

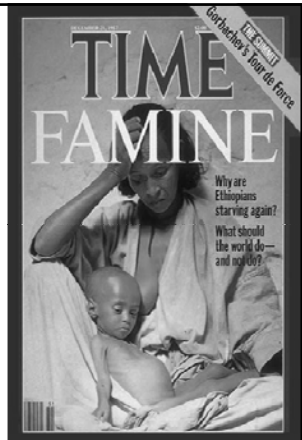
Famine, Conflict & Disasters: The roles of food aid & nutrition



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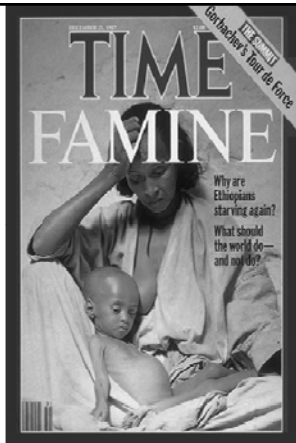
Famine

"the regional failure of food production or distribution systems, leading to sharply increased mortality due to starvation and associated disease"
(Cox 1981)



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(modified according to Sen)



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Crocker, after Sen. Pp 217-18, reading assigned Sept 8

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- A function of:
- Endowments/assets (land, labor)
 - Productive possibilities (seeds, technology)
 - Exchange opportunities
 - Legal claims (food stamps, welfare)
 - Socially approved and operative norms

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Example 1 Irish Potato Famine (1846-47)

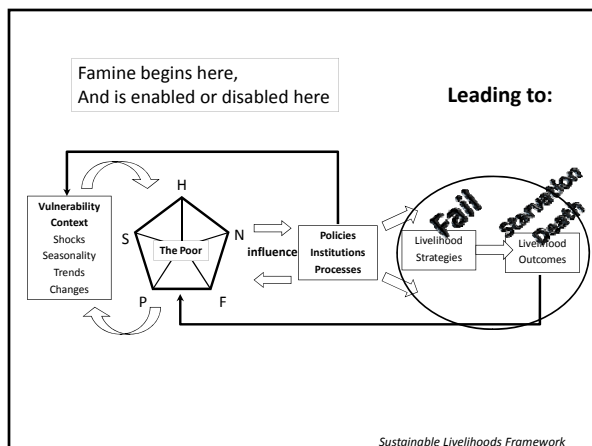
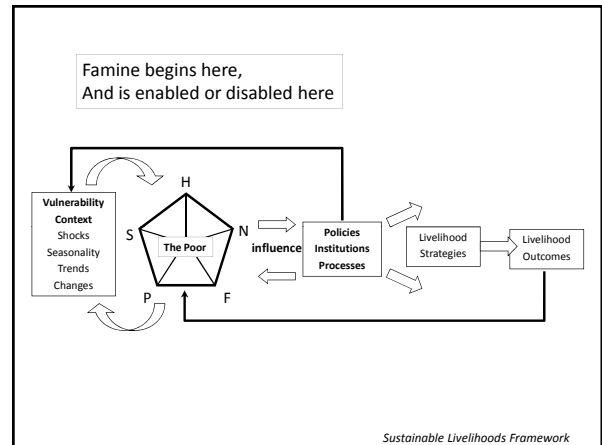
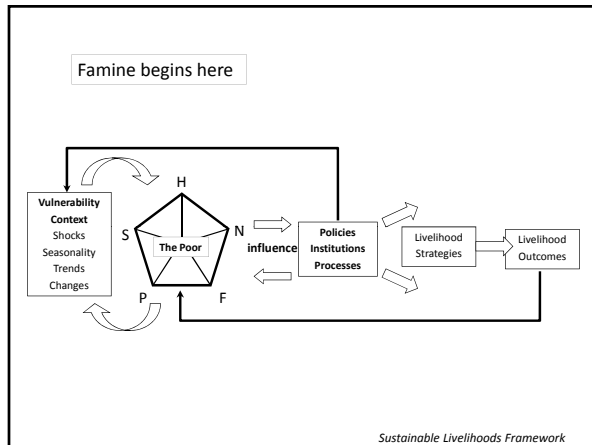
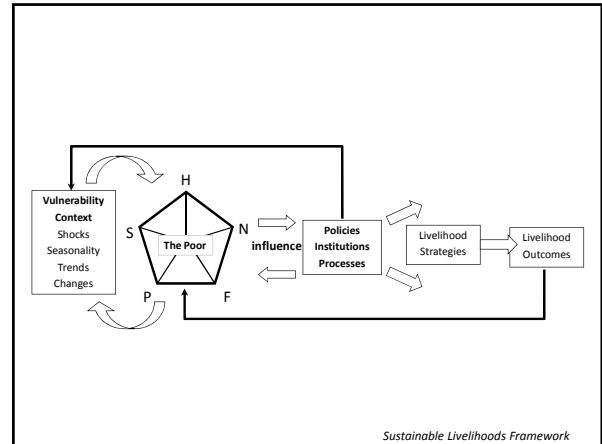


