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*Caring for the nutritionally
vulnerable during
emergencies:*

An annotated bibliography



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AND DEVELOPMENT
Sustainable Development
and Healthy Environments

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List of Abbreviations

ACC/SCN	United Nations Administrative Committee on Coordination - Sub-Committee on Nutrition
AICF	Action Internationale Contre la Faim
BFHI	Baby-Friendly Hospital Initiative
BMI	Body mass index
BRAC-ICDDR	Bangladesh Rural Advancement Committee - International Centre for Diarrhoeal Disease Research
CARE	Cooperative for Assistance and Relief Everywhere, Inc
CDC	Centers for Disease Control and Prevention (an agency of the Department of Health and Human Services, USA)
CDR	Crude death rate
CIET International	Community Information and Epidemiology Technologies International
CIP-UPWARD	International Potato Center - Users' Perspective with Agricultural Research and Development
CMR	Crude mortality rate
ENN	Emergency Nutrition Network
HAI	HelpAge International
ICDDR, B	International Centre for Diarrhoeal Disease Research, Bangladesh
ICRC	International Committee of the Red Cross
IDP	Internally displaced person
IDS	Institute of Development Studies
IFPRI	International Food Policy Research Institute
IOM	International Organization for Migration
IRDP	International Relief/Development Project
IUCW	International Union for Child Welfare
LSHTM	London School of Hygiene and Tropical Medicine
NGO	Nongovernmental organization
NHD	Department of Nutrition for Health and Development (World Health Organization)
PAHO	Pan American Health Organization/ Regional Office for the Americas (AMRO) - World Health Organization
PM&E	Participatory monitoring and evaluation
PTSD	Post-traumatic stress disorder
PRA	Participatory rapid appraisal
R&D	Research and development
RRA	Rapid rural appraisal

RRN	Relief and Rehabilitation Network
SCF	Save the Children Fund
UCLA	University of California, Los Angeles
UN	United Nations
UNDP	United Nations Development Programme
UNDRO	United Nations Disaster Relief Coordinator
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

Acknowledgements

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1. Introduction

The idea of applying the concept of 'care' to emergency situations is relatively new. It has emerged as a result of a growing awareness that the well-being of the vulnerable cannot be assured through the targeting of concrete interventions alone, but is equally dependent on the manner and environment in which interventions are provided. Complex processes determine both the nature and extent of the vulnerability experienced by victims of emergencies, and the effectiveness of relief responses.

Conventionally, emergencies are defined in terms of 'status'. Their characteristics are frequently described through measures of risk, vulnerability and absolute need while interventions are evaluated through indicators of easily measurable outcomes. In this context, care can be seen, in its most basic form, as the provision of resources (food, shelter, health care, sanitation, money, expertise, etc.) to meet needs. Implicit in this is the concept of the care-giver as active provider and the care-receiver as passive recipient. The immediate response to disaster situations, in which the emphasis is on providing for basic biological and environmental requirements, is an example of targeted and measurable care.

This basic definition of care, however, is limited and fails to take account of the complex interaction of socioeconomic, environmental, biological and psychological factors that characterize emergencies. It is not just a question of expanding the definition of needs but also of reviewing current practice and redefining the roles of provider and recipient. Care must be recognized as a broader concept that incorporates aspects of process as well as easily measurable inputs and outputs. The role of care as a process has provided the rationale for the selection of some of the material in this bibliography.

Literature sources

The bibliography contains both published 'white' literature and unpublished 'grey' literature that is not widely available in the public domain. Most of the white literature consists of publications by United Nations organizations, nongovernmental organizations, peer-reviewed papers published in journals, and academic books. The grey literature includes internal reports and papers from a number of international agencies, mainly based in Europe. Key individuals working within some international agencies were contacted and asked to provide literature which they felt was relevant.

Topics covered

Material that explicitly examines care for the nutritionally vulnerable during emergencies is relatively scarce. Many documents may refer to different types of caring behaviours or to care as an implicit aspect of process, but care is rarely the subject of documentation. An effort has therefore been made to include literature that touches in some way on caring behaviours and processes.

The primary focus of the bibliography is on the provision of support for the nutritionally vulnerable in emergencies, generally through food interventions. Literature is also included on aspects of non-food-related care provision where this has important implications for nutrition outcomes. In addition, documents that describe methodologies which emphasize care as an important part of process have been included. This type of document frequently stresses the importance of participatory methodologies, which have been explored within development contexts but rarely in emergencies.

The bibliography does not represent a comprehensive review of all literature on care but contains examples of different approaches. Priority has been given to material relating to groups in emergency situations, although references are included that refer to post-emergency rehabilitation, or to conditions of extreme poverty where the approach is considered to be relevant to the application of care in emergencies. A significant proportion of this material relates to participatory approaches to needs assessment.

Format

The references have been listed in alphabetical order by surname of the principal author. All the references have a short summary and a list of key words. An index of key words and phrases with relevant reference identification numbers is included as Chapter Three in the bibliography. Keywords reflect the *organizational source* of the document (e.g. ACADEMIC, GOVERNMENT, UN or NGO), *document type* (e.g. POLICY, MANUAL, GUIDELINES, CONCEPTUAL, REVIEW, TRAINING, RESEARCH OR WORKSHOP REPORT) and *document subject*.

2. Annotated Bibliography



Reference ID: 1

ACC/SCN. *Report of a workshop on the improvement of the nutrition of refugees and displaced people in Africa, Machakos, Kenya, 5-7 December 1994*. United Nations Administrative Committee on Coordination - Sub-Committee on Nutrition (ACC/SCN), 1995.

Keywords:

ACC/SCN; AFRICA; DISPLACED; EVALUATION; MALNUTRITION; MICRONUTRIENT DEFICIENCIES; NUTRITIONAL REQUIREMENTS; POLICY; RATIONS; REFUGEES; SUPPLEMENTARY FEEDING; THERAPEUTIC FEEDING; WORKSHOP REPORT

The workshop focused on how to reduce the persistent and elevated rates of mortality and malnutrition among refugee and displaced populations in Africa. The workshop addressed technical and management issues and reviewed a number of background papers. Issues discussed included: the quantity and quality of general rations, including nutritional requirements; responsibilities and how to decide on rations; prevention of various micronutrient deficiencies among refugees and displaced people; and health issues relating to the provision of nutrition for the prevention and treatment of malnutrition. Selective feeding programmes (as public health measures) were discussed in detail with a distinction made between supplementary feeding and therapeutic feeding programmes. Indicators such as mortality, morbidity and nutritional status were discussed within the context of nutrition information systems. Programme implementation and evaluation, vulnerability and process measures were also addressed. The workshop considered the need for training of persons involved in refugee and displaced situations. A working group responsible for follow-up activities addressed operational issues, policy development, training, research, improvement of information and guidelines, and the need for further working groups and meetings to address outstanding issues.



Reference ID: 2

Adams A, Das Roy R, Mahbub A. *Participatory methods to assess change in health and women's lives: an exploratory study, Dhaka - BRAC-ICDDR, B*. Dhaka, Bangladesh Rural Advancement Committee, International Centre for Diarrhoeal Disease Research, 1995.

KEYWORDS:

ACADEMIC; BANGLADESH; GENDER; HEALTH; PARTICIPATORY RAPID APPRAISAL (PRA); RESEARCH REPORT; WOMEN

The participatory rapid appraisal methods used are described in detail, as are the findings according to gender. The time-line and focus group discussion about change showed that women feel they now have greater influence in household decision-making due to their involvement in credit and training programmes. The "indigenous indicators" of women's status (e.g. piety, judgement) varied according to whether women were of the Bangladesh Rural Advancement Committee or not.

 **Reference ID: 3**

Adams ME. Merging relief and development: the case of Turkana. *Development Policy Review*, 1986, 4:314-324.

Keywords:

ACADEMIC; EARLY WARNING SYSTEMS; EMERGENCY PREPAREDNESS; FAMINE; FOOD AID; KENYA; REHABILITATION AND RECONSTRUCTION; RELIEF-DEVELOPMENT LINKAGE

This paper reports experiences of merging relief and development in the Turkana District of Kenya. Turkana is a geographically and culturally remote district in the north-west corner of Kenya. The people are nomadic herdsman and the district is vulnerable to drought-related disasters. The remoteness has been significantly reduced by improved infrastructure, and large development efforts have been made in Turkana District by the Government of Kenya, donors and nongovernmental organizations. The flow of resources stems partly from the national and international reaction to the famine that began in 1980. At the height of the crisis, a relief operation with food supplies started and subsequently the Turkana Rehabilitation Project (TRP) came into being. The dual objectives of the project were the immediate movement of food to the famine areas and the implementation of a five-year rehabilitation programme together with a food-for-work project. After five years as a relief programme, TRP was transformed into an organization for preparedness and prevention of the effects of drought. An early warning system for drought and a delivery system for food aid were set up, and long-term measures were implemented to minimize the district's vulnerability. The author concludes that even if the experience of Turkana District may not be applicable outside Kenya, it provides a useful example of how emergency relief can evolve into a programme oriented to development.

 **Reference ID: 4**

Almedon AM, de Waal A. Constraints on weaning: evidence from Ethiopia and Sudan. *Journal of Biosocial Science*, 1990, 22:489-500.

Keywords:

ACADEMIC; BREASTFEEDING; CARE; COMMUNITY; ETHIOPIA; INFANT FEEDING; REFUGEES; RESEARCH; SUDAN

Two sets of data on infant weaning processes are presented following field research in Addis Ababa, Ethiopia, and among a refugee population of Eritreans in Sudan. The study in Addis Ababa was undertaken among sections of the community who were poor but had a stable nutrition situation. Factors constraining weaning, which includes both the introduction of supplementary foods and the termination of breastfeeding, were identified. The two processes of weaning were the outcome of factors in the interaction between mother and infant. 'Infant-centred' factors (infant's appetite linked with the availability of appropriate weaning foods, emergence of primary teeth) were more important at the start of weaning, while 'mother-centred' factors (new pregnancy, maternal ill-health, breast-milk insufficiency) were more important as weaning was completed. The refugee population had in normal times a similar weaning regime, but in the unstable conditions of flight and life in a refugee camp the process had been significantly altered. Because of a drastic reduction in the availability of weaning foods, a 'refugee pattern' of weaning was found. This included the introduction of inadequate supplementary foods at a 'normal' age, extended breastfeeding, and on occasions the reversal from mixed feeding to exclusive breastfeeding. Investigation of the external factors leading to altered weaning processes elaborates and confirms the model - i.e. the influence on both processes of weaning - derived from the Addis Ababa study.

 **Reference ID: 5**

Anderson MB, Woodrow PJ. Reducing vulnerability to drought and famine: developmental approaches to relief. *Disasters*, 1991, 15(1):43-54.

Keywords:

ACADEMIC; CONCEPTUAL; FAMINE; RELIEF-DEVELOPMENT LINKAGE; REVIEW

This paper presents the lessons learned through the International Relief/Development Project (IRDP) which examined experiences in providing relief at times of disaster in order to explore the linkages between relief and development. These lessons are intended to help agencies to provide relief in future disasters in ways that both meet immediate needs and support basic development. The relevance of these lessons to famine response is also discussed. The paper points out that not all crises become disasters, that people do not suffer equally in disasters and that some do not suffer at all. Furthermore, disaster victims have important capacities which are not destroyed in a disaster. A distinction should also be made between needs and vulnerabilities. Finally, the impact of an intervention on capacities and vulnerabilities varies according to its duration and scale. The second part of the paper describes several famine response programmes and their impact on particular capacities and vulnerabilities. They show that development work does not need to wait for a crisis to end, and they illustrate alternative strategies for promoting development in the midst of crisis.

 **Reference ID: 6**

Anderson MB, Woodrow PJ. *Rising from the ashes: development strategies in times of disaster*. Boulder and San Francisco/Paris, Westview Press and United Nations Educational, Scientific and Cultural Organization (UNESCO), 1989.

Keywords:

CONCEPTUAL; DISPLACED; GUIDELINES; NGO; POLICY; REFUGEES; RELIEF-DEVELOPMENT LINKAGE; REVIEW; UNESCO

This book explores the complex relationship between aid givers and receivers. The purpose of the book is to help donors provide aid in a way that supports people's efforts to achieve social and economic development. The International Relief/Development Project (IRDP) was a joint NGO effort to explore the relationships and linkages between relief and development, and to derive lessons for future project design and implementation. The IRDP developed 30 case histories based on selected project experiences of the collaborating agencies. Each case history describes experience in providing emergency relief in a disaster situation and analyses the impact of the relief work on long-term development in the country where the disaster occurred. The lessons and guidelines for programme design presented in Part I of this book are derived directly from these case histories. The first chapter describes the purposes of the book and presents a framework for analysis. It describes the tool of Capacities and Vulnerabilities Analysis by which it is possible to predict or assess the extent to which relief and development projects actually support or subvert development. The following chapters examine a series of decisions and choices in disaster relief programming. The conclusion to Part I considers closing the gaps between principles, policies and practice of agencies, governments and donors. Part II considers three sets of cases. The first set examines projects providing relief in an innovative and developmental manner. The second set involves situations where ongoing development work was interrupted by a disaster, causing the agency to change to relief work. The last set illustrates creative approaches to work with refugees or displaced people.



Reference ID: 7

Andersson N. Technological disasters - towards a preventive strategy: a review. *Tropical Doctor*, 1991, 21(suppl. 1):70-81.

Keywords:

ACADEMIC; REVIEW; TECHNOLOGICAL CAUSES OF EMERGENCIES

Technological or manmade disasters are "incidents connected with an uncontrolled development of an industrial activity involving a serious immediate or delayed hazard to man and/or environment". Such incidents occur daily. Widely publicized industrial disasters like those in Bhopal and Chernobyl are the tip of the iceberg of human and environmental risk from technological development. Other less well-publicized disasters, including the contamination of food, water and air, have affected millions of people. Slow technological disasters - such as air pollution, pesticides, radiation, lead, asbestos and other industrial hazards - compromise intellectual, behavioural and physical development. The article reviews examples of different kinds of technological disaster. Although it can be argued that there are hazards attached to virtually every industrial activity and that it is almost impossible to remove completely the risk of technological disasters, the risk can be reduced by improved information on technological processes. Global recommendations may provide a framework for priority action, but they obviously do not apply everywhere to the same extent. A measurement-based approach, i.e. where the community monitors the process, is described which is beginning to have an effect in several developing countries.

**Reference ID: 8**

Andersson N et al. Exposure and response to methyl isocyanate: results of a community based survey in Bhopal. *British Journal of Industrial Medicine*, 1988, 45:469-475.

Keywords:

ACADEMIC; HEALTH; INDIA; RESEARCH; TECHNOLOGICAL CAUSES OF EMERGENCIES

This article reports the results of a community-based survey carried out in the two weeks immediately after the Bhopal disaster in 1984. Eight exposed and two non-exposed clusters of households were examined. The primary concern was the effect of the gas, methyl isocyanate, on the eyes of the victims, but data were also sought on respiratory status and the first symptoms of the exposure. No case of blindness was encountered that could be attributed to the gas. The most frequent symptoms reported were burning of the eyes, coughing, watering of the eyes and vomiting. Among these, the frequency of cough most closely followed the rate of death in the different clusters. Although much rarer overall, the frequency of diarrhoea appeared to have a stronger relation to death rates. The survivors in clusters where deaths had occurred were at 12 times the risk of superficial interpalpebral erosion of the cornea and at six times the risk of respiratory distress compared with other exposed people. However, reports of photophobia were more frequent where the death rates were lower. This clinical and epidemiological picture is consistent with different effects of the gas at different doses (as estimated from distance from the factory). The authors hope that the long-term follow-up of survivors will make it possible to test the predictive value of these signs and symptoms as this information would be crucial in preparing for and coping with the longer-term health consequences of the disaster.

**Reference ID: 9**

Appleton J. Nutrition and RRA. *Rapid Rural Appraisal Notes*, 1990, 8(January):6-9.

Keywords:

COMMUNITY; FOOD SECURITY; HEALTH; NEPAL; NGO; RAPID RURAL APPRAISAL (RRA); ZAMBIA

This paper looks at two attempts by nutritional consultants to use a stress calendar to improve community nutrition. This technique involves plotting factors affecting nutrition on a monthly basis to see when there is likely to be a deterioration of nutritional status. Initially this was used to assist Save the Children Fund (Norway) to establish the food, nutrition and health situation in its community development project area in East Palpa, Nepal. Use of a diagrammatic nutritional calendar revealed that months corresponding to the rainy season showed a bunching of stress factors and consequent child mortality. As a result, the organization decided to concentrate resources before the rainy season to familiarize villagers with oral rehydration treatment for diarrhoea. The calendar was also used to examine at what time aquaculture could improve nutrition in villages on the Chipata Plateau, Zambia. Here the team noted the consumption of different foods throughout the year and concluded that the availability of fish could make a significant contribution to the diet and income of the poor. It is considered, therefore, that the way stress calendars portray information has a number of advantages, particularly for the timing and nature of relevant interventions.

**Reference ID: 10**

Armstrong HC. Breastfeeding as the foundation of care. *Food and Nutrition Bulletin*, 1995, 16(4):299-312.

Keywords:

ACADEMIC; BFHI; BREASTFEEDING; CARE; FOOD SECURITY; HEALTH; INFANT FEEDING; NUTRITION; UNICEF

Breastfeeding, which unites food, health and care, enhances the child's ability to elicit good care through superior attachment, rhythmic synchrony, and vision and brain development. Parental responsiveness is increased by bonding, child spacing, and time with the baby. Breastfeeding and other forms of care for nutrition share the aspects of interaction, cultural mediation, erosion of traditions, endemic misinformation, small-scale decision-making, and vulnerability to institutional mismanagement. Breastfeeding differs in requiring continuity of the caretaker and in facing social and profit-motivated opposition. Research is needed on adequate care for siblings, effective help for high-risk infants, improved duration, and nutrition of both mother and child in the second year of breastfeeding. Despite effective strategies, such as the baby-friendly hospital initiative and community support groups, the challenge remains to move from motivating women to ensuring access to practical and confidence-building support.

**Reference ID: 11**

Beavis JP et al. Hospital patients in Bosnia are nutritionally vulnerable. *British Medical Journal*, 1996, 312:315-315.

Keywords:

ACADEMIC; BOSNIA; CONFLICT AND WAR; FOOD SECURITY; HEALTH; INSTITUTIONALIZED PEOPLE; NUTRITIONAL REQUIREMENTS; NUTRITIONAL STATUS; RESEARCH

Studies at the State Hospital in Sarajevo showed that the infection rate of patients suffering from injuries had nearly tripled by January 1994. An average weekly weight loss of 1.8 kg was noted

in male patients. The inadequate nutritional status of patients was obviously due to the combination of deficient food supply and the increased nutritional requirements resulting from the effects of polytrauma and underheated hospitals.



Reference ID: 12

Bellino VB. *Breastfeeding survey, December 1994 - April 1995*. Bosnia-Herzegovina, Action Internationale Contre la Faim (AICF), 1995.

Keywords:

BOSNIA; BREASTFEEDING; CARE; DISPLACED; EDUCATION; HEALTH; INFANT FEEDING; NGO; RESEARCH; WOMEN

Action Internationale Contre la Faim (AICF) carried out a breastfeeding survey in Tuzla and Zenica, central Bosnia, between December 1994 and April 1995. In December 1994, 104 women in their 8th or 9th month of pregnancy attending primary health care structures for medical check-ups were surveyed. Fifty-four women in Zenica received educational training on breastfeeding. Women in Tuzla received no education. Eighty-four mothers were followed up when their babies were one month old and 77 mothers when their babies were three months old. Eighty-five per cent of the sample were resident and 15% displaced. 69% were urban and 32% rural. All the women tried to breastfeed their babies. The first breast contact for 60% of women was between the 5th and 24th hour after birth. Only 10 women (12%) tried to breastfeed in the first 5 hours. Prior to birth 96% of mothers intended to breastfeed but only 77% were exclusively breastfeeding one month after delivery and only 49% three months after delivery. The major reason for using bottles was that the mother believed she did not have enough milk. Problems with the baby and medical advice were other reasons. By three months of age, 77% of mothers were giving their babies tea.



Reference ID: 13

Belshaw D. The macroeconomics of counterpart funds: the case of food for hunger prevention in Ethiopia. *Institute of Development Studies (IDS) Bulletin*, 1992, 23(2):46-49.

Keywords:

ACADEMIC; CONCEPTUAL; ETHIOPIA; FAMINE; FOOD AID

The article explores the scope for monetizing food aid in order to set up a special fund to finance famine-relief activities in Ethiopia. In macroeconomic terms, in good years food aid sales used to create a fund must not create disincentive effects; and in bad years cash expenditures used to fund relief must not create inflation. The article develops a conceptual framework of how to create a wage fund. This framework is based on the two conditions for ensuring that a counterpart fund does not contribute to inflation. These conditions are discussed in the text. The following section explores the implications of monetization of emergency food aid in Ethiopia. The author concludes that the conditions discussed constrain the level of monetization, which can nevertheless be substantial. In Ethiopia, up to 300,000 tons of food aid can be monetized in non-drought years. In an emergency year, as much can be monetized as can be justified by cost savings on transport, storage and handling.

 **Reference ID: 14**

Bennett FJ. The nutrition and disease pattern of children in a refugee settlement. *East African Medical Journal*, 1968, 45:229-246.

Keywords:

ACADEMIC; CARE; CHILDREN; FOOD CONSUMPTION; HEALTH; MALNUTRITION; REFUGEES; RESEARCH; RWANDA; UGANDA

Two surveys of the health and nutrition of Tutsi children - including infants, preschool and schoolchildren - were conducted in refugee camps in Uganda. The first took place in 1961 shortly after their arrival from Rwanda and the second in 1967. By the time of the second survey the remaining population had been separated into two settlements: those with cattle were settled at Nakivali and those without cattle at Oruchinga where they received plots of land for cultivation. In neither survey were cases of kwashiorkor seen. In 1961 there were more cases of nutritional marasmus and many of the children were extremely thin, whereas in 1967 the cases of marasmus were in younger children and appeared to have been due largely to additional non-nutritional causes. The diet of the two settlements was different in 1967, with children at Nakivali having fresh cow's milk and those at Oruchinga having smaller supplements of dried skimmed milk powder. Young children at Nakivali were fatter and heavier and had little hypochromotrichia. The records showed that the standard of medical care in 1961 and the availability of medical services afterwards was very satisfactory. Many of the children were immunized, with more having completed the course offered at Nakivali. In 1967 there was less conjunctivitis and the incidence of skin diseases was low. Malaria parasites and spleen rates were very low in 1961 but, as a result of non-immunes coming into an area with malaria, in 1967 the parasite rate was 54%. Hookworm and trichuris infestations were frequent in the 1967 survey. The author suggested that amoebiasis may prove a problem in the following years as cysts were found in 4-14% of stools. Also, the social and cultural life of the community appeared to have become fairly stable after being given a good start in a new life in Uganda.

 **Reference ID: 15**

Bennett FJ. Preliminary observations on the relationship between the ecology of Rwandans living in Buganda and their disease pattern. *East African Medical Journal*, 1966, 43(11):508-514.

Keywords:

ACADEMIC; HEALTH; LOCAL-HOST POPULATIONS; REFUGEES; RESEARCH; RWANDA; UGANDA

This study explores the differences between the local Ganda, Rwandans and Rundi (both Hutu and Tutsi) living in Buganda, an administrative region of Uganda. A structured interview was conducted in the wards and outpatient department of Mulago Hospital and at Kasangati health centre to obtain information on birthplace, religion, occupation, housing, neighbours, education, possessions, diet, previous complaints, use of traditional medicines and movement. Some Rwandan and Ganda homes were also visited. Differences in occupation, movement, birthplace, housing, neighbours, education, possession of cattle and consumption of milk are shown between Tutsi and Hutu Rwandans. Similarly, differences in occupation, birthplace, movements, housing, neighbours, education, possessions and consumption of protein foods in general exist between Ganda and Rwandans. The Rundi are largely Hutu and are similar to the Hutu group of Rwandans. The author concludes that these differences may in turn be related to differing exposure to microorganisms, differing immune responses at different ages, differing nutritional status, differing physical activity, differing consumption of possible toxic substances in stored or fermented foods or in traditional medicines and, finally, differing genetic stock with possible differing blood or intestinal enzymes. These differences could be confirmed by blood tests and other laboratory and physical examinations.

**Reference ID: 16**

Berke PR, Kartez JK, Wenger D. Recovery after disaster: achieving sustainable development, mitigation and equity. *Disasters*, 1993, 17(2):93-109.

Keywords:

ACADEMIC; COMMUNITY PARTICIPATION; CONCEPTUAL; POLICY; PROCESS ISSUES; REHABILITATION AND RECONSTRUCTION; RELIEF-DEVELOPMENT LINKAGE; REVIEW

This paper reviews key findings and raises issues that are not fully addressed in the predominant literature on disaster recovery. The central theme of this review is the achievement of equity, mitigation and sustainable development, particularly through local participation in redevelopment planning and institutional cooperation. The paper has three parts. First, previous research and past assumptions about the process by which communities are rebuilt are reviewed. Second, a conceptual model for understanding local disaster recovery efforts is outlined. It uses Warren's model (1963) of how a community's horizontal and vertical integration influence local recovery. To demonstrate the conceptual and practical significance of this model, three case studies of local recovery experiences are used. These demonstrate how pre-disaster horizontal and vertical integration (or lack of it) has strongly influenced post-disaster outcomes. Conclusions are offered on the understanding of disaster redevelopment planning, as well as on implications for public policy and future research.

**Reference ID: 17**

Birch I. Emergency food distribution in Turkana. A developmental approach. *Focus on Gender*, 1994, 2(1):30-33.

Keywords:

FOOD AID; GENDER; KENYA; OXFAM; RELIEF-DEVELOPMENT LINKAGE; REVIEW; UGANDA

This case study describes a method of food distribution in operation in Turkana District in north-west Kenya, and explores the potential of adopting a developmental approach to relief work. The programme design was based on that developed by Oxfam in Uganda in the late 1980s and early 1990s. The key principles were to inform and involve beneficiaries, to respect and protect the lifestyle of pastoralists, and to take account of women's key role in food management within Turkana society. The food distribution programme attempted to reinforce rather than undermine the system of social organization. During the initial registration process women were registered first. The food was distributed directly to each woman on behalf of all her dependents. An important feature of the programme was the presence of an elected relief committee of elders at each distribution point which was responsible for the monthly distribution. The election of women onto these committees was encouraged and most had a fairly balanced membership of men and women. To respect and protect the Nomadic lifestyle, the programme was decentralized. There were also several strategies for accommodating the mobility of nomads, (e.g. moving names from register to register, or negotiating a mutually-convenient distribution point). In addition to relieving hunger and suffering, an important programme objective was to strengthen and support the pastoral economy. The intention was that food distribution at some level would continue until the underlying food situation improved and recovery was seen to be taking place. However, there were clear limitations to the extent of community involvement in a large-scale food distribution programme - partly because of logistical arrangements. Oxfam was to explore the potential of the committees to take part in short- to medium-term activities and in longer-term development work. The programme has tried to show that the kind of principles espoused in development work do not necessarily have to be sacrificed in emergency situations.

 **Reference ID: 18**

Borton J, Clay E. The African food crisis of 1982-1986. *Disasters*, 1997, 10(4):258-272.

Keywords:

BOTSWANA; CONFLICT AND WAR; EARLY WARNING SYSTEMS; ETHIOPIA; EVALUATION; FOOD SECURITY; KENYA; REFUGEES; REVIEW

This paper presents a review of the food crisis. The intention is to clarify the scope of the debate on the nature of the crisis, its causes and issues raised by the response to it. Statistics regarding food production, food imports and food availability, as well as the definition of a food crisis, are provided. The validity of statistics and the extent and severity of the crisis are also considered. The authors point out that, when analysing the sources of the crisis, writers tend to emphasize the relative contribution of factors within their own disciplines. The contributing factors discussed here are: rainfall and climatic trends, the economic crisis, demographic pressure, environmental degradation, the failure of agricultural research, social transformation, wars, refugees and superpower rivalry. It was found that the literature on the responses to the crisis, both within the country and internationally, consists of eyewitness accounts by journalists and evaluations by aid agencies of their performance. The international response by governments and the public was massive and unprecedented, but the response by governments, indigenous NGOs and the public within the affected countries is often overlooked. The second half of the paper focuses on specific experiences in Botswana, Ethiopia and Kenya in an attempt to identify issues for further research. The authors suggest research priorities that include: studies of systems that coped during the crisis, historical analysis of the crisis, the way early warning information is processed within bureaucratic institutions, environmental degradation, and fully integrated analysis of food production and consumption systems.

 **Reference ID: 19**

Borton J. The joint evaluation of emergency assistance to Rwanda: study III principal findings and recommendations. *Relief and Rehabilitation Network*, 1996, Network Paper 16.

Keywords:

CONFLICT AND WAR; DISPLACED; EARLY WARNING SYSTEMS; EVALUATION; FOOD AID; HEALTH; NGO; REFUGEES; REVIEW; RWANDA; TANZANIA; ZAIRE

The joint evaluation of emergency assistance to Rwanda was a multinational, multi-donor effort. The main objective of the evaluation was to draw lessons from the Rwanda experience that could be relevant for future complex emergencies as well as for current operations in Rwanda and the region. Four separate studies were contracted: Study I: Historical perspective: some explanatory factors; Study II: Early warning and conflict management; Study III: Humanitarian aid and effects; and Study IV: Rebuilding post-genocide Rwanda. This report summarizes the work and findings of the Study III ODI (Overseas Development Institute) team. The period covered was April 1994 to late 1994 for operations inside Rwanda and to July 1995 for refugee operations in Tanzania and eastern Zaire. The humanitarian crisis began well before the shooting down of the Presidential plane on 6 April 1994. After 6 April, between 500,000 and 800,000 people were violently killed, over two million Rwandese became refugees in neighbouring countries, and over one million were displaced internally. Approximately 80,000 people died in the refugee camps in Tanzania and Zaire and in the camps for internally displaced persons inside Rwanda during 1994, principally from cholera and dysentery. Between April and December 1994, about US\$1.4 billion was allocated by the international community to the response. At least 200 NGOs were involved. Widespread starvation did not occur, but the study revealed a number of areas where problems were experienced, including reliance on power groups within camps which resulted in diversion of food rations, and introduction of supplementary feeding programmes in lieu of improving the

general ration. For the refugees and many of the internally displaced persons, the food aid supply system was vital to their survival, and performed well. For the non-displaced population within Rwanda, the combination of a good crop and the dramatic reduction in population meant that locally-available foods were comparatively plentiful. A key lesson is that humanitarian action cannot serve as a substitute for political, diplomatic and, where necessary, military action. The onus of responsibility must, first and foremost, be upon the political and diplomatic domain to address complex emergencies.



Reference ID: 20

Boyden J. Children's experience of conflict-related emergencies: some implications for relief policy and practice. *Disasters*, 1994, 18(3):254-267.

Keywords:

ACADEMIC; CHILDREN; CONCEPTUAL; CONFLICT AND WAR; POLICY; PSYCHOSOCIAL; REFUGEES

This paper discusses the limited models of childhood, conflict and relief which determine most humanitarian interventions targeting children in conflict-related emergencies. The author contends that most relief interventions are based on western constructions of childhood and western understandings of what is desirable. In particular, relief programmes tend to focus on "spectacular" groups of children (orphans, child combatants and refugees) at the expense of larger child populations indirectly affected by conflict. This relief bias is attributed to an inappropriate "apocalypse model" of conflict which sees relief interventions only as repair. The bias also lies in a mistakenly universalist model of childhood and in a medical paradigm which considers children's experience in conflict pathologically, and characterizing children as passive victims rather than active survivors. The paper argues for greater recognition of the wider social experience of children in conflict, and for relief practice which takes account of childhood resilience and children's different roles and capacities in coping with conflict. Appropriate interventions must consider the wide variety of indigenous coping mechanisms involving children. It is not enough to replicate in every emergency, a standard package of relief interventions which is based on simplistic and universalist interpretations of children's experience of conflict.



