

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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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

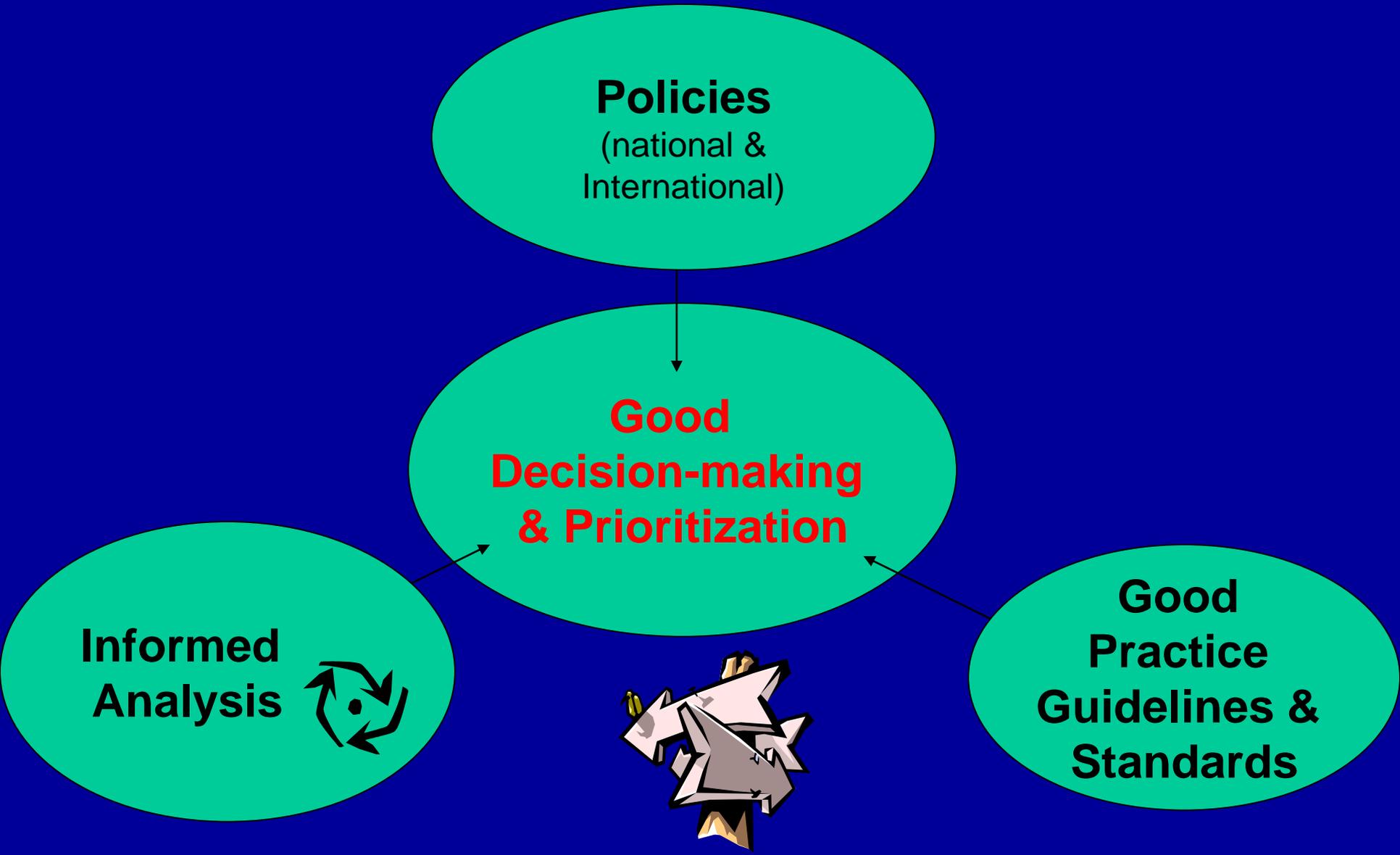
(war, drought, flood, Earthquake, cyclone)

RESILIENCE

Capacity to Cope

(resources: economic, social, human, natural)

Tools for Decision-Making...



