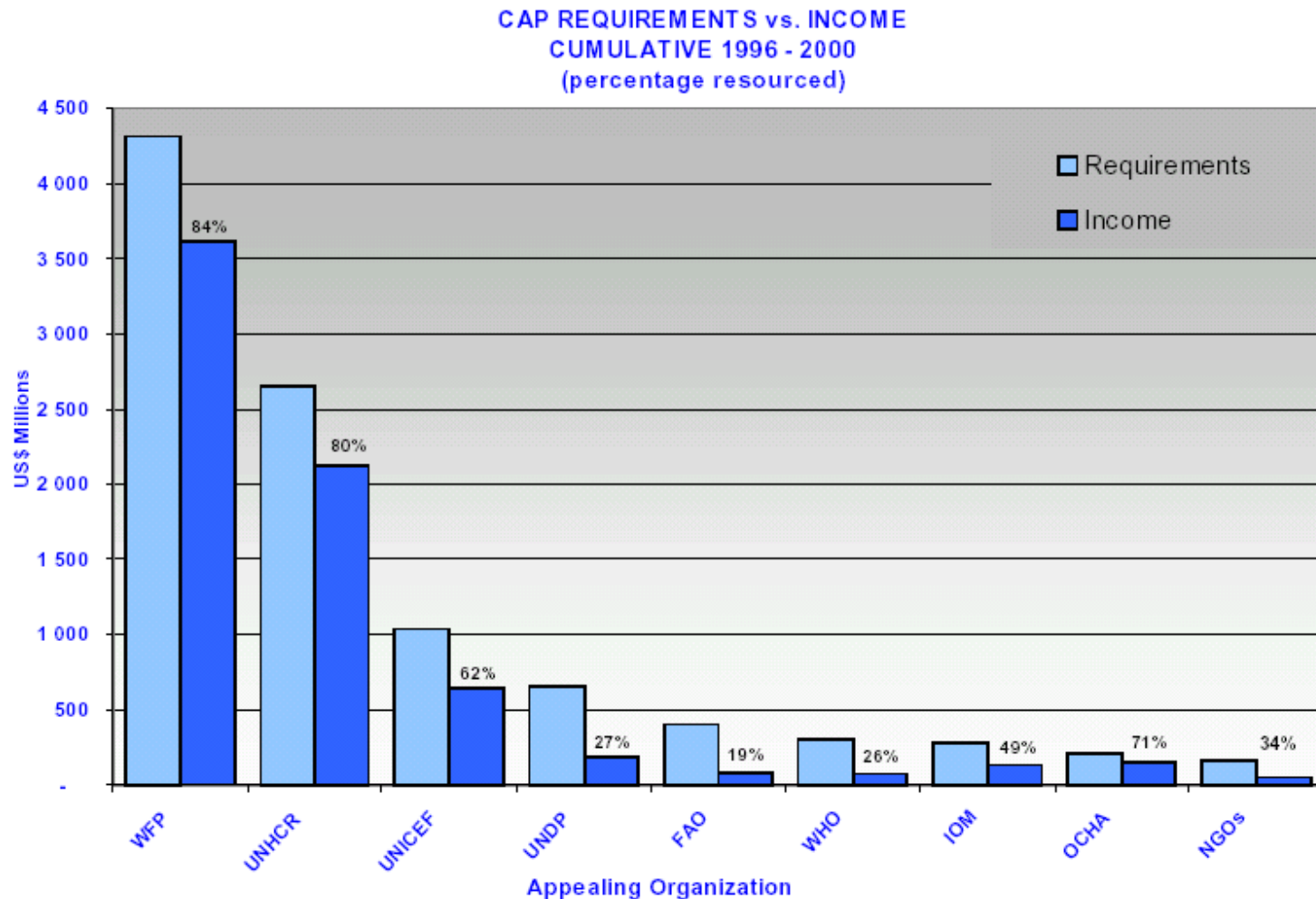
To ensure the **provision of basic health** care services,

1. **Provide essential supplies**, including: emergency health kits (essential drugs); oral rehydration salts; basic clinical equipment (e.g., supplementary health kits); fortified nutritional products; micronutrient tablets (vitamin A, iron and folic acid, multiple micronutrients); and blankets.
2. **Provide** measles vaccinations and critical inputs required, for example, vaccines, cold-chain equipment, syringes, training and financial support for advocacy, and for the immunization of children between 6 months and 12 years of age among target population. A companion dose of **vitamin A** will be provided as required.
3. **Provide tetanus toxoid** and such other critical inputs as vaccines, cold-chain equipment, syringes, training and financial support for advocacy, and for the immunization of pregnant and lactating women, as well as adolescent girls.
4. **Based on rapid assessments** and agreed roles and responsibilities among key partners, **initiate and support therapeutic and supplementary feeding** programmes for children and pregnant and lactating women.
5. Ensure the **provision of messages** on health and nutrition issues, including the importance of **breastfeeding** and **safe motherhood** practices.