Reference ID: 21

Brown J. *Finding the cause of child malnutrition: a community handbook*. Atlanta, Georgia, Task Force on World Hunger, 1979.

Keywords:

CHILDREN; COMMUNITY; HEALTH; MANUAL; MALNUTRITION; NUTRITIONAL STATUS

This community handbook is designed to help health workers address three questions: i) How do you measure community malnutrition? ii) What are the food problems in your community? iii) Which problems should you attack? A series of appendices describes various practical ways of measuring child development. Health workers are encouraged to analyse and act upon the various socioeconomic causes of ill-health. An extensive list of further information sources is provided, with some emphasis on methodology.

**Reference ID: 22**

Brunet D. *Breast feeding survey in Abkhazia*. Paris, Action Internationale Contre la Faim (AICF), 1995.

Keywords:

BREASTFEEDING; CARE; CHILDREN; GEORGIA; HEALTH; INFANT FEEDING; NGO; RESEARCH

A rapid survey was carried out in Sukhumi town in June 1995. Maternity and polyclinic paediatricians were interviewed about infant health and nutrition and 73 mothers with babies less than 12 months of age were interviewed about breastfeeding. Data were collected on urban residents only. In 1994, a total of 809 children were born in Sukhumi maternity hospital. Data were collected on the health of newborn infants, breastfeeding practice, weaning, and on antenatal and postnatal medical care. A number of factors were identified as limiting the extent of breastfeeding and, on average, mothers stopped breastfeeding at between 1 and 2 months after birth. The author suggests that the survey highlights a number of outdated practices inherited from the former Soviet system.

**Reference ID: 23**

Buchanan-Smith M, Davies S, Petty C. Food security: let them eat information. *Institute of Development Studies (IDS) Bulletin*, 1994, 25(2):69-80.

Keywords:

ACADEMIC; CHAD; EARLY WARNING SYSTEMS; EMERGENCY PREPAREDNESS; EMERGENCY RESPONSE; ETHIOPIA; FAMINE; FOOD SECURITY; HEALTH INFORMATION SYSTEMS; KENYA; MALI; POLICY; REVIEW; SUDAN

This article summarizes the results of research into the use of early warning information in relief response planning in five African countries (Chad, Ethiopia, the Turkana District of Kenya, Mali and Sudan). The research sought to investigate why more information has not always led to better response. The authors analyse the barriers to information use. Accessibility of information and its use, as well as the kind of information which triggers response, are critically discussed. The credibility of information is strongly influenced by the "owner" of the information and the relation between donors and governments. Using crisis indicators means losing the benefit of early warning because the crisis is already under way. The centralization of information, political barriers to information use, inappropriate bureaucratic procedures, and lack of accountability and sustainability are considered as possible obstacles. Conclusions and policy implications of the study include better pre-planning of response, a less prominent role of end-of-year harvest assessments and decentralization of response capacity, as well as joint ventures between donors and governments to provide - and hence to own - early warning information.

**Reference ID: 24**

Buchanan-Smith M, Maxwell S. Linking relief and development: an introduction and overview. *Institute of Development Studies (IDS) Bulletin*, 1994, 25(4):2-16.

Keywords:

ACADEMIC; CAUSES OF EMERGENCIES; CONCEPTUAL; CONFLICT AND WAR; REHABILITATION AND RECONSTRUCTION; RELIEF-DEVELOPMENT LINKAGE;

The article explores why the idea of linking relief and development has become popular, and also why implementation is slow. There are several approaches to linking relief and development. First, the authors review the framework of analysis and then identify interventions for better

development that reduce the frequency, intensity and impact of shocks. The authors further state that measures for better relief must be consistent with, and reinforce, development. They also identify approaches to rehabilitation and analyse five underlying issues: the feasibility of different actions for dealing with different kinds of disaster in different countries or regions; institutions, politics and planning; the balance of activity of state versus civil society; costs and trade-offs of interventions linking relief and development; and the special case of complex political emergencies accompanied by war. It is concluded that there are some circumstances where efforts to link relief and development are not justified but that in many other cases the approach makes sense. The main constraints encountered are institutional and political, but there is room for manoeuvre and practical suggestions are made.



Reference ID: 25

Buchanan-Smith M. Innovations towards rapid and participatory rural appraisal. In: von Braun et al., eds. *Data needs for food policy in developing countries: new directions for household surveys*. Washington, D.C., International Food Policy Research Institute, 1993.

Keywords:

ACADEMIC; COMMUNITY PARTICIPATION; FOOD SECURITY; POLICY; PARTICIPATORY RAPID APPRAISAL (PRA); RAPID RURAL APPRAISAL (RRA)

The paper results from a workshop on household data collection for food policy needs. It provides an introduction to the use of RRA/PRA and their recent development, and also compares RRA with PRA, in the light of specific food policy applications. Examples of mapping, diagramming and ranking for food policy are given. The key issues identified are the increasing use of visual techniques, with an associated shift in control and increased participation, and the recognition of the role of qualitative, rather than quantitative data in policy. Cost efficiency and speed are high, although a number of constraints are identified, namely the problems of "jumping on the bandwagon", and naming what remain essentially extractive exercises as "PRA". The author concludes that the role of RRA and PRA in informing food policy decision-making is considerable, although they emphasize the importance of a vigilant attitude to both accuracy and methodology.



Reference ID: 26

Burkholder BT, Toole MJ. Evolution of complex disasters. *The Lancet*, 1995, 346:1012-1015.

Keywords:

ACADEMIC; CARE; CONFLICT AND WAR; FOOD SECURITY; HEALTH; NGO; RATIONS; REFUGEES; REVIEW; SANITATION; SHELTER; SUPPLEMENTARY FEEDING; UN; WATER

Complex disasters, known as complex emergencies among humanitarian organizations, tend to unfold in phases with problems and priorities that shift over time. The authors describe how relief efforts evolve in response to changing needs. Complex emergencies have been defined as "relatively acute situations affecting large civilian populations, usually involving a combination of war or civil strife, food shortages, and population displacement, resulting in significant excess mortality". During the acute emergency phase within the first few weeks, a high crude mortality rate, a high case-fatality rate, major outbreaks of communicable disease as well as a high prevalence of acute malnutrition predominate among the refugees. Therefore, the priority needs are food, water/sanitation and shelter. Within this phase, public health interventions should consist of providing general food rations, selective feeding and measles immunization, and establishing a health information system, primary health care clinics and oral rehydration therapy centres. During the late emergency phase, up to six months, the crude mortality rate in the camps declines and the priority needs shift to security, fuel and improvement of basic needs. The

focus of the interventions is then on training community workers, standardizing treatment, expanding the health information system and developing a rational drug supply. In addition, programmes for maternal and child health and sexually transmitted diseases are started. After six months in the post emergency phase, a typical village profile prevails with a stable crude mortality rate. The emphasis shifts to expansion of self-sufficiency. Existing programmes are extended and other programmes such as tuberculosis and mental health are developed. The task of coordinating international emergency efforts usually falls to different United Nations (UN) agencies, whereas programme administration and implementation are primarily the responsibility of non-governmental organizations (NGOs) and other voluntary agencies. Recent complex emergencies have involved two new international participants - the military to offer logistics, public health programmes and security, and the media.



Reference ID: 27

Campilan D. Making participatory monitoring and evaluation (PM&E) work: thirteen vignettes from the field. In: *Self-assessment, participatory dimensions of project monitoring and evaluation*. Los Baños, International Potato Center - User's Perspective with Agricultural Research and Development (CIP-UPWARD), 1997:57-70.

Keywords:

MONITORING AND EVALUATION; NGO; PARTICIPATION; REVIEW

The paper reviews the experiences of UPWARD (User's Perspective with Agricultural Research and Development) in integrating participatory monitoring and evaluation (PM&E) in the research and development (R&D) process. The examples given illustrate the importance of monitoring and evaluation in field projects, and yield lessons for effective planning and implementation of PM&E. The paper describes the incorporation of monitoring and evaluation into the project cycle, the design of monitoring and evaluation systems that R&D professionals can engage in jointly with users, and ways in which monitoring and evaluation can be made a participatory process. PM&E is a critical but often undervalued tool for successful agricultural R&D. Thus, the institutionalization of PM&E needs to become a priority task in field projects that seek to promote sustainable agricultural innovations.



Reference ID: 28

CARE. *Rapid Assessment of the Food and Nutrition Security Impact of the CARE Food Programming Activities in Eastern Shewa and Western Hararghe*. Washington, D.C., CARE USA, CARE ETHIOPIA, and US Agency for International Development (USAID), 1993.

Keywords:

C.A.R.E.; ETHIOPIA; FOOD SECURITY; NGO; RAPID ASSESSMENT PROCEDURES (RAP); RAPID RURAL APPRAISAL (RRA); REVIEW; USAID

A rapid food security assessment was carried out in eastern Shewa and western Hararghe to determine what CARE food-assisted projects have been undertaken, and what impact they have had on the participants. To determine whether the projects were properly designed, a rapid assessment of the household food security situation was carried out in each project area. Peasant associations were selected on the basis of accessibility, main economic activity, distance from main roads and history of food assistance. Two villages in which CARE assistance was not provided were surveyed in order to compare project areas with non-project areas. Information sources included a document review, semi-structured interviews and focus group discussions. Other interviews were conducted with government agencies and collaborating institutions such as UN organizations and other NGOs.

 **Reference ID: 29**

Carter C. *Feeding in emergencies for infants under six months: practical guidelines*. Oxford, Oxfam, 1996.

Keywords:

BREASTFEEDING; BREAST-MILK SUBSTITUTE; CHILDREN; DISPLACED; GUIDELINES; HEALTH; INFANT FEEDING; OXFAM; WOMEN

This paper aims to inform and provide practical guidelines to Oxfam health personnel about feeding of infants in emergency conditions. It addresses the problems associated with the provision of breast-milk substitute during emergencies and provides practical advice on how to promote and appropriately support breastfeeding in these conditions. It outlines the benefits of breastfeeding for both mother and infant and asserts that determinants of successful breastfeeding during emergencies are similar to those in non-emergency conditions. It highlights the need to support the breastfeeding woman in a way that maintains her confidence in her ability to continue and even re-establish lactation. The paper provides useful summary points on how to assess infant-feeding practices during emergencies, how to coordinate lactation support, and how to encourage relactation in a woman who has lactated before. It assesses the feasibility and acceptability of using wetnurses and a milk bank, and provides guidance on how to support safe feeding of breast-milk substitute and its distribution in a displaced population. The paper concludes with 10 points for the promotion of best infant feeding practices in emergency programmes.

 **Reference ID: 30**

Centers for Disease Control and Prevention (CDC). Famine-affected, refugee, and displaced populations: recommendations for public health issues. *Morbidity and Mortality Weekly Report (MMWR)*, 1992, 41(RR-13):1-76.

Keywords:

ACADEMIC; CARE; DISPLACED; EMERGENCY RESPONSE; GUIDELINES; HEALTH; MALNUTRITION; POLICY; RAPID ASSESSMENT PROCEDURES (RAP); RATIONS; REFUGEES; THERAPEUTIC FEEDING

This report represents a compilation of guidance on certain technical subjects for persons involved in relief programmes. Some background information is given, such as the classification of disasters, definitions of refugee and displaced populations, and the definition, causes and identification of famine-affected populations. This is followed by reports on mortality, nutritional and communicable diseases and other health issues, supplemented by examples from earlier studies. The recommendations list actions for response stating that the emphasis should lie on maternal and child health care. The paper describes rapid health assessment and includes a checklist. It also gives advice on setting up a health information system, and an example of a weekly surveillance reporting form is included. Recommendations on nutrition rations, supplementary and therapeutic feeding programmes and provision of micronutrients are discussed. The paper also provides guidance on vaccine-preventable diseases such as measles, diphtheria, pertussis, tetanus, polio and tuberculosis, as well as on cholera and dysentery. Detailed information is given on prevention, case management and surveillance. Strategies for prevention and control of malaria and tuberculosis are also discussed. The paper ends with practical recommendations for investigation of epidemics.

 **Reference ID: 31**

Chambers R. Editorial introduction: vulnerability, coping and policy. In Chambers R, ed. *Vulnerability: how the poor cope*. *Institute of Development Studies (IDS) Bulletin*, 1989, 20(2):1-7.

Keywords:

ACADEMIC; ADULTS; CARE; COMMUNITY PARTICIPATION; COPING STRATEGIES; HEALTH; LIVELIHOODS; POLICY; POVERTY; RESEARCH; VULNERABILITY

This paper represents the editorial introduction to the IDS Bulletin with the title "Vulnerability: how the poor cope". At the beginning, the author defines "vulnerable" and "vulnerability". These terms often serve as convenient substitutes for "poor" and "poverty". However, vulnerability means not lack or want, but defencelessness, insecurity, and exposure to risk, shocks and stress. Failure to distinguish vulnerability from poverty has negative impacts on designing programmes. Therefore, a workshop on vulnerability and coping was held and resulted in this issue of the Bulletin, composed of articles by different authors with personal experience in field research. The findings challenge stereotypes of the poor and of programmes to help them. The editor discusses five issues of importance to policy and research. The first issue deals with poor people's priorities. The concepts of poverty designed by the rich emphasize income and consumption, but poor people have many other criteria of well-being and deprivation. Secondly, contrary to the common stereotype that the lives of poor people are simple and uniform, their coping strategies are complex and diverse. The third issue concerns trends that make poor people more vulnerable, and consequent changing degrees of vulnerability. The fourth topic is the correlation of assets, contingencies and livelihoods. Finally, the author emphasizes the care of the adult because the health of the breadwinner is critical for the well-being of the rest of the household. Some implications for policies are analysed with a view to: (a) investigating and treating each group and situation in its own right; (b) supporting diversification, security and current coping strategies; (c) monitoring vulnerability and acting on asset indicators; (d) finding means to reduce vulnerability and prevent impoverishment; (e) improving fall-back food; (f) stressing even more the provision of effective health services free or at low cost; (g) in epidemics, helping not only sick adults, but also their dependents; and (h) providing policy for research. The author concludes that the lesson for the future is to repeatedly enquire and question, and to take nothing for granted.

**Reference ID: 32**

Choudhury AY, Bhuiya A. Effects of biosocial variables on changes in nutritional status of rural Bangladeshi children, pre- and post-monsoon flooding. *Journal of Biosocial Science*, 1993, 25:351-357.

Keywords:

ACADEMIC; BANGLADESH; CHILDREN; EDUCATION; HEALTH; NUTRITIONAL STATUS; PSYCHOSOCIAL; RESEARCH

This study examines the effects of biosocial variables on changes in nutritional status of rural Bangladeshi children aged less than two years, before and after the 1987 monsoon flooding. Nutritional status was measured by weight for age. Variables included were age, sex, sickness during two weeks preceding the survey, intake of vitamin A capsules, socioeconomic status of household and mother's education. A multivariate logistic regression analysis was carried out. An adverse effect of flood on nutrition was found and the effect was dependent on sex of child and intake of vitamin A. After the flood, the proportion of severely malnourished children was significantly greater among those who had not taken vitamin A. For boys, the proportion with severe malnutrition increased after the flood and the increase was greater than for girls. However, boys always had a lower risk of severe malnutrition than girls. The study concludes

that it is important to give vitamin A to children to save them from the risk of severe malnutrition in a community which is susceptible to natural disasters.



Reference ID: 33

CIET International. *Vulnerability in Bosnia-Herzegovina in 1996*. Sarajevo, Community Information and Epidemiology Technologies Organization International, 1996.

Keywords:

BOSNIA; COMMUNITY PARTICIPATION; COPING STRATEGIES; FOOD AID; FOOD SECURITY; NUTRITIONAL STATUS; POLICY; RESEARCH; REVIEW; UN

This evaluation is intended to provide background information for an appropriate transitional and exit strategy for food aid in Bosnia. Outputs include identification and targeting of vulnerable groups, changing eligibility criteria and implications for the time-frame of food aid. A supplementary product of the evaluation is to generate a proposal for an agile periodic scheme to monitor food aid in the transition period, so as to permit fine-tuning of food aid policies in the rapidly changing conditions of Bosnia. The community view of these issues was obtained through systematic discussion of household data with the communities previously surveyed in Bihac, Tuzla, Zenica-HVO, Zenica-BiH, Sarajevo-BiH, Medugorje-HVO, Medugorje-BiH, Banja Luka and Eastern Bosnia (9 areas). Programme performance indicators were compared with those from the 1994 and 1995 CIET studies. The 1996 study covered 29,530 people in 8482 households (3.5 per household) in 66 communities. For 60 of these communities, time trends were examined, and compared with the 1994 or 1995 study. For 32 communities, time trends were available for all three years. Some 57% of households surveyed received food aid in the previous month. An impressive 81% reported having "sufficient food", with the same percentage among those who received food aid and those who did not. The 1996 survey showed continued reduction in the coverage of food aid this year, with decreased targeting. The miss rate (those who reported insufficient food who did not receive food aid) increased across all regions. The rate of undersupply (those who received food aid but still did not have sufficient food) dropped significantly across all regions between 1995 and 1996. This was due to the increasing participation of the commercial food markets, increased receipt of cash and reduced prices.



Reference ID: 34

Clay E, Stokke O. *Food aid reconsidered: assessing the impact on Third World countries*. London, Frank Cass, 1991.

Keywords:

ACADEMIC; AFRICA; BOTSWANA; FOOD AID; FOOD SECURITY; POLICY; REVIEW

This is one of a series focusing on the evaluation of development assistance. Contributions to this volume cover the wide range of issues that arise in debates on food aid and they also allow discussion on future research and policy analysis. They concentrate especially on experience in sub-Saharan Africa which, during the 1980s, was the most important recipient of food aid in quantitative terms. The book starts with some introductory remarks by the editors about assessing the performance and economic impact of food aid. This provides the context for the rest of the book. Topics covered include the analysis of food aid flows in relation to development assistance, the disincentive effect of food aid including modeling the role of food imports, and food aid and food security in Africa with reference to the case of Botswana. Other topics are dairy aid and development in India, food aid and structural adjustment in sub-Saharan Africa, and triangular transactions, local purchases and exchange arrangements in food aid. The last chapter presents an introduction to the sources of data for food aid analysis with special reference to sub-Saharan Africa. The editors hope that the volume will stimulate further discussion since, they say, there

are no simple answers to the questions that have been posed about food aid.



Reference ID: 35

Collins S. The limit of human adaptation to starvation. *Nature Medicine*, 1995, 1(8):810-814.

Keywords:

ACADEMIC; ADULTS; CARE; FAMINE; NGO; NUTRITIONAL STATUS; RESEARCH; SOMALIA

During the height of the 1992-93 famine in Somalia, data were collected from 573 inpatients at the Concern Worldwide adult therapeutic centre in Baidoa, the town at the centre of the disaster. These data indicate that a body mass index (BMI) of less than 10 can be compatible with life, so long as specialized care is provided. Such low levels of BMI may be explained, in part, by the high ambient temperature, the tall phenotype of the Somalis, the gradual reduction in food intake and previous exposure to chronic energy deficiency. Famine oedema occurred with the same prevalence in male and female patients, but male patients had more severe oedema and a poorer prognosis at any given degree of severity. Survival from these extremes of emaciation has never before been recorded, and many of the BMI values documented here are below 12, which was previously thought to mark the limit of human adaptation to starvation.



Reference ID: 36

Corbett J, Dyson T. Famine and household coping strategies on the demography of South Asian famines, Part I and II. *World Development*, 1991, 16:1099-1112.

Keywords:

ACADEMIC; CONCEPTUAL; COPING STRATEGIES; EARLY WARNING SYSTEMS; EMERGENCY PREPAREDNESS; EMERGENCY RESPONSE; FAMINE; FOOD CONSUMPTION; POLICY; REVIEW

This paper looks at some of the evidence from food crises and famines in Asia, where attempts to understand the household strategies at a theoretical level and to draw out their policy implications have been relatively neglected. It starts with a review of the evidence on coping strategies at times of famine in Asia. A list of strategies commonly reported is included. The article argues that, although household response to famines varies from place to place, there appear to be some typical patterns. These typically fall into a distinct sequence that is illustrated by reference to four key case studies. The next section of the paper analyses the three distinct stages of the sequence, with each one having distinctive responses and critical consequences for the current and future survival of household members. The three stages are the initial use of established insurance mechanisms, the gradual disposal of key productive assets once these insurance mechanisms prove ineffective, and a terminal stage of destitution and distress migration. Examination of the sequences of responses also suggests that, initially at least, these strategies are primarily concerned with maintaining the future income-generating capacity of the household intact, rather than simply maintaining current levels of food consumption. Famines should be seen as an economic crisis for the households concerned and should not only be assessed in terms of their medical or nutritional outcomes. However, there may come a point when maintaining current food consumption becomes the priority. The paper concludes that an understanding of household behaviour in response to the threat of famine has important practical implications for the design and management of early warning systems and famine relief programmes.

 **Reference ID: 37**

Curtis P. Urban household coping strategies during war: Bosnia-Herzegovina. *Disasters*, 1995, 19(1):68-73.

Keywords:

ACADEMIC; BOSNIA; CARE; CHILDREN; CONFLICT AND WAR; COPING STRATEGIES; FAMINE; FOOD SECURITY; REFUGEES; RESEARCH

This paper looks at how households maintain their access to basic needs when they are under attack because of their ethnic or national identity. The author distinguishes between famine, a natural disaster, and war, a manmade one. Famine coping strategies have the objective of maintaining the household's economic and social viability through the famine and beyond. To understand coping strategies during war, five Bosnian Muslim households were interviewed. These interviews were supplemented with data from conversations with additional respondents. One of the initial coping strategies was to flee, or alternatively to enlarge the household size in order to pool resources and provide trusted child care. To make up for the loss of income through lost jobs, people sought casual work or sold household commodities at below market value. The most difficult problem was to buy food when there were restrictions on it. Often households were dependent on smuggling or soldier's payment in goods and on humanitarian aid. The paper then compares coping strategies in famine and war. There was no pre-crisis stage among the Bosnian Muslims who were unprepared for the coming war and went into shock overnight. During famine, young children begin to miss meals but in Bosnia that was considered a last resort. Other coping strategies were similar during both famine and war. The author concludes that it is critical to understand the coping strategies used during war in order to increase the efficiency of humanitarian aid, to guide negotiations for peace and to encourage appropriate recovery programmes.

 **Reference ID: 38**

Davis AP. Targeting the vulnerable in emergency situations: who is vulnerable? *The Lancet*, 1996, 348:868-871.

Keywords:

ACADEMIC; CHILDREN; HEALTH; MORTALITY RATE; RESEARCH; VULNERABILITY

Emergencies such as wars and natural disasters increase the vulnerability of affected populations and expose these populations to risks such as disease, violence, and hunger. Emergency public health interventions aim to mitigate these effects by providing basic minimum requirements, reducing vulnerability, and reducing exposure to risk. Targeted services are generally aimed at children under 5 years old as mortality rates among young children are higher than the crude mortality rate (CMR) among the whole population in emergency settings. In this paper, the author analyzes the relative risk of death for young children with that for older children and adults under normal conditions and in emergency settings. He found that mortality rates were higher among children under 5 years old than among older children and adults both under normal circumstances and in the emergency setting in camps in Tanzania, Uganda and Zaire. However, the relative risk for under-5 versus over-5 mortality was smaller under emergency conditions than under normal circumstances. Thus, children over 5 years old and adults are disproportionately more affected by exposure to emergency risks than are younger children. It is emphasized that emergency public health needs to develop specific tools to investigate risk in other age groups (as well as children under 5 years old), to identify causes, and to design effective intervention programmes.

**Reference ID: 39**

Davies S. Are coping strategies a cop out? *Institute of Development Studies (IDS) Bulletin*, 1993, 24(4):60-72.

Keywords:

ACADEMIC; CONCEPTUAL; COPING STRATEGIES; EARLY WARNING SYSTEMS; FAMINE; FOOD SECURITY; LIVELIHOODS; POLICY; POVERTY; REVIEW

This article explores the nature of coping and adaptation in vulnerable livelihood systems, in order to see whether monitoring coping strategies can be useful in predicting food stress. First, a distinction is made between coping and adapting. Coping is defined as a short-term response to an immediate and abnormal decline in access to food. Adapting, in contrast, means a permanent change in the mix of ways in which food is acquired. The usefulness of the concept of coping strategies is considered. In addition, coping (in)capacity cannot be separated from the nature and intensity of vulnerability. The reasons for and timing of coping strategies depend on a complex range of criteria linked to different dimensions of vulnerability. Two of the most important are resilience and sensitivity. The author considers the possibility of monitoring coping strategies within famine early warning systems and developing indicators that use them. A detailed analysis of experiences follows concerning the ability to monitor coping strategies to predict food crises. These experiences demonstrate a certain development during the 1980s and 1990s. In conclusion, the author states that much more information is needed about how poor people see coping and adaptation, and what this entails for policy and practice. Monitoring and reinforcing indigenous coping strategies should be part of a wider livelihood monitoring and reinforcing system based on the recognition of complexity and changes in people's lives. Such a system needs to be designed, with a view to saving not only lives but livelihoods.

**Reference ID: 40**

De Ville de Goyet C, Seaman J, Geijer U. *The management of nutritional emergencies in large populations*. Geneva, World Health Organization, 1978.

Keywords:

FOOD AID; FOOD SECURITY; GUIDELINES; HEALTH; MALNUTRITION; MANUAL; NUTRITIONAL REQUIREMENTS; WHO

This guide is intended for use by medical or allied health personnel responsible for the field management of nutritional emergencies in populations in the affected country. It is particularly concerned with severe nutritional emergencies, i.e. mass starvation caused by the interruption of food supplies to the population over a long period. Relief personnel responsible for short-term food distribution following a major disaster may also find these guidelines useful. Energy and protein requirements in normal and emergency situations are briefly summarized, followed by an overview of protein-energy malnutrition, and mineral and vitamin deficiencies. Clear advice is provided for the assessment and surveillance of nutritional status, describing indicators, measurements and organization. The four ways in which food relief may be organized are presented: general food distribution, mass feeding, supplementary feeding and therapeutic feeding. Special emphasis is laid on therapeutic feeding by giving concrete instructions. Special foods, their nutrient content and preparation are also considered. In addition, guidelines are provided on communicable diseases with regard to surveillance, treatment, immunization and sanitation. The last chapter deals with camp administration, transportation and food storage. Information and tables of basic facts about food and nutrition, protein and energy content of some foods, weight-for-height and arm-circumference-for-height are added as annexes. These finish with guidelines for the QUAC stick (a stick to measure arm-circumference-for-height), for random surveys and sampling techniques, as well as for a simple field test for vitamin A in dried skim milk.

 **Reference ID: 41**

Dick B, Elo O. Disaster preparedness and response. *Tropical Doctor*, 1991, 21(suppl. 1):9-14.

Keywords:

ACADEMIC; CARE; EARLY WARNING SYSTEMS; EMERGENCY PREPAREDNESS; EMERGENCY RESPONSE; GUIDELINES; HEALTH; POLICY; REHABILITATION AND RECONSTRUCTION

This paper provides the reader with detailed instructions on disaster preparedness and response. The focus is mainly on the health sector at district level, considering response to disasters as a part of primary health care. However, district-level disaster preparedness and response must be seen within the context of national disaster plans, and the health sector is only one of the many sectors planning and responding to disasters. Some basic principles apply at the district level. One should recognize that events are usually unpredictable. In addition, it is essential to learn from the experience of the past and to build on the strengths of the community. An important issue is the identification of the most vulnerable and the immediate mobilization of existing resources. For disaster preparedness it is critical to know if there is a national plan and whether responsibilities and communication, especially with the media, are well-defined. An analysis of the response to, and impact of, past disasters can provide invaluable information. Early warning systems, if they exist, are clearly essential for adequate information as well. The authors also emphasize the need to encourage the community to respond and advise the use of disaster preparedness to strengthen district services. The first 24-48 hours are critical for victims of sudden onset disasters. Therefore, a community profile, established before the disaster, is a substantial part of district preparedness at district level. While developing the district disaster health plan, there are several phases to consider, such as preparedness, response and recovery/rehabilitation. The plan itself should contain guidelines for health care, environmental health and safety, including vector control, control of communicable diseases, epidemiological surveillance, food and nutrition, public health information/education, supply management, communication and transportation. The authors conclude that response to disaster can be timely and effective only if people are prepared. Preparedness should build on and strengthen the everyday response to "daily disasters", because the priority diseases that the health team face in disaster are usually the same as those they face in their daily work.

 **Reference ID: 42**

Dirks R. Social responses during severe food shortages and famine. *Current Anthropology*, 1980, 21(1):21-44.

Keywords:

ACADEMIC; CONCEPTUAL; FAMINE; NUTRITIONAL STATUS; RESEARCH; REVIEW

The author summarizes findings of experimental and naturalistic research that are relevant to the understanding of social behaviour among people who are famished. After some historical background information on this type of research, the author describes the physiological mechanisms of starvation in human beings. When the situation changes from starvation to famine, the phenomenon is no longer purely biological since psychological transformations arise. The degree of physiological stress and behavioural change experienced by individuals and groups depends on external factors (e.g. famine-causing events, relief agencies) and internal ones (e.g. biological traits, social structures). The latter are discussed in both intra- and interpopulational contexts. To explore the social responses to famine, the author uses Selye's model of the general adaptation syndrome with its triphasic organization. The effects of this pattern are examined in respect to household and interpersonal relations, political organization, and religious and ritual life. The first phase is characterized as "alarm reaction". General hyperactivation and increased sociality takes place to sustain the traumatized system. If relief is not forthcoming, the

response moves into a second phase, the "stage of resistance". This marks the beginning of a strategy aimed in the opposite direction. With increasing energy deficit, hyperactivity gives way to hypoactivity. Social ties erode and conservative measures are introduced which are antithetical to widespread generosity and social life. Should these prove inadequate and begin to break down, the syndrome finally enters a third phase, the "stage of exhaustion". This is a last-ditch effort to sustain life after previous defences collapse. In closing the review paper, the author suggests further research in this field in order to improve diagnosis and relief techniques. Following the article, comments from some readers and the replies of the author are added.



Reference ID: 43

Dodge CP. Uganda - rehabilitation, or redefinition of health services? *Social Science & Medicine*, 1986, 22(7):755-761.

Keywords:

ACADEMIC; AFRICA; CARE; HEALTH; POLICY; REHABILITATION AND RECONSTRUCTION; REVIEW; UGANDA

Uganda used to have one of the best health care delivery systems in Africa. This article describes the breakdown of services in the late 1970s and early 1980s because of the political instability and insecurity in the country. A Recovery Programme established by the government identified agriculture as the first priority. The proportion of the budget allocated to the Ministry of Health dropped. During the early 1980s, social services in Uganda were supported by voluntary organizations, church and mission groups as well as by bilateral and multilateral donors with the aim of rehabilitating medical services to the level of the 1960s. Alternative measures and options to improve health must also be considered. Proposals include increasing female literacy, allocating more financial support to training of health workers at village level, establishing a food and nutrition policy and a health information system. An example of an area with special needs is the Karamoja region with its regional and social particularities and weak infrastructure. A decision should be made between the simple but expensive rehabilitation of a 1960s style of system, and the more difficult but potentially more appropriate redefinition of health services which is needed for the 1980s and beyond.



Reference ID: 44

Drabek TE, Hoetmer GJ. *Emergency management: principles and practice for local government*. Washington, D.C., International City Management Association, 1991.

Keywords:

ACADEMIC; COMMUNITY; EMERGENCY PREPAREDNESS; EMERGENCY RESPONSE; GUIDELINES; LOCAL INSTITUTIONS

This book is the result of efforts by the Federal Emergency Management Agency (FEMA) to educate not only front-line emergency management professionals but also elected and appointed local government officials in the principles and practice of emergency management. The book has four parts. Part 1 reviews the development of emergency management as a field of research and practice. It examines the organizing principles and practices for effective emergency management at the local level, focusing on planning and the ability to improvise. Coordination is also considered, with emphasis on the roles of community organizations, the private sector and critical community systems. Other issues considered are the public perception of emergency management, citizen response to warnings and evacuations, and the crucial role of the mass media. In addition, the relationship between local emergency management and other levels of government is explored. Part 2 describes the activities and responsibilities involved in emergency management during each of the four phases of "comprehensive emergency management" -

mitigation, preparedness, response, and recovery. These four phases are extensively discussed in separate chapters. Part 3 presents the daily operations of managing an office of emergency management. In addition, a chapter reviews the forms of organizational and individual liability that can result from emergency management activities. Part 4 concerns future directions. It considers the effects of demographic change; a number of emerging issues reflecting the political and social context within which emergency managers must operate in the years to come; and the relationship between practitioners and the academic community.