Tools for Assessment and Analysis in Emergencies

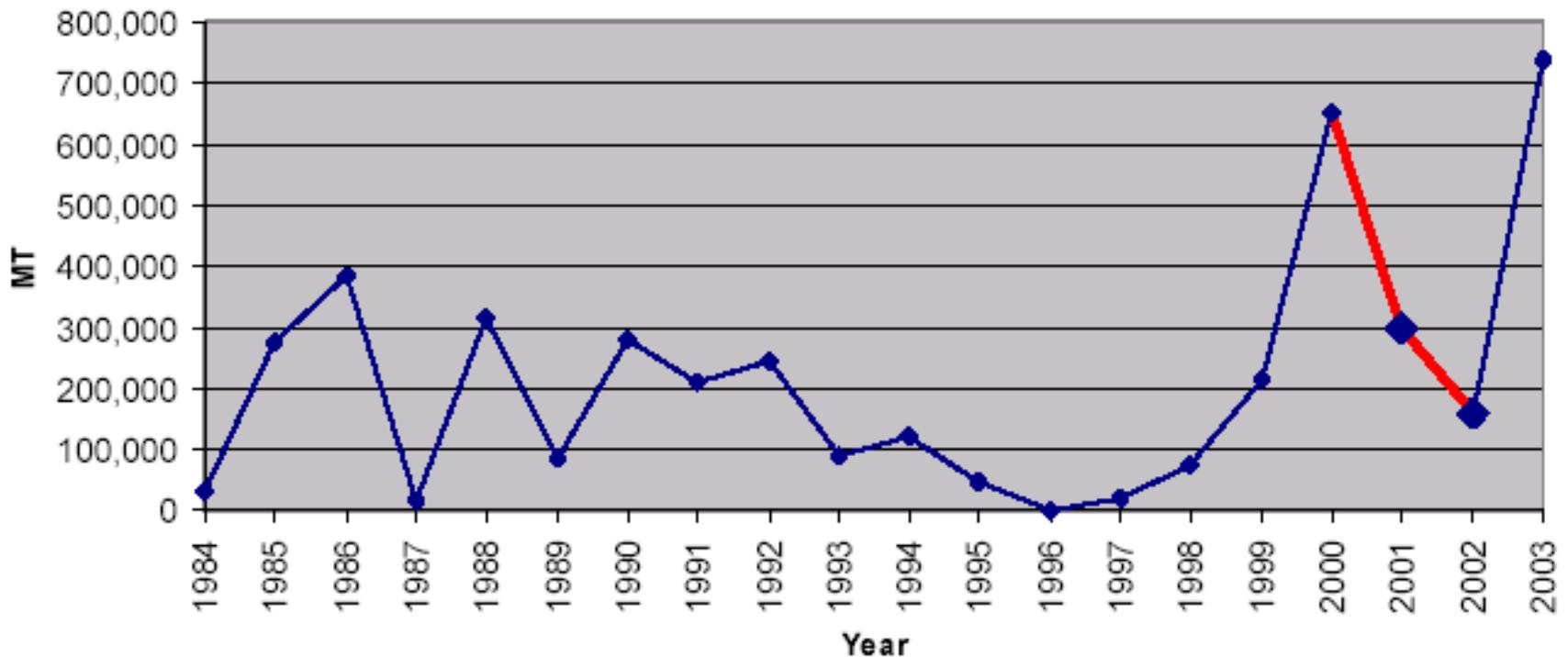
(for decision-making & prioritization)

