Panel 2.11: Food Security and Nutrition

Dr. Abdul Azeez Yoosuf (Chair);[1] Ms. Zita Weise Prinzo (Rapporteur);[2] Dr. Stephen J. Atwood (Panelist 1);[3] Mr. Patrick Webb (Panelist 2);[4] Dr. Rachmi Untoro (Panelist 3);[5] Dr. Rukhsana Haider (Discussant)[6]

1. Director General, Health Services, Maldives
2. Technical Officer, World Health Organization Headquarters, Geneva, Switzerland
3. Regional Advisor, Health and Nutrition, United Nations Children's Fund (UNICEF)
4. Chief of Nutrition, World Food Programme (WFP)
5. Director, Community Nutrition, Ministry of Health (MOH), Indonesia
6. Regional Adviser Nutrition for Health and Development, World Health Organization/Southeast Asia Regional Office (SEARO)

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Abbreviations:
ENA = emergency needs assessment
HKI = Helen Keller International
NGO = non-governmental organization
UN = United Nations
UNICEF = United Nations Children's Fund
WFP = World Food Programme
WHO = World Health Organization

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Abstract

This is a summary of the presentations and discussion of Panel 2.11, Food Security and Nutrition of the Conference, *Health Aspects of the Tsunami Disaster in Asia*, convened by the World Health Organization (WHO) in Phuket, Thailand, 04–06 May 2005. The topics discussed included issues related to food security and nutrition as pertain to the responses to the damage created by the Tsunami. It is presented in the following major sections: (1) findings; (2) key questions; (3) discussion; and (4) recommendations.

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Background

Following the Tsunami, the immediate needs of the affected population included the provision of health care, food, water, sanitation, and shelter. Malnutrition rates already were high in the countries before the event. Displacement, loss of caregivers, and poor environmental conditions, must be monitored.

The predominant humanitarian response to acute food insecurity has been the provision of a general food ration to the affected groups. Supplementary feeding programs have targeted the nutritionally vulnerable groups. These programs had the objective of reducing the prevalence of moderate malnutrition and the associated mortality of malnourished children and other at-risk groups such as pregnant and lactating women. Management of severe malnutrition, including therapeutic feeding programs, has been planned at various levels, i.e., hospitals, health centers, and at the community and household levels.

Findings

Diseases related to micronutrient deficiencies, especially anemia, are prevalent among women and children and need to be prevented and controlled. The United Nations World Food Programme (WFP) has been distributing fortified food items in general and supplementary rations. The Helen Keller International (HKI) and other NGOs have been distributing micronutrient supplements to vulnerable groups.

Appropriate infant and young child feeding has been promoted. Responding to concerns about the large quantities of milk powder being sent into the region, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) issued a joint statement on appropriate infant and young child feeding, cautioning caretakers and health staff about the unnecessary use of milk powder and the need for monitoring the distribution to those who need it.

Key Questions

1. There is general concern among donors that food aid needs sometimes are over-estimated, while the potential for other (non-food) aid inter-

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ventions to address food insecurity problems always is not examined adequately. How have assessments addressed food insecurity besides focusing on food aid requirements?
2. There remain substantial shortfalls in the way information generated by rapid nutritional assessments and surveillance systems is used. How can the management of nutritional information, including the ownership by governments be improved?
3. What key nutritional interventions have been planned as part of the disaster response system? How can humanitarian responses in nutrition, besides concentrating on short-term, life-saving initiatives, include interventions that support livelihoods and build the capacity of local governments, health facilities, and the communities? What mechanisms can be used for monitoring and evaluating these nutritional interventions?
4. What are the challenges and issues that still exist in relation to the response in nutrition and how can these challenges be overcome and issues resolved?

Discussion

People who are malnourished not only are more susceptible to infections and are at a higher risk for death, but infections in association with malnutrition are more likely to result in other severe problems. There have been joint United Nations (UN), non-governmental organizations (NGOs), and government initiatives to establish nutritional surveillance systems, including carrying out rapid nutrition assessments to identify the malnourished and to examine the underlying cause. Nutritional surveillance must be integrated with disease surveillance and food security assessments, and accompanied by local work such as growth monitoring, promotion of appropriate infant and young child feeding, and improved maternal nutrition.

Needs assessments

Findings

The emergency needs assessments (ENAs) focused on food security issues, but also covered nutrition, health, income sources, breast-feeding practices, availability of clean water, sanitation arrangements, population displacements and need for shelter, sources of aid, and coping mechanisms. In each case, rapid assessments were to be followed in subsequent months by more in-depth assessments that were important for establishing baselines for results reporting and refining the scope, scale, and duration of various relief and recovery options.

For the ENAs, common methods were sought across the countries assessed (Indonesia, Sri Lanka, the Maldives, and Myanmar). Sample frames differed based on needs, timing, resources, and focus. Lessons learned include the importance of having well-trained assessors and sufficient time to have extended discussions within households.

The nutritional status of affected populations was assessed in parallel with the main needs assessments. In Aceh, the UNICEF, the WHO, and the WFP linked with the government of Indonesia to establish a more representative baseline on nutrition and health, which also would link with food security indicators, and serve as a platform for more regular surveillance and feedback.

Main constraints encountered were: (1) logistics; (2) road conditions (including the loss of hundreds of bridges); (3) lack of office and sleeping quarters; (4) human capacity (national staff were overwhelmed); (5) finding good multilingual, evaluators was difficult at short notice; (6) lack of institutional capacity to support this type of quick action; and (7) insecurity (many aspects of personal insecurity, which also affected the quality of surveys, and hence findings).