Reference ID: 45

Duffield M. Complex emergencies and the crisis of developmentalism. *Institute of Development Studies (IDS) Bulletin*, 1994, 25(4):37-45.

Keywords:

ACADEMIC; CAUSES OF EMERGENCIES; CONFLICT AND WAR; NGO; RELIEF-DEVELOPMENT LINKAGE; REVIEW; UN

It is essential to have a clear idea of development in order to understand complex emergencies. Developmentalism assumes the universality of social progress leading from poverty and vulnerability to security and well-being. For the United Nations, a complex emergency is a major humanitarian crisis of a multicausal, essentially political, nature that requires a system-wide response. Unlike natural disasters, complex emergencies attack social systems and networks. The international relief apparatus has failed operationally to distinguish complex emergencies from natural disasters. Thus, relief activities, derived from a natural disaster model, pay little attention to social or political factors. After the collapse of the Cold War, development assistance stagnated and expenditure on relief increased because of the increasing numbers of protracted conflicts. One effect of the systemic crisis is the growing interest in linking relief and development. The author critically analyses the so-called linking debate and discusses the process of adaptation to the permanent emergency. During the Cold War era, humanitarian relief was characterized by neutrality and the acceptance of conflict. In the mid-1980s the enhanced humanitarian role of NGOs was synonymous with the increase of non-mandated donor/NGO subcontracting. The late 1980s represent the beginning of United Nations operations through negotiated access, that is the movement of neutral humanitarian aid with the agreement of warring parties. Currently, the operational core of negotiated access is the collective UN/NGO distribution plan, cleared in advance with the warring parties and adapted to the dynamics of violence. A new political consensus and innovative ways of working with protracted crises are required to tackle the problem of complex emergencies.



Reference ID: 46

Dyson T. On the demography of South Asian famines, Part I and II. *Population Studies*, 1991, 45:5-25 and 279-297.

Keywords:

ACADEMIC; ASIA; BANGLADESH; CAUSES OF EMERGENCIES; FAMINE; INDIA; MORTALITY RATE; REVIEW

This paper is focused on demographic responses to famine in South Asia. Part 1 examines the famines of 1876-78, 1896-97 and 1899-1900. The data relating to disasters demonstrate clear regularities. In each of these famines the timing of increases in the price of food and reductions in conceptions (taking into account the number of registered births nine months later) was similar. During the initial stages of famine, the death rate was not particularly high. The main period of mortality occurred one full year after the price increases and conception decreases. It coincided with the resumption of the monsoon, and cholera and malaria probably played a major role. There

was a clear pattern of proportional increases in mortality by age. The proportional increases in death rates in older children and adults were much higher in comparison to those in young children and elderly people whose proportional increases were relatively small because of the existing high mortality rate in these groups. In each famine, deaths of males increased most - perhaps partly reflecting the fact that, by the time of the main peaks in death, a smaller-than-usual fraction of women were either pregnant or lactating. Part 2 of the paper deals with the 1943-44 famine in Bengal and the 1974-75 famine in Bangladesh. The article presents important and hitherto unanalysed demographic data on the Bengal famine. It argues that, because of flaws in the data that have been used, there is a need to reconsider some of the judgments which have been made about the demographic consequences of these famines. It is contended that some serious misconceptions have arisen concerning short-term responses to famine. According to the author's analysis, the demographic responses during the 1943-44 and 1974-75 disasters were in many ways similar to those of the previous South Asian famines examined in Part 1. Finally, possible implications for famines in other parts of the world are discussed.



Reference ID: 47

Eade D, Williams S. *The Oxfam handbook of development and relief*. Oxford, Oxfam, 1995.

Keywords:

EMERGENCY RESPONSE; HEALTH; HUMAN RIGHTS; MANUAL; NGO; OXFAM; POLICY

This book is designed to be a comprehensive work of reference for development practitioners and planners, policy-makers, social analysts, and teachers and students of development. The handbook analyses policy, procedure and practice in fields of health, human rights, emergency relief, capacity building and agricultural production. Volume 1 deals with the basic principles that underlie all Oxfam's work, and the major issues and themes which run through the book. It introduces the issues of human rights and sustainability, participation and empowerment, the implications of different aspects of human identity, and the importance of capacity-building. Volume 2 focuses on specific fields of development like production, health and emergencies. In all chapters an introductory section and background information are followed by an account and analysis of key issues. Practical approaches provide guidance to best practice while examples of Oxfam interventions are added. Key questions within each chapter are intended to guide the reader to general areas and social aspects of enquiry. A short list of recommended publications can be found at the end of each chapter. Finally, Volume 3 represents the Resources Directory and lists over 500 national and international organizations which offer advice, information and funding for development and relief work.



Reference ID: 48

Eldar R. Vulnerability of disabled and elderly in disasters: case-study of Israel during 'Desert Storm'. *Medicine and War*, 1991, 7:269-274.

Keywords:

ACADEMIC; CHILDREN; CONFLICT AND WAR; DISABLED; ELDERLY; EMERGENCY PREPAREDNESS; HEALTH; ISRAEL; VULNERABILITY

Populations at risk in a disaster situation include the disabled and the elderly. Because of its physical, sensory or mental disabilities, this segment of the population is more vulnerable than other people to the safety and health hazards of disasters and has specific needs in emergency situations. The author describes the preparedness for and the effects of the "Desert Storm Operation" in the Gulf War (January-February 1991) especially with regard to the elderly and disabled in Israel. In case of an attack with chemical weapons, Israelis were advised to seal off

one room in the dwelling and to stay there, wearing gas masks and listening to the radio for further instructions. For certain subgroups like patients, the disabled, children and the elderly, special arrangements were provided. During the period, there were 18 alerts with 39 Scud missiles hitting Israel. Fortunately all carried conventional warheads. A detailed description of the damage and casualties follows. Although the circumstances were rather specific, the increased vulnerability and the particular needs of the elderly and disabled were revealed. The author concludes that this should be considered in preparedness plans for other types of disaster.



Reference ID: 49

Emergency Nutrition Network (ENN). *Infant feeding in emergencies - policy, strategy and practice. Report of the Ad Hoc Group on infant feeding in emergencies.* Dublin, Emergency Nutrition Network, 1999.

Keywords:

BREASTFEEDING; GUIDELINES; INFANT FEEDING; NGO; POLICY

This document is a collage of the main outputs of the meetings of the UK Infant Feeding in Emergencies Group (IFEG). The purpose of the UK IFEG was to build on existing knowledge and to formulate a coherent, appropriate and widely acceptable policy and strategy statement on infant feeding in emergencies for humanitarian agencies. IFEG also attempted to address some of the problems and knowledge gaps around the issues related to infant feeding in emergencies and to identify practical tools to assist agencies in the implementation of policy. The contents of this document are intended to add to and support other work in this area. Original work carried out by members of IFEG appears in the body of this document, and other reference information appears as annexes. Different sections of this document are targeted at different audiences (i.e. field workers, agency personnel involved in the implementation of policy, programme planners and managers and the general public).



Reference ID: 50

Engle PL, Menon P, Haddad L. *Care and nutrition - concepts and measurement.* Washington D.C., International Food Policy Research Institute (IFPRI), 1997.

Keywords:

ACADEMIC; CARE; CAREGIVER; CHILDREN; COMPLEMENTARY FEEDING; CONCEPTUAL; NGO; NUTRITIONAL STATUS; PSYCHOSOCIAL

This paper discusses in detail two of the least studied care practices: complementary feeding and psychosocial care. Feeding practices that can affect a child's nutritional status include adaption of feeding to the child's abilities; responsiveness of the caregiver to the child's cues; and selection of an appropriate feeding context. Psychosocial care is the provision of affection and attention to the child and responsiveness to the child's cues. It includes physical, visual, and verbal interactions. The specific ways that affection is shown and patterns of interaction with children depend on cultural norms and cultural goals for children, but the underlying purpose of these interactions is consistent across cultures. This paper also discusses measurement of care and suggests appropriate tools for measuring resources for care. More research is required on the causal linkages between care and child nutrition, and that research will depend on further development of measurements of care.

 **Reference ID: 51**

Engle PL, Ricciuti HN. Psychosocial aspects of care and nutrition. *Food and Nutrition Bulletin*, 1995, 16(4):356-377.

Keywords:

ACADEMIC; CARE; CAREGIVER; CHILDREN; CONCEPTUAL; NUTRITIONAL STATUS; PSYCHOSOCIAL; RESEARCH

The quality of psychosocial care provided the young child is reflected in the caregiver's responsiveness, warmth and affection, involvement with the child, and encouragement of autonomy and exploration. First, research was examined linking the quality of psychosocial care to a child's development of mental abilities, and to his or her growth and nutrition status. There is considerable correlational evidence and some experimental evidence for this linkage. Second, the barriers to adequate psychosocial care were explored, including maternal beliefs and confidence, stress and depression, social support, and autonomy and control of resources. Third, a number of strategies to enhance psychosocial care as a mechanism for increasing the child's nutrition status are described, at the level of the child, the caregiver, the child-caregiver relationship, and the community. All of the work was interpreted in terms of an interactive or transactional model of child development.

 **Reference ID: 52**

Field JO. *The challenge of famine: recent experience, lessons learned*. West Hartford, Connecticut, Kumarian Press, 1993.

Keywords:

ACADEMIC; AFRICA; CAUSES OF EMERGENCIES; CONFLICT AND WAR; EARLY WARNING SYSTEMS; ETHIOPIA; FAMINE; FOOD SECURITY; INDIA; NGO; OXFAM; POLICY; REVIEW; SUDAN

This book derived from the Workshop on Famine and Famine Policy held at Tufts University from 1986 to 1989. It reviews experience from the 1980s and seeks to extract lessons from it. The book has four sections. Part 1 is a conceptual overview of famine as both event and process. Seeing famine as a process is important for detection and preemptive intervention. Seeing it as an event helps to define its emergence and to distinguish it from chronic malnutrition. This part also focuses on the value of viewing famine in relation to socioeconomic development and the need to integrate famine policy with ongoing development policy. Part 2 analyses national and international responses to famine during the 1980s, focusing on Africa in general and Ethiopia in particular. There is an astonishingly weak relationship between severity of drought and emergence of famine. Far more important are economic resilience, government policies, the presence or absence of armed conflict, and the political nature of famine. These factors strongly influence the success of managing drought and avoiding famine. Part 3 explores the often tenuous relationship between famine relief and development. Lessons learned from a large number of successful grassroots projects from around the world are presented. The difficulties faced by Oxfam America in this field and the example of the role of the Sahelian Voluntary Development Organisations (VDOs) are covered. Part 4 deals with improving famine detection and response. A community famine surveillance system in Sudan is examined, and a presentation using market prices as a relatively simple index is included. The last chapter highlights the conceptual understanding that has been gained and lists important steps to improving the management of famine.

 **Reference ID: 53**

Field JO, Russell RM. Nutrition mission to Iraq for UNICEF. *Nutrition Reviews*, 1992, 50(2):41-46.

Keywords:

BREASTFEEDING; CHILDREN; CONFLICT AND WAR; FOOD SECURITY; GENDER; HEALTH; INFANT FEEDING; IRAQ; MALNUTRITION; NUTRITIONAL STATUS; RAPID ASSESSMENT PROCEDURES (RAP); UNICEF

The authors conducted a rapid nutritional assessment of children from birth to five years of age in southern Iraq during the second half of June 1991. With support from local UNICEF staff, the nutrition team examined the weight, height and mid-upper-arm circumference of 680 children and clinical signs of anaemia, vitamin A deficiency and dehydration were observed. These measurements and observations were performed in 14 rural, urban and periurban settings in Basrah and Amarah governorates. High prevalence and severity of protein-energy malnutrition were found, accompanied in some cases by anaemia. There were no statistically significant differences by urban vs. rural setting, governorate or gender. The malnutrition should be seen as a function of a health crisis (especially in the form of waterborne infectious diseases), a consumption crisis reflecting high food prices, non-availability of certain foods normally consumed by young children, and breastfeeding disorders. Underlying causes were the immediate effects of the Gulf War and its aftermath. Famine conditions did not exist in southern Iraq, yet they could easily emerge. According to the authors, the process requires careful scrutiny so long as the Iraqi people remain subject to international sanctions.

 **Reference ID: 54**

Field JO. Famine: a perspective for the nutrition community. *Nutrition Reviews*, 1991, 49(5):144-152.

Keywords:

ACADEMIC; AFRICA; EARLY WARNING SYSTEMS; EMERGENCY PREPAREDNESS; EMERGENCY RESPONSE; FAMINE; HEALTH; INDIA; MALNUTRITION; POLICY; REHABILITATION AND RECONSTRUCTION; RELIEF-DEVELOPMENT LINKAGE; REVIEW

This paper sets out to create an awareness of the need to put famine onto the development agenda as an explicit concern of public policy. It defines famine in relation to malnutrition. Even in normal conditions in many societies, the food intake and health of some people is simply insufficient to maintain nutritional adequacy and malnutrition is common. In times of famine the intake and health of many may collapse entirely. Governments and donors are forced to alter mandates, disrupt agendas and provide relief, while development becomes lower priority than the emergency. The author demonstrates the difficulty of linking detection and response by contrasting India's past experience with famine management and the situation in much of famine-prone Africa. In India, detection and response were the responsibilities of the same individuals, typically district-level officials. This led to a very rapid and effective response, including rehabilitation and close consideration of the development process. In Africa today, however, detection is carried out by international agencies using sophisticated technologies. The response, therefore, is slow and limited because of the time-lag for international shipment and the establishment of an organizational capacity on the ground. There is only a marginal consideration of the relationship of famine response to rehabilitation and development. Thus, the responsibility and capacity to cope with famine must be returned to (or created within) African countries. Preparedness and preparations should consider national and regional capacities, starting with early warning systems through to response. The author concludes with a statement on the role of the nutrition community in putting an end to famine once and for all.

**Reference ID: 55**

Frankenberger T. *Rapid Food Security Assessment*. Tucson, Office of Arid Lands Studies, College of Agriculture, University of Arizona, 1992.

Keywords:

ACADEMIC; EARLY WARNING SYSTEMS; FOOD SECURITY; RAPID RURAL APPRAISAL (RRA)

Rapid food security assessments (RFSA) are especially useful for determining the causes, dimensions and characteristics of the food security situation in a given area. They are a type of rapid rural appraisal and are particularly good for identifying the most food-insecure groups in a given area and the causes and magnitude of the food security situation. The targeting and timing of a RFSA will be triggered by an early warning system already in place in a region susceptible to food shortages. The general procedure followed in most assessments involves: reviewing secondary data to familiarize the team with the sociocultural, economic and ecological attributes of the area; open-ended interview guides to ensure that pertinent issues are covered; and group, household and key informant interviews to gather information about the local situation. RFSA use other rapid rural appraisal (RRA) techniques such as maps, diagrams and ranking exercises to elicit a local perspective on resources, constraints, wealth distribution and seasonal trends. Upon completion of a survey, contingency plans should be drawn up to link information to response.

**Reference ID: 56**

Garbarino J, Kostelny J, Dubrow N. *No place to be a child: growing up in a war zone*. Lexington, MA, Lexington Books, 1991.

Keywords:

ACADEMIC; ADULTS; CAMBODIA; CHILDREN; COMMUNITY; CONFLICT AND WAR; HEALTH; MOZAMBIQUE; NICARAGUA; PALESTINE; PSYCHOSOCIAL; REVIEW; UNITED STATES

The authors explore the situation of children growing up in danger because of chronic community violence. Based on professional expertise and personal experiences, they selected five war zones - Cambodia, Mozambique, Nicaragua, Palestine and, finally, inner-city Chicago where violence associated with gang warfare had reached unprecedented levels. The authors reviewed existing research and clinical reports on the experience of children and parents in all five places. They interviewed children, youth, parents, teachers, social workers, physicians, nurses, psychologists, community leaders, soldiers and others who told of their experiences of children growing up in a war zone. The authors learned that most children can cope with horrible experiences and high levels of stress if they have a secure relationship with parents or effective substitutes, and if these adults themselves can continue to function as a source of support and encouragement for the children. Resilient children do cope, but not without cost. They may face lifelong challenges as a result of growing up in a war zone. These challenges include threats to their mental health, to their physical well-being and to their moral development. The last chapter outlines possibilities for action. In the postscript the authors emphasize again that everyone can help by becoming better informed about the issues, and even by contributing to the organizations that employ and support the healers and the peacemakers.

 **Reference ID: 57**

Garfield RM. War-related changes in health and health services in Nicaragua. *Social Science & Medicine*, 1989, 28(7):669-676.

Keywords:

ACADEMIC; CARE; CONFLICT AND WAR; HEALTH; NICARAGUA; PSYCHOSOCIAL; REHABILITATION AND RECONSTRUCTION

The low-intensity war in Nicaragua resulted in decreased accessibility and availability of services, leaving about 10% of the population without access to modern health facilities and 7% without access to a school. The economic costs were largely influenced by reconstruction costs, the effects of embargo and changes in the government budget. This economic crisis had an important effect on the health system which depended on a variety of dollar imports. Deaths and injuries, mostly among the civilian population, and attacks on health workers disrupted the social system and medical personnel fled the country. As a result, health campaigns were limited and health service coverage decreased, especially in isolated rural communities. Another consequence of population movements and lack of access to preventive care was the outbreak of epidemics of transmissible diseases like malaria and measles. Long-term programmes for psychological care and rehabilitation of war victims were urgently needed. Paradoxically the war led to some positive changes in the health system. Because of the demand for acute care services generated by the war, new national health strategies had to be developed. The result was the development of new campaigns and the reorganization of clinical services and referral systems. Ongoing studies and activities are needed to minimize the long-term effects of the war.

 **Reference ID: 58**

Godfrey N, Kalache A. Health needs of older adults displaced to Sudan by war and famine: questioning current targeting practices in health relief. *Social Science & Medicine*, 1989, 28(7):707-713.

Keywords:

ACADEMIC; CARE; CONFLICT AND WAR; DISABLED; DISPLACED; ELDERLY; ETHIOPIA; FAMINE; HEALTH; POLICY; RESEARCH; SUDAN

High rates of death, disability and illness and a scarcity of resources associated with relief operations have led to targeted health and nutrition care in relief. This paper reports the findings of a study on the health needs of older adults, particularly those who were displaced to Sudan in 1984-1985 by the war and famine in Tigray region of Ethiopia. The study examined the impact of morbidity and migration on the lifestyle of older adults and the socioeconomic support mechanisms available. It was found that older adults (over 45 years of age) formed a very small proportion of the population and that over half of those aged 60 years and over (defined as "elderly") had been left behind in Tigray. This indicates that disability and/or illness forced many older adults to remain in Tigray. Among older adults living in Sudan, high levels of minor disabilities, social isolation and total economic dependency demonstrated their vulnerability. However, this group was not specifically considered in health policies and plans. Their primary basic needs were clothing, food and shelter for their stay in Sudan, followed later by transport, seeds, oxen and farming tools for their re-establishment in Tigray. The authors conclude that a priority in relief should be to support individuals, families and entire communities by adequately providing their basic needs. Furthermore, international relief agencies should give equal consideration for assistance to those remaining in their homes and those migrating. This basic needs approach would take into account the quality of life of the displaced and would assume responsibility for "health for all", not just for selected vulnerable groups.

 **Reference ID: 59**

Goma Epidemiology Group. Public health impact of Rwandan refugee crisis: what happened in Goma, Zaire, in July, 1994? *The Lancet*, 1995, 345:339-344.

Keywords:

ACADEMIC; CHILDREN; DISPLACED; FEMALE-HEADED HOUSEHOLDS; HEALTH; MALNUTRITION; MORTALITY RATE; REFUGEES; RWANDA; SANITATION; WATER; ZAIRE

According to the authors, almost 50,000 Rwandan refugees died during the first month after their arrival in Goma, Zaire, and in three other camps in this region. This represents an average crude mortality rate of between 19.5 and 31.2 per 10,000 per day. This death rate was associated with explosive epidemics of diarrhoeal disease caused by *Vibrio cholerae* and *Shigella dysenteriae*. Acute malnutrition rates among children under five years ranged between 18% and 23%. Children with a recent history of dysentery and those in female-headed households were at higher risk of malnutrition. After the establishment of a coordinated relief programme, based on rapidly acquired health data, and effective interventions, the death rates declined by the second month of the crisis to less than 10 per 10,000 per day. The authors point out that the prevention of high mortality due to diarrhoeal disease epidemics in displaced populations relies primarily on the prompt provision of adequate quantities of disinfected water, basic sanitation, community outreach, and effective case management of patients. In the emergency phase, effective low-technology measures include bucket chlorination at untreated water sources, designated defecation areas, active case-finding through community outreach and oral rehydration. Relief agencies must place increased emphasis on training personnel in relevant skills to address major public health emergencies caused by population displacement.

 **Reference ID: 60**

Goodwin JS. Social, psychological and physical factors affecting the nutritional status of elderly subjects: separating cause and effect. *American Journal of Clinical Nutrition*, 1989, 50:1201-1209.

Keywords:

ACADEMIC; ELDERLY; HEALTH; INSTITUTIONALIZED PEOPLE; RESEARCH

Physiological changes with age are due both to the intrinsic ageing process and to extrinsic factors such as chronic disease and medication. Three extrinsic factors are discussed: alcohol intake, cognitive status and institutionalization. Surveys of protein-calorie nutrition in institutionalized elderly individuals produce markedly different results than those reported for elderly subjects who dwell in the community. Although total energy intake is not reported to be any lower (and is in some cases even higher) in institutionalized compared to community-dwelling elderly subjects, the proportion of subjects with clinically apparent undernutrition is much higher. Obesity is rare; 30-50% of nursing home patients are underweight. Malnutrition is hypothesised to be due to increased energy requirements secondary to multiple infections and other chronic wasting illnesses in the institutionalized population. Micronutrient deficiencies are also prevalent among 20-50% of institutionalized elderly. There is considerable evidence that immunological function declines with age.

**Reference ID: 61**

Gorman M. Older people and development: the last minority? *Development in Practice*, 1995, 5(2):11-127.

Keywords:

ACADEMIC; COMMUNITY PARTICIPATION; CONCEPTUAL; ELDERLY; HEALTH; NGO; POVERTY

Ageing populations are a growing issue in the South. However, this demographic transition is occurring in the South without the increased affluence that accompanied industrialization in the North. This article examines a variety of dimensions of the problem in the South. Firstly, the author discusses theories of ageing and development, asking whether changes in the status of older people are due to modernizing forces or to structural inequalities (differences in wealth and social position). Secondly, the role of older people in the family and in the community is analysed. Conflict between generations and the marginalization experienced by older people is often based on poverty. The improvement of older people's health plays a central role in the development process. The author also describes the income security of the elderly, examining their "hidden" economic and social activities, social insurance provision, and emergency relief services for older people. Finally, the NGO response is discussed. In the past, NGO projects and programmes focused on the elderly have been rare and have concentrated on welfare work with the most frail. Much can be done to involve older people as active participants in the development process. The paper concludes, however, that it is not easy to break down the barriers of prejudice against the rights of older people to enjoy the benefits of the process of development.

**Reference ID: 62**

Green RH. Hunger, poverty and food aid in sub-Saharan Africa: retrospect and potential. *Disasters*, 1986, 10(4):288-302.

Keywords:

ACADEMIC; AFRICA; FAMINE; FOOD AID; FOOD SECURITY; POLICY; POVERTY; REHABILITATION AND RECONSTRUCTION

The main intention of this paper is to explore aspects of the nature and evolution of poverty in sub-Saharan Africa with special reference to food and hunger and their interaction with macroeconomic policy. An attempt is made to outline the overall context within which food aid can have a greater developmental impact. Following an introductory section about economic failures and response in sub-Saharan Africa, Section 2 provides information about the impact of recession. It shows how recession and lagging food production, with cyclical weather crises superimposed, affect the human condition of poor people. In addition, a shifting incidence of poverty from rural to urban areas is found. Section 3 reviews the interaction of economic stabilization, structural adjustment strategies and poverty/hunger. Improvements in the design of stabilization and adjustment programmes, and of their interrelationship to emergency programmes, can be identified. Section 4 stresses the urgency of action in the face of a continuing series of emergencies and of the need to design programmes to facilitate rehabilitation both of households directly affected and of national economies. From this base it explores elements that contribute to renewed development. Production and access to food, as well as protecting vulnerable groups, are also taken into account. The concluding section reconsiders food aid by exploring its strengths, limitations and potential. A number of criteria for improving the effectiveness of food aid, especially in respect to rehabilitation, recovery and renewed development, are also set out.

 **Reference ID: 63**

Haas JE, Kates RW, Bowden MJ. *Reconstruction following disaster*. Cambridge, MA, MIT Press, 1977.

Keywords:

ACADEMIC; NICARAGUA; REHABILITATION AND RECONSTRUCTION; REVIEW

When a major natural disaster affects a city, reconstruction takes from two to ten years. Except for descriptive surveys following World War II, there were few comparative studies of reconstruction when this research, which tried to expand on previous experience, was published. It reviews the literature and examines in detail four cities: Rapid City, South Dakota, and Managua, Nicaragua (both in the midst of the disaster recovery process) and San Francisco, California, and Anchorage, Alaska (which had recovered from major earthquakes). While this study focused on the problems of housing and jobs, it is pointed out that its findings and recommendations have broader applicability to many other cities. It was found, even with this limited study, that the reconstruction process is "ordered, knowable and predictable". The central issues and decisions are value choices that give varying emphasis to the easy return to a normal state, to the reduction of vulnerability in the future, or to opportunities for improved efficiency, equity or amenity. Overambitious post-reconstruction planning to reduce future vulnerability or to improve efficiency or amenity appears to be counterproductive. Major opportunities to improve the reconstruction process lie in three areas: the early recognition of certain overlooked problems, people, functions and areas; the reduction of uncertainty about the future for those who live and work in the city; and the preparation for reconstruction even before the disaster occurs. The book concludes with more specific recommendations related to decisions needed regarding changing land use, rebuilding the city and providing homes and jobs.

 **Reference ID: 64**

Hagman GE. *Prevention better than cure: report on human and environmental disasters in the Third World*. Stockholm, Swedish Red Cross, 1984.

Keywords:

CAUSES OF EMERGENCIES; CONCEPTUAL; EMERGENCY PREPAREDNESS; ENVIRONMENT; ETHIOPIA

This report lays emphasis on disaster prevention. The prologue describes Ethiopia's struggle for survival as an example of similar problems in many other countries. The next chapter describes the report's focus, limitations and objectives, and explains why it emphasizes disaster prevention. The chapter on "trends and perceptions" discusses trends in disasters, conflicting perceptions and definitions, and erratic responses. Another important issue that is raised is the interaction between the forces of nature and acts of man. Major types of disaster are analysed. Another chapter deals with deforestation, soil erosion and desertification which are the major components and environmental consequences of many disasters in developing countries. As millions of poor and vulnerable people are increasingly threatened by social and environmental collapse, there is a pressing need for disaster prevention. In the last chapter, the new approach that links emergency assistance to the prevention of future disasters is discussed. Measures are illustrated which can be taken to prevent disasters by protecting or improving the environment.

**Reference ID: 65**

Hagmann J, Chuma E, Murwira K. *Improving the output of agricultural extension and research through participatory innovation development & extension; experiences from Zimbabwe. A paper presented at the International Symposium on 'Food security and Innovation; Successes and Lessons Learnt', held at the University of Hohenheim (Germany), March 11-13, 1996.*

Keywords:

ACADEMIC; COMMUNITY; EVALUATION; FOOD SECURITY; MONITORING AND EVALUATION; PARTICIPATORY RAPID APPRAISAL (PRA); RESEARCH; ZIMBABWE

The paper describes the rationale for a change from conventional extension to participatory innovation development and extension. The Conservation Tillage Village Project and the Food Security Project developed the latter approach and have started to integrate it into the agricultural extension service in Masvingo Province in Zimbabwe. Dialogue with farmers, farmer experimentation and the strengthening of self-organization capacities of rural communities are the major elements in improving the development and spreading of innovations, and thus the efficiency of extension. The new approach requires agricultural extension workers to become facilitators rather than teachers, and to use appropriate methods and tools. Elements of "training for transformation" and PRA were tested and developed and found to be effective tools. The strategy to institutionalize participatory extension is based on joining efforts and networking with other organizations, on a campaign to familiarize institutional staff, and on a training and follow-up programme for staff in the framework of organizational development. Experiences show that the attitudinal change required to implement participatory approaches is highly dependent on personalities. To have an impact on change of attitude, a continuous medium-term training process with a close follow-up is required. The paper concludes that institutionalization of participatory approaches into hierarchically structured organizations is a highly complex intervention. To be successful, major changes in planning, implementation, monitoring and evaluation procedures are required. Changes of that nature require a process of at least 5 to 10 years and high commitment on the part of institutional staff at all levels as well as donors.

**Reference ID: 66**

Hansch S. *How many people die of starvation in humanitarian emergencies?* Refugee Policy Group, Center for Policy Analysis and Research, 1995.

Keywords:

ACADEMIC; DISPLACED; FAMINE; FOOD SECURITY; POLICY; REFUGEES; REVIEW

This paper attempts to estimate how many people starve to death in humanitarian emergencies. Introductory remarks concern the critical knowledge of how many people starve, the definition of starvation, and considerations in interpreting reported deaths. An estimate of global starvation mortality is presented. First, a review is made of literature that looks at excess mortality worldwide. Second, at-risk populations are estimated on a global basis and their numbers are multiplied by best-guess crude mortality rates. Third, country-specific experiences are reviewed and summarized. These estimates are combined into one synthesis, concluding that in an average one-year period between 150,000 and 200,000 people die of starvation in humanitarian emergencies. According to the author, there has been a downward trend in the average number of starvation deaths over the last 50 years due to an improved system of international relief and mitigation. However, the global number of refugees and internally displaced persons fleeing complex emergencies and environmental change has grown rapidly. Thus, there remains cause for concern that deaths from starvation may again increase as a problem. In conclusion, in order to eliminate deaths from starvation, further study and analysis is required to compare the

effectiveness and costs of different programmes and policies undertaken by the international community in humanitarian crises.



Reference ID: 67

Harrell-Bond BE. *Imposing aid: emergency assistance to refugees*. Oxford, Oxford University Press, 1986.

Keywords:

ACADEMIC; CARE; EDUCATION; EMERGENCY RESPONSE; LOCAL-HOST POPULATIONS; REFUGEES; RELIEF-DEVELOPMENT LINKAGE; RESEARCH; SUDAN; UGANDA

This book presents a case study of the emergency assistance programme in Yei River District, southern Sudan. The objective of the study was to examine an international humanitarian response to an emergency refugee influx. The book has two parts. The introductory chapter outlines some of the assumptions behind the present approach to assisting refugees and discusses the methods that were applied. Chapter 1 describes the characteristics of the Ugandan influx into southern Sudan from 1979. Chapters 2 and 3 look at the operational effects of these assumptions. They first describe the way the settlements were organized and the programme administered, and then examine some demographic features of the refugee population. Part 2 of the book analyses the results of the delivery of services such as protection, food, medicine, education and employment. Vulnerable categories and psychological problems are considered. The author also takes into account the possible long-term impact of the refugees and the aid programme on the district. Much case material is used. Individual statements have been selected to illustrate general problems that were observed or revealed by the statistical data collected. While the findings cannot always be generalized to every emergency, they raise profound questions concerning the role of relief, its link with development, the role of voluntary agencies and international organizations, and the impact of outside interventions and funds on the capacity of host governments to manage their own affairs. Humanitarian workers and researchers should become facilitators, using their resources, skills, influence and energy to facilitate change.