- **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

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

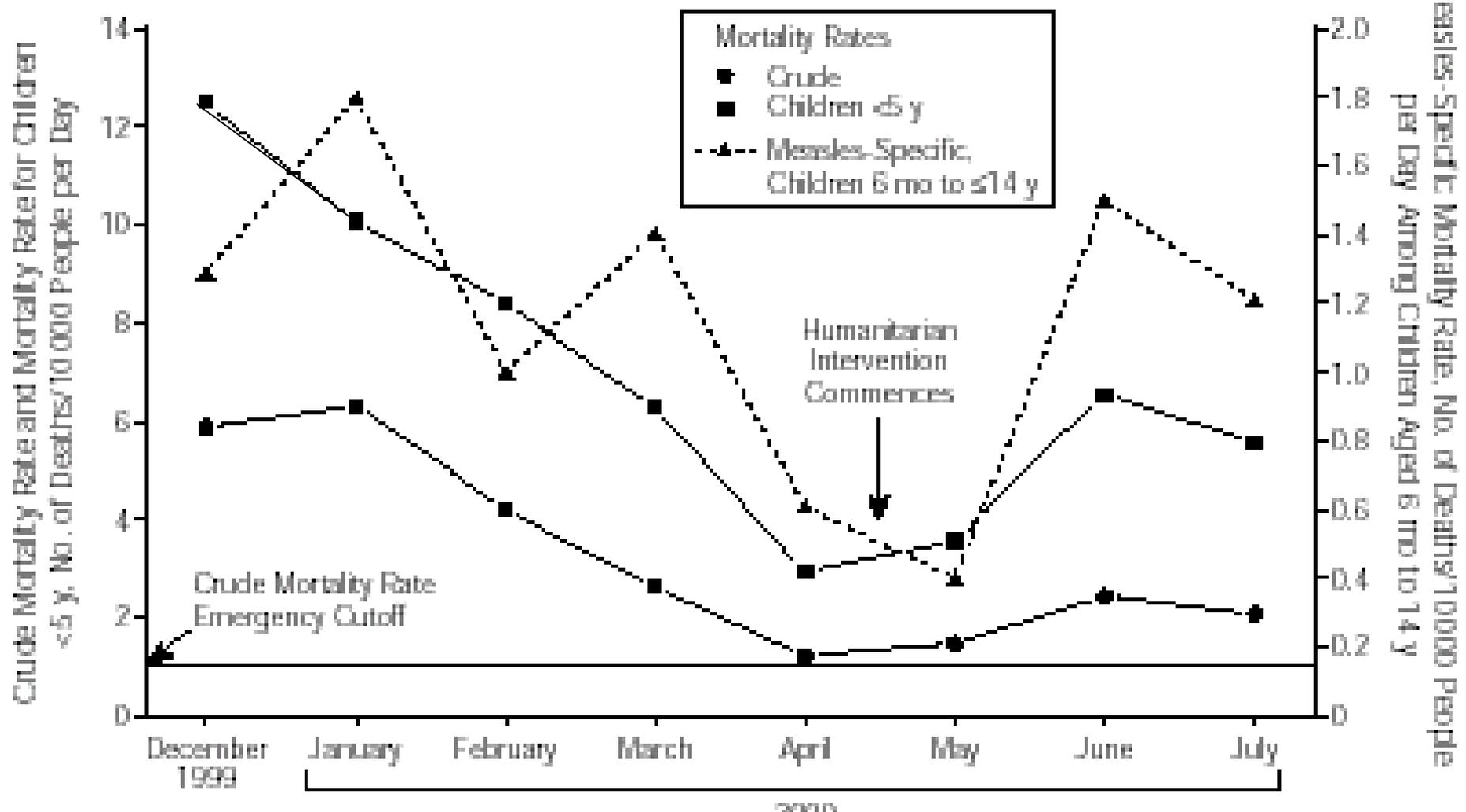
Salama et al., report on a 2 stage 30 cluster survey in Gode district;