# **Practical constraints of providing effective humanitarian assistance**

- **Complex institutional environment**
- **Role of media**
- **Protracted or recurrent emergencies**
- **Variable institutional capacity**
- **Insecurity and displacement**
- **Under-resourced relief response**
- **Variable quality of data**

# Emergency Response – Under-Resourced

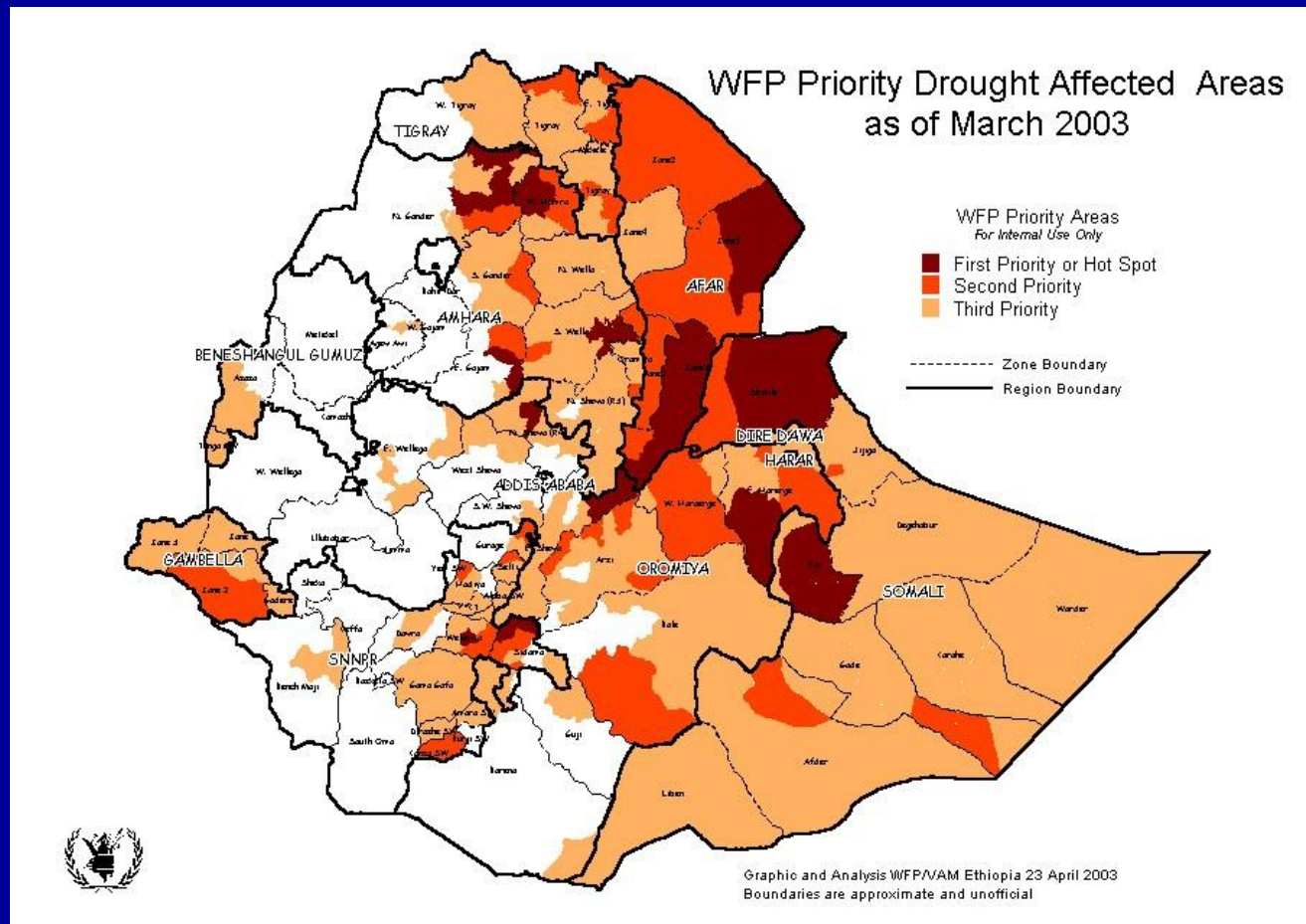


# Ethiopia, 2003

- 2000 emergency worst since 1984/85
- Dec 2002 a humanitarian crisis of unparalleled proportions unfolded
- Number in need of food relief up to 11.3 million, with another 3.1 million under close monitoring
- Relief response again dominated by food aid



# Priority Drought Affected Areas



# Mortality

- U5 Mortality rates above emergency benchmarks in 31 *woredas* covering a population of 3.1 million
- Overall estimated mortality for children under 5 years is 21,795  
(CI: 4773 – 39,438)

**Conclusion:** Health interventions are as important as food based interventions



## Other challenges remain in Ethiopia...

For example, over-emphasis on measuring acute malnutrition and treating severely malnourished – while policies for addressing addressing malnutrition among at risk groups, and preventing MDDs remain underdeveloped



For example, use of infant feeding bottles in Supplementary Feeding Centers continued unchecked!<sup>25</sup>

# **Advances in Humanitarian Response – Examples from Ethiopia**

**Many problems identified in 2000 have been addressed:**

- New National Survey Guidelines based on international standards and with wide ownership lead to improvements in quality of data**
- Governmental Nutrition Working Group to facilitate application of standards**
- Pilot testing of Community Based Therapeutic Feeding**
- Increased capacity of Ministry of Health to undertake therapeutic feeding**

# Review – Key Workshop Themes

## *Your role:*

- ✓ Analysis of evolving health and nutrition needs
- ✓ Prioritise UNICEF intervention strategies in line with UNICEF CCCs
- ✓ Engage effectively in key technical and policy and decision-making forums
- ✓ Implement according to internationally accepted standards –
- ✓ Inter-agency coordination

*All within the challenging context of working in complex emergencies*