Reference ID: 68

Hay RW. Food aid and relief-development strategies. *Disasters*, 1986, 10(4):273-287.

Keywords:

ACADEMIC; AFRICA; CONCEPTUAL; FAMINE; FOOD AID; RELIEF-DEVELOPMENT LINKAGE; VULNERABILITY

The main purpose of this paper is to examine the feasibility of using food aid during a period of famine, not only to sustain life but also to address the obvious and increasing vulnerability of African families to periodic starvation. The paper's startingpoint is that drought is not the primary cause of famine. Instead, the paper suggests that the vulnerability of African families to famine lies primarily in their susceptibility to income collapse. The main arguments are the variation in agricultural income, the significance of stocks, the stock-income relationship, and the decline in income and employment, which lead to the main elements of a relief-development strategy. The technical objectives are therefore increased income, more stable income and an increase in the value of the stock of household assets. The paper discusses the way that these objectives for a relief-development strategy might be achieved and the role that emergency food aid might have. A number of strategic issues are analysed. Four parameters generally determine the appropriate strategy: supply and/or demand failure, rates of permanent rural unemployment, people's condition, and capacity issues. The paper considers how emergency programmes should be assessed, taking into account short-term and long-term objectives at both household and

community/national level. The conclusion emphasizes that the task demands an alliance of will and resources between people, their governments, international donor agencies and a new partner (i.e. the people of industrialized countries).



Reference ID: 69

Henderson PL, Biellik RJ. Comparative nutrition and health services for victims of drought and hostilities in the Ogaden: Somalia and Ethiopia, 1980-1981. *International Journal of Health Services*, 1983, 13(2):289-306.

Keywords:

ACADEMIC; CARE; CAUSES OF EMERGENCIES; CONFLICT AND WAR; DISPLACED; ETHIOPIA; FOOD SECURITY; HEALTH; RATIONS; REFUGEES; REVIEW; SANITATION; SHELTER; SOMALIA; WATER

The combination of drought and conflict in the Ogaden region of southern Ethiopia at the end of the 1970s caused the majority of the indigenous, principally nomadic, population to flee the area and seek refuge either in Somali refugee camps or in Ethiopian shelters for displaced persons. This paper compares the provision of basic food rations, selective feeding programmes and health services - including primary health care, personnel, immunization programmes, waste disposal and sanitation, water supply, and health surveillance - between the two groups. During 1980-1981 Somalia received more international assistance per capita than Ethiopia. Large numbers of western personnel provided health and nutrition services in Somali refugee camps, whereas no foreigners were involved in Ethiopian shelters. According to the authors, these disparities were largely due to inadequate publicity concerning the problems in Ethiopia, partly resulting from real and perceived political limitations related to the Soviet presence there. Refugee needs in Somalia were publicized far more adequately, in part due to that country's alignment with the West. The Ethiopians nevertheless demonstrated greater efficiency in assisting their disaster victims; camp services comparable to those in Somalia were available despite greater logistic difficulties and fewer donated resources. The effectiveness of relief operations in Somalia was reduced by political constraints on government agencies.



Reference ID: 70

Herman E, Bentley M. *RAP to improve household management of diarrhoea*. Boston, USA, International Nutrition Foundation for Developing Countries, 1993.

Keywords:

ACADEMIC; CHILDREN; GUIDELINES; HEALTH; MONITORING AND EVALUATION; PARTICIPATORY RAPID APPRAISAL (PRA); RAPID ASSESSMENT PROCEDURES

This is a guide to the collection, analysis and use of information about the cultural context of diarrhoea. Household and behavioural factors are identified in a cultural context, the aim being to facilitate the development, implementation and monitoring of programmes for the control and prevention of diarrhoea. Part 3 is a field guide to the use of rapid assessment procedures, many of which are closely related to PRA tools such as mapping, the use of key informants and checklists for informal interviews. Emphasis is placed on understanding the belief system - how the body works, the causes and consequences of illness - and how the household and care-givers respond to diarrhoea. The final section considers practical options for applying the information and testing (often through more formal methods) the generalizability of information.



Reference ID: 71

Heslop A. *Older people in Africa*. London, HelpAge International, 1996.

Keywords:

AFRICA; CARE; COMMUNITY; ELDERLY; HEALTH; HELPAGE INTERNATIONAL; LIVELIHOODS; NGO; PARTICIPATORY RAPID APPRAISAL (PRA); POVERTY

This short paper reports on some initial results of consultation with older people using PRA methods in a number of HelpAge International (HAI) programmes. It covers the following areas relating to the care of the elderly in family and community: older people's perceptions of change in the traditions and practice of care provision, the effect of cultural norms and kinship structures (in particular for older women), and changes in family structure and livelihood systems brought about by drought, economic migration and war. The paper highlights older people's definitions of poverty and well-being. It stresses the importance of good family and community support. Lack of these was often seen as the greatest source of unhappiness and vulnerability, more acutely felt in situations of stress. Good health was seen as another important factor, and attitudes to health and healthcare provision are discussed. The paper considers the contribution that older people make to the livelihoods of their families and communities. These include contributions through cash income, facilitating access to work, and the contribution made by older women. It highlights the need for older people to be active participants in the planning and implementation of programmes and emphasizes the value of their experience and involvement. Older people themselves underlined the need for initiatives to be community-wide.

**Reference ID: 72**

Heslop A. *Tanzania refugee programme: needs assessment with Rwandese refugees for activities programme in Chabilisa and Kagenyi camps*. London, HelpAge International, 1994.

Keywords:

HEALTH; HELPAGE INTERNATIONAL; NGO; PARTICIPATORY RAPID APPRAISAL (PRA); REFUGEES; RWANDA; TANZANIA

This document is divided into two sections. The first provides the rationale for the needs assessment, its aims, and some background information. The methodology, which focuses on a small selection of PRA tools, and the timetable for the use of these tools, is also outlined. The second section outlines the issues raised during the needs assessment. As part of this, participation is assessed, and it appears that the main reason for non-participation in the assessment was ill-health. Priorities are identified and an outline of the action agreed. The recommendations are given for each of the two areas. A general conclusion ties these two sections together. As a result of the PRA exercise, HelpAge International (HAI) was able to prioritize the investigation and piloting of a number of income-generation projects. Access to materials and markets was seen as one area in which HAI could assist. While recognizing that this would not become a totally self-sustaining project, the development of skills, including literacy and numeracy, was seen as important for long-term opportunities for self-reliance.

**Reference ID: 73**

Hiegel J-P. Psychosocial and mental health needs of refugees - experience from SE Asia. *Tropical Doctor*, 1991, 21(suppl. 1):63-66.

Keywords:

ACADEMIC; ASIA; CARE; GUIDELINES; HEALTH; POVERTY; PSYCHOSOCIAL; REFUGEES

While their immediate needs of food, water, shelter and elementary health care have been met, the psychosocial needs of refugees have often been neglected. Therefore, the author wants to provide guidelines on how to deal with refugees' mental health needs. Health workers should look for underlying mental illness in those mentally disturbed by disaster. In addition, health workers should help victims to find reasonable and pragmatic aims in life. It is crucial to get close to victims of a disaster to listen to their problems, but not to identify too closely. Traditional beliefs should be taken into account. To meet poverty, a gift may seem a good way to help, but a better way is to try to restore dignity and diminish dependence. Because of lack of work and passivity, it is important to find activities so that victims of disaster have something to do. Training represents a good remedy. Further, the author advises physicians that it is better to listen and communicate than to give a placebo. Finally, he stresses the cooperation with traditional healers who are able to give psychosocial support.

**Reference ID: 74**

Hinton R. *Participatory appraisal with the Bhutanese refugees: sharing experiences from Nepal*. Workshop for university participants, Cambridge, Cambridge University, 1995.

Keywords:

BHUTAN; MANUAL; NEPAL; PARTICIPATORY RAPID APPRAISAL (PRA); REFUGEES

This manual provides a basic introduction to the issues and theoretical thinking behind the use of PRA. It describes the menu of PRA methods and discusses where and when they can be used. It focuses particularly on the use of PRA with refugees and in emergency situations. The appendix includes examples of some PRA exercises carried out in Bhutanese refugee camps in eastern Nepal.

**Reference ID: 75**

Hinton R. Trades in different worlds: listening to refugee voices. *Participatory Learning and Action (PLA) Notes*, 1995, 24:21-26.

Keywords:

ACADEMIC; BHUTAN; NEPAL; PARTICIPATORY RAPID APPRAISAL (PRA); REFUGEES; RESEARCH

The author spent a year among Bhutanese refugees in Nepal, using questionnaire surveys, PRA and anthropological participant observation methods in her research. The paper discusses the strengths and weaknesses of the different research methods, and explores questions of validity, appropriateness and complementarity. The experience demonstrated that PRA and anthropology can be of mutual benefit in enhancing critical self-awareness and understanding of complex situations.

**Reference ID: 76**

Hinton, R. *Advantages and disadvantages of using participatory approaches in refugee emergencies (mimeograph)*, 1994. Available at the Institute of Development Studies (IDS) for reference.

Keywords:

ACADEMIC; NGO; PARTICIPATORY RAPID APPRAISAL (PRA); REFUGEES

This is a brief list that outlines the advantages and disadvantages of using PRA in the context of refugee emergencies. It analyses the pros and cons of PRA in terms of "preparedness and response", "communication and co-ordination" and "contextual issues".

**Reference ID: 77**

Holloway A, Lindsey D. PRA for risk reduction: lessons from Mozambique. *Participatory Learning and Action (PLA) Notes*, 1996, 25:6-9.

Keywords:

COMMUNITY; COPING STRATEGIES; DROUGHTS; FOOD SECURITY; MOZAMBIQUE; NGO; PARTICIPATORY RAPID APPRAISAL (PRA); REFUGEES

This is a short paper based on field experiences with refugee returnees in Tete, Mozambique. The aim of the paper is to show how PRA can be a useful tool in assessing vulnerabilities and capacities of disaster-prone communities. Five PRA methods are outlined, together with a brief description of how these provided some understanding of the community's coping strategies. For example, time-line revealed that droughts were recurrent events in the community's past and that the community had been able to cope with these. Time-trend helped the authors to understand the rain patterns during good and bad harvest years and the impact of drought on crop production. Seasonality mapping and community mapping revealed the times when people collected wild foods and the places where water sources were located. Needs matrix helped to prioritize the community's most urgent needs. The authors conclude that, from a disaster reduction perspective, the advantages of PRA assessment methods are that they actively involve community members and help to empower them to identify not only risks and priorities but also their capacity to reduce those risks. PRA reveals the community's perception of risks and allows both community insiders and outsiders to identify risk reduction measures; moreover it is both time- and cost-effective.

**Reference ID: 78**

Howell P. *ACTIONAID-Ethiopia Disaster Prevention Project Dalocha 1994. A participatory approach to emergencies*. 1996.

Keywords:

COMMUNITY; COMMUNITY PARTICIPATION; COPING STRATEGIES; EARLY WARNING SYSTEMS; ETHIOPIA; FEMALE-HEADED HOUSEHOLDS; FOOD SECURITY; NGO

This report documents the response of ACTIONAID-Ethiopia to a widespread crop failure in its development area around the Dalocha, 180 km south of Addis Ababa. ACTIONAID was able to predict the onset of the emergency through the use of a food stress monitoring system that was established in March 1994. ACTIONAID used PRA methods to assess the severity and extent of the emergency, to facilitate community decisions about the form that interventions should take, and to provide effective targeting. Interventions were organized on a credit basis and consisted of food grain, blankets, seed grain and fertilizer. Support was provided for health needs by supplies of free drugs through rural health posts. Strong community involvement meant that

leakage was minimized. The main achievements identified were that lives and livelihoods were saved, that disaster prevention limited damage to the existing development programme by protecting the structure of the community and the nature of ACTIONAID's relationship with it, and that, through the use of consultation, ACTIONAID's response reinforced the approach of the development programme and fostered a "sense of community capacity to identify problems and create solutions". In addition, the situation resulted in a greater awareness of the risks and vulnerabilities that affect livelihoods. The report concludes that it is possible to successfully combine emergency prevention with ongoing development activities.



Reference ID: 79

Hussein K. The nutrition crisis among Mozambican refugees in Malawi: an analysis of the response of international agencies. *Journal of Refugee Studies*, 1995, 8(1):26-47.

Keywords:

ACADEMIC; ACCOUNTABILITY; CHILDREN; FOOD AID; MALAWI; MEDECINS SANS FRONTIERES; MOZAMBIQUE; NGO; REFUGEES; REVIEW; SAVE THE CHILDREN FUND; UNHCR; WFP

This paper analyses the response of four international aid agencies (Office of the United Nations High Commissioner for Refugees, World Food Programme, Médecins Sans Frontières-France, and Save the Children Fund-UK) to the nutrition needs and outbreaks of pellagra among Mozambican refugees in Malawi from 1989 to 1991. These activities are examined according to two core hypotheses. First, the international structure for providing aid to refugees was primarily responsible for the failure to prevent outbreaks of pellagra. The reasons are restrictive agency mandates, insufficient agency accountability, unclear and sometimes inappropriate division of responsibilities, problems of interagency coordination, interagency competition and conflict, and the marginalization of the host government in decision-making. The second hypothesis is that the nutritional requirements of refugees are unlikely to be met in the long term unless there is a better matching of short-term relief and long-term development approaches to assistance. The descriptive analysis clearly confirms the two core hypotheses. The article ends with particular recommendations for international assistance to refugees in Africa that directly arise from this empirical study.



Reference ID: 80

Independent Commission on International Humanitarian Issues. *Famine: a man-made disaster?* London, Pan Books, 1985.

Keywords:

ACADEMIC; AFRICA; CAUSES OF EMERGENCIES; CONCEPTUAL; DISPLACED; EARLY WARNING SYSTEMS; FAMINE; FOOD SECURITY

This report takes up the views expressed in the communiqués issued at the end of the two plenary meetings of the Commission held in Tunisia and the Netherlands in 1984. The texts of these statements are included as an appendix. This report starts by looking at how the crisis of African rural life can be viewed so that the symptoms of famine can be detected at an early stage and treated before there is massive destitution or loss of life. Averting famine remains a distant goal so the report also looks at the action of governments and aid agencies after the onset of a disaster. One chapter shows that neglect and impoverishment of the countryside are the roots of famine. It is also stressed that the environment, on which African rural life depends, is in crisis. Its deterioration deepens the level of poverty. A viable agriculture for Africa's regeneration is discussed in the following chapter. A small scale, beneficiary-oriented approach seems most appropriate and aid should be adapted to this. However, displacement and turbulence affecting

rural Africa complicate the development process. Nevertheless, there are "seeds of hope", as the title of the last chapter suggests, and some positive signs are outlined.



Reference ID: 81

International Union for Child Welfare (IUCW). Post-disaster programmes. *International Child Welfare Review*, 1973, 17/18:1-112.

Keywords:

BANGLADESH; CHILDREN; CONFLICT AND WAR; EDUCATION; ITALY; NGO; NICARAGUA; NIGERIA; PERU; RED CROSS; REFUGEES; REHABILITATION AND RECONSTRUCTION; REVIEW

This journal edition considers the problem of post-disaster programmes for children and young people. At the beginning, a few examples of programmes carried out by the International Union for Child Welfare are presented. These programmes were implemented in Nicaragua, among Bengali refugees, in Bangladesh, Nigeria, Sicily and Peru. A methodological approach is described in a fictitious case, based on an actual project, to show the steps from identification of a problem to the beginnings of a solution. Those in charge of implementing the programme, and of funding it and coordinating it at national and international levels are included through supplementary interviews or reports of people particularly qualified in this field. Two articles analyse the ethics and political implications of the motivation and outcome of such programmes. The interviews and articles that follow give the opinions of people who represent the receiving end either by their origin or by their activities. The Free Forum section discusses the issue of children's evacuation during or after disasters, and an article about helping families to help themselves is included. Other texts include extracts of reports and United Nations resolutions concerning assistance in the case of a natural disaster, and a commentary by the IUCW on the draft text proposed by the International Committee of the Red Cross to the Four Geneva Conventions of 1949 relating to armed conflicts. A general bibliography, book reviews and news of the IUCW are provided. The journal ends with news of the International Association of Youth Magistrates, the International Federation for Parent Education, the International Association of Workers for Maladjusted Children, and the Friends of Youth World Association.



Reference ID: 82

Jaspars S, Young H. General food distribution in emergencies: from nutritional needs to political priorities. *Relief and Rehabilitation Network*, 1995, Good Practice Review 3.

Keywords:

ACADEMIC; AFRICA; EUROPE; FOOD AID; RATIONS; REFUGEES; REVIEW; WFP

Between 1989 and 1993, worldwide emergency food needs increased from US\$1.1 billion to \$2.5 billion per year. In 1986, the World Food Programme (WFP) allocated 75% of resources to development activities and in 1993-94 more than 85% of WFP resources went on humanitarian emergencies and refugee needs. The volume of food assistance provided by WFP has increased five-fold since 1986, from 550,000 tons to 2.5 million tons by 1994. Sub-Saharan Africa and southern Europe took 35.6% and 52.6% respectively of the total value of WFP emergency operations in 1993. The objective of the review is to explore what is good practice in emergency food distribution. Food distribution is regarded as a process and is broken down into: resourcing food assistance programmes; food procurement, including local purchase; needs assessment; targeting strategies; planning/determining rations; logistics; implementation of the distribution to beneficiaries; monitoring; and stopping the distribution. Outbreaks of micronutrient deficiencies among populations dependent on food aid are listed, as are WFP definitions of "emergencies". The role of emergency food distribution is principally to "save lives", by alleviating hunger and

starvation and preventing malnutrition and mortality. Nutritional goals are uppermost for almost all actors involved in food distribution in emergencies. However, in protracted emergencies the economic role of food aid may become increasingly significant, acting as a means of income transfer. The authors contend that "as an integral part of everyday life, food has major social and cultural significance and defines relationships within and between families and other social groups. Food therefore has a major significance beyond the characteristics or quality of the food itself." The review also discusses the ration scales recommended by different organizations.



Reference ID: 83

Jaspars S, Young H. Malnutrition and poverty in the early stages of famine: North Darfur, 1988-90. *Disasters*, 1995, 19(3):198-215.

Keywords:

CHILDREN; CONCEPTUAL; FAMINE; FOOD SECURITY; MALNUTRITION; REVIEW; SUDAN; VULNERABILITY

In this article the authors report findings on the relationship between malnutrition and poverty during a period of acute food insecurity in Darfur, Sudan. Children of rich and poor families were equally likely to be malnourished, which is explained in terms of people's responses to the threat of famine. This finding has important implications for targeting interventions in the early stages of famine. Appropriate interventions at the early stages of famine are livelihood and income support to the most vulnerable. The entitlement theory of famine causation assumes that the poor are most vulnerable, and become malnourished and die during famines. However, the authors demonstrated in this article that this assumption does not hold. Even though poverty is the root cause of malnutrition, it does not follow that anthropometric status can be used to target individual poor families, or even that targeting the poor is appropriate in famine situations.



Reference ID: 84

Jelliffe DB, Jelliffe EFP. Breastfeeding: a key measure in large scale disaster relief. *Disasters*, 1977, 1(3):199-203.

Keywords:

ACADEMIC; BANGLADESH; BREASTFEEDING; CARE; CONCEPTUAL; GUIDELINES; INFANT FEEDING; LACTATION; REFUGEES; UGANDA

This article focuses on the role of breastfeeding as a component of disaster relief programmes. Breast-milk supplies optimal nutrition and has a protective effect against many infections. In addition, the warmth necessary for babies is provided by the mother's body heat. Therefore, two practical approaches need to be incorporated into field instructions. Firstly, artificial feeding should be restricted to situations where breastfeeding is not possible. Secondly, lactation should be reinforced in the mothers concerned; this means stimulating the prolactin reflex and the "let-down" or "milk ejection" reflex. The latter is a psychosomatic reflex that is impaired by anxiety and enhanced by confidence. Moreover, it is important to maintain or improve maternal nutrition because in very severe food shortages milk production becomes affected and ultimately ceases. Examples of re-establishment or reinforcement of lactation in Bangladesh are presented. Finally, the authors provide a regime for lactating women. Stimulation of lactation can be best achieved by "breastfeeding stations" in refugee camps. Maternal care and feeding should include the provision of extra nutrients, particularly increased calories, to be consumed by the mother on the spot. These guidelines are supplemented by a table of recommended daily allowances of nutrients for pregnant and lactating mothers. The authors conclude that,

considering all the advantages, the maintenance of breastfeeding is a key measure and needs to be incorporated into planning processes.



Reference ID: 85

Kar K et al. *PRA for development of women and children in rural areas (documents of efforts of village women of Bhagawanpur, District Hooghly, West Bengal, India, in planning their community service)*. India, Indian Council of Agricultural Research, 1992.

Keywords:

CHILDREN; COMMUNITY; FOOD SECURITY; GENDER; HEALTH; INDIA; PARTICIPATORY RAPID APPRAISAL (PRA); SANITATION; UNICEF; WATER; WOMEN

The district of Hooghly in West Bengal was selected for the implementation of community-based convergent service (CBCS). The local government and UNICEF decided to conduct a four-day PRA before the project started in order to ascertain the health status of women and children, as perceived by men and women respectively. The PRA was also used to develop a strategy for better participation of the community. The PRA facilitators got to know local people by working alongside them in their daily tasks. Techniques used included: social stratification mapping; sanitation mapping; time-lines; seasonality of child diseases; ranking of health problems by women, men and traditional healers; matrix ranking of treatment facilities; water resource use map; preference ranking of places of defecation; daily clock of men's perception of women's daily routine; seasonality of workloads for men and women; seasonal availability of food and fuel; seasonality of school attendance; drudgery and cash availability for women; women's mobility map; venn diagrams (men and women); and aspiration levels of men and women using ladder ranking.



Reference ID: 86

Katona-Apte J. *The use of rapid assessment procedures for food aid projects*. Rome, World Food Programme, 1991.

Keywords:

CHILDREN; FOOD AID; FOOD SECURITY; HEALTH; MONITORING AND EVALUATION; PARTICIPATORY RAPID APPRAISAL (PRA); RAPID ASSESSMENT PROCEDURES (RAP); WFP

The objective of this paper is twofold: to present the various uses of food aid for development purposes, and to describe the numerous current uses of the rapid assessment methodology for the design, implementation and evaluation of food-aid-assisted projects. The paper focuses primarily on projects in the health and nutrition sectors under the auspices of the World Food Programme (WFP). Section 5 of the paper looks at the question, "How can projects be monitored, evaluated and improved?" Here, current WFP procedures are briefly described, and examples are given from around the world of the "use and effectiveness of RAP in WFP projects". PRA is not mentioned, but some "simple devices which assist in the elicitation of information in readily understandable visual form" are listed. These include pictures of healthy and unhealthy children - as examples for gathering information about attitudes to health, pictures of rice and beans to indicate proportions, maps, calendars, flow diagrams and decision trees.

**Reference ID: 87**

Kaul Sham M. Participatory planning with disaster victims: Experience from earthquake-hit areas of Maharashtra, India. *Refugees Study Programme*, 1996, 21:15-17.

Keywords:

ACADEMIC; CAUSES OF EMERGENCIES; INDIA; PARTICIPATORY RAPID APPRAISAL (PRA); REFUGEES; REHABILITATION AND RECONSTRUCTION

This brief report is based on the author's hands-on experience in participatory planning with disaster victims in India. The paper illustrates the ability of local people to influence the design of a rehabilitation and reconstruction programme using PRA methods. The reconstruction plan designed by technical experts without any consultation with or consideration for the needs of the actual users failed to work. A brief note on PRA and its use in a refugee situation is included.

**Reference ID: 88**

Kelly M, Buchanan-Smith M. Northern Sudan in 1991: food crisis and the international relief response. *Disasters*, 1994, 18(1):16-34.

Keywords:

ACADEMIC; COPING STRATEGIES; FAMINE; FOOD AID; MALNUTRITION; REVIEW; SUDAN

By the end of 1991, less than half the amount of relief food requested for North Sudan at the beginning of the year had been delivered. Despite ample evidence of social and economic stress and high rates of child malnutrition, many donors felt that relief needs had been exaggerated, and were unwilling to accept that relief assistance was urgently needed. The feeble response of the main food aid donors is explained initially by the politics of relief in 1990/91, which seriously delayed the launch of the relief operation. These problems were compounded by an oversimplified understanding of famine among some sections of the relief community, and by the orientation of the international relief system to crisis indicators. Toward the end of 1991, donors argued that despite the shortfall in relief assistance there had been no deaths from starvation, and therefore local people had "coped" better than expected. This paper challenges that view by arguing that excess deaths did occur, but went unnoticed and unremarked. Local people's "coping strategies", which supposedly "saved the day", actually had very negative and sometimes fatal consequences.

**Reference ID: 89**

Kelly M. Infant feeding in emergencies. *Disasters*, 1993, 17(2):110-121.

Keywords:

ACADEMIC; AFRICA; BREASTFEEDING; CARE; GUIDELINES; HEALTH; INFANT FEEDING; IRAQ; POLICY; WOMEN

Experience of emergency relief operations in middle-income countries has shown that concerns about infant feeding can complicate attempts to protect infant health. The two main problems are: how to protect and support breastfeeding in communities where it is no longer the norm, and how to assist artificially fed infants without exposing them to the dramatically increased risks associated with artificial feeding in disaster conditions. This article explores the underlying issues and makes a number of recommendations for policy and programmes. Evidence of breastfeeding during disasters is analysed, comparing Iraq, a middle-income country with a high prevalence of bottle-feeding, with African countries where breastfeeding is predominant. The need for more specific guidelines becomes obvious. Firstly, there should be support for breastfeeding. This

includes a reminder that mothers who were breastfeeding before a disaster should be encouraged to continue. There should also be collaboration with community leaders and local health care personnel to mobilize breast-feeding facilitators. In addition, extra food should be provided to lactating women. Secondly, there should be assistance to families of artificially fed infants. Distribution of infant formula should not begin unless artificial feeding was widespread before the crisis and adequate supplies are available. As a self-targeting strategy, either infant formula or traditional foods of equal market value should be offered. Stringent measures to ensure the safe use of formula should also be implemented. However, indiscriminate free distribution of formula during emergencies can enhance dependence on an unnecessary product. Therefore, if the recommendations cannot be implemented, infant formula should not be distributed. Finally, assistance for appropriate weaning should also be provided. At the end, the author points out that relief interventions are not successful without sufficient funding and appropriately trained personnel.



Reference ID: 90

Lambert R. *Monitoring food security and coping strategies: lessons learnt from the SADS project, Mopti Region, Mali. Working Paper No. 8.* London, Save the Children Fund (UK), 1996.

Keywords:

CHILDREN; COPING STRATEGIES; EARLY WARNING SYSTEMS; FOOD SECURITY; MALI; NGO; RAPID RURAL APPRAISAL (RRA); SAVE THE CHILDREN FUND

Save the Children Fund (UK) established a local food security monitoring project called SADS (Suivi Alimentaire de Delta Sinoe) in the Mopti region of Mali in 1987. The project aimed to identify who was vulnerable, where, when and why, and to provide appropriate information to decision-makers. This working paper describes some of the lessons learnt from the experience of monitoring food security and coping strategies. Information was collected by field staff from rural people. This paper examines the use of such qualitative and semi-quantitative data, and the problems associated with using local knowledge systems. The approach to data collection was similar to RRA. Information was collected by project staff using checklists and semi-structured interviews with key informants, listening to oral histories and discussions at village meetings. SADS also used sentinel sites called "listening posts". Information was collected on agricultural and fish production, on-farm stocks, off-farm employment, consumption and migration. This was supplemented by secondary data, particularly on rainfall. Seasonal calendars were drawn up to show food access, activities and coping strategies for different producer groups, and these led to the use of seasonally specific monitoring indicators. SADS shows that a relatively low-cost methodology for monitoring food security can be established, based mainly on socioeconomic data, and can provide timely and reliable warnings of localized food insecurity.



Reference ID: 91

Lambert R. *Information collection for risk-mapping in the Mopti Region, Mali: Field Report on Methodological Questions.* London, Save the Children Fund (UK), 1993.

Keywords:

CHILDREN; FOOD SECURITY; MALI; NGO; POVERTY; RAPID RURAL APPRAISAL (RRA); SAVE THE CHILDREN FUND; WEALTH RANKING

Save the Children Fund (UK) is involved in developing an operational method for mapping risk of and vulnerability to food insecurity. This report is the result of field work to collect information on food security and the household food economy in the Mopti region of Mali. The information was collected to build up a regional case study applying risk mapping methodology. Information was

collected from key informants on sources of food and income, expenditure on food, value of savings and food stocks for households of different degrees of poverty. Information derived from informants and secondary sources was also collected on migration, use of wild foods, and prices in cereal and livestock markets. The paper highlights some of the practical difficulties of finding suitable key informants and considers whether the information they provide is suitable for the risk mapping model. It asserts the need for consistent and skilled interviewing, with considerable advance knowledge of an area, and a capacity to discern biases of respondents.



Reference ID: 92

Laumark S, Welch K. Nutritional needs surveys among the elderly - Russia and Armenia, 1992. *Morbidity and Mortality Weekly Report (MMWR)*, 1992, 41:809-811.

Keywords:

ACADEMIC; ARMENIA; C.A.R.E.; CDC; ELDERLY; FOOD SECURITY; HEALTH; NGO; RESEARCH; RUSSIA

The ongoing social, political, and economic changes in the 15 republics of the former Soviet Union resulted in hyperinflation, regional conflicts and other hardships. A public health assessment in Russia indicated that the elderly are at greatest risk because of declining social support. During March-May 1992, CARE, in collaboration with Centers for Disease Control and Prevention (CDC), conducted three surveys in Russia and Armenia to assist in targeting the delivery of food. Population-based household surveys of people aged over 69 years were conducted in three cities (Moscow, Ekaterinburg (Siberia) and Yerevan (Armenia)). A total of 629 elderly persons were sampled. Questionnaires were administered to gather information and details on living situations, self-reported medical and dental conditions, home stores of food, economic status, aid received from various sources, diet and other practices related to nutrition. The median pension was below the World Bank estimate for minimal nutritional support. 57-67% of respondents reported chronic illnesses and 37-70% reported dental problems which impaired eating; 37-50% had experienced a 5 kg weight change during the last 6 months; and 50-77% lacked enough money for food.



Reference ID: 93

Lindsey D, Holloway A. *Participatory rural appraisal (PRA) and how it relates to disaster management*. 1994. Available at the Institute of Development Studies (IDS) for reference.

Keywords:

ACADEMIC; CONCEPTUAL; FOOD SECURITY; MOZAMBIQUE; PARTICIPATORY RAPID APPRAISAL (PRA)

This short paper illustrates how PRA can be a useful tool for assessing the hazards, vulnerabilities and capacities of disaster-prone communities. After clarifying the terms used, field experiences from Tete, Mozambique, are used as an example of how PRA can assist in understanding the situation and incorporating disaster prevention, mitigation and preparedness into ongoing programmes. The methods used are outlined, with the type of information discussed for each, stressing local priorities, knowledge and past disaster mitigation strategies. The conclusion is that this type of approach is powerful, and that the information discussed here is critical for effective programme development.

 **Reference ID: 94**

Lindtjorn B. Famine in Southern Ethiopia 1985-1986. Malnutrition, diarrhoea and death. *Tropical and Geographical Medicine*, 1990, 42:365-369.

Keywords:

ACADEMIC; CHILDREN; ETHIOPIA; FAMINE; HEALTH; MALNUTRITION; MORTALITY RATE; RESEARCH

The objective of this study was to assess the hypotheses that pre-existing malnutrition has a negative influence on diarrhoeal severity and incidence and that improvement in nutritional status results in reduced morbidity and mortality from diarrhoeal disease. Therefore, during the 1985-86 famine, children from two areas of southern Ethiopia who were admitted to food distribution programmes were studied. Weight and height were recorded weekly, as was the occurrence of diarrhoeal disease. Deaths were recorded monthly. The findings of the study support the hypothesis that initial low weight and prolonged diarrhoea are associated with significant loss of weight which indicates severe disease. However, malnutrition did not increase the incidence of diarrhoeal disease. Nutrition rehabilitation reduced the demand for treatment of diarrhoea and probably contributed to a decrease in crude childhood mortality. In conclusion, the author recommends further studies to examine the possible role of socioeconomic and environmental variables in emergency food distribution programmes.