- Came after years of chronic poverty and annual hunger for the Irish peasantry
- Completely dependent on the potato; Blight struck in 1846
- Peasants had neither food nor money and no means of obtaining either
- Despite this:
 - Substantial exports of wheat, barley, oats, and oatmeal to England continued undiminished, along with shiploads of cattle, pigs, eggs, and butter
 - Peasants who produced wheat, oats, or barley sold produce to pay rent landlords who demanded rent under the threats of eviction

Death toll: 2-3 million

Summary points: understanding famines

- Pay attention to the working of the entire economy and society
- Usually not a simple decrease in food supply
- Famines rarely affect > 5-10 % of national population
- Local phenomena shape the story
- National averages usually not useful



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Stages of Household
Entitlement to Food

Food Insecurity

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Mechanisms

- Reversible Coping
- Preserving Assets
- Reduced Intake

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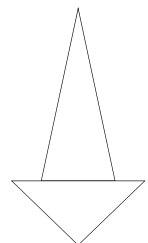
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Mortality Risk



Famine prevention

"Famines are, in fact, so easy to prevent that it is amazing that they are allowed to occur at all. (p 175)"

- Public health infrastructure to prevent widespread debilitation
- Social protection to reduce vulnerability of poor
- Public action for famine relief usually constitutes <3% of GDP

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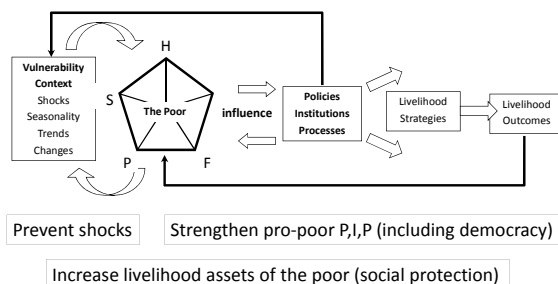
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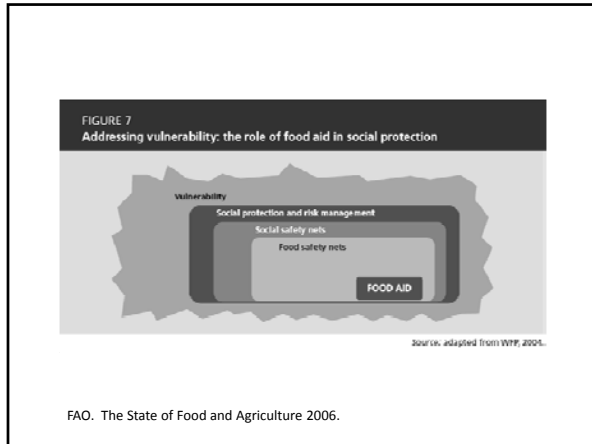
"There has never been a famine in a functioning multiparty democracy. (p 178)"

A Sen. Development as Freedom, 1999.