- 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

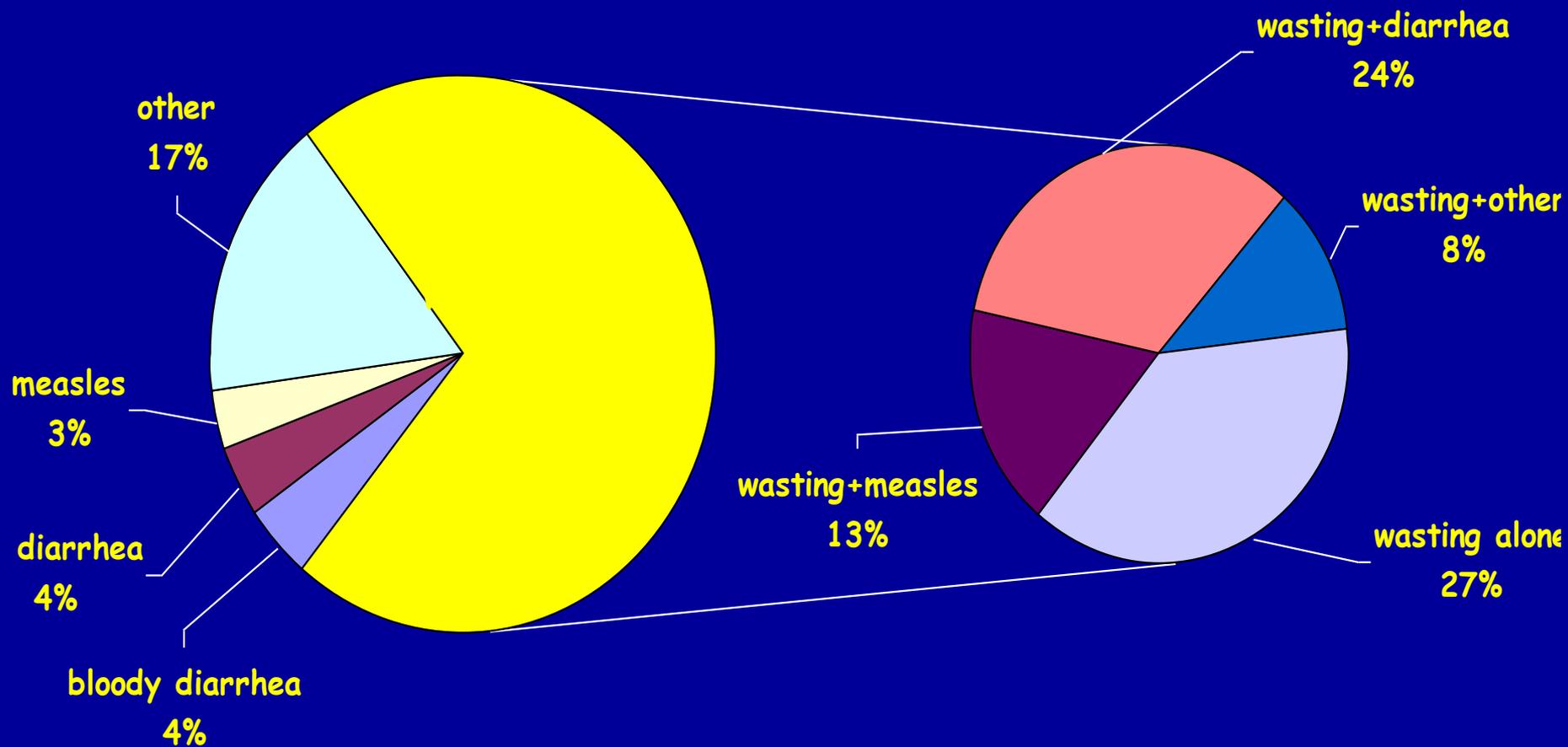


What do the authors conclude about the quality and timeliness of the humanitarian response in Gode?