 **Reference ID: 95**

Longhurst R. Nutrition and care of young children during emergencies. *Food and Nutrition Bulletin*, 1995, 16(4):407-412.

Keywords:

ACADEMIC; CARE; CHILDREN; CONCEPTUAL; HEALTH; NUTRITIONAL STATUS; PSYCHOSOCIAL; VULNERABILITY

Emergencies are not only sudden events with natural causes that can be ameliorated with resources from outside. The causes and consequences of emergencies with sudden or slow onset, those that are complex and involve conflict, or are permanent emergencies are all deeply rooted in the vulnerability of people to hazards and their incapacity to recover. This will have implications for care behaviours and practices in the feeding, health, hygiene and psychosocial areas. Families react to slow-onset emergencies by managing a declining resource with inevitable negative impacts on child care. Food intake declines. At the extreme of destitution, families may migrate to refugee camps where children face health crises as large displaced populations congregate around contaminated water sources. Breastfeeding may cease. In war situations, children face extreme psychosocial stresses. The importance of care for young children is given insufficient attention by those providing assistance from outside. Care interventions should improve the effectiveness of health, food and psychosocial support.

 **Reference ID: 96**

Longhurst R, Tomkins A. The role of care in nutrition - a neglected essential ingredient. *SCN News*, 1995, 12:1-5.

Keywords:

ACADEMIC; CARE; CHILDREN; CONCEPTUAL; DISABLED; ELDERLY; FOOD SECURITY; INFANT FEEDING; NUTRITIONAL STATUS; REFUGEES

Care consists of the actions necessary to promote survival, growth and development, involving actions at the household level, parallel with household food security and health promoting

behaviour. Resources for improving care exist at the household level: income, food, time, attitudes, relationships and knowledge. Among groups of people regarded as nutritionally vulnerable, attention is often devoted to the very young child. However, there are other vulnerable groups for whom care is important such as mothers, refugees, the elderly, the disabled, the school age child and those suffering the shock of an emergency. In this paper, the authors describe various care for improving nutrition of not only the young child, but various vulnerable groups. They conclude that many interventions can have an impact on care, directly or indirectly. Action taken by governments and other bodies at international and national or regional level can affect care at household level. It is not a closed family matter for the mother and child. At all levels, care has to be recognized as an important factor in nutrition.



Reference ID: 97

Longhurst R. Conceptual frameworks for linking relief and development. *Institute of Development Studies (IDS) Bulletin*, 1994, 25(4):17-23.

Keywords:

ACADEMIC; CONCEPTUAL; COPING STRATEGIES; FAMINE; RELIEF-DEVELOPMENT LINKAGE

This paper tries to clarify the conceptual confusion underlying discussion of the linkage between relief and development. After an introduction that defines disaster, emergency and vulnerability, the article presents a classification of terms used for conceptual frameworks of crisis. Widely utilized terms for different types of event are hazard, shock, stress and risk. These events confront households which have certain resources to withstand them. In the literature, these resources have different names such as capacity, entitlement, net assets, insurance strategy, coping ability and capability. The determinants of potential impact are expressed by terms like vulnerability, exposure, resilience and sensitivity. Also four types of outcome - from winning to fragility - are identified in the literature on disasters. A figure illustrates an eight-year cycle, based on local wisdom in many parts of the world that famines recur every seven to eight years. The article aims to provide a practical guide to activities which link relief and development. It is important to identify the point at which affected people pass a threshold of disempowerment where responses to the crisis become significantly different. Relief rather than development activities are then required. The frameworks are helpful to identify what types of people experience shock and in what types of crisis, and to point out the means of recovery.



Reference ID: 98

Longhurst R. *Integrating formal sample surveys and rapid rural appraisal techniques*. London, Centre for International Child Health, 1993.

Keywords:

GAMBIA; INDIA; MONITORING AND EVALUATION; RAPID RURAL APPRAISAL (RRA); REVIEW; SUDAN

The aim of this report was to review all types of information gathering, including so-called formal surveys, so that RRA should not be evaluated in isolation. The focus is on the principles involved in integrating these methods. RRA techniques are described in four categories with examples of agro-ecosystem analysis from India, Gambia and Sudan. Experience shows that RRA has a positive role to play and can form a useful part of monitoring and evaluation. The report upon which this summary is based proposes a taxonomy of survey/RRA techniques and methods that can be regarded as a menu, allowing the user to make choices to fit the information and institutional context.

 **Reference ID: 99**

Longhurst R. Household food strategies in response to seasonality and famine. *Institute of Development Studies (IDS) Bulletin*, 1986, 17(3):27-35.

Keywords:

ACADEMIC; AFRICA; ASIA; COPING STRATEGIES; FAMINE; FOOD SECURITY; NIGERIA; REVIEW

Little is known about household food strategies in response to seasonality and famine. This article reviews these issues and tries to assess the effectiveness of ways of overcoming regular seasonal contingencies and famine conditions. The evidence is examined with particular reference to research from northern Nigeria where, as in many other parts of sub-Saharan Africa and in Asia as well, four sets of coping strategies can be identified as used by rural families. These are: choice of cropping pattern, drawing on stores and assets, developing and exploiting social relationships, and diversifying off-farm income opportunities. Each is analysed in the context of research carried out in the village of Dayi in Hausaland in northern Nigeria. Following that, a categorization of three levels of shortages is used: first, the seasonal food shortage period, when actual food supplies are scarce or nonexistent; second, when food might be available for purchase but is inaccessible to people for economic reasons; third, when there is famine, usually precipitated by a natural disaster. Several definitions of famine are proposed both by scholars and by persons who have experienced famine. The responses to famine are presented as a typical sequence of events and three strategies are picked out for detailed discussions. They are: gathering of foods, migration, and sale of farm land and other assets. The author concludes that measures to improve rural welfare must not undermine coping mechanisms. What is required is a new approach to use the traditional mechanisms as the first step in developing more effective ones.

 **Reference ID: 100**

Lyonette K. Sustainable development and emergency action. *Hedip Forum*, 1994, 3:5-7.

Keywords:

COMMUNITY PARTICIPATION; DOMINICAN REPUBLIC; HEALTH; POVERTY; PROCESS ISSUES; WHO

This article describes a WHO/PAHO project started in late 1991 in the province of Salcedo, Dominican Republic. The Hedip-inspired project was called Health, Environment and the Fight against Poverty (*Smalp* in its Spanish acronym) and was financed by the Italian government. The essential elements were process, dialogue, participation, knowledge-sharing and assessment leading to priority action. The process and dialogue began with the agreement of local political, religious and social leaders that action should be taken outside the framework of party politics. With the help of a small, technical, multidisciplinary team of qualified personnel who were also leaders in their own communities, local people analysed needs and the status quo, and this was followed by the implementation of targeted actions. The objectives and achievements of *Smalp* are summarized in this paper and it can clearly be seen that the empowerment of local communities provides the element of sustainability. The communities have recovered their self-confidence following their success in improving the quality of their lives. The question of scale of action is fundamental. Centralized macro-approaches which exclude local empowerment are not successful. In conclusion, the author stresses the need to test the process, which had already been successful in small-scale projects, on a larger scale in order to identify the best possible scale of target area for achieving sustainable development.

**Reference ID: 101**

Marasovic N. UNICEF in Dalmatia protecting war-affected children. *HEDIP Forum*, 1993, 2:27-28.

Keywords:

ACADEMIC; CHILDREN; COMMUNITY PARTICIPATION; CROATIA; DISPLACED; EDUCATION; HEALTH; INFANT FEEDING; HOST POPULATION; NUTRITIONAL SURVEILLANCE; PSYCHOSOCIAL; REFUGEES; REHABILITATION AND RECONSTRUCTION; SUPPLEMENTARY FEEDING; UNICEF

In Split, Croatia, UNICEF collaborated with the local HEDIP committee, including local institutions and United Nations agencies, to tackle the problems of displaced persons, refugees and the local population, especially with regard to young people. This article describes UNICEF projects in Dalmatia, southern Croatia. In the field of education, programme activities were: provision of educational materials for pupils and schools, a mine awareness programme, a peace education programme, and an introductory seminar for professionals involved in education and policy-making. In addition, UNICEF provided Dalmatia medical centres and hospitals with essential drugs and basic equipment, including materials for immunizing all children at risk, also provided technical assistance for monitoring the nutritional status of children, supplied supplementary and weaning food and, assisted in an aggressive campaign for the protection and promotion of breastfeeding. UNICEF also implemented psychosocial rehabilitation programmes as well as sanitation and hygiene programmes. The author notes that the relationship between local institutions and international agencies has improved, creating better conditions for tackling problems.

**Reference ID: 102**

Margoluis R et al. Rapid post-disaster community needs assessment: A case study of Guatemala after the civil strife of 1979-1983. *Disasters*, 1988, 13(4):287-299.

Keywords:

GUATEMALA; RAPID RURAL APPRAISAL (RRA); REVIEW

Information collected during emergencies often does not identify accurately either the population in greatest need or the amounts of relief assistance required. Needs appraisal models are required in which data collection and analysis are rapid. This paper presents a case study of a disaster relief project in highland Guatemala which sought to provide a database that relief organizations could use to target assistance. While recognizing that the specifics of this case may not apply to other situations, the authors wish to present the study as a framework for response to disasters. The paper starts with a brief introduction to target assistance. It then describes the conditions in Guatemala, and the assessment techniques used. Initially, the two main techniques used to obtain quantitative and qualitative data were an observational checklist and key informant questionnaires. The paper concludes with a discussion of the findings and impacts of the study. These included the fact that "qualitative and quantitative methods were always found to give comparable results", that priorities for assistance could be established, and that "the relief community was prompted to immediate action".

**Reference ID: 103**

Martin S. *Refugee Women (Women & World Development Series)*. London, Zen Books Ltd, 1991.

Keywords:

EMPOWERMENT; HOST COUNTRIES; POLICY; REFUGEES; REVIEW; VIOLENCE; WOMEN

This book looks at the harsh conditions of daily life for refugees, and the implications for their host countries. It shows how discrimination and violence from refugee women's own communities, in addition to the threat of military attack, abduction and rape, can greatly increase their emotional trauma. It examines the steps needed to protect their rights and promote their empowerment. It stresses the importance of refugee women's participation. It also surveys the current international commitment to refugees and offers practical recommendations for action.

**Reference ID: 104**

Mason J et al. *Nutritional surveillance*. Geneva, World Health Organization, 1984.

Keywords:

CHILDREN; CONCEPTUAL; EVALUATION; FOOD SECURITY; HEALTH; NUTRITIONAL STATUS; NUTRITIONAL SURVEILLANCE; POLICY; POVERTY; WHO

The focus of this book is action to alleviate protein-energy malnutrition in developing countries. The purposes of nutritional surveillance have been defined as: health and development planning, usually at national level; programme management and evaluation; and timely warning and intervention to prevent short-term food consumption crises. These purposes are not mutually exclusive but impose different requirements on the design of nutritional surveillance systems. These three aspects form the structure of this book. Improvement in nutrition is one of the objectives of basic needs planning, of health for all, and of food and nutrition planning. The measurements used in nutritional surveillance include many of those defined as health status indicators, particularly with respect to the nutritional status of children and mortality data. The same measurements are useful for assessing the effects of development programmes. A feasible strategy for tackling health and nutrition problems would include enhancing the positive effects on nutrition of current or planned development policies and programmes, rationalizing and carrying out targeted programmes in the fields of health and nutrition, and preventing short-term critical reductions in food consumption. Support for this strategy is the main rationale for nutritional surveillance. Success depends on numerous considerations, many of which are political, but knowledge of nutritional problems, their causes and how they are changing, can help in decision-making. Decisions are required in the context of both national policies and health or nutrition programmes. This book provides definitions of long-term nutrition monitoring, evaluation of programme impact, and timely warning and intervention systems. Chapter 1 covers the role of nutritional surveillance in tackling nutrition and health problems. Chapter 2 deals with initial assessment. Chapter 3 summarizes the use of nutritional surveillance for health and development planning. Chapter 4 covers data characteristics, outputs and sources. Chapter 5 addresses nutritional surveillance for programme management and evaluation. Chapter 6 covers timely warning and intervention programmes.

**Reference ID: 105**

Mason J. *Review of nutritional surveillance*. Ithaca, Cornell Nutritional Surveillance Program, 1981.

Keywords:

ACADEMIC; BANGLADESH; BOTSWANA; BURKINA FASO; CHAD; CHILE; COLOMBIA; COSTA RICA; EARLY WARNING SYSTEMS; EL SALVADOR; ETHIOPIA; FAMINE; FOOD CONSUMPTION; HEALTH; INDONESIA; KENYA; MALI; MAURITANIA; NIGER; NUTRITIONAL SURVEILLANCE; PAPUA NEW GUINEA; PHILIPPINES; POLICY; SRI LANKA; ST KITTS-NEVIS; UN; WORKSHOP REPORT

This draft document includes 5 out of 11 chapters of a review of nutritional surveillance and was produced as a background document for a United Nations Agencies Workshop on Nutritional Surveillance held in Cali, Colombia, in July 1981. Nutritional surveillance methods provide regular information about nutrition in populations. Uses of nutritional surveillance are: food and nutrition planning; input to national policies; development projects; nutrition and public health programmes; and early warning and famine prevention. Indicators in nutritional surveillance systems measure either resources (e.g. access to services, land) or outcomes (e.g. nutritional status, morbidity, mortality). After some discussion of the history and development of nutritional surveillance, the review turns to examples of its application. Examples of nutritional surveillance activities are given from 13 countries (Bangladesh, Botswana, Chile, Colombia, Costa Rica, El Salvador, Ethiopia, Indonesia, Kenya, Papua New Guinea, Philippines, St Kitts-Nevis, Sri Lanka) and five countries where nutrition surveys were carried out by CDC & UCLA from 1974-1978 (Burkina Faso, Chad, Mali, Mauritania, Niger). Steps needed to set up nutritional surveillance are: definition of the issue, initial assessment phase and implementation. Criteria for defining nutritional surveillance are regular data collection, use of the data for decision-making, and a concern for populations rather than individual screening. Types of surveillance system are: monitoring long-term changes for planning purposes; evaluating programme impact for programme control; and providing early warning and interventions to prevent epidemic inadequacies of food consumption. Failings in nutritional surveillance systems include: too much data collected which cannot be speedily analysed; information not used or data supplied too late; and institutional links not established, so no use made of data and lack of sustainability. The three types of surveillance systems are discussed in detail with country examples.

**Reference ID: 106**

McCallin M. Psychological needs of Mozambican refugees - a community-based approach. *Tropical Doctor*, 1991, 21(suppl. 1):67-69.

Keywords:

ACADEMIC; CHILDREN; COMMUNITY PARTICIPATION; HEALTH; MOZAMBIQUE; PSYCHOSOCIAL; REFUGEES; WOMEN; ZAMBIA

Psychological needs have often not been met by existing health and relief services. A good model for meeting the psychological needs of refugees is the community-based programme developed by the International Catholic Bureau among Mozambican refugees in Zambia. Mozambican women were interviewed using questionnaires about themselves and their children in order to obtain information about their experiences with traumatic events and stress in daily life. Considerable stress associated with traumatic events was reported, with women without family support being most affected. Children were especially vulnerable if they were direct victims in traumatic incidents or if the parents were victims. Consequently, for aid to be successful, it is important to identify the most vulnerable, i.e. those without family support and those experiencing hopelessness, revenge or lack of worth. The best type of help can be given by support groups with whom victims are familiar. Thus identification of support groups in the community represents an essential step. As victims of disaster are not able to cope with everyday affairs, it is

necessary to help them to cope normally. It is important to work with victims and not to set rigid controls or to overpower them. They themselves should take part in decision-making and should be encouraged to develop self-confidence. The author emphasizes the need to work within the culture and within community development programmes, building on the strengths of the community.



Reference ID: 107

McConville F. *A rapid participatory assessment of the health needs of women and their children in the urban poor area of Myanmar*. Myanmar, World Vision, 1995.

Keywords:

CARE; CHILDREN; GENDER; HEALTH; MYANMAR; POLICY; PARTICIPATORY RAPID APPRAISAL (PRA); RAPID ASSESSMENT PROCEDURES (RAP); RED CROSS; RESEARCH; WOMEN

This research used participatory qualitative rapid appraisal procedures in order to assess the health needs of women and their children. The study involved 200 mothers of children under five years of age. Data were collected by volunteers from the Maternal and Child Welfare Association and the Myanmar Red Cross. The assessment covered communication planning between formal and informal health services, quality of care and training with midwives and traditional birth assistants. It also included investigation of local perceptions and practices relating to reproductive health concerns such as pregnancy, postnatal care and long-term problems, family planning methods, the prevention of sexually transmitted diseases including HIV/AIDS, and abortion. Related issues such as health financing, drug policies and a broader sociocultural gender analysis were also analysed. The methodology used for this assessment was innovative, participatory and appropriate, generating a considerable amount of new data in a short time. Of particular interest may be the techniques of body mapping used by the women to identify reproductive morbidity and the side-effects of birth spacing and other contraceptive methods. Sexuality lifelines were used to give an awareness over time of the difficulties women face in their reproductive lives.



Reference ID: 108

McCrae J, Zwi A. *War and hunger. Rethinking international response to complex emergencies*. London, Save the Children Fund (UK), 1994.

Keywords:

ACADEMIC; AFRICA; ANGOLA; CAUSES OF EMERGENCIES; CONCEPTUAL; CONFLICT AND WAR; ERITREA; FAMINE; GENDER; NGO; POLICY; SAVE THE CHILDREN FUND; SOMALIA; SUDAN; TIGRAY

This book questions current paradigms regarding the nature of conflict and famine and prevailing responses to complex emergencies. It consists of a collection of essays and case studies that examine the complex relationship between hunger and warfare and are drawn from a wide range of disciplines. It highlights the urgent need to re-analyse commonly-held concepts about conflict-related disasters and the humanitarian response to them. The book is in three parts. Part 1 gives an overview of famine and hunger, starting with a discussion about models and concepts of famine and relating these to conflict in Africa. It describes the link between war and hunger and provides an analytical framework in which to discuss some of the key themes. Part 2 is a collection of discussions based on case studies from five African countries. It looks at the historical roots of hunger and violence in Angola, the political and economic causes of conflict and famine in Sudan, the role of indigenous relief agencies in mitigating successive famines, the slow response of international aid in Tigray, and the sustainable rehabilitation of food systems in Eritrea. Part 3 identifies key policy issues such as the need for gender awareness and recognition of the gender

dimension of famine and conflict within African households, the policy framework that sustains conflict and creates further humanitarian disasters, and the need to identify strategies that better serve the weak. The book concludes with a discussion of the need for the international community to redefine its response to complex emergencies, and a list of priorities for action.

 **Reference ID: 109**

McNabb SJN et al. Population-based nutritional risk survey of pensioners in Yerevan, Armenia. *American Journal of Preventative Medicine*, 1994, 10(2):65-70.

Keywords:

ACADEMIC; ARMENIA; AZERBAIJAN; CONFLICT AND WAR; ELDERLY; HEALTH; RESEARCH

Armenia, a republic that was formerly within the Soviet Union, suffers hyperinflation and was at war with Azerbaijan in the early 1990s. Pensioners 60 years of age or older were thought to be at high risk for significant nutritional deficits. The authors drew a stratified systematic sample (with a random starting point) of 456 pensioner names from all eight administrative regions of Yerevan, the capital of Armenia. A questionnaire gathered data that included self-reported weight and height, demographic characteristics, living conditions, medical and dietary history, income and aid received from various sources. Many of those surveyed indicated that they had experienced a worsening of their situation which had affected their diet; 45% reported a weight loss of 5 kgs or more in the previous year. After adjusting for potential confounders, weight loss of 5 kgs or more was associated with illness affecting eating, not having received aid, and reducing or skipping meals. On the basis of self-reported current and recalled height and weight, the authors found that the mean body mass index (BMI) of pensioners in 1992 was significantly less than in 1991. However, the 1992 BMI of female pensioners in Yerevan was not significantly different from the BMI of a comparison group in the United States, and Armenian male pensioners' BMI was significantly greater than that of elderly men in the United States. Among pensioners in Yerevan, recent weight loss was common, but chronic wasting was not. The recent weight loss may have been due to inadequate caloric intake caused by the shortage and high price of food. Pensioners with illnesses affecting eating and those who had not received aid were at especially high risk for nutritional disease.

 **Reference ID: 110**

Mukherjee N, Mukherjee A. Women's participation: food gathering, food insecurity and hunger periods: some policy implications for village Krishna Rakshit Chak in West Bengal, India. *Economic and Political Weekly*, March, 1994.

Keywords:

COMMUNITY PARTICIPATION; FOOD SECURITY; HEALTH; INDIA; PARTICIPATORY RAPID APPRAISAL (PRA); POLICY; WOMEN

The report is based on two visits to villages in the Mindapore District of West Bengal in February 1993. The report illustrates the importance of gathering information from rural women, to highlight variations in seasonal food consumption and women's responses to this insecurity. PRA was used to analyse the links between food insecurity, health and ecological degradation (e.g. using food calendars to illustrate food consumption). A high level of detail was obtained for both primary and secondary foods. A number of lessons were learnt from this, and immediate impacts were apparent - such as which roles the women could play and which were dependent on outside inputs. Seasonal food calendars are considered to be a strong basis for interventions in food security, agroforestry, environmental care and the development of women's groups.

 **Reference ID: 111**

Mutayisa D, Osuga B. *Use of PRA in programme reviews and evaluations: key strengths, weaknesses and lessons*. Entebbe, Uganda Community Based Health Care Association, 1995.

Keywords:

COMMUNITY PARTICIPATION; HEALTH; MONITORING AND EVALUATION; PARTICIPATORY RAPID APPRAISAL (PRA); UGANDA

This short paper discusses some experiences of using PRA in monitoring and evaluation of health care programmes in Uganda. Various PRA methods were found to be useful, including venn (chapati) diagrams, mapping and modelling, and transects. The key strengths of using PRA for evaluations are given, together with challenges to PRA use.



Reference ID: 112

MYRADA. *Analysis of societal roles and problems from a gender perspective and development of gender-sensitive tools in PRA-PALM*. Bangalore, Mysore Resettlement and Development Agency, 1992.

Keywords:

CARE; GENDER; INDIA; NGO; PARTICIPATORY RAPID APPRAISAL (PRA)

A staff workshop was organized by MYRADA, an NGO using a PRA approach in South India, to better understand gender relations in the project areas and "locate programmes in the gender context". There was also a need to "innovate with the existing repertoire of PRA tools and to innovate new ones to analyse gender relations". This report describes the workshop in detail, including role-plays that were used to give insights into participants' own gender biases. The report also includes a theoretical framework for gender analysis. For the field exercises, a table summarizes topics chosen (e.g. gender differences in establishing links with institutions, in accessibility to information, and in the use of traditional and modern care facilities), PRA tools used and comments on the methods. Annexes include a hand-out on gender and diagrams from the PRA field exercises.



Reference ID: 113

Neefjes K. *Resettlement in northern Mutara: a report of a participatory planning exercise*. Oxford, Oxfam, 1995.

Keywords:

COMMUNITY; NGO; OXFAM; PARTICIPATORY RAPID APPRAISAL (PRA); REFUGEES; RWANDA

The report outlines the findings and process of a participatory planning exercise initiated by Oxfam in northern Mutara, Rwanda. After the genocide of 1994, some community structures were becoming visible in the Mutara region, indicating potential for a development programme. It was also seen as an important area because from 1994 there was a growing environmental crisis, with large numbers of people and cattle entering an environmentally fragile area. The first three days of the exercise were spent training NGO staff and local authority and community members in PRA methods and participatory approaches to development. This was followed by one week working with three communities, and culminated in drawing up outlines of action plans. The report discusses the approach and process of participatory learning and planning, the use of secondary sources, and the methods and findings of the PRA exercises in the three communities.

**Reference ID: 114**

Okurut S et al. Participatory research process and empowerment: The PACODET community, Uganda. In: De Koning et al., eds. *Participatory research in health: issues and experience*. London, Zed Books, 1996:72-81.

Keywords:

ACADEMIC; COMMUNITY PARTICIPATION; EDUCATION; HEALTH; UGANDA

The Pallisa Community Development Trust (PACODET) is a local trust that promotes primary health care and primary environment care for a population of 60,000 people in eastern Uganda. The chapter recounts the evolution of this small development project which benefited from growing community participation. PACODET was started by a group of students who formed a village student association which focused on improving the community. Money was raised from membership fees and community health workers were trained to provide essential drugs and education. The Ministry of Health provided additional drugs and professional training for the community health workers. A nutrition study identified a number of problems such as poor storage practices. The study helped to develop local skills in action research and to target nutritional health education. PACODET illustrates how a participatory process can develop people's capacity to formulate their own research and development agenda. The community retained control and was able to guide the use of external resources to its own priorities. The chapter concludes that it is not money that is lacking but information on the wise use and protection of resources, and that the community had learned that it is possible to acquire and construct information.

**Reference ID: 115**

Oxfam. *Food distribution in Turkana*. Oxford, Oxfam, 1995.

Keywords:

COMMUNITY PARTICIPATION; FOOD AID; KENYA; MONITORING AND EVALUATION; NGO; OXFAM

This document describes a programme of food distribution by Oxfam in Turkana District, Kenya, between 1992 and early 1995. Its aims are firstly to share practical field experience of one way in which food aid was targeted to pastoralists, and secondly to illustrate lessons learnt by the people involved and to contribute to debate within government, donor and NGO circles on the subject of food aid for pastoralists. The paper has three sections. The first describes the objectives of the programme and its principles and context. It also explains the distribution system that was used. Section 2 contains practical details of the system and is focused on four key areas: community involvement, registration and screening, distribution, and monitoring. Details are provided using personal accounts of the people directly involved. Problems and achievements are highlighted. The last section illustrates the different effects of the food distribution on the lives of the beneficiaries. It questions the assumption that dependency is a necessary consequence of food aid, suggests that the dividing line between emergency and development situations is often blurred, and proposes that aid agencies' response to such situations should reflect this in a cohesive and accurate way. The conclusion summarizes the dilemmas faced in the course of the work, and an appendix gives background information.

**Reference ID: 116**

Oxfam. Health and nutrition in emergencies. In: Eade et al., eds. *The Oxfam handbook of development and relief*. Oxford, Oxfam, 1995:894-913.

Keywords:

GENDER; GUIDELINES; HEALTH; HEALTH INFORMATION SYSTEMS; NGO; NUTRITIONAL SURVEILLANCE; OXFAM; RATIONS; SANITATION; WATER;

This chapter starts with background information on the principal primary health care interventions in acute emergencies and on public and environmental primary health care in emergency relief programmes. It also gives advice on the assessment of emergencies. The assessment of sudden-onset emergencies, for instance, should include identification of risks to health and of surviving health resources as well as project requirements. During slow-onset emergencies it is crucial to obtain demographic and health information and a detailed assessment of the nutrition situation. Guidelines for response to sudden-onset emergencies are provided (i.e. search and rescue, management of immediate casualties, shelter, communicable disease control and supply of food). In slow-onset and chronic emergencies, both non-displaced people and refugees/displaced persons must be considered. Food distribution should take into account general rations, supplementary foods and therapeutic feeding, as well as problems related to gender relations and inequalities. Further guidelines are presented for water supply, excreta disposal and health services. Primary health interventions should consist of measles immunization, management of diarrhoea/dehydration and acute respiratory infections, vitamin A supplementation, and a basic health information system. For effective health and nutrition surveillance, data on population, mortality, morbidity, nutrition, health sector activities and general living conditions should be collected systematically. In addition, there should be emphasis on training programmes for health workers. The chapter ends with key questions that must be answered when planning efficient activities.

**Reference ID: 117**

PAHO. *International health relief assistance: a guide for effective aid*. Washington D.C., Pan American Health Organization/ Regional Office for the Americas - World Health Organization, 1997.

Keywords:

GUIDELINES; HEALTH; REHABILITATION AND RECONSTRUCTION; WHO

The United Nations has designated the 1990s as the International Decade for Natural Disaster Reduction. PAHO therefore published this booklet as a guide to avoiding past mistakes and making international health relief assistance truly effective. The principles of disaster assistance are explained, focusing on locally available aid. This is followed by a section on rehabilitation and reconstruction after a disaster. The booklet discourages the sending of inappropriate items or those which are better purchased locally, as in the case of hired personnel. When considering donations of equipment and materials, one should take into account their value, the need and the cost of transportation. The myths of disasters are compared with the realities, which are often the opposite of common knowledge, and the effects of natural disasters on health are presented by way of a comprehensible table.

**Reference ID: 118**

Parvanta I, Vitek C, Roberts L. *Household winter preparedness: Armenia 1993-94. A random nationwide survey.* Atlanta, Centers for Disease Control and Prevention (CDC), 1993.

Keywords:

ARMENIA; CHILDREN; ELDERLY; FOOD AID; FOOD SECURITY; LIVELIHOODS; POVERTY; RESEARCH

As a second winter under blockade conditions began in Armenia, a survey of 837 households was conducted to assess heating and food security. A questionnaire was administered to approximately 210 households in each of four strata: urban vulnerable, urban non-vulnerable, rural vulnerable and rural non-vulnerable. The sample was selected from official government population lists and lists meeting the Ministry of Social Welfare and Labour's definition of "most vulnerable" households. The survey was conducted in November and December 1993. Households reported being much less prepared for winter than one year previously. Rural households had significantly more stores than urban households. Acute malnutrition was judged to be unlikely, however, if the bread ration could be maintained. Large families (more than two children under 16 years of age) were better off than smaller families with regard to both stores and income. Energy conservation measures could contribute greatly to household heating efforts. Among vulnerable households, charity from neighbours and friends, sales of assets and spending from savings constituted the major part of purchasing power. Single mothers and single pensioners were considered to be the most vulnerable group. Lack of heating was the main concern of the pensioners. Supplemental income through knitting or making items for sale was prevented by poor vision or bad hands.

**Reference ID: 119**

Pavlovic M et al. Loss of body mass in ex-prisoners of war. *European Journal of Clinical Nutrition*, 1993, 47:808-814.

Keywords:

ACADEMIC; CROATIA; PRISONERS; RESEARCH

Body mass was examined in 71 prisoners of war from eastern Slavonia, Republic of Croatia, immediately on release from prison camp. The sample consisted of a group of 33 male smokers who had been imprisoned for 4 months (4m) and 38 male smokers imprisoned for 9 months (9m). According to subjective estimates the prisoners had lost an average of 18.4 kgs (4m) and 21.6 kgs (9m). For comparison, data collected in 1976 on a healthy population of male smokers from eastern Slavonia were used (n=75). Weight, BMI, triceps, subscapular skinfolds and percentage of body fat were all statistically significantly lower in the 9m group compared with the control group. Basic biochemical parameters were examined in the prisoners of war. There was no difference between the 4m and 9m groups in Hb levels (means 14.8 g/dl and 14.5 g/dl) but mean corpuscular volume and haematocrit were statistically different. Although the prisoners of war had lost weight during imprisonment due to the frugal diet, no clinical signs of malnutrition were found. This was attributed to the effect the international humanitarian organizations had on the recovery of prisoners during the last few weeks of imprisonment and to the tendency to be overweight in the rich agricultural regions of Croatia.

**Reference ID: 120**

Ressler EM, Boothby N, Steinbock DJ. *Unaccompanied children: care and protection in wars, natural disasters, and refugee movements*. Oxford, Oxford University Press, 1988.