Famines are prevented by:



Sustainable Livelihoods Framework



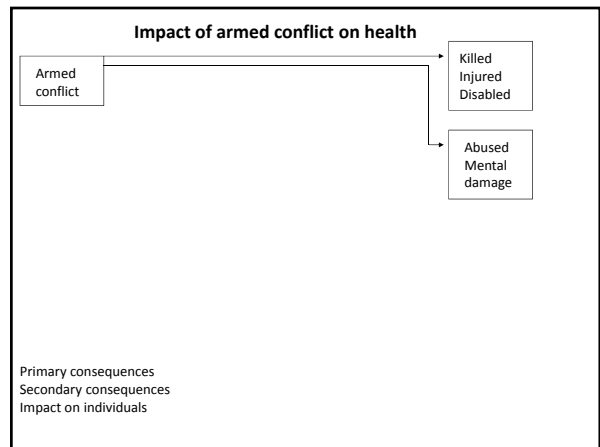
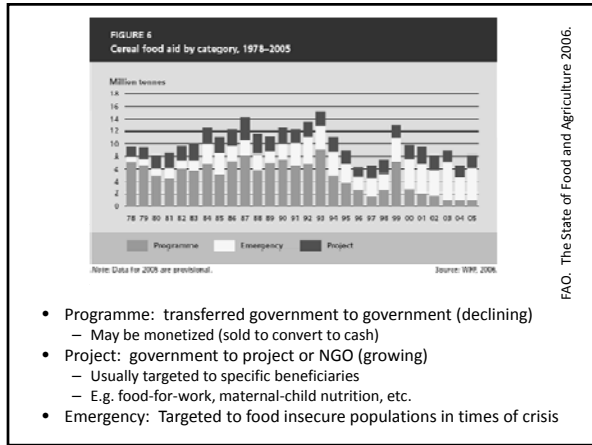
What is food aid? Two definitions:

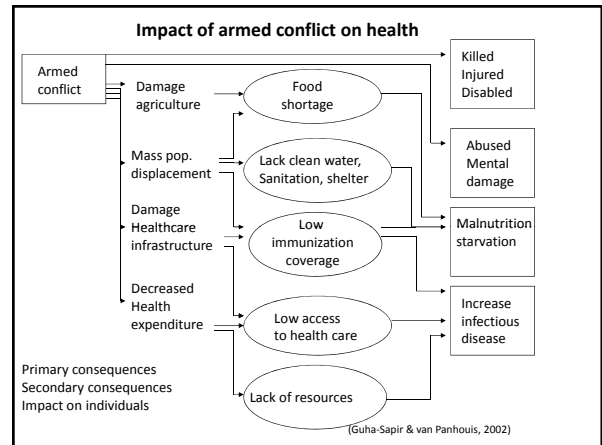
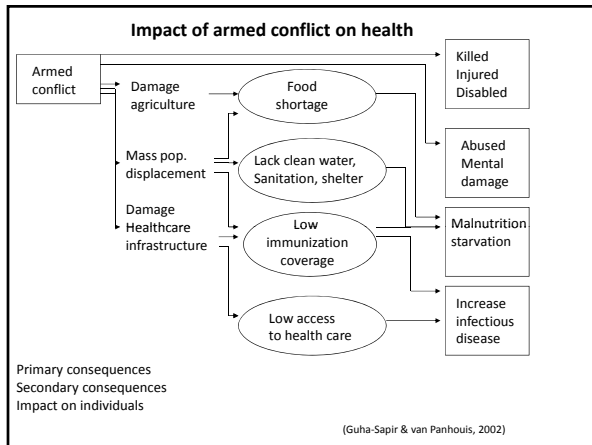
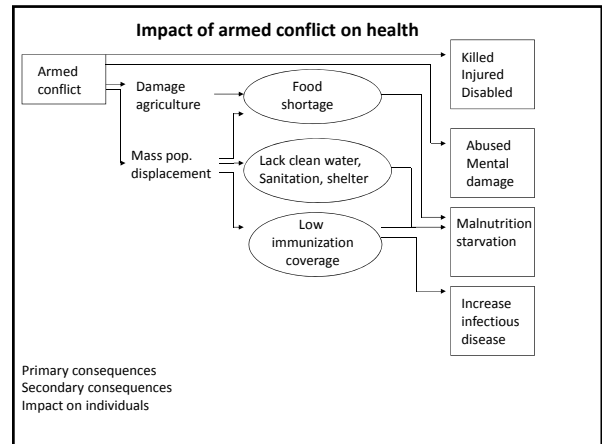
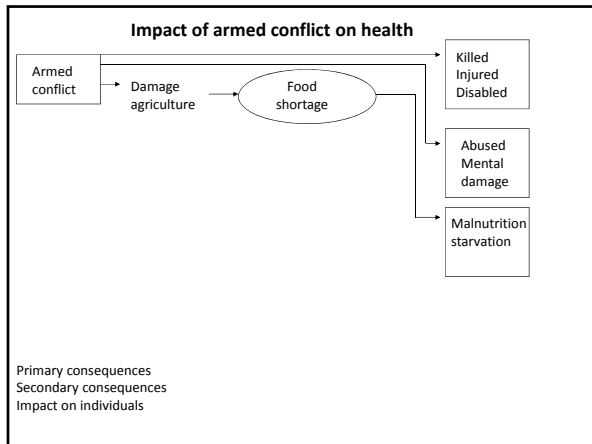
“The international sourcing of concessional resources in the form of or for the provision of food.” (Barrett and Maxwell, 2005)