- *‘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

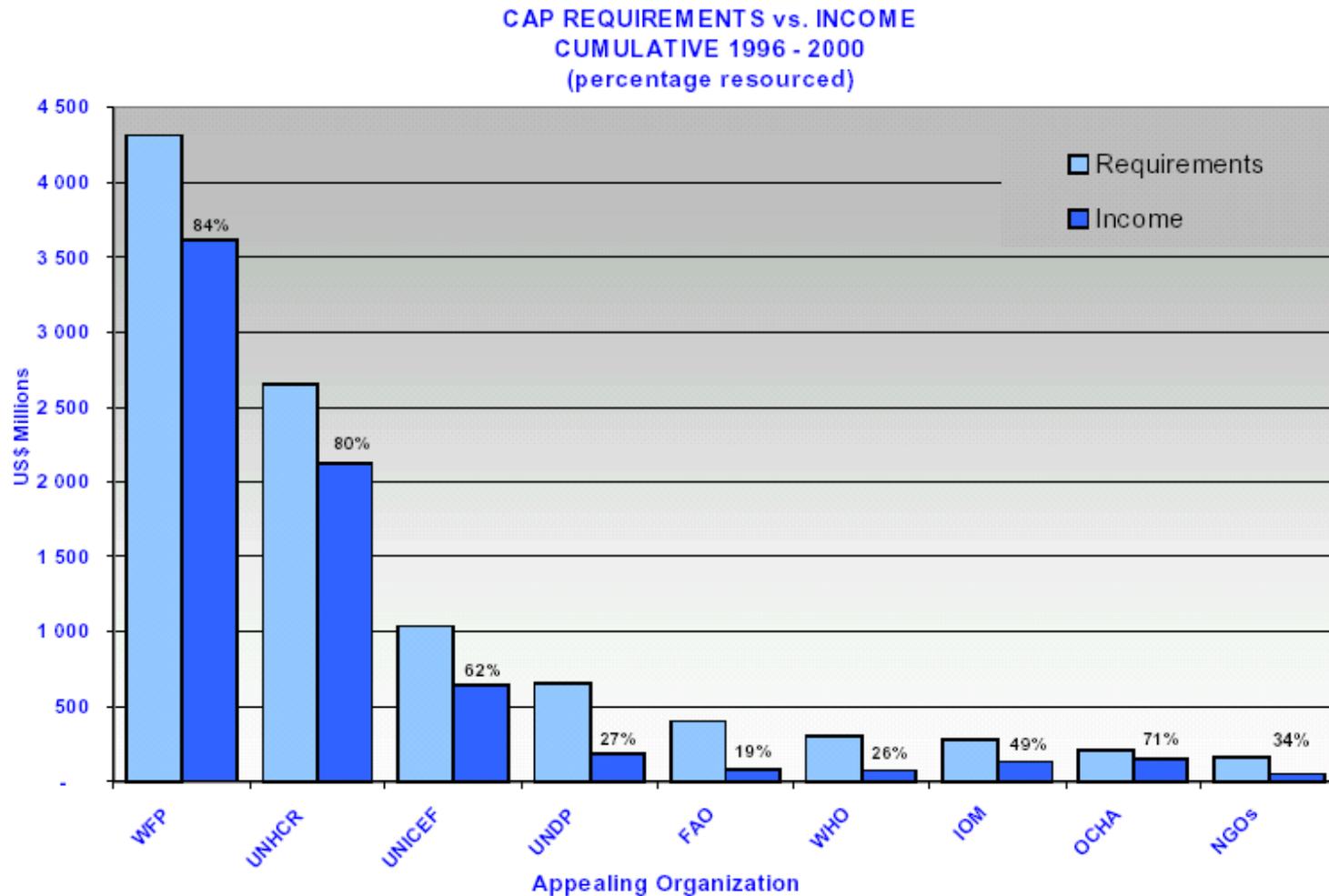
To ensure the **provision of basic health** care services,