Keywords:

ACADEMIC; CAMBODIA; CARE; CHILDREN; CONCEPTUAL; CUBA; EMERGENCY PREPAREDNESS; EMERGENCY RESPONSE; GREECE; HUNGARY; KOREA; NIGERIA; PSYCHOSOCIAL; REFUGEES; REVIEW; SPAIN; VIET NAM

This book investigates, from historical, psychological and legal perspectives, the problems faced by unaccompanied children in emergencies, as well as by those who offer them assistance. The book has four parts. Part 1 provides an historical overview of the problems of unaccompanied children in emergencies and the efforts of personnel to tackle these problems. The selected examples are from the Spanish Civil War, World War II, the Greek Civil War, the Korean War, the Hungarian Revolt, the Cuban Revolution, the Nigerian Civil War, the Viet Nam War and the Cambodian Crisis. The last chapter analyses the problems presented in these selected emergencies. Part 2 deals with psychological concerns. It provides a general overview of the normal pattern of a child's psychological and social development, and then discusses the family and the community as rings of security for children in emergencies. The authors emphasize the effects of separation, trauma and interventions on the unaccompanied children. They also address the psychological issues of family reunification and cross-cultural placements. Part 3 examines the major legal issues. Beginning with the family and child welfare law framework, it continues with the law of armed conflict, natural disasters and population movements related to unaccompanied children. It then discusses the jurisdiction and choice of law and concludes with an analysis of the legal role of international and voluntary organizations. Part 4 provides recommendations for action in future emergencies, covering preparedness, prevention, assistance, interim and long-term placement, and unaccompanied children outside their countries of origin. The book ends with a list of basic information required for the documentation of unaccompanied children.

**Reference ID: 121**

Richman N. Annotation: children in situations of political violence. *Journal of Child Psychology and Psychiatry*, 1993, 34(8):1286-1302.

Keywords:

ACADEMIC; CHILDREN; COMMUNITY; CONCEPTUAL; CONFLICT AND WAR; LOCAL INSTITUTIONS; PSYCHOSOCIAL; REFUGEES; REVIEW

This annotation discusses the psychological effects on children in situations of political violence and focuses on the review of recent literature. The paper first deals with problems in studying the psychological effects of political violence on children. It then analyses the effects of political violence, considering vulnerability factors, short-term reactions and long-term effects. The use of post-traumatic stress disorder (PTSD) as a measure of the effect of distress arising from conflict is critically examined. Another important issue is the effect on refugees who face not only the events leading to their flight, but also an uncertain reception in the host country. The author reviews articles dealing with the outcome when young people are directly involved in conflict. Finally, different ways of helping are discussed. It is essential to work with children in disasters and it is important to take into account the cultural and social background when deciding on appropriate treatment. Community and school programmes are the most common and best approaches. However, it is fundamental that any programme to help children affected by political violence should ensure adequate care, if possible in the child's own family. Thus, family tracing should be included in such programmes. The author concludes that more information about the long-term effects of violence on children, and how these effects can be mitigated, is required. In future, there should be more emphasis on the positive strengths rather than the "pathology".

 **Reference ID: 122**

Robertson A et al. Nutrition and immunization survey of Bosnian women and children during 1993. *International Journal of Epidemiology*, 1995, 24(6):1163-1170.

Keywords:

ACADEMIC; ADULTS; BOSNIA; BREASTFEEDING; CHILDREN; CONFLICT AND WAR; DISPLACED; FOOD AID; HEALTH; INFANT FEEDING; REFUGEES; RESEARCH

As a result of the war in Bosnia, millions of displaced people and refugees came to depend on international donations of food aid. In order to assess the nutrition situation and immunization coverage and to plan and prioritize appropriate actions if the war continued, WHO conducted baseline surveys in Bosnia-Herzegovina during June and July 1993. The survey consisted of 120 randomly selected clusters of households in Sarajevo, Tuzla, Zenica and Bihac (30 clusters in each region). Children of 6-59 months and their mothers were selected and their nutritional status was examined, using anthropometric measurements and clinical signs of micronutrient deficiency. Children aged 13-25 months and infants under 16 weeks were also assessed for their immunization status and infant feeding practices respectively. The results showed no clinical signs of protein-energy undernutrition or micronutrient deficiency in children. Similarly, there were no clinical signs of undernutrition in adults, although more than 10% of the women resident in Sarajevo and Zenica had a BMI below 18.5. Total BCG coverage was 94% while the coverage for DPT and polio was only 55% and 49% respectively, and for measles only 31%. Just 5% of mothers were exclusively breastfeeding their babies under 16 weeks. Although this was not a nationwide survey and was limited to the first year of the war, the results indicate that in this period serious hunger and undernutrition problems were prevented in Bosnia although appreciable loss of weight is likely to have occurred. For several reasons outlined in the text, immunization coverage, except for BCG, and exclusive breastfeeding levels were poor.

 **Reference ID: 123**

Robertson A. *Report of food and nutrition assessment, Azerbaijan*. Copenhagen, World Health Organization, 1995.

Keywords:

AZERBAIJAN; CHILDREN; DISABLED; DISPLACED; ELDERLY; FOOD AID; FOOD SECURITY; INSTITUTIONALIZED PEOPLE; NGO; POLICY; RESEARCH; WATER; WHO; WOMEN; WORLD BANK

When this report was written, living conditions of internally displaced persons (IDPs) in Azerbaijan had remained almost the same for three years. There had been some improvements for IDPs living in railway carriages and mud huts due to NGO projects to build latrines. The gas and electric supply systems were extremely dangerous. Water was supplied from irrigation canals, irrigation pipes or artesian wells. Schools were operating in most areas but in some places it was difficult for children to travel to school. Markets were full of local produce and commercial goods but most IDPs had no regular employment or income and so could buy nothing. The IDPs were looking for alternative ways to survive, for example, by registering in several areas in order to receive food aid from different NGOs and, in the rural areas, by growing their own produce. There were shortages of some products. There were also intractable problems in food production, processing, storage, distribution and marketing and the short-term economic outlook pointed to a continuing need for humanitarian food aid. Market prices were very high relative to salaries in the state sector. The World Bank estimated that real wages had declined by about 90% in the previous two years. Families relied to a large extent on informal sector activities, sales of personal effects and assets or remittances from abroad to cover their basic needs. Lack of purchasing power appeared to limit the intake of meat, dairy products, eggs, fish and sugar, especially in urban areas and among the rural landless. Dependency on bread and potatoes had increased, particularly in the urban areas. Many elderly people were seen begging in the streets.

Soup, bread and tea were reported to be the standard meal of the urban poor. Many rural families enjoyed a more varied diet in view of the difficulty and cost of bringing their own produce to markets. The number of economically vulnerable people was increasing and seemed likely to continue to do so. Those most at risk included the internally displaced and their host families, institutionalized people, elderly living without family, disabled and handicapped people, single parents and large families, pregnant and lactating women, and children. Mothers unable to breastfeed faced particular difficulties due to the prohibitive price of infant formula. The targeting of humanitarian assistance needed careful planning so as to ensure adequate supplies of staple food, such as bread, particularly for the nutritionally vulnerable but without discouraging the stimulation of local production. In view of the virtual lack of national food and nutrition information systems, there was a need to assist the authorities to develop an information system to inform their policy- and decision-makers.



Reference ID: 124

Robertson A, James WPT. War in the former Yugoslavia: coping with nutritional issues. In: Mann JI, ed. *Introduction to human nutrition*. Oxford, Oxford University Press, 1995.

Keywords:

ACADEMIC; BOSNIA; CONFLICT AND WAR; FOOD SECURITY; HEALTH; NUTRITIONAL STATUS; RESEARCH; VULNERABILITY

This paper gives an overview of the aid response to the conflict in the former Yugoslavia. It documents the relief effort in Bosnia and Herzegovina, and particularly in Sarajevo. The paper aims to show that this experience can bring a new perspective to the handling of Third World emergencies. It details the provision of food aid to Sarajevo and considers the solutions that were applied to overcome the practical difficulties of estimating levels of need and identifying vulnerable groups. It is critical of some of the immediate responses by the international community, and emphasizes the need to tailor interventions more accurately to the actual conditions being experienced. The need for accurate data about nutritional vulnerability is stressed and the methods by which these data were obtained are given in detail. The paper stresses the vital role of rapid and objective survey methods. A number of novel approaches are suggested. These include monitoring the nutritional status of adults and elderly people as well as children, measuring food availability by monitoring black market prices, and linking nutrition field workers to academic centres to provide information for appropriate decision-making.



Reference ID: 125

Robinson S, Cox P. *Process evaluation of the Nepal Health Development Project: a participatory challenge*. A working draft paper presented to the Canadian Evaluation Conference, May 26th 1994, Quebec City, Quebec.

Keywords:

ACADEMIC; COMMUNITY PARTICIPATION; EVALUATION; HEALTH; NEPAL

This paper will be of interest to managers and researchers in organizations, and to those involved in organizational evaluation. Staff of the Nepal Health Development Project designed a method of examining the relationship between the project's human resource development initiatives and outputs and outcomes. This "process evaluation" is a participatory method which focuses on the capacity-building experience itself. Process evaluation allows the researchers to analyse the strengths and weaknesses inherent in a project/activity's design, and to examine the external constraints and potentials that influence progress towards goals. To the extent that project beneficiaries and implementors design and carry out process evaluation, the methodology is a tool for capacity-building. The methodology has four characteristics: use of a conceptual model

around which to examine capacity-building; reliance on participatory strategies; use of participatory appraisal techniques; and a qualitative approach to indicator development and investigation. Process evaluation is described and explained in four sections, one devoted to each of the above characteristics. It is recognized that where there is participation, there is potential for conflict. The conceptual model provides a common reference point, and can be used to enhance participation in a diverse group. The evaluation exercise was used to help bridge the gap between a number of distinct components of the organization's work. The model was applied to each of these components and the results for each are presented. The final section presents lessons regarding the methodology learned through the evaluation process.



Reference ID: 126

Rolls ET, de Waal A. Long-term sensory-specific satiety: evidence from an Ethiopian refugee camp. *Physiology and Behaviour*, 1985, 34:1017-1020.

Keywords:

ACADEMIC; ETHIOPIA; FOOD CONSUMPTION; REFUGEES; RESEARCH

The reduction in appetite which occurs during a meal is partly specific to the foods which have been eaten earlier in the meal. This has been called "sensory-specific satiety". In the experiment described in this article, a long-term form of sensory-specific satiety was demonstrated. Refugees in an Ethiopian refugee camp reported that the taste of three foods which they had been eating for approximately six months was less pleasant than that of three new foods. Refugees who had been eating the regular diet for only two days, however, found it tasted as pleasant as the newer foods. These findings show that long-term sensory-specific satiety is an important factor in influencing the palatability of foods, and the amount eaten. They show that if a limited variety of food is available, as may occur in refugee camps, this can considerably reduce the palatability of the food. This in turn may have consequences on nutritional status. Therefore, it will be useful to determine the extent to which this long-term sensory-specific satiety can be prevented by providing even a limited range of spices, flavourings or foods.



Reference ID: 127

Rubin CB, Saperstein MD, Barbee DG. *Community recovery from major natural disaster*. Boulder, Institute of Behavioral Science, University of Colorado, 1985.

Keywords:

ACADEMIC; COMMUNITY; CONCEPTUAL; GUIDELINES; REHABILITATION AND RECONSTRUCTION; RESEARCH; REVIEW; UNITED STATES

This study was designed to contribute to the knowledge about long-term community recovery from a major natural disaster and to produce an analytical framework for future studies of the recovery process. From 1980-84, the project team conducted empirical studies of communities recovering from natural disasters in the United States. Visits were made to 14 sites struck by disasters in order to interview key decision-makers and to analyse local public planning and management processes. This monograph incorporates all the case studies, presents their analysis, and suggests a model of the recovery process. It points out that recovery is an ongoing process and, therefore, difficult to measure. Chapter 2 of the book provides an explanatory organizing framework with respect to long-term recovery based on the analyses of the case studies. Chapters 3 and 4 describe the dynamics of the recovery process and the contributions to effective recovery. Finally, in Chapter 5, the authors use proposals as a means of offering guidance, advice and prescriptive information to local officials. The second part of the book presents the case studies of the recovering communities.



Reference ID: 128

Rugh J. *Self-evaluation ideas for participatory evaluation of rural community development projects*. Oklahoma, World Neighbours, 1992.

Keywords:

COMMUNITY PARTICIPATION; MANUAL; MONITORING AND EVALUATION

This reprint of the seminal manual, first published in 1986, still represents a very useful contribution to the literature on self-evaluation. Emphasis is on the need to consider the viewpoints of a wide range of interest groups, both within the community and among those (external partners) involved in the implementation of the project. The different levels at which self-evaluation may be useful are considered, and the key questions relating to why, for whom, by whom, when, what, and how evaluation should occur are also addressed. Some basic methodological tools are briefly discussed, as are two case studies of participatory evaluation.



Reference ID: 129

Save the Children Fund (UK). *Communicating with children: helping children in distress, Development Manual No.2*. London, Save the Children Fund (UK), 1993.

Keywords:

CHILDREN; DISABLED; MANUAL; NGO; PSYCHOSOCIAL; SAVE THE CHILDREN FUND

The effects of conflict and emergencies on children can be devastating, both physically and psychologically. They need special understanding and support to help them to get through the crisis and deal with the future. This manual aims to help those working in conflict situations and emergencies to develop their listening and communication skills in order to identify and help children with special needs. The first four sections of the manual deal with the basic skills of communication - how to listen and encourage others to express themselves, how children communicate, the process of getting to know each other, and what to do about blocks in communication. These are followed by some ideas on giving support and advice. The next two sections cover ways of talking about death and separation, and talking with disabled children. Finally, working with groups of children, talking with the family and other carers, and the needs of the helpers themselves for support are briefly considered. Throughout all sections, this manual uses case histories to illustrate the problems children face and to suggest ways of resolving them. Practical exercises and details of how to run workshops allow readers to develop the ideas outlined.

 **Reference ID: 130**

Schoonmaker Freudenberger K, Schoonmaker Freudenberger M. Livestock, livelihood and change: the versatility and richness of historical matrices. *Rapid Rural Appraisal (RRA) Notes*, 1994, 20:144-148.

Keywords:

COPING STRATEGIES; GAMBIA; LIVELIHOODS; SENEGAL

Three case studies, from Gambia and Senegal, demonstrate the versatility and richness of historical matrices as tools for participatory appraisal. The three cases illustrate matrices on the evolution of livelihood strategies, the evolution of natural resource use, and coping strategies in times of crisis and extreme hardship. The matrices were used to facilitate local populations' own analyses of how their situation has changed over time, and the causes and consequences of that change. The matrices were found to be particularly useful for understanding complex local livelihood strategies. They also raised many surprising issues that might otherwise have been overlooked.

 **Reference ID: 131**

Schuth T, Hena Mallik A. Two new methods for PRA sessions on infant nutrition. *PRA NETWORK NEWS*, 1996, 96:3-4.

Keywords:

ACADEMIC; BANGLADESH; BREASTFEEDING; CHILDREN; INFANT FEEDING; PARTICIPATORY RAPID APPRAISAL (PRA); WOMEN

This paper discusses focus group discussions with women about awareness of feeding of colostrum, breastmilk and additional food. PRA sessions were held in some villages in Barisa District, Bangladesh, during the preparation of a health project. This paper describes two PRA methods used to visualize different conceptions of these issues. The results from these methods helped to facilitate a fruitful discussion of infant nutrition.

 **Reference ID: 132**

Scrimshaw NS, Gleason GR. *Rapid assessment procedures: qualitative methodologies for planning and evaluation of health related programmes*. Boston, International Nutrition Foundation for Developing Countries, 1992.

Keywords:

ACADEMIC; COMMUNITY PARTICIPATION; HEALTH; MONITORING AND EVALUATION; RAPID ASSESSMENT PROCEDURES (RAP); RAPID RURAL APPRAISAL (RRA); UNU

The International Conference on Rapid Assessment Methodologies for Planning and Evaluating Health Related Programmes was organized by the United Nations University at the Pan American Health Organization in Washington in 1990. The conference aimed to "explore anthropologically based methodologies for the design, evaluation and improvement of programmes of nutrition and primary health care". The 42 chapters on rapid assessment procedures (RAP), rapid rural appraisal (RRA) and related approaches deal with a range of research tools. The book's seven sections cover: the expanding role of qualitative research in international development; development and applications of RAP procedures in Africa, Asia and the Americas; community participation and RRA; institutionalization of RAP; training for RAP and other qualitative methods; bringing RAP to the decision-making realm: effective communication and use; and the conference summary, comments, speakers and participants. The overall focus is on planning and evaluation of nutrition and health-related intervention programmes, but much that is discussed will have a

direct bearing on other social development sectors. The stated aim of the volume, that of contributing "toward increasing the understanding of RAP and RRA, both as tools of investigation and potentially as integrated components of the community development process itself", highlights this point.



Reference ID: 133

Seaman J. Management of nutrition relief for famine affected and displaced populations. *Tropical Doctor*, 1991, 21(suppl. 1):38-42.

Keywords:

ACADEMIC; CHILDREN; DISPLACED; FAMINE; FOOD AID; FOOD SECURITY; GUIDELINES; HEALTH; NUTRITIONAL SURVEILLANCE

This paper is a guide for health workers in managing nutrition relief for large populations. A nutritional emergency is likely to occur in a population displaced into a camp and often depending on food relief for survival, or in an unmoved population suffering from a food shortage. Emergency food aid may cause problems if it is of insufficient, inadequate nutritional quality, or contains unsuitable commodities. The paper describes food distribution in camps and concentrations of displaced people at three levels: the basic ration usually distributed at family level; the supplementary food rations for children of defined age or nutritional status, the ill, or specific social groups; and therapeutic food provided to severely malnourished children. For effective nutritional relief the following information should be collected and used: nutritional background, anthropometric survey, map of area or camp, and census/age structure of population. Another important issue is monitoring. Information on food supply and distribution should be obtained by regular control of the quantity of food delivered and received, of any individuals omitted, and of relative prices of relief food and other foods. Furthermore, information is needed on nutritional problems and their changes over time. The author considers some specific problems such as interpretation of nutritional results and nutritional relief for dispersed populations. If inadequate food supplies result in starvation and vitamin deficiencies, surveys should be conducted for appropriate response and in the meantime short-term steps should be considered.



Reference ID: 134

Seaman J, Holt J, Rivers J. The effects of drought on human nutrition in an Ethiopian province. *International Journal of Epidemiology*, 1978, 7(1):31-40.

Keywords:

ACADEMIC; CAUSES OF EMERGENCIES; ETHIOPIA; FAMINE; FOOD SECURITY; NUTRITIONAL STATUS; RESEARCH

In mid-1974 the authors conducted a survey of Harerghe Province, Ethiopia, in order to verify reports of the serious effects of drought six months earlier. Information was obtained on anthropometric nutritional status, mortality, livestock and market prices from a random sample of 62 villages in five ecological zones - the highlands, the northern and southern rangelands, the Issa Desert with its pastoral economy, and an intermediate zone of mixed economy. The worst effects of the drought had occurred in the rangelands, with a high prevalence of malnutrition, a high rate of human mortality and livestock losses. The authors conclude that, without food distribution, famine would result. In the highlands, there was no reason to expect an unusual food shortage despite a high prevalence of malnutrition. Considering pre-drought levels of malnutrition, the results of this survey reflect the effects of chronic poverty, not past or impending famine. The marginal areas had suffered more severe crop failure and heavy livestock losses combined with increased human mortality, but without a crucial anthropometric outcome. The authors conclude that this area should be kept under surveillance. For the Issa Desert, conflicting results were

found - namely a high rate of human and livestock losses, but the lowest observed prevalence of malnutrition in any area studied. In this case, the authors could place no clear interpretation on their findings.



Reference ID: 135

Shears P. Epidemiology and infection in famine and disasters. *Epidemiology and Infection*, 1991, 107:241-251.

Keywords:

ACADEMIC; AFRICA; CONCEPTUAL; FAMINE; HEALTH; REVIEW; SANITATION; WATER

The author reviews published data on the impact of communicable diseases in disasters during the 1970s and 1980s in order to propose strategies for reducing infection-related morbidity and mortality. As epidemiological background, a classification of disasters is provided that takes into account the cause and speed of the onset. This is followed by a literature review of causes of mortality and morbidity in disasters as well as of disease-specific mortality and morbidity. The review also considers the risk factors associated with communicable disease morbidity and mortality. These factors include malnutrition, water supply and sanitation, crowding and increased disease transmission, and the effect of environmental change and migration on disease transmission. Different surveillance strategies for communicable diseases in disaster are also taken into account. The author suggests a number of strategies. As different disaster types produce different health problems (in relation to both cause and time pattern of morbidity and mortality), these should be borne in mind when sending equipment and materials for relief. Basic health programmes on infectious disease control are absolutely necessary in relief camps in famine-affected areas of Africa and should be added to, and not replaced by, nutrition programmes. In addition, further research is required to determine the role of malnutrition and other risk factors such as crowding, water supply and vector populations on morbidity and mortality. The principal recommendation, however, must be to accept the need for effective disease and mortality surveillance systems. The author concludes that the application of such techniques may contribute to reducing the excess morbidity and mortality that is still associated with famine and disasters.



Reference ID: 136

Shoham J. Emergency supplementary feeding programmes. *Relief and Rehabilitation Network*, 1994.

Keywords:

ACADEMIC; ADULTS; CHILDREN; ELDERLY; FOOD AID; FOOD SECURITY; GUIDELINES; HEALTH; MONITORING AND EVALUATION; NUTRITIONAL STATUS; SANITATION

The objective of the review is to provide an overview of good practice in designing and implementing emergency supplementary feeding programmes (SFPs) for non-specialists. Chapter 2 distinguishes two categories of emergency SFPs, namely curative and preventive programmes. Preventive programmes aim to pre-empt a deterioration of nutritional status in those (generally children) most at risk of malnutrition. In most circumstances, where the affected population is largely or entirely dependent on food aid, the general ration is composed of at least three commodities (cereal, beans and oil) and assumes that 2000 kcals per person per day will be provided. The normal admission criteria for therapeutic feeding is below 70% weight for height or clinical signs of malnutrition. Children are discharged at 80% weight for height and referred to SFPs for supervised feeding. Chapter 3 discusses the starting and stopping of emergency SFPs. Existing guidelines all recommend the suggested trigger point of 15 years of age and 20% of malnutrition among under-fives or a general ration of less than 1750 kcals to establish SFPs for

vulnerable groups. Severe public health hazards (e.g. overcrowding and poor sanitation), and high levels of contagious disease such as shigella, are other factors which may be taken into account. Existing guidelines prioritize the under-fives and pregnant (last trimester) and lactating women. The elderly and other target groups have lower priority. Chapter 4 deals with programme design. It notes that there are few data from food emergencies which demonstrate the comparative vulnerability of different groups to lack of food. There is also a lack of data on the association between malnutrition in adults and the risk of mortality in emergency situations. The argument is for greater flexibility in targeting for SFPs. Chapter 5 deals with monitoring and evaluation, and chapter 6 describes some typical scenarios.



Reference ID: 137

Siddique AK. Why treatment centres failed to prevent cholera deaths among Rwandan refugees in Goma, Zaire. *The Lancet*, 1995, 345:359-361.

Keywords:

ACADEMIC; BANGLADESH; GUIDELINES; HEALTH; REFUGEES; RESEARCH; RWANDA; ZAIRE

In July 1994, an estimated 12,000 Rwandan refugees died from cholera in Goma in eastern Zaire. The authors, from the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), report on their experience while providing assistance. It was found that the isolated *Vibrio cholerae* strains were resistant to tetracycline and doxycycline, the commonly used drugs for cholera treatment. Despite the efforts of international organizations, which provided medical relief by establishing treatment centres in Goma, mortality from the disease was much higher than expected. The slow rate of rehydration, inadequate use of oral rehydration therapy, use of inappropriate intravenous fluids, and inadequate experience of health workers in the management of severe cholera are thought to be some of the factors leading to the large number of deaths during the epidemic. In one of the temporary treatment centres with the worst case-fatality record, the ICDDR,B team showed that an improvement in these factors could increase the survival rate of cholera even in a disaster setting. Recommendations are made for future similar disasters. Standard guidelines for case management of cholera and shigellosis should be developed and followed. Oral rehydration therapy with appropriate intravenous fluids should be promoted and used. Medical NGO teams should include decision-making members experienced in the management of medical emergencies. Finally, before large quantities of drugs are ordered, the sensitivity patterns of the pathogens should be examined.



Reference ID: 138

Siddique AK. Cholera epidemic and natural disasters; where is the link. *Tropical and Geographical Medicine*, 1989, 41:377-382.

Keywords:

ACADEMIC; BANGLADESH; CAUSES OF EMERGENCIES; HEALTH; RESEARCH; SANITATION; WATER

In May 1985, a cyclone and tidal surge devastated Sandwip, an island of Bangladesh in the Bay of Bengal. Within one week of this disaster a cholera epidemic broke out. Afterwards, the authors collected morbidity and mortality data and interviewed 53 disaster-affected families about health problems and other potentially relevant factors. The epidemic outbreak of *Vibrio cholerae* *El Tor* was confirmed by some positive stool specimens. It resulted in 12,194 registered cases and 51 deaths. The factors contributing to the occurrence of the epidemic are analysed. The authors admit that over-reporting due to over-reaction of the population is one of the possible limitations of this study. They point out that cholera is endemic in Bangladesh, with a

characteristic seasonal pattern. As this outbreak was out of season, it seemed to be disaster-induced. Houses were destroyed and the primitive waste disposal system deteriorated. In addition, the disaster worsened the limited access to tubewells and increased the dependence on pond water which was contaminated by the flood. All these factors resulted in an altered ecological situation which could possibly have precipitated the generation and transmission of this outbreak. This study confirms the view that after natural disasters major epidemics of diarrhoeal disease can occur, creating serious public health problems, particularly in developing countries where health resources are in short supply.



Reference ID: 139

Simeon DT et al. Effects of a hurricane on growth and morbidity in children from low-income families in Kingston, Jamaica. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 1993, 87(5):526-528.

Keywords:

ACADEMIC; CAUSES OF EMERGENCIES; CHILDREN; DISPLACED; EDUCATION; FOOD AID; HEALTH; JAMAICA; NUTRITIONAL STATUS; RESEARCH

This article reports on the effects of a hurricane on the health of children and on their nutritional status for which data were available both before and after the event. When Hurricane Gilbert struck Jamaica in 1988, a longitudinal study was in progress recording children's weights and heights every two months and taking their morbidity histories every week. The investigation included 127 stunted (low height for age) and 32 non-stunted children aged 23-44 months, living in poor areas of Kingston. The data were examined by comparing the two 2-month periods preceding the hurricane, the one during which it struck, and the two 2-month periods immediately afterwards. There was an increase in the occurrence of respiratory symptoms, including rapid or difficult breathing, coughs and nasal discharges during the first 2-month period after the hurricane, probably due to the high incidence of overcrowding among displaced families. However, there was no significant effect on the occurrence of injuries and diarrhoea. This could be a possible result of the rapid restoration of the water supply and the implementation of health education programmes. Deficits were also found in height gain during the same period, probably due to food shortages because of distribution problems. These adverse effects were found in spite of the large amount of food aid received and the aggressive health education programme implemented after the hurricane. The authors conclude that in countries where these inputs are not available the situation would probably be worse.



Reference ID: 140

The Sphere Project. Minimum standards in nutrition. In: McConnan I, ed. *Humanitarian charter and minimum standards in disaster response*. Geneva, The Sphere Project, 1998.

Keywords:

EMERGENCY RESPONSE; GUIDELINES; INFANT FEEDING; MANUAL; NGO; NUTRITIONAL STATUS; RATIONS; TRAINING

The aims of nutrition programmes, as well as those of other sectors, flow from a wider goal which is the cornerstone of humanitarian practices. This goal is to alleviate human suffering brought about by calamity or conflict through protecting life with dignity in ways that support durable recovery. The Humanitarian Charter and Minimum Standards together provide the policy and organizational framework to enable translation of this goal into practice and ensure systems of accountability. Sections in this chapter are divided into four: analysis; general nutritional support to the population; nutritional support to those suffering from malnutrition; and human resource capacity and training. Furthermore, each of the sections includes three components: standards,

key indicators and guidance notes and critical issues.



Reference ID: 141

Timberlake L. *Africa in crisis: the causes, the cures of environmental bankruptcy*. London and Washington, D.C., Earthscan/International Institute for Environment and Development, 1985.

Keywords:

ACADEMIC; AFRICA; CAUSES OF EMERGENCIES; CONCEPTUAL; CONFLICT AND WAR; EARTHSCAN; ENVIRONMENT; FAMINE; NGO; REFUGEES; REVIEW

Famines and hunger swept across Africa in 1984 and 1985, triggered by drought. This book argues that the famines were the direct result of unsound economic, agricultural and environmental strategies. The causes of environmental bankruptcy are discussed. African peasants have been forced, in their efforts to survive, to take more from their environment than the natural resources can provide. The author argues that this is bankrupting Africa's environment, supported by apartheid and conflicts which also cause large movements of refugees. Bankrupt environments lead to bankrupt economies and nations, and could lead to a bankrupt continent. But there are sparks of hope in projects which are building up environmental capital instead of wasting it. This book suggests some of the new strategies which are needed if Africa is to reduce and then eliminate its vulnerability to crisis. The author concludes that achieving sustainable development and a maintainable environment in Africa will require a great deal of common sense from both the South and the North.



Reference ID: 142

Toole MJ, Waldman RJ. Refugees and displaced persons: war, hunger, and public health. *Journal of the American Medical Association*, 1993, 270(5):600-605.

Keywords:

ACADEMIC; CHILDREN; CONFLICT AND WAR; DISPLACED; EMERGENCY RESPONSE; FAMINE; HEALTH; REFUGEES; REVIEW

The authors describe the public health impacts of mass migrations that have taken place since 1990, and assess the international community response. Refugees, defined as people who have crossed international borders fleeing war or persecution, are protected by several international conventions. Persons who flee their homes for the same reason but who remain inside their own country enjoy no such legal status or protection. Since 1990, crude death rates (CDR) among refugees and internally displaced populations have been lower than those reported earlier, although CDRs among refugees ranged from 5 to 12 times the baseline CDRs in the countries of origin, and for the displaced populations were even 12 to 25 times higher. High-risk groups were children under five years and females. Preventable conditions such as diarrhoeal disease, measles and acute respiratory infections, often exacerbated by malnutrition, caused most deaths. However, war-related injuries have also caused many deaths among certain internally displaced populations. The review of technical and political responses to recent emergencies shows that relief programmes for refugees have improved since 1990. The situation among the internally displaced may have worsened due to inadequate legal conventions. The authors point out that the international community should intervene earlier with relief programmes based on sound health and nutrition information, and should focus on the provision of adequate shelter, food, water, sanitation and public health programmes for the prevention of communicable diseases. In addition, an international agency should be designated to protect and assist internally displaced people.

 **Reference ID: 143**

Toole MJ, Waldman RJ. Prevention of excess mortality in refugee and displaced populations in developing countries. *Journal of the American Medical Association*, 1990, 263(24):3296-3302.

Keywords:

ACADEMIC; CHILDREN; DISPLACED; FOOD; HEALTH; MONITORING AND EVALUATION; REFUGEES; REVIEW; WATER

This article reviews health profiles of refugee and internally displaced populations during the emergency and post-emergency phases of the 1970s and 1980s. Mortality rates in these populations during the acute phase of displacement were extremely high, up to 60 times the expected rates. Although mortality rates rose in all age groups, excess mortality was greatest in children aged 1-14 years. The major causes of death was measles, diarrhoeal diseases, acute respiratory tract infections and malaria. Case-fatality ratios for these diseases rose due to the prevalence of both protein-energy malnutrition and certain micronutrient deficiencies. In the post-emergency phase, crude mortality and age-specific mortality declined to the levels of the surrounding population and non-refugee pattern. The following solutions are suggested to help the refugees survive the acute phase of their displacement: adequate food rations and clean water in sufficient quantity should be provided, appropriate prevention and curative programmes for specific communicable diseases should be implemented, and a health information system should be established. Future strategies to meet the constraints on the implementation of relief programmes are proposed. Host country capacity and the technical resources of UNHCR should be strengthened. Displaced communities need to be fully involved in relief programmes. Relief supplies of donor governments should reflect the real needs of refugees. Alternatives to closed refugee camps should be promoted and a systematic evaluation of refugee relief programmes needs to be undertaken.