“All food supported interventions aimed at improving the food security of poor people in the short and long term, whether funded via international, national public and [sic] private resources.” (von Braun, 2003)

This definition currently in use in FAO publications, including the following slide.

FAO. The State of Food and Agriculture 2006.

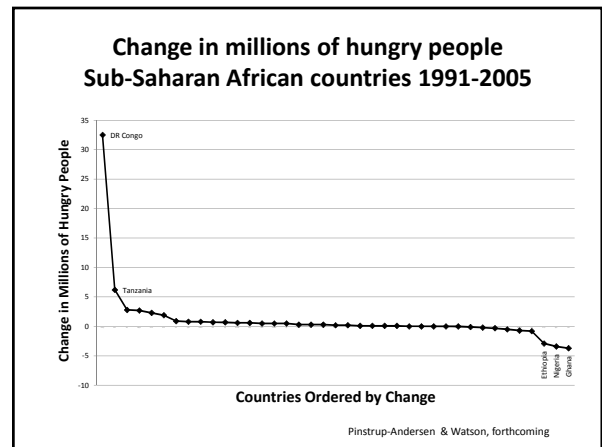


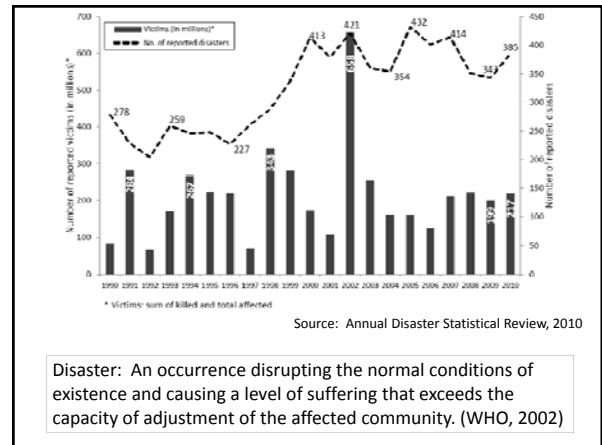
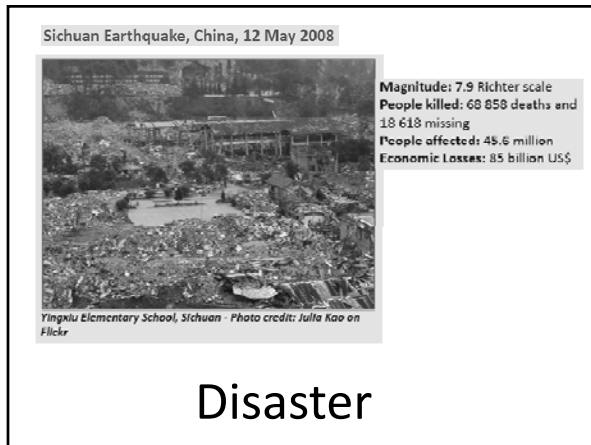
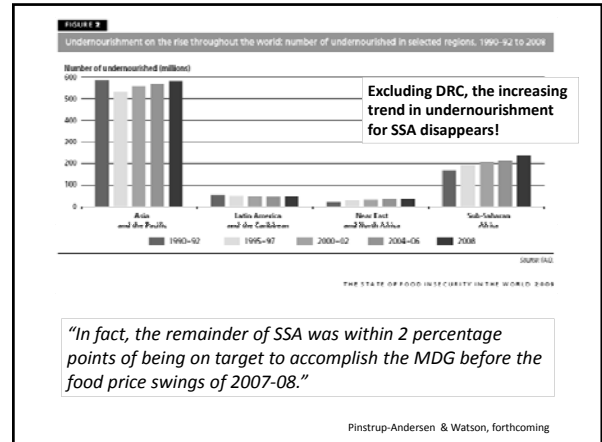
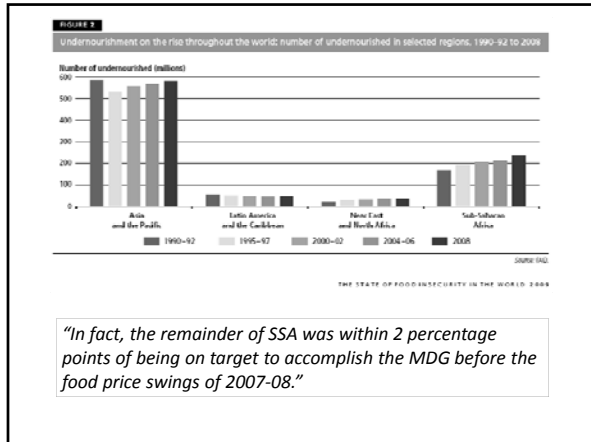


