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The management of nutrition in major emergencies

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Preface

This manual is intended to help health, nutrition, and other professionals involved in the management of major emergencies with a nutritional component, whether at local, national, or international level. By improving understanding among the health professionals and intersectoral personnel who are collectively responsible for ensuring adequate nutrition in emergency-affected populations, the manual should promote coordinated and effective action.

All major emergencies, by definition, threaten human life and public health. They often result in food shortages, impair or jeopardize the nutritional status of a community, and cause excess mortality in all age groups. Nutrition is therefore a key public health concern in emergency management. Accordingly, this manual deals with the following topics: initial nutritional assessments; identifying the risk or presence of various forms of malnutrition; calculating food needs and, where necessary, ensuring generalized or selective food distribution; treating malnutrition and preventing the occurrence of nutritional deficiencies; monitoring the nutritional status and the food availability in households; and preventing and controlling nutrition-related and food-borne communicable diseases.

The occurrence of both natural and man-made emergencies has risen dramatically in recent years, with a parallel growth in the numbers of stricken communities, refugees, and internally displaced persons. The International Conference on Nutrition, convened by FAO and WHO in 1992, devoted much time to the nutrition of refugees, and displaced and war-affected populations — “the world’s most malnourished nation”. The *World Declaration and Plan of Action for Nutrition*,¹ signed by 159 ministerial representatives and the then European Economic Community, urged governments to provide sustainable assistance to these people and to ensure their nutritional well-being. Part 6 of the World Plan of Action (Caring for the socio-economically deprived and nutritionally vulnerable) states in Article 37:

“Among refugees and displaced populations, high rates of malnutrition and micronutrient deficiencies associated with high rates of mortality continue to occur. The magnitude of the problem has grown over the last decade. Increased political commitment to and accountability for the protection and promotion of the nutritional well-being of refugees, displaced populations, those under occupation, prisoners of war and other affected groups are urgently required in accordance with international humani-

¹ *World Declaration and Plan of Action for Nutrition, Rome, December 1992*. Geneva, World Health Organization, 1992 (unpublished document ICN/92/2).

tarian law. Governments, in collaboration with the international community, should:

- (a) Provide sustainable assistance to refugees and displaced persons and work to monitor their nutritional well-being, giving high priority to the control of diseases and to the prevention of malnutrition and outbreaks of micronutrient deficiency disease. Wherever feasible such assistance should encourage their ability to support themselves rather than increase their dependence on external assistance. The food provided should be nutritionally adequate and safe.
- (b) Identify, within civilian populations situated in zones of conflict, refugee and displaced populations and groups needing special care including the disabled, the elderly, children, mothers and other nutritionally vulnerable groups in order to provide for their special needs.”

In response to the World Declaration, almost all countries have developed, or are developing, a national plan of action for nutrition, which should include action for preparedness and capacity-building for management of nutrition in emergencies.

While awareness of the risk and burden of malnutrition in emergency situations has grown, there have also been many advances in knowledge in the fields of nutrition, of emergency preparedness and response, and of the interrelations between disasters and development, and consequent improvements in practice. This manual deals primarily with the nutritional aspects of emergency relief, but it also reflects these new approaches to management, preparedness, prevention, and rehabilitation. This new knowledge has already been put to extensive use in various emergency situations, such as the severe crop failures in southern Africa in the early 1990s; thanks to better management of generalized food distribution and other supportive health measures there were very few surplus deaths and no widespread severe undernutrition.

It is important that nutrition-related interventions be viewed and undertaken as an integral part of a comprehensive approach to emergency management in affected areas. This also implies the inclusion of nutrition in overall emergency preparedness. It is a regrettable fact that, up to now, much of the action in emergency situations has been taken by external agencies, often by-passing national nutritional institutions. This is attributable partly to lack of adequate national resources but also to inadequate preparedness. The 1978 WHO monograph *The*

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