 **Reference ID: 144**

Torry WJ. Social science research on famine: a critical evaluation. *Human Ecology*, 1984, 12(3):227-252.

Keywords:

ACADEMIC; CONCEPTUAL; EARLY WARNING SYSTEMS; FAMINE; FOOD SECURITY; INDIA; MONITORING AND EVALUATION; POLICY; REVIEW

This analysis focuses primarily on published social scientific research into famines in developing countries since the Bengal disaster of 1943-1944. The author tries to answer the question, "Why study famines?" and then analyses how extensively famines have been studied by social scientists. The social scientific community's reaction to the policy and theoretical implications of this subject in terms of empirical research is found to be very limited. Definitions of famine from several publications are critically discussed. The different causes of famine are also analysed. The author distinguishes between proximate cause explanations and historical explanations. The paper also addresses the issue of how to control and prevent famines. The literature on this issue focuses mainly on emergency intervention. The concluding comments concentrate on frameworks which can be summarized into models of famine vulnerability and models of famine coping.

**Reference ID: 145**

UN Disaster Management Training Programme. *Displaced persons in civil conflict*. United Nations Development Programme (UNDP), 1991.

Keywords:

CONFLICT AND WAR; DISPLACED; GUIDELINES; HUMAN RIGHTS; IOM; LOCAL INSTITUTIONS; MANUAL; NGO; RED CROSS; REHABILITATION AND RECONSTRUCTION; TRAINING; UNDP; UNDRO;

This training module is designed to introduce United Nations disaster management teams, government counterpart agencies, NGOs and donors to the basic issues related to working with non-combatant, internally displaced persons in civil conflict. It is intended for both the participant in a training workshop and the self-study learner. Part 1 discusses the primary causes of conflict and how to identify the pressure points that lead to it. It helps identify populations most likely to be displaced; types, patterns and different phases of migration; and settlement patterns. Part 2 is designed to enhance the understanding of the needs of displaced persons, covering aspects like protection and security, relief, the needs of vulnerable groups, and postconflict and reconstruction needs. Part 3 provides insights into the problems associated with implementing assistance programmes, including political and logistical constraints, limitations of the international aid system, inaccessibility of the displaced, pacification schemes, and safety of relief teams in conflict zones. Guidance in strengthening counterpart organizations is also provided. Part 4 deals with issues which arise in dealing with the host country, and includes the awareness of human right violations, the role of national governments in assistance programmes, and possible government hostility to international agencies. It also provides some guidelines on the relocation and registration of displaced persons. The last part analyses the roles and limitations of UN agencies, the International Committee of the Red Cross (ICRC), NGOs, donors and the International Organization for Migration (IOM) as major actors in this field.

**Reference ID: 146**

UNDP. *Participatory Evaluation*. Draft paper prepared by J. Campos and F.P.Coupal for the United Nations Development Programme, 1996.

Keywords:

MONITORING AND EVALUATION; PARTICIPATORY RAPID APPRAISAL (PRA); WEALTH RANKING; UNDP

This short paper gives an overview of a handbook about participatory evaluation within UNDP. The aim of the handbook is to provide UNDP staff with a better understanding of what participatory evaluation is and how to support its application. It aims to introduce participatory evaluation to the programme cycle and hence strengthen the learning and management culture of UNDP. The handbook is in five sections. The first section provides basic definitions and introduces concepts related to participatory development and evaluation. The origins of participatory evaluation, its rationale, function and advantages are outlined. The second section examines participation as a philosophy of UNDP and as part of the programme cycle. Practical issues are considered, particularly the issues of when to do participatory evaluation, the expertise and resources required, and the various roles for participants. The third section highlights the implementation of participatory evaluation, including the need to provide a framework and the different phases and steps for implementation. The fourth section focuses on the tools used for participatory evaluation. These range from beneficiary assessment and focus groups to venn diagrams and wealth ranking. The fifth section presents a case study. Annexes include information on organizations supporting participation, together with a list of key institutions that have expertise. A bibliography and a glossary of terms are also provided.

**Reference ID: 147**

UNHCR. *Handbook for emergencies, 2nd ed.* Geneva, United Nations High Commissioner for Refugees, 1999.

Keywords:

COMMUNITY PARTICIPATION; EDUCATION; HEALTH; HUMAN RIGHTS; MANUAL; NGO; NUTRITIONAL STATUS; PSYCHOSOCIAL; RAPID ASSESSMENT PROCEDURES (RAP); REFUGEES; SANITATION; SHELTER; UNHCR; WATER

This revised and updated handbook provides useful guidance for pre-emergency planning, as well as planning throughout every stage of a crisis. It focuses on setting coordination priorities, as well as contingency and operational planning. The section on operations covers the important issues and problem areas in refugee emergencies, including health, food and nutrition, sanitation and water, as well as key field activities such as logistics, community services and registration. The chapters in this section start with a summary so that readers, who may not need the full level of detail in each of these chapters, can understand the basic principles of the subject quickly. Section 4 gives guidance on support to field operations, primarily administration and staffing. The Appendices include UNHCR's *Catalogue of Emergency Response Resources*, which sets out what resources can be immediately deployed, and how and when. The appendices also include a "Toolbox" which gathers, in one location, the standards, indicators and useful references used throughout the handbook.

**Reference ID: 148**

UNHCR, WFP. *UNHCR/WFP Guidelines for selective feeding programmes in emergency situations.* Geneva, United Nations High Commissioner for Refugees, 1999.

Keywords:

DISPLACED; FOOD AID; GUIDELINES; NUTRITIONAL STATUS; RATIONS; REFUGEES; UNHCR; WFP

These guidelines describe the basic principles and design elements concerning food and nutrition related aspects of selective feeding programmes in emergencies and relief situations. They are intended to provide guidance to the staff of UNHCR and WFP and others working in relief operations, in the design, implementation and monitoring of selective feeding programmes in both emergencies and protracted relief situations. The nutrition strategies addressed in these guidelines are to enable an effective response and nutrition rehabilitation. Every situation has individual features which lead to different objectives being set, and to different approaches to selective feeding programmes. These guidelines cannot cover the wide range of situations. The type of supplementary feeding programme should therefore be designed according to the situation but should nevertheless remain in line with the framework of these guidelines. Medical and other care approaches are not dealt with in these guidelines.

 **Reference ID: 149**

UNHCR. *Report of a workshop on Tools and Strategies in Needs Assessment and the Management of Food and Nutrition Programmes in Refugee and Displaced Populations*. Geneva, United Nations High Commissioner for Refugees, 1996.

Keywords:

DISPLACED; FOOD AID; FOOD SECURITY; GUIDELINES; HEALTH; MONITORING AND EVALUATION; RAPID ASSESSMENT PROCEDURES (RAP); REFUGEES; REHABILITATION AND RECONSTRUCTION; UNHCR; WFP; WORKSHOP REPORT

This document is the report of a workshop that had four main aims, namely: to serve as a training forum for UNHCR nutritionists and food and nutrition coordinators; to develop proposals on subjects/issues not covered by current guidelines or which remain controversial; to identify disagreements on aspects of nutritional assessment and programme implementation; and to identify research priorities based on a range of criteria such as feasibility and ethics. Papers were presented on selective feeding, food aid requirements and distribution, nutrition assessment and surveillance, health assessment, demographic issues, the relationship between WFP and UNHCR, and rehabilitation. The report covers these issues and describes a number of follow-up actions. These are: development of a conceptual framework which describes the interrelationships between nutrition security, food security and underlying factors; development of simple, quick and "field-friendly" techniques for assessing micronutrient status; assessment of a methodology being developed by SCF which focuses on the way people acquire food; research on the functional consequences of low BMI to help establish cut-off points for adult malnutrition; finalization of common guidelines on the WFP/UNHCR two-stage approach to calculating general rations; development of a typology of the design and objective of selective feeding programmes; evaluation of different techniques of monitoring food distribution; emphasis on training on tools and strategies; and improvement in networking.

 **Reference ID: 150**

UNHCR. *Sexual violence against refugees: guidelines on prevention and response*. Geneva, United Nations High Commissioner for Refugees, 1995.

Keywords:

GUIDELINES; HUMAN RIGHTS; PSYCHOSOCIAL; REFUGEES; UNHCR; WOMEN

These guidelines are intended to assist staff of UNHCR, other United Nations bodies, intergovernmental and nongovernmental organizations and national governmental agencies who are working with refugees. They provide basic advice on appropriate action concerning sexual violence against refugees, in particular preventive action, and also aim to encourage active reflection and discussion of the issue. The book begins by defining sexual violence, explaining where it may occur and what its causes and effects may be, and by outlining reasons why many incidents of sexual violence remain unreported. The second chapter suggests a range of preventive measures that should be taken and that involve both the refugees and those responsible for their care. The third chapter deals with practical measures to be taken in response to incidents of sexual violence, considering the identification of incidents, sexual violence in domestic situations, the conduct of an interview and report, and medical and psychosocial response. Legal aspects like national and international law, and determination of refugee status are addressed in the following section. The final chapter offers guidance on media interest, female genital mutilation, and staff trauma and burnout. The annexes provide, among other useful information, a check list for the practical measures suggested, a Sexual Violence Needs Assessment and Programme Framework, and a sample sexual violence information form.

**Reference ID: 151**

UNHCR. *Community services for urban refugees*. Geneva, United Nations High Commissioner for Refugees, 1994.

Keywords:

CARE; CHILDREN; COMMUNITY; DISABLED; EDUCATION; ELDERLY; FEMALE-HEADED HOUSEHOLDS; GUIDELINES; MANUAL; REFUGEES; UNHCR

This manual provides guidelines to enable UNHCR field offices to develop community services for urban refugees. The aim is to deal with urban refugees in a realistic, humane and productive manner, and in the most cost-effective way possible, while working towards durable solutions in partnership with the refugees. The manual begins with a profile of urban refugees. Then, several procedures are discussed, including the assistance procedure (which should include the participation of refugees and creation of self-help activities), community services and protection, and the counselling process. Special groups to be considered include victims of violence, women heads of household, children and unaccompanied minors, the elderly, the physically and mentally handicapped and, finally, AIDS victims. The refugee's right to education and training, especially important for children, is considered and the manual suggests that the possibilities of formal and informal education for refugees need to be examined. Long-lasting solutions have to be found. Three solutions are proposed: the preferred solution of voluntary repatriation, local integration, and the least preferred option of resettlement. The last part of the manual deals with the managerial and technical aspects of assistance to urban refugees. It covers organization, coordination and personnel development. To assist the reader, a checklist is added at the end of each chapter and further useful information such as job descriptions, special formats and a code of ethics are attached as annexes.

**Reference ID: 152**

UNHCR. *Refugee children: guidelines on protection and care*. Geneva, United Nations High Commissioner for Refugees, 1994.

Keywords:

CHILDREN; DISABLED; EDUCATION; GUIDELINES; HEALTH; POLICY; PSYCHOSOCIAL; REFUGEES; UNHCR

This book is designed to promote programmes that are responsive to the rights and the psychological and material needs of refugee children. The first chapter about refugee children and the rights of the child describes different treaties, focusing on the Convention on the Rights of the Child. The following part discusses the importance of culture and examines how the refugee experience affects children. Restoring cultural normalcy is considered most effective in maintaining the social and mental well-being of all refugees, but particularly of refugee children. Another chapter is dedicated to children's psychosocial well-being. Suggestions are made of ways to help the child, the family and the community. Children who live for an extended time in camps and those needing specialized services are also included. Basic material assistance is addressed, including the need for water, environmental sanitation, shelter, clothing, food and nutrition, and health services. Prevention and treatment of disabilities are also discussed, as are abuse and exploitation, military recruitment, detention and evacuation. Further chapters deal with the legal status of refugees, including birth registration, nationality and statelessness, and education which is vital to the development of children. Unaccompanied children and actions regarding their care, family tracing and long-term solutions are also addressed. Finally, durable solutions for all refugee children are outlined. In conclusion, the book provides information on the operational framework of UNHCR, and as an annex the UNHCR policy on refugee children is added.

 **Reference ID: 153**

UNHCR. *Working with unaccompanied minors in the community: a family-based approach*. Geneva, United Nations High Commissioner for Refugees, 1994.

Keywords:

CARE; CHILDREN; CONCEPTUAL; GUIDELINES; INTER-GOVERNMENT; REFUGEES; UNHCR

The priority in any action or decision concerning unaccompanied minors is to promote the best interest of each minor. The unique needs and situation of each individual must be considered. This document, which describes UNHCR activities in this area, point out that children need physical care, human affection and intellectual stimulation to realize their full potential as adults. Furthermore, the causes and effects of separation must be taken into account to assist such children. The document deals with practical issues such as identification, registration and planning for care, tracing and family reunification. It states that programmes should actively seek to prevent the separation of children from parents or guardians. If this is not possible, a family-based approach to caring for unaccompanied children should be sought. The chapter on communication and documentation stresses the importance of the social history, which should present a picture of who the child is and how he or she came to be that way. Guidance is provided on how to prepare and conduct an interview, how to document the information, and how to complete the social history form. Finally, it is emphasized that every effort must be made to find an appropriate lasting solution as soon as possible. In most cases the preferred solution will be to ensure family reunion. Other possibilities include repatriation and resettlement. A checklist at the end of each chapter, and sample formats and questions for interviews are provided.

 **Reference ID: 154**

UNHCR. *Food aid & nutrition: 'briefing kit'*. Geneva, United Nations High Commissioner for Refugees, 1993.

Keywords:

FOOD AID; GUIDELINES; RATIONS; UNHCR; WFP

Food aid plays a key role in refugee/returnee operations and requires constant follow-up at all levels and by all parties concerned so as to avoid delays and/or breaks in the provision of food. In recognition of this, UNHCR and WFP have maintained an especially close relationship. This briefing kit clarifies the role of both organizations and the procedures to be followed. It is under constant review and should be used as a working document. It starts with the division of responsibilities for food aid between WFP and UNHCR, taking into account resource mobilization, and internal transport, storage and handling (ITSH). It then discusses basic and complementary food commodities. This is followed by an overview of feeding programmes, including general feeding, and selective feeding with the two components of supplementary and therapeutic feeding. Rations and needs assessments are also covered in detail. With regard to planning, UNHCR responsibilities, budgeting for ITSH, the WFP planning cycle and food storage are discussed. The document also deals with aspects of the commodity flow and the responsibility for it. Finally, the distribution, monitoring and coordination of food aid are addressed. A list is attached of all relevant documents, memoranda and IOM/FOMs (Inter-office memorandum/Field office memorandum) that contain guidelines and useful background information on food aid.

**Reference ID: 155**

UNHCR. UNHCR guidelines on assistance to disabled refugees. Geneva, United Nations High Commissioner for Refugees, 1992.

Keywords:

DISABLED; GUIDELINES; HEALTH; HUMAN RIGHTS; POLICY; PSYCHOSOCIAL; REFUGEES; REHABILITATION AND RECONSTRUCTION; UNHCR

The purpose of this document is to provide practical guidance to those working with refugees. It includes steps that should be taken to prevent and provide treatment for disabling conditions, and to promote the rehabilitation of refugees who are handicapped because of a physical or mental disability. Part I shows the current practice. It provides an overview of disabled populations and defines the terms in current use. It describes UNHCR's activities with disabled refugees and outlines the policies which determine action to be taken. In Part II, the first steps are considered. Resources are discussed, and procedures for the identification and assessment of disabled refugees are analysed. This part also provides information on preventive measures. Part III covers various aspects of the rehabilitation process. Besides a general approach, it takes into account the areas of access and mobility, community-based rehabilitation, mental health and resettlement. The annexes of the document include the text of the Declaration on the Rights of Disabled Persons and the Declaration on the Rights of Mentally Retarded Persons. Forms for assessment of disabled persons and their resettlement are included.

**Reference ID: 156**

UNHCR. *Guidelines on the protection of refugee women*. Geneva, United Nations High Commissioner for Refugees, 1991.

Keywords:

EDUCATION; GUIDELINES; HUMAN RIGHTS; REFUGEES; UNHCR; WOMEN

These guidelines have been prepared to help the staff of UNHCR and its implementing partners to identify specific dangers, problems and risks facing refugee women. The document starts with brief guidelines for assessing the situation of refugee women, and for evaluating and using the information in planning protection. The next section suggests the kind of protection needed in different situations, and the specific interventions that may be appropriate. It deals with the physical security problems of refugee women and addresses the legal procedures and criteria for determining refugee status. The following section outlines improvements that can be made to prevent abuse at borders, in camps and settlements, and in the delivery of assistance. It describes education, skills-training and income-generation activities that can foster greater protection for refugee women. The section also describes activities that can be undertaken to help refugee women who have suffered as a result of lack of protection. The last section discusses specific actions to be taken after protection problems have been identified.

**Reference ID: 157**

UNHCR. *Policy of the UNHCR related to the acceptance, distribution and use of milk products in refugee settings*. Geneva, United Nations High Commissioner for Refugees, 1989.

Keywords:

BREASTFEEDING; CHILDREN; GUIDELINES; HEALTH; INFANT FEEDING; MONITORING AND EVALUATION; POLICY; REFUGEES; UNHCR; UNICEF; WFP; WHO

This policy document, for all UNHCR staff members at headquarters and in the field, outlines instructions for the control of milk products in refugee settings. Staff members are requested to undertake an evaluation of the assistance programme for refugees in their country and to promote appropriate changes. This policy has been endorsed by WHO, UNICEF and the World Food Programme. It stems from concern regarding the increased use of dried skimmed milk (DSM) in refugee settings. DSM increases the risk of illness in young children living in unsanitary surroundings and also discourages breastfeeding. In addition to the UNHCR policy, the paper presents issues related to the safe use of milk products in feeding programmes in refugee settings. Firstly, the nutritional value of milk is discussed. This is followed by a summary of the health hazards associated with the use of dried milk products in refugee settings. It includes problems with contamination and reconstitution, lactose intolerance and infant feeding. Two studies of DSM use in refugee settings are also mentioned. The document ends with some guidelines on the safe use of milk products.

**Reference ID: 158**

UNICEF. *The Care Initiative: assessment, analysis and action to improve care for nutrition*. New York, United Nations Children's Fund, 1997.

Keywords:

BREASTFEEDING; CARE; CHILDREN; FOOD; HEALTH; INFANT FEEDING; MONITORING AND EVALUATION; PSYCHOSOCIAL; UNICEF; WOMEN

This document outlines the role of care in UNICEF's nutrition strategy and applies the principles of the triple-A approach. Its aims are two-fold: to help provide community members, UNICEF programme staff and government counterparts with a means of assessing care practices and care provision important to child nutrition; and to provide a framework in which to analyse the types of resources and structures that determine the extent and type of support available for care. The focus is on the care of children from birth to three years and of women who are recognized as primary caregivers for infants and young children. The major role that care practices and care resources may have in child nutrition are discussed. Care is defined as an important underlying determinant for good nutrition outcome, and this document refers to its central role in UNICEF's conceptual framework for nutrition. Six care practices at household level are highlighted as necessary for good growth and development of infants and young children. These are: care for women, breastfeeding and feeding practices, psychosocial care, food preparation, hygiene practices, and home health practices. Measurement approaches for assessing and monitoring care are provided for each practice. Emphasis is placed on identifying and including locally significant indicators when assessing nutrition and caregiving situations. Factors influencing care resources and care provisions are identified, and the ways in which good caring practices can be protected and supported are discussed.

**Reference ID: 159**

Ursano RJM, McCaughey BG, Fullerton CS. *Individual and community responses to trauma and disaster: the structure of human chaos*. Cambridge, Cambridge University Press, 1994.

Keywords:

ACADEMIC; CONCEPTUAL; EMERGENCY PREPAREDNESS; EMERGENCY RESPONSE; PSYCHOSOCIAL; REVIEW

The aims of this book are to improve understanding of the human experience of trauma at individual and community levels and to help the victims of trauma. The contributors present observational reports and empirical studies which range from responses to individual acts of violence to the effects of disasters affecting hundreds or thousands of people. Distinctions are drawn between responses to man-made and natural disasters, and the particular needs of rescue and disaster workers are considered. The book emphasizes preparedness, prevention and care through psychiatric and other interventions in both civilian and military settings. It points out that if disaster plans do not consider the psychological effects of trauma, the consequences may exhaust rescue workers as well as victims. Several contributions present the nature of traumatic stress, including terror, traumatic death, technological disasters, accidents, earthquakes and toxic contamination. Contributions about disasters and accidents discuss the psychosocial context in responses to trauma and disasters. The response to trauma is considered in all age groups. The conclusion stresses the importance of understanding the psychological response of individuals and communities to traumatic events. Education about the nature of psychological trauma is needed to increase the knowledge for understanding and intervention. Collaboration among clinicians, researchers and community leaders is essential to these efforts.

**Reference ID: 160**

Van Damme W. Do refugees belong in camps? Experiences from Goma and Guinea. *The Lancet*, 1995, 346:360-362.

Keywords:

ACADEMIC; CONCEPTUAL; COPING STRATEGIES; GUIDELINES; GUINEA; HEALTH; LIBERIA; MICRONUTRIENT DEFICIENCIES; REFUGEES; REVIEW; RWANDA; SIERRA LEONE; UNHCR; ZAIRE

This article questions the assumption that refugees belong in camps and suggests that alternative approaches should be considered. Events in Goma, Zaire, in July 1994 are examined. Refugees were concentrated in three camps where insufficient water supply and cholera were the major killers. Refugees who settled outside the camps and mixed with the local population fared better. Now, all Rwandan refugees live in camps and are completely dependent on humanitarian aid. The experiences of freely settled refugees since 1971-72 and those living in camps in different countries are reviewed. The situation of refugees in Guinea, an alternative to camps, is presented. Since 1989, refugees from Liberia and Sierra Leone settled spontaneously in Guinean border villages and medium-sized towns. These villages and towns received support from the Government of Guinea and UNHCR to take care of the refugees who had a high degree of autonomy. Epidemics of diseases and micronutrient deficiencies occurred much less than in Goma and people were better off. It is suggested that refugee health policies should be reconsidered. While there are handbooks and guidelines on how to organize health care in refugee camps, it would be relevant to study the coping mechanisms and health care of freely settled refugees.

**Reference ID: 161**

Van Esterik P. Care, caregiving, and caregivers. *Food and Nutrition Bulletin*, 1995, 16(4):378-388.

Keywords:

ACADEMIC; CARE; CAREGIVER; CHILDREN; CONCEPTUAL; GENDER; INFANT FEEDING; POLICY; REVIEW

Research and common knowledge maintain that women are the primary caregivers of children and thus are crucial to explaining care. Yet most conceptual paradigms guiding the analysis of care allow little room for examining who is caring for the caregiver. A consideration of care must include a deconstruction of what constitutes care, the process of caregiving that influences child survival, the way caring acts are divided in a society, and how such acts are integrated into a matrix of other supportive activities. This paper reviews the meaning of care cross-culturally and the context in which care takes place, and focuses on child care and child-feeding as key activities. In this paper, the author provides action strategies and policy challenges following from a gender analysis of care.

**Reference ID: 162**

Vespa J, Watson F. Who is nutritionally vulnerable in Bosnia-Herzegovina? *British Medical Journal*, 1995, 311:652-654.

Keywords:

ACADEMIC; ADULTS; BOSNIA; CHILDREN; DISPLACED; ELDERLY; FOOD SECURITY; HEALTH; NUTRITIONAL STATUS; RESEARCH; VULNERABILITY

The objective of the described study was to monitor nutritional status and food security in three besieged areas of Bosnia-Herzegovina (Sarajevo, Tuzla and Zenica) in order to identify nutritionally vulnerable groups. Data were collected every month between December 1993 and May 1994 from members of five different household groups. These groups included urban and rural residents, displaced people in collective centres and private accommodation, and elderly people living alone. In addition, all the residents of two homes for the elderly were followed. Information was obtained through structured questionnaires and anthropometric measurements. Before a temporary ceasefire in February 1994, access to food was reduced. In February 1994, no significant signs of undernutrition were detected among children or adults, but elderly people had higher than expected levels of undernutrition, a higher rate of weight loss other than adults, and a higher prevalence of self-reported illness. This study shows that elderly people in Bosnia-Herzegovina are at greater risk than other age groups. It was found that undernutrition in elderly people was due not only to absolute lack of food but also to sickness, cold, stress and difficulties in food preparation. Therefore, the health and welfare of people during the emergency in Bosnia-Herzegovina required special attention, and integrated age care programmes were needed.

**Reference ID: 163**

Vieu M. Ranking in planning of emergency programmes in Angola. *Rapid Rural Appraisal (RRA) Notes*, 1992, 17:29-33.

Keywords:

ANGOLA; FOOD SECURITY; RAPID RURAL APPRAISAL (RRA); UNICEF

This paper reports an RRA ranking exercise carried out by a UNICEF team in Angola. Ranking is defined as a process of priority ordering, in this case of administrative areas in relation to the need for assistance. The paper concludes with a discussion of the limitations and potential of the

approach, illustrating how biased definitions of problems such as "logistics" can skew the solutions. One point in favour of ranking is that it provides an excellent tool whereby agencies can avoid wasting time and resources. It also provides accurate local information which can be used to help target aid effectively from region to region. Standard measuring provides uniform answers across the whole country which tend to overlook local needs, RRA ranking can produce answers that are more finely tuned to the needs of smaller areas.



Reference ID: 164

Von Braun J, Teklu T, Webb P. *Famine in Africa: Causes, responses and prevention*. Baltimore, John Hopkins University Press, 1999.

Keywords:

ACADEMIC; AFRICA; ETHIOPIA; FAMINE; FOOD SECURITY; MOZAMBIQUE; NIGER; POLICY; REVIEW; SUDAN; ZAMBIA; ZIMBABWE

This book reviews the complex causes of famine and an examination of measures to respond to and prevent the devastation of famine. Famines can appear to arise suddenly. However, the authors argue that famines are actually a result of the long-term failure of institutions, organizations and policies. Based on a wealth of empirical research from various countries in Africa (i.e. Ethiopia, Mozambique, Niger, Sudan, Zambia and Zimbabwe), the authors draw lessons and recommendations for policy-makers and aid organizations that can help in the effort to remove future threats of famine.



Reference ID: 165

Ward P, Rimmer M. Targeting the poor in northern Iraq: the role of formal and informal research methods in relief operations. *Relief and Rehabilitation Network*, 1995, Network Paper 8.

Keywords:

ACADEMIC; COPING STRATEGIES; FOOD AID; FOOD SECURITY; IRAQ; NUTRITIONAL STATUS; RATIONS; RESEARCH

The aim of this paper is to examine the usefulness of formal, quantitative data collection techniques for relief operations, using a survey from northern Iraq as a case study. It is argued that formal survey techniques are not necessarily expensive and inflexible and do not take too long to process. Nor do they necessarily produce misleading results. Furthermore, when quantitative estimates of the parameters of distributions are required, there is no substitute for a formal sample survey. Background to the Kurdish crisis and the distribution of food aid in the region is given. The household survey is described and the results are presented.

 **Reference ID: 166**

Watson F, Helsing E. City under siege: The impact of two years of war on nutrition in Sarajevo (April 1992 - April 1994). *European Journal of Clinical Nutrition*, 1995, 49(suppl.2):S1-S61.

Keywords:

ACADEMIC; BOSNIA; BREASTFEEDING; CHILDREN; ELDERLY; FOOD SECURITY; INFANT FEEDING; NUTRITIONAL STATUS; WORKSHOP REPORT

This supplement contains the contributions of participants to a seminar on 10 May 1994, at the Clinical Centre of the University of Sarajevo. It consists of three sections. The first provides information on the nutritional status and dietary habits of Sarajevans before the war. It presents limited data from a study carried out during 1990 and 1991. The second section consists of papers concerned with the nutritional status, dietary intake and food security of the population of Sarajevo during the war. It describes birth weight, breastfeeding, infant feeding, and therapeutic feeding in this period. The third section looks at the micronutrient status of Sarajevans during the war. One article deals with nutritional influences on growth and the prevalence of anaemia in children, and another with the micronutrient status of the besieged residents as indicated by blood sample analysis. The editors feel that these papers are a unique set of documents of wide interest that also serve as a historical record of how a besieged population managed to survive.

 **Reference ID: 167**

Watson F, Vespa J. The impact of a reduced and uncertain food supply in three besieged cities of Bosnia-Herzegovina. *Disasters*, 1995, 19(3):216-234.

Keywords:

ACADEMIC; BOSNIA; CONFLICT AND WAR; DISPLACED; ELDERLY; EUROPE; FOOD SECURITY; HEALTH; LOCAL-HOST POPULATIONS; NUTRITIONAL STATUS; WHO

This article presents, together with some background information, the results of WHO's nutrition monitoring in three besieged cities of Bosnia-Herzegovina and assesses the adequacy and constraints of the system. Nutritional status and household food security were longitudinally monitored in Sarajevo, Tuzla and Zenica between December 1993 and May 1994 in order to provide early warning of a deterioration in the food and nutrition situation and to identify vulnerable groups for appropriate action. Before the ceasefire at the end of February 1994, trends in indicators such as weight loss, decline of household food stocks, rising food prices, reduction in food aid distribution, and sale of possessions all revealed a deteriorating situation. After the ceasefire, access to food improved, resulting in better food security and weight gain. The impact of, and response to, the food emergency differed between individuals, households and locations. The elderly were more nutritionally vulnerable than children or adults. Households with the least access to resources were the most food in-secure, and the city of Zenica appeared to be particularly hard hit. The findings show the effects of an uncertain and reduced food supply on a previously well-fed healthy population in an industrialized country. The authors conclude that for future nutrition and food security monitoring systems in emergencies, especially in industrialized eastern Europe, several key issues need to be addressed, namely: the needs of elderly people and urban inhabitants; identification of food security indicators appropriate to a European industrialized context; and consideration of the good pre-emergency standards of nutrition, health and welfare which may initially cushion adverse effects.

**Reference ID: 168**

Webb P, Von Braun J. *Famine and food security in Ethiopia: Lessons for Africa*. Chichester, John Wiley & Sons Ltd, 1994.

Keywords:

AFRICA; CONCEPTUAL; COPING STRATEGIES; ETHIOPIA; FAMINE; FOOD SECURITY; POLICY; RESEARCH; REVIEW; VULNERABILITY

This book is based on the results of extensive field research with over 500 Ethiopian families in 1989-1990. It begins with an exploration of what famines are and why they occur. Then providing an overview of major historical and contemporary famines in Ethiopia and elsewhere in Africa, the authors examine factors that are common to famine-prone countries. Furthermore, they examine the household-level effects of famine including the impact of drought on the production, income, and consumption of smallholder farmers, as well as their responses to that impact. The household-level analysis of production and consumption was also conducted among pastoral communities. Finally, an assessment is made of the experience of relief and rehabilitation interventions. The authors conclude that with sound coping strategies in the context of a workable policy and adequate and appropriate investment, every Ethiopian can be fed even in conditions of economic and environmental adversity, and that poverty, the root cause of famine, can be eradicated.

**Reference ID: 169**

Welbourn A. Rapid rural appraisal, gender and health: alternative ways of listening to needs. *Institute of Development Studies (IDS) Bulletin*, 1992, 23(1):8-18.

Keywords:

BANGLADESH; COMMUNITY; GENDER; HEALTH; RAPID RURAL APPRAISAL (RRA); SIERRA LEONE

RRA can be used as a tool for training development workers to address issues of "gender and health at grassroots level". Four examples show how various RRA exercises have been used for training purposes. In the first, called "Analysis of Difference", trainees were asked to explain the differences in seasonal calendars drawn up by separate groups of men and women in Sierra Leone. Their first response was to say the men's maps were simply "better". The second is titled "Health versus Wealth" and describes how a problem priority matrix ranking exercise from Bangladesh showed that landless women were more concerned with income than health issues. The third example, called "A Better Understanding", shows how development workers learned to use RRA techniques to explore options in more depth with the community. The fourth example "A Better Response", describes how "the increased empathy with villagers" generated by RRA activities has allowed workers to explore more sensitive health issues.