D R Congo: Africa's World War

- The deadliest global conflict since WWII
- Estimated 6 million deaths
 - Exceeds sum of Darfur, Iraq, Afghanistan, Bosnia & Rwanda
- Hundreds of thousands of women systematically raped as a weapon of war
- Annual growth rate of GDP lowest in Africa: -6.3%
- Tremendous agricultural potential: most rainfall in Africa
- Enormous mineral wealth: The Natural Resource Trap
- Half of the difference in the projected gap for MDG 1 is DRC.

Sources:
Pinstrup-Andersen & Watson, forthcoming.
BBC Country Profile: http://news.bbc.co.uk/2/hi/africa/country_profiles/1076399.stm





Complex emergency

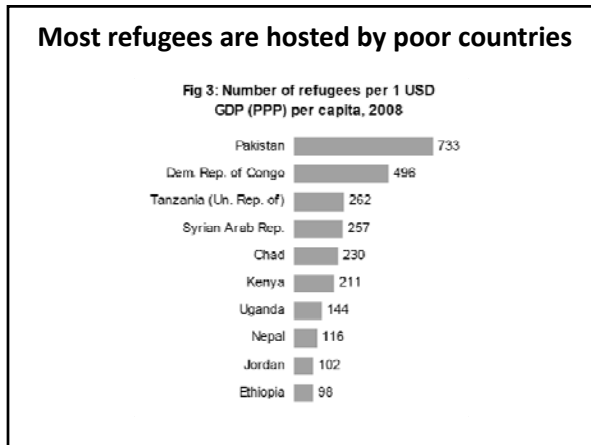
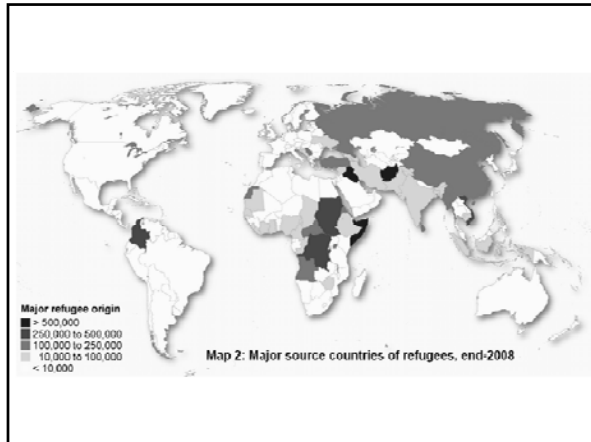
Is "a humanitarian crisis in a country, region or society where there is total or considerable breakdown of authority resulting from internal or external conflict and which requires an international response that goes beyond the mandate or capacity of any single agency and/ or the ongoing United Nations country program."