The objectives of the numerous ENAs carried out by the WFP and partners in the disaster-affected areas were to:

1. Provide an understanding of the disaster's impact on food security, and to analyze the profile and livelihoods of the different groups of affected populations;
2. Define the food security and nutritional needs of these groups, integrating issues related to household livelihoods and asset security; and
3. Provide recommendations on response options and follow-up actions in preparation for recovery activities.

Coordination

Findings

Inter-agency cooperation in Aceh, Indonesia was good (UNICEF/WHO/WFP cooperation that also included HKI, and the Save the Children Fund (SCF)). Humanitarian actors, together with the Ministry of Health organized regular coordination meetings both at the central as well as at the provincial levels. During these coordination meetings, issues were discussed jointly (e.g., monitoring distribution of donated infant formula for infants who have no access to breast milk, the establishment of a nutrition surveillance system, treatment of the severely malnourished). Other line ministries, such as the Ministry of Social Welfare, which is responsible for food distribution, and the Ministry of Agriculture, which supports communities in local food production, should have been more involved actively.

Coordination has not been as good among the actors in the health, water, and food sectors. There has been a lack of information sharing and no attempts were made to integrate surveillance systems in the various sectors, even though nutritional status is an outcome of the health, food, and environmental conditions.

Discussion

Ways to better coordinate nutritional assessments ahead of crises, on what to assess, how, and when must be found. Ways also must be found to better embed nutritional surveys into broader livelihood surveys. Completed in parallel, they can inform each other, but completed using separate sampling universes with separate sample frames (and time frames), nutritional and mortality data cannot be compared to data from food and livelihood security assessments.

There also must be a standardized approach in reporting and disseminating data from assessments. For example, even when small numbers of children were measured in accessible camps in one part of one district, those data immediately were cited as if representative at a province-wide level for all affected populations (including those not in camps).

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Gap Filling

Findings

The responses to defined needs were rapid (e.g., micronutrient needs), resulting in reduced, post-crisis morbidity and mortality. Many of the operations have sought to combine nutritionally-sound food with rebuilding schools (WFP-UNICEF), with multiple micronutrient distribution (WFP-HKI-UNICEF), with building institutional capacity for surveillance and distribution of fortified foods to pregnant women and infants.

The screening of incoming health and food materials must be present to prevent a huge waste and an overloading of logistical facilities (such as the military airport in Banda Aceh). Far too many unsolicited items and some culturally inappropriate foods were imported, including milk powder and infant formulas that often contravened the international code of marketing of breast-milk substitutes.

Discussion

However, responses to nutritional needs should be linked more effeciently to activities in health and water and sanitation so that gaps in addressing the needs are not overlooked.

Capacity building

Findings

People from the central and local governments were involved in conducting assessments. Without them, the assessments would not have been carried out because of language and cultural barriers. Local breastfeeding counselors were trained and deployed. Local authorities are the most influential group in planning and implementing interventions, so it is important that they are involved in assessments and in using the information generated to develop a longer-term action and monitoring plan.

Discussion

The improvement of nutritional status should become an integral part of community development. Each affected district should be supported to develop an appropriate combination of interventions for improving the health and nutritional situation of the community.

Recommendations

Findings

In Krabi, collaborative planning involving local government, civil society, the UN, and private sector resulted in improved communication between village leaders and district officials about needs related to food, water and sanitation, housing, and livelihood rehabilitation.

To improve information sharing and coordination among the humanitarian actors:

1. Develop a common nutritional status assessment tool that can be used by all humanitarian actors in collaboration with governments;
2. Develop clear working mechanisms (roles and responsibilities) between the WHO and the key UN agencies in the area of nutrition during emergencies. Memoranda of Understanding (MOUs) already exist between the United Nations Children's Fund (UNICEF), the United Nations High Commissioner for Refugees (UNHCR), and the World Food Programme (WFP); and
3. Develop information, education, and communication materials at the country level that can be distributed to the local communities, i.e., "ready to use", adaptable, community communication tool-kit that would be useable for any emergency.

To better address issues related to inappropriate donations of foods for infants and young children:

4. Raise awareness of communities—establish local breastfeeding counseling and support groups (conduct trainings and involve them in the community to improve awareness of the importance of exclusive breastfeeding and appropriate complementary feeding practices, as well as guidance on proper use of breast milk substitutes for those who need it);
5. Raise awareness of policy-makers at the central level and institutionalize a Code of Marketing of Breast Milk Substitutes in countries that have no national policy regarding this process; and
6. Countries must establish a central receiving and monitoring system for donated food items.

To build national and local capacity:

7. Provide training to health staff regarding nutrition (infant feeding, macro- and micro-nutrient requirements, detection and management of severe malnutrition). Appropriate supervision and monitoring mechanisms must be put in place after training.

To improve response:

8. Involve local community whenever possible;
9. Integrated response systems should be developed to address all of the underlying causes of malnutrition;
10. Mechanisms should be in place to allow for more flexible use of funds, including addressing nutritional issues in the host communities and in the rest of the population of the countries affected by the disaster; and
11. Countries at risk for disasters should keep stocks of commodities such as therapeutic foods, micro-nutrient supplements, and fortified food products.

Summary

It is essential in disaster situations that not only foods be provided but the security of the food must be assured over the long-term. Available supplies must be directed at defined needs. Information obtained from needs assessments competently performed and must be coordinated between the humanitarian actors. The types of food have profound cultural constraints and the affected community must be involved in the processes that determine the kinds of food aid provided.

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