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

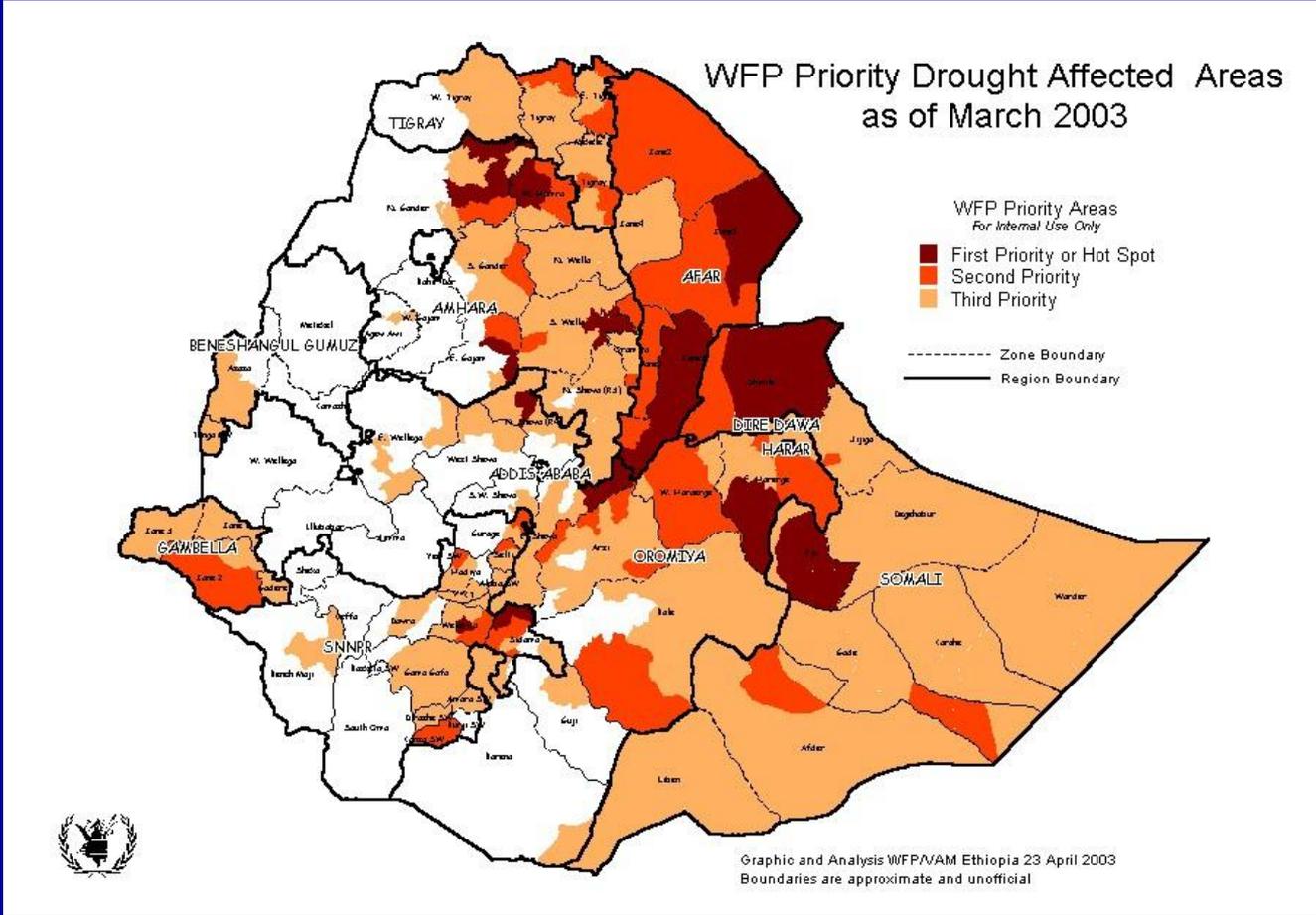


Ethiopia, 2003

- 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!²⁵

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