(IASC, December 1994)

Famine, Conflict and Disasters all create refugees

- Extreme vulnerability
- Livelihoods have failed completely
- **All forms of public health support critical—including nutrition**
 - Disease control
 - Water & sanitation
 - Mental health
 - Nutrition

<http://www.msf.org/msfinternational/invoke.cfm?objectId=70CA93B0-15C5-F00A-25E237881F4EFC88&component=toolkit.article&method=full.html>



Children in refugee situations are very vulnerable

TABLE 1: MALNUTRITION SITUATION AMONG REFUGEES ACCORDING TO WHO DEFINITIONS

Severity of the nutrition situation	Prevalence of GAM	Number of surveys	Percentage
Acceptable	< 5%	13	32%
Poor	5-9%	8	20%
Serious	10-14%	2	5%
Critical	>= 15%	18	44%

GAM=Global Acute Malnutrition=Wasting=WHZ<2
GAM is only used in disaster contexts. (I don't know why they came up with this acronym.)
SAM = Severe Acute Malnutrition = WHZ <-3 or MUAC < 11 cm or bilateral edema

Guha-Sapir & Gomez, March 2006
CRED Briefing note. Refugees and emergency thresholds in 2005. A data review of field surveys in 2005 from CE-DAT

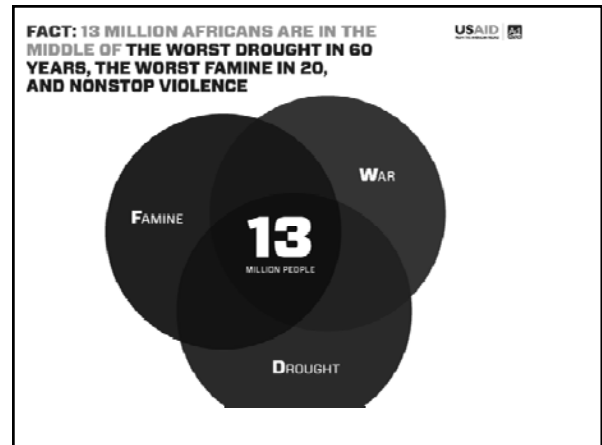
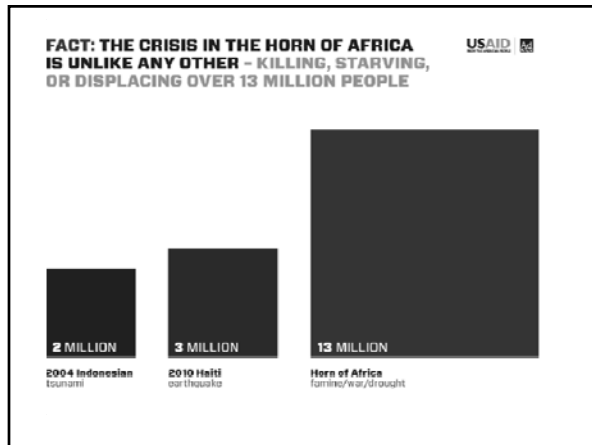
- ### Nutrition in Emergencies: Basic Principles
- Coordination amongst actors
 - Context-specific
 - Food basket based on providing 2100 kcal per person / day
 - This figure can be refined based on pop'n
 - Timely distribution
 - Critical to prevent need for more intensive support
 - A standard food ration (non-preferential)
 - Attention to biologically vulnerable groups
 - Community participation
 - Monitoring, adjusting, targeting as situation changes and stabilizes
-
- WHO, 2004

1. Calculate the energy requirements of the population.

The initial planning figure of energy requirement is 2,100 kcal/person/day. Adjust this upward or downward based on the following four issues:	
TEMPERATURE	If the temperature is below 20° C, adjust energy requirements upward by 100 kcal for every 5° below 20° C (page 7).
HEALTH OR NUTRITIONAL STATUS OF THE POPULATION	If either of these is extremely poor, adjust the energy requirements upwards by 100–200 kcal (page 7).
DEMOGRAPHIC DISTRIBUTION OF THE POPULATION	If the demographic distribution is not normal, there may be a need to adjust the energy requirements upwards or downwards (page 8).
ACTIVITY LEVELS	If the population is engaging in medium to heavy activities, there may be a need to adjust the energy requirements higher (page 8).
2. Select commodities that meet the energy, protein, fat and micronutrient requirements of the population (from page 8).
3. Implement monitoring and follow-up actions, data collection and analysis (from page 30).
4. If necessary, assess the ability of the population to access other food sources and adjust the ration. Monitor the situation following any such adjustments (page 33).

Guiding principles for feeding infants (0-6 months) during emergencies	
<p>1. ALL INFANTS, INCLUDING THOSE BORN INTO POPULATIONS AFFECTED BY EMERGENCIES SHOULD NORMALLY BE EXCLUSIVELY BREAST-FED FOR THE FIRST SIX MONTHS AS RECOMMENDED BY WHO.</p> <ul style="list-style-type: none"> The beneficial effects of colostrum in breast milk are especially important; infants should be breast-fed on demand from birth. Every effort should be made to identify ways to breast-feed infants whose mothers are absent or incapacitated. Re-lactation should be attempted before the use of infant formula is considered. 	
<p>2. EVERY EFFORT SHOULD BE MADE TO CREATE AND SUSTAIN AN ENVIRONMENT THAT ENCOURAGES EXCLUSIVE BREASTFEEDING FOR THE FIRST SIX MONTHS, AND CONTINUED FREQUENT BREASTFEEDING THEREAFTER FOR UP TO TWO YEARS.</p>	
<p>3. THE QUANTITY, DISTRIBUTION AND USE OF BREAST MILK SUBSTITUTE E.G. INFANT FORMULA AT EMERGENCY SITES SHOULD BE STRICTLY CONTROLLED, USING THE FOLLOWING GUIDELINES:</p> <ul style="list-style-type: none"> Nutritionally adequate infant formula, fed by cup, should be available for infants who do not have access to breast milk. Those responsible for feeding infant formula should be adequately trained and equipped to ensure its safe preparation and use. Feeding infant formula to a minority of children should in no way interfere with protecting and promoting breastfeeding for the majority. The use of infant feeding bottles and artificial teats in emergency settings should be actively discouraged and cup feeding promoted instead, as cups are much easier to keep clean. 	

Table 8. Complementary interventions to meet the additional needs of pregnant and lactating women	
<p>1. FORTIFIED FOOD COMMODITIES*</p> <ul style="list-style-type: none"> Provision of a fortified blended food commodity, designed to provide 10-12 percent (up to 15 percent) of energy from protein and 20-25 percent energy from fat. The blended food must be fortified to meet two-thirds of daily requirements for all micronutrients, particularly iron, folic acid and vitamin A. The food commodities can be provided through maternal and child health (MCH) structures (in conjunction with other health services) or through blanket supplementary feeding programmes. 	
<p>2. MICRONUTRIENT SUPPLEMENT</p> <p>Pregnant women: Daily supplements of iron (60 mg/day) and folic acid (100 µg/day)</p> <p>Lactating women: Vitamin A 400 000 IU in 2 doses of 200 000 IU in an interval of at least 24 hours within six weeks after delivery</p>	
<p>3. DRINKING WATER</p> <p>Women are ensured access to sufficient drinking water (extra 1 litre of clean water per day).</p>	
<p>4. MALARIA MANAGEMENT IN PREGNANCY</p> <ul style="list-style-type: none"> In areas where malaria is endemic, sulphadoxine-pyrimethamine can be administered through clinics at the beginning of the second and third trimesters. Encourage women to use an impregnated bed net during pregnancy. Advise women that they must seek immediate medical attention for episodes of fever. 	
<p>5. PROPHYLAXIS FOR MANAGEMENT OF INTESTINAL PARASITES</p> <p>Give each affected woman 500 g mebendazole, in the second and the third trimester.</p>	
<p>6. NUTRITION/EDUCATION COUNSELLING FOR WOMEN AND COMMUNITIES</p>	



<http://www.youtube.com/usaidvideo>