**Reference ID: 170**

Werner D. *Disabled village children: a guide for community health workers, rehabilitation workers, and families (2nd ed.)*. Palo Alto, California, Hesperian Foundation, 1988.

Keywords:

CHILDREN; COMMUNITY; DISABLED; EDUCATION; GUIDELINES; HEALTH; HUMAN RIGHTS; NGO

This book provides information and ideas for all who are concerned about the well-being of disabled children. It was written with the help of disabled persons and pioneers in rehabilitation in many countries. It is particularly aimed at those who live in rural areas where resources are

limited, but it is also appropriate for therapists and professionals who assist community-based programmes or who want to share knowledge and skills with families and concerned members of the community. The book gives a wealth of clear, detailed information concerning the most common disabilities of children. The first part describes many forms of disability. It gives suggestions for simplified rehabilitation and low-cost aids which can be found within the community, the family, and in the children themselves. The second part discusses work with the community (i.e. village involvement in the rehabilitation, social integration and rights of disabled children). Proposals are aimed at helping disabled children to find a role and be accepted in the community. The third part of the book deals with the development and use of appropriate rehabilitation aids and procedures, and discusses the possibility of workshops run by disabled persons or the families of disabled children to produce those aids. The book contains over 4000 line drawings and 200 photographs that make the information clear even to those with little formal education.



Reference ID: 171

WFP. *Techniques for beneficiary contact monitoring*. Rome, World Food Programme, 1992.

Keywords:

FOOD SECURITY; GUIDELINES; MONITORING; PARTICIPATORY RAPID APPRAISAL (PRA); RAPID RURAL APPRAISAL (RRA); WFP

This "module" was formulated by Information, Training and Development (ITAD) and furnished to all WFP staff. It describes several applications of beneficiary contact monitoring (BCM) which can be used by WFP to "improve monitoring by contacting the beneficiaries in person and seeking their views about project activities". The stated aims of the module are: to explain the applications of BCM; to explain the techniques for individual and group interviews; and to illustrate where these applications would be most suitable. PRA methods are not mentioned, although RRAs are discussed in some depth. It is also noticeable that no mention is made of women or those beneficiaries that do not come to the group interviewing sessions. Despite these omissions, there are some useful points in the module, especially with reference to formulating questions so that unbiased information is obtained.



Reference ID: 172

WHO. *Guiding principles for feeding infants and young children during emergencies (in preparation)*. Geneva, World Health Organization, 2000.

Keywords:

BREASTFEEDING; CHILDREN; FAMINE; HEALTH; INFANT FEEDING; POLICY; REFUGEES; UNHCR; WHO

This document sets out basic principles for the feeding of infants and young children in populations affected by famine, war and other manmade or natural disasters. Noting that much of the disability and death in such circumstances can be averted through proper feeding and nutritional care, the statement aims to provide a common starting point for field interventions that can ensure appropriate feeding for infants and young children during emergencies. The guiding principles follow relevant WHO policy, including the World Declaration and Plan of Action for Nutrition. Guidance is provided on the following key issues and actions: recognizing risks; planning ahead; protecting mothers and children; breastfeeding; complementary feeding; safe food, safe feeding; preventing micronutrient deficiencies; nutritional rehabilitation; and health care. Annexes give information on core indicators for assessing infant feeding practices, 10 steps to successful breastfeeding, acceptable medical indications for supplementation, HIV and infant

feeding, and UNHCR policy on milk products in refugee settings.



Reference ID: 173

WHO. *The management of nutrition in major emergencies*. Geneva, World Health Organization, 2000.

Keywords:

CHILDREN; EMERGENCY PREPAREDNESS; EMERGENCY RESPONSE; FOOD AID; GUIDELINES; HEALTH; INFANT FEEDING; MANUAL; RAPID ASSESSMENT PROCEDURES (RAP); WHO

This manual aims to improve understanding of the nutritional implications of an emergency situation and of the need to include nutrition in plans for emergency preparedness. It defines the nutritional needs of the individuals in emergency situations and offers a comprehensive overview of the major nutritional deficiency diseases and micronutrient deficiencies likely to be encountered in such circumstances. Methods for assessment and surveillance of the nutritional status of the population are provided, including analysis and interpretation of data and reporting of results. The indications for, and organization and monitoring of, both general and selective feeding programmes for nutritional relief are described in detail, and the book also contains a chapter on the prevention, treatment, and control of the communicable diseases that are common in emergencies.



Reference ID: 174

WHO. *Management of severe malnutrition: a manual for physicians and other senior health workers*. Geneva, World Health Organization, 1999.

Keywords:

CARE; CHILDREN; GUIDELINES; HEALTH; MALNUTRITION; MANUAL; MONITORING AND EVALUATION; NUTRITIONAL STATUS; WHO

This manual gives expert practical guidance for the management of severely malnourished children. Addressed to doctors and other senior health workers, the manual explains exactly what must be done to save lives, achieve successful management and rehabilitation, prevent relapse, and thus give these children the greatest chance of full recovery. The importance of treating severe malnutrition as both a medical and a social disorder is emphasized throughout. As successful management does not require sophisticated facilities and equipment or highly qualified personnel, the manual also encourages health professionals to do all they can to save these children and meet their great need for care and affection. Recommended procedures draw on extensive practical experience and several therapeutic advances. These include improved solutions of oral rehydration salts for the treatment of dehydration, better understanding of the role of micronutrients in dietary management, and growing evidence that physical and psychological stimulation can help prevent long-term consequences of impaired growth and psychological development. Noting that the physiology of malnourished children is seriously abnormal, the manual gives particular attention to aspects of management - whether specific interventions - that differ considerably from standard procedures for well-nourished children. The manual has a concise introduction to the principles of management during three phases: initial treatment, rehabilitation, and follow-up. Chapter 2 briefly discusses treatment facilities showing why hospital or other residential care is essential for initial treatment and explaining when a child can be moved to a rehabilitation centre. Chapter 3 advises how to assess nutritional status, take a medical history, and conduct a physical examination. Subsequent chapters give equally detailed guidelines for rehabilitation, including emotional and physical stimulation as well as feeding, for follow-up, and for managing cases that fail to respond to treatment. The manual concludes with brief advice on the management of severely malnourished children in disaster situations and

refugee camps, and of severely malnourished adolescents and adults.



Reference ID: 175

WHO. *Rapid health assessment protocols for emergencies*. Geneva, World Health Organization, 1999.

Keywords:

FOOD SECURITY; GUIDELINES; HEALTH; RAPID ASSESSMENT PROCEDURES (RAP); REFUGEES; WHO

This book contains 10 protocols for conducting rapid health assessments in the immediate aftermath of different types of emergencies. Noting the vital importance of rapid and accurate information in the earliest stage of an emergency, the protocols provide common standardized technical tools for assessing damage, gauging health risks, and gathering the information needed immediately by decision-makers at national and international levels. The protocols were prepared by WHO in collaboration with other international agencies and experts with broad experience in the field of emergency management. Although all protocols follow a common format, each is specific to the circumstances, potential hazards, and immediate information needs that characterize a distinct type of emergency. Emphasis is placed on the exact information needed, the best sources of data and methods for rapid collection, and the specific questions that need to be answered in order to draw initial conclusions and direct immediate actions. Although the advantages of using experienced assessment teams are stressed, the book also explains how the protocols can be used to train general health workers as part of emergency preparedness. The book's introductory protocol covers the aims, methods, responsibilities, complexities and inherent difficulties of rapid health assessments. Addressed to health authorities and assessment teams, the chapter also includes abundant advice on preparedness for emergencies. Advice on the best working practices, including ways to avoid being an "emergency tourist", is also provided. Against this background, the other nine protocols are presented according to a common format that covers the purpose of the assessment, preparedness, the steps to follow during the assessment, assessing the impact on health, assessing local response capacity and immediate needs, and presenting results. A general protocol on epidemics of infectious origin is followed by protocols specific to meningitis outbreaks, outbreaks of viral haemorrhagic fever, including yellow fever, and outbreaks of acute diarrhoeal disease, with information specific to dysentery and cholera. Subsequent protocols deal with the special situations of nutritional emergencies and chemical emergencies, including those caused by food contaminated with chemicals or toxins. The final protocol includes a form which has recently been used for rapid health assessment at local level in Bosnia and Herzegovina. The book concludes with a brief summary of survey techniques, followed by a tabular presentation of reference values for assessing needs, hazards, and logistic requirements in developing countries.



Reference ID: 176

WHO. *Mental health of refugees*. Geneva, World Health Organization, 1996.

Keywords:

CHILDREN; DISPLACED; HEALTH; MANUAL; PSYCHOSOCIAL; REFUGEES; WHO

This manual responds to the growing awareness that the trauma, terror, loss and bereavement experienced by refugees pose serious threats to their mental health. It aims to help non-specialist relief workers to recognize common mental health problems and become competent in their management. Emphasis is placed on the many simple things that can be done to ease the suffering of refugees. Types of assistance include counselling, self-help groups, modern drugs and traditional medicine. Straightforward descriptions of common psychosocial and mental health

problems are supported by numerous practical tips, checklists, alerts to typical symptoms, model question-and-answer texts for counselling sessions, and step-wise guides to appropriate action. The manual has 10 training units. The first, on useful helping skills, explains the basic principles of effective communication and sets out the steps to follow when developing a treatment plan. The mental health needs of relief workers are also briefly discussed. The second unit deals with the stress commonly experienced by refugees and describes simple exercises that can help people to relax, sleep better and cope with stress. Functional complaints are covered in unit three, which includes advice on the difficult question of when to give medicines. Unit four provides a detailed guide to the recognition and management of common mental disorders, including depression, disorders caused by beatings, and disturbances associated with intense fear and worry. General rules for identifying and managing mental illness in refugees are also included. The most extensive chapter describes the special needs of refugee children, explains how to recognize their distinct mental health problems, and discusses the most appropriate types of help according to four age groups. Further units offer guidance on the appropriate use of traditional medicine and healers, including advice on the types of mental disorders that can be safely treated by traditional healers, and explain how to recognize and manage alcohol and other drug problems. The remaining units outline approaches for helping people who have experienced torture, other violence or rape. The manual concludes with some brief suggestions about how life in a refugee camp might be organized to promote the mental health and well-being of refugees.



Reference ID: 177

WHO. *Coping with major emergencies: WHO strategy and approaches to humanitarian action (WHO/EHA/95.1)*. Geneva, World Health Organization, 1995.

Keywords:

EMERGENCY PREPAREDNESS; EMERGENCY RESPONSE; HEALTH; POLICY; WHO

This brochure was prepared with a view to making all WHO country representatives and staff aware of what is required of them in the related fields of emergency preparedness, response and humanitarian action. Within the United Nations system the Department of Humanitarian Affairs (DHA) coordinates the emergency response, assisted by further committees, units, working groups and task forces, all of which are explained in this document. WHO's mandate in emergencies was endorsed by the World Health Assembly's Resolution WHA46.6. Following that, the mandate of WHO's Department of Emergency and Humanitarian Action (EHA) was revised to clarify the role and responsibilities of WHO's regional offices and headquarters in the phases of emergency preparedness and response. This brochure briefly summarizes the numerous operational tools for humanitarian action within WHO, considers the security of staff and outlines the funds for establishing national emergency preparedness programmes. The paper concludes that the "culture of emergency response and humanitarian action" which WHO is seeking to engender should infuse the whole of the Organization, and eventually should permeate health ministries, governments of WHO Member States and - in the long run - the public at large.

**Reference ID: 178**

WHO. *Field guide on rapid nutritional assessment in emergencies*. Alexandria, WHO Regional Office for the Eastern Mediterranean, 1995.

Keywords:

CHILDREN; GUIDELINES; MIDDLE EAST; NUTRITIONAL STATUS; RAPID ASSESSMENT PROCEDURES (RAP); WHO

This spiral-bound guide describes a simple step-by-step procedure for a rapid survey of nutritional status in emergency situations in Eastern Mediterranean countries, where natural and man-made disasters have been common. Emphasis is placed on the steps required to make quick but reliable estimates as a basis for subsequent action. Throughout, checklists, model forms, reference charts and tables are used to facilitate rapid data collection in emergency situations. Decisions concerning the recommended minimum sample size, survey participants and the level of analysis needed are made with the goal of striking a balance between the methodologically appropriate and the logistically feasible. The recommended method is based on simple anthropometric data and is limited to children of preschool age. The result is a series of steps, appropriate to field conditions, that can be followed by persons with little statistical or epidemiological training, and that can produce the essential data needed for immediate decisions and interventions. The guide has eight chapters, moving stepwise from selection of the survey subjects and sample, through collection of data on weight-for-height, to the recording, analysis and interpretation of results. Further practical guidance is provided in a series of eight annexes, which include examples of systematic and cluster sampling, the CDC/WHO normalized reference table of weight-for-height, mean Z-scores and corresponding prevalences below -2 Z scores, a list of equipment, and advice on using Epi-Info software for data analysis.

**Reference ID: 179**

WHO. *Nutrition guidelines on action to be taken at the time of a disaster*. Geneva, World Health Organization, 1995.

Keywords:

EUROPE; FOOD SECURITY; GUIDELINES; NUTRITIONAL SURVEILLANCE; REHABILITATION AND RECONSTRUCTION; WHO

This document consists of notes for the file on nutrition guidelines on action to be taken at the time of a disaster. It is based on discussions at a meeting held in Copenhagen. It was agreed that the nutritional issues of concern as a result of humanitarian disasters in Europe are different from those which arise in emergencies in developing countries. The guidelines should be divided into the following areas: initial food and nutrition assessments; longer-term food and nutrition assessments; nutrition and food security monitoring; food and nutrition interventions; collaboration between national and international agencies; and rehabilitation and reconstruction.

**Reference ID: 180**

WHO. *Disaster management: an opportunity for change? (WHO/EHA/EPP/Conf/94.1)*. Geneva, World Health Organization, 1994.

Keywords:

CAUSES OF EMERGENCIES; HEALTH; POLICY; RELIEF-DEVELOPMENT LINKAGE; WHO

This paper draws attention to the United Nations World Conference on Natural Disaster Reduction held in Yokohama, Japan, in May 1994. No country is safe from the impact of disasters and complex emergencies, which are becoming more frequent and more severe. The most typical

strategy for dealing with disasters is crisis-oriented and often provides short-term relief and recovery in an uncoordinated manner. This approach to disasters is not sustainable. It creates dependency, drains money and manpower from external organizations, upsets fragile ecosystems and triggers mass movements of people. Therefore, it is essential to integrate disaster management into sustainable development. The health sector plays a key role during disasters, which unexpectedly cause large numbers of deaths, injuries, disabilities and illness. Public health status is consequently a key indicator in determining the level of sustainable development. The United Nations World Conference provided an opportunity to shift the focus of short-term emergency relief towards new, more rational approaches. WHO contributed to the conference and encouraged health professionals to attend so that the health sector would have a voice in shaping new strategies for dealing with disasters



Reference ID: 181

WHO. *Emergency preparedness and response: rapid health assessment in suspected famine situations*. Geneva, World Health Organization, 1990.

Keywords:

FAMINE; FOOD SECURITY; GUIDELINES; HEALTH; RAPID ASSESSMENT PROCEDURES (RAP); WHO

In a suspected famine situation, the purpose of a rapid nutrition assessment is as follows: to confirm that a nutritional emergency exists and estimate its magnitude; to assess its impact on health and nutritional status; to assess local response capacity and identify the most effective measures to minimize the impact of the nutritional emergency; and to establish or expand existing surveillance efforts, so that the effectiveness of nutrition response can be monitored over time. The existence of a nutritional emergency should be considered "whenever a population has reduced access to food, associated with actual or threatened increases in severe morbidity and mortality". In most instances a food emergency is not an acute event, but develops over time. Early signs (sometimes called "leading indicators") such as decreased rainfall may be evident before access to food is reduced. At a later stage, there may be severely diminished access to food (e.g. low food supplies). Actual weight loss, mortality and population migration usually occur at a relatively late stage of a nutritional emergency. The report has three parts. Section A provides a simple checklist of key questions for WHO and national health personnel to review when assessing the preparedness of the health sector at national level. Section B outlines the major principles and steps in rapid assessment of emergencies and disasters, and includes a strong emphasis on preparedness. Section C summarizes the key information that needs to be collected during a rapid assessment of a potential or actual health emergency. It gives an example of a telex or fax to be transmitted to the WHO regional office and WHO headquarters, with information required at these levels to support national emergency response.



Reference ID: 182

WHO. *Coping with natural disasters: the role of local health personnel and the community*. Geneva, World Health Organization, 1989.

Keywords:

CAUSES OF EMERGENCIES; GUIDELINES; HEALTH; NUTRITIONAL STATUS; WHO

This book gives advice and recommends actions to enable health personnel to take control in disaster situations. While reliance on outside assistance is an inevitable part of disaster management, the book emphasizes that many things can be done to save lives while awaiting help and to guard against the tragedy of inappropriate aid. Information is specific to emergencies caused by earthquakes, volcanic eruptions, floods, hurricanes, gales, tidal waves and droughts.

The first part sets out detailed plans of action for coping with a progression of likely events, moving from immediate rescue operations and treatment of the injured, through the sheltering of survivors and burial of the dead, to the coordination of relief operations and the planning of long-term recovery. Using checklists, action plans and abundant illustrations, the book helps readers to anticipate problems, visualize procedures and be prepared to move into action. Details range from advice on how to locate survivors to a list of dangers to avoid during food distribution. The second part concentrates on a selection of special problems requiring detailed explanation or instructions. Readers are given information on diseases that should be monitored in temporary shelters, measures for assessing nutritional status and determining the need for supplementary feeding, and instructions for preparing record cards, reports, and maps of risks and resources.



Reference ID: 183

WHO. *Guidelines for the development of a food and nutrition surveillance system for countries in the Eastern Mediterranean region*. Alexandria, WHO Regional Office for the Eastern Mediterranean, 1989.

Keywords:

FAO; GUIDELINES; MIDDLE EAST; NUTRITIONAL SURVEILLANCE; POLICY; WHO

This is a report of an intercountry meeting on nutritional surveillance jointly held by WHO and FAO in Islamabad, Pakistan, in October 1988 and attended by representatives of 14 countries. It states: "Food and nutrition surveillance is a mechanism by means of which information relating to the food and nutrition situation in a country is obtained on a continuing basis to enable close monitoring of the nutritional status of the population in different regions of the country, so that appropriate measures may be taken if and when it becomes necessary." NSSs are seen as prerequisites for a national food and nutrition policy. Three aims of NSSs are identified: to provide warning of a nutritional emergency; to monitor trends of malnutrition over a number of years; and to monitor trends in the nutritional effects of affluence. Indicators are suggested for monitoring diet-related clinical disorders due to excessive and imbalanced food intake. These include: morbidity and mortality data from cardiovascular diseases, cerebrovascular accidents, diabetes and hypertension; clinical indicators (e.g. cholesterol, blood pressure); anthropometric indicators (e.g. BMI); indicators of dietary intake (e.g. from household expenditure surveys); incomes and income distribution; and health-related behaviour indicators (e.g. cigarette smoking and alcohol consumption).



Reference ID: 184

WHO. *Health relief guidelines, Ministry of Health, Republic of Sudan*. Geneva, World Health Organization, 1989.

Keywords:

EMERGENCY PREPAREDNESS; EMERGENCY RESPONSE; GUIDELINES; HEALTH; HEALTH INFORMATION SYSTEMS; NGO; NUTRITIONAL SURVEILLANCE; SUDAN; WHO

A collaborative effort between WHO and the Ministry of Health of Sudan led to this booklet with a set of simple health guidelines that address the most important health problems faced in emergency displacements. After a general statement on health relief, the booklet deals with preparedness and emergency response. Advice is provided for being prepared, early action, emergency health response in rural displacements, and post-emergency and urban priorities. The following section focuses on health protocols and programmes that are important in both urban and rural displacement. These include immunization, management of acute respiratory infections, diarrhoea, malaria and tuberculosis, as well as nutrition programmes, community health care, training, essential drugs and health surveillance/programme monitoring. The annexes of the

booklet cover nutrition, coordination and surveillance/reporting. The booklet includes nutrition survey guidelines and data collection forms, growth monitoring/selective feeding monitoring forms, information on emergency management of vitamin A deficiency, organization of on-site feeding, and nutritional values for selected relief foods. With regard to coordination, the Ministry of Health Coordination Protocol for Non-Governmental Organizations and the protocol for the importation of drugs by NGOs are provided. Finally, to assist with surveillance and reporting, the weekly reporting form for use in emergency displacements and key health indicators and their calculations are provided.



Reference ID: 185

WHO. *Guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes, Document WHA39/1986/REC/1, Annex 6, part 2, Thirty-ninth World Health Assembly, Geneva, 1986.* Geneva, World Health Organization, 1986.

Keywords:

BREASTFEEDING; BREAST-MILK SUBSTITUTE; GUIDELINES; INFANT FEEDING; UNICEF; WHO

The guidelines of this paper have been prepared by WHO in consultation with UNICEF. They examine the main health and socioeconomic circumstances in which infants have to be fed breast-milk substitutes, and take into account the conclusions and recommendations of a joint WHO/UNICEF consultation on the subject. The guidelines are divided into three parts. The first establishes a number of general principles regarding the importance of appropriate nutrient intake in early infancy, and steps to be taken to protect and promote appropriate infant feeding practices. The second part discusses the main health and socioeconomic circumstances influencing whether or not infants should be fed breast-milk substitutes. The third considers the implications of these circumstances for health and related social welfare institutions or organizations responsible for infant care. The document concludes that the competent authorities in WHO Member States may wish to use these guidelines to determine for themselves, according to local circumstances, how to protect infants and mothers against inappropriate feeding practices. Participants at the World Health Assembly, to which this report was submitted, summarized in tabular form the main points and conclusions concerning the health and socioeconomic circumstances influencing whether or not infants are fed breast-milk substitutes, and the implications for health and social programmes. This summary is reproduced as an appendix to the document.



Reference ID: 186

WHO. *Public health action in emergencies caused by epidemics: a practical guide.* Geneva, World Health Organization, 1986.

Keywords:

EVALUATION; GUIDELINES; HEALTH; WHO

This practical guide covers virtually every detail to be considered when mobilizing public health services to cope with an epidemic. Because of the dual requirements of adequate preparedness and immediate action, the book functions both as text covering the principles of emergency service and as a quick reference to the do's and don'ts of action at each stage of an emergency. The text follows the order of steps that should be taken in emergencies: organization of the emergency health service, instigation of field investigations, analysis of results, implementation of control measures, and post-epidemic evaluation. To prepare health services for quick decisions and rapid response, the text is accompanied by more than 50 model forms, checklists,

inventories, charts and diagrams that illustrate steps of analysis and actions to take. An additional 27 tables are included in the annexes, which provide further guidance on diagnosis, prevention of disease transmission, and the collection and shipment of specimens.



Reference ID: 187

WHO. *Safety measures for use in outbreaks of communicable diseases*. Geneva, World Health Organization, 1986.

Keywords:

GUIDELINES; HEALTH; WHO

This is a compilation of recognized safety measures to be applied in the investigation and control of emergencies caused by outbreaks of communicable disease. It emphasizes the need to provide basic safety advice that can protect the investigators who are first on the scene, as well as the staff of hospitals and laboratories, and the general public. Information was compiled following experiences with the surveillance and control of viral haemorrhagic fever, and is specific to this type of communicable disease. In 12 chapters, readers are given precise instructions and advice on virtually every detail of investigation and control. The book begins with actions for initial diagnosis and investigation, and concludes with advice on autopsy and burial precautions. Details range from the furniture and equipment needed for an isolation room to a tabulation of recommended procedures for decontamination of 16 different categories of items.



Reference ID: 188

WHO. *Methodology of nutritional surveillance. Report of a joint FAO/UNICEF/WHO Expert Committee*. Geneva, World Health Organization, 1976.

Keywords:

EARLY WARNING SYSTEMS; FAO; FOOD CONSUMPTION; HEALTH; MANUAL; NUTRITIONAL SURVEILLANCE; POLICY; UNICEF; WHO

Following the recommendation of the World Food Conference in Rome in 1974 for the establishment of a global nutritional surveillance system, this report considers the principles and methodology of such a system. Surveillance should provide ongoing information about the nutritional conditions of the population and the factors that influence them. This information will provide a basis for decisions to be made by those responsible for policy, planning, and the management of programmes relating to improvement of food consumption patterns and nutritional status. Surveillance is seen as providing an early warning system for nutritional disasters and a method of monitoring trends in a situation of chronic deprivation. Nutritional surveillance is a continuous process and should have the following specific objectives: to describe the nutritional status of the population; to provide information that will contribute to the analysis of causes and associated factors; to promote decisions concerning priorities; to enable predictions to be made based on current trends; and to monitor programmes and evaluate their effectiveness. Surveillance indicators are classified as follows: (1) ecology, demography, infrastructure; (2) resources, production; (3) income, consumption; and (4) health status. Before a system of nutritional surveillance can be designed for any country, an initial assessment must be made. Then a conceptual framework can be developed, linking causal factors with outcomes that can be measured (indicators). The next stage is to consider the indicators for use in the system. Indicators will vary between and within groups. A number of global indicators which could be used are discussed, as are sources of data for surveillance. The planning and development of surveillance systems is described. The report makes a number of

recommendations to national governments and international organizations on the establishment and organizational structure of such systems.



Reference ID: 189

Wijkman A, Timberlake L. *Natural disasters: acts of God or acts of Man?* London and Washington, D.C., Earthscan/International Institute for Environment and Development, 1984.

Keywords:

CAUSES OF EMERGENCIES; CONCEPTUAL; EARTHSCAN; ENVIRONMENT; FOOD AID; NGO; POVERTY; RED CROSS; RELIEF-DEVELOPMENT LINKAGE; REVIEW; WORKSHOP REPORT

This book is based on both the Earthscan and Swedish Red Cross reports, with extra material from the Stockholm symposium of June 1984. It shows how increasing vulnerability to environmental disaster is the result of human-induced environmental change. According to the authors, disasters mainly hit poor people in poor countries. Forces of nature can trigger disasters, but in many developing countries it is environmental degradation, poverty and rapid population growth which turn a natural hazard into a major disaster. Various forms of natural disaster are discussed. In addition, the book questions whether the rich nations' usual response to disaster - fast, short-lived emergency assistance - remains adequate. Much of the relief from donor countries is merely the export of surplus food and materials which are inappropriate for disaster conditions. And although food aid saves lives, it can also undermine long-term local self-sufficiency. Therefore, effective disaster mitigation and prevention depends on long-term planning for development toward a more sustainable and less vulnerable society. Many relief agencies are beginning to complement their emergency aid with development programmes. Some examples of those programmes are provided in this book. The authors conclude that it is likely that relief agencies will increasingly look upon disasters as problems of development as well as problems of relief.



Reference ID: 190

Wilson KB. Enhancing refugees' own food acquisition strategies. *Journal of Refugee Studies*, 1992, 5(3/4):226-246.

Keywords:

ACADEMIC; AFRICA; CONCEPTUAL; COPING STRATEGIES; FAMINE; FOOD AID; FOOD SECURITY; POLICY; REFUGEES; REVIEW

This paper examines how the welfare of refugees could be improved by assistance policies that enhance refugees' own livelihood strategies. Food aid is analysed as part of a wider range of economic resources that refugees utilize to meet their needs. The author proposes removing the constraints on refugee access to resources and markets and the numerous restrictions on their activities. The distribution of cash or of a package based on economic value could be more efficient in terms of logistics, and could provide refugees not only with much greater value but also with the flexibility to use aid to meet whatever specific need they identify. Constraints on cash distribution need to be addressed, and in some situations it may not be an appropriate method of assistance. These constraints are discussed and experience with cash distribution in famines in Africa is reported. The author concludes that the time has come for carefully monitored experimentation with such new approaches.

**Reference ID: 191**

Winkvist A. Health and nutrition status of the caregiver: effect on caregiving capacity. *Food and Nutrition Bulletin*, 1995, 16(4):389-397.

Keywords:

ACADEMIC; CARE; CAREGIVER; CHILDREN; CONCEPTUAL; EGYPT; HEALTH; KENYA; NUTRITIONAL STATUS; REVIEW; WOMEN

The importance of child care in ensuring optimal child survival, growth, and development is increasingly recognized. Unfortunately, poor health and nutrition status of the caregivers likely limit their ability to provide adequate care in many countries. Direct evidence for this has been shown in Egypt, where poor dietary intake, low haemoglobin levels, and low vitamin B₆ status of the mothers were related to less time spent on care, less response to infants' vocalization, less vocalization to infants, and greater utilization of older siblings as caregivers. In Kenya, lower maternal caloric intake was associated with less physical contact with their toddlers. Indirect evidence can be inferred from a review of illnesses affecting women globally in the light of the physical and mental demands of adequate caregiving. For this purpose, ill health of women is evaluated from both epidemiological and anthropological perspectives.

**Reference ID: 192**

Wulf D. *Refugee women and reproductive health care: reassessing priorities*. New York, Women's Commission for Refugee Women and Children, International Rescue Committee, 1994.

Keywords:

AFGHANISTAN; BELIZE; CAMBODIA; CARE; CHILDREN; CONCEPTUAL; COTE D'IVOIRE; DISPLACED; HEALTH; HONG KONG; KENYA; LIBERIA; NGO; PAKISTAN; REFUGEES; REVIEW; RWANDA; SOMALIA; THAILAND; VIET NAM; WOMEN

This study is the result of two main areas of activity: a systematic bibliographic search, and first-hand observation of the reproductive health services available to women at refugee sites in six countries of first asylum and two countries with internally displaced populations. The sites include Liberian refugees in Côte d'Ivoire, camps in Rwanda, Somali refugees in Kenya, Afghan refugees in Pakistan, Central American asylum seekers in Belize, refugees in Thailand, Vietnamese refugees in Hong Kong, and Cambodian refugees. The country reports are added to the principal report of the study. It was found that for a variety of reasons women in refugee settings have extraordinarily high numbers of children. Pregnancies at close intervals are often experienced by women considered to be at very high obstetrical risk. The virtually exclusive emphasis given in refugee settings to maternal and child health services and to the training of traditional birth attendants excludes a large number of people from health care programmes. Thus, more emphasis on effective and adequate birth spacing should be part of the training given to all involved in health care provision in refugee settings. The study shows that, in most refugee sites, the more comprehensive reproductive health needs of refugee and displaced women are not met, although limited reproductive health care is available. As a consequence, serious consideration should be given to initiatives that raise awareness of these problems and, ultimately, that improve the ability of refugee women to plan their childbearing and safeguard their reproductive health.

 **Reference ID: 193**

Young H, Jaspars S. *Nutrition matters: people, food and famine*. London, Intermediate Technology Publications Ltd, 1995.

Keywords:

ACADEMIC; CHILDREN; CONCEPTUAL; DISPLACED; EARLY WARNING SYSTEMS; EMERGENCY PREPAREDNESS; EMERGENCY RESPONSE; FAMINE; FOOD SECURITY; GUIDELINES; HEALTH; RATIONS; REVIEW; SUDAN; WEALTH RANKING

The classic disaster model of an emergency, which assumes simple cause and effect between food shortages, malnutrition and death, no longer applies. Most emergency situations are protracted, with obvious political dimensions, and most crises can be predicted. They often recur in the same area and, with appropriate interventions, the progress of famine can be halted. The authors of this book are nutritionists who work in situations of food insecurity and famine. The practical constraints they have encountered and the ineffectiveness of standard interventions have encouraged them to consider new approaches to nutritional assessment and response. The book has three parts. Part 1 is a review of the contemporary views of famine and nutrition, nutritional surveillance for famine early warning, and methods of nutritional assessment and surveys. Part 2 presents a detailed case study of nutritional surveillance in Darfur, Sudan, between 1984 and 1991. It includes the development of a new community-based approach to surveillance from 1988. Part 3 looks to the future, and the authors develop a new conceptual framework of the role of nutrition in famine which can be used to analyse the underlying causes of malnutrition, the stage of famine, and the risks of disease and death. This is useful as a basis for nutritional assessments, for identifying appropriate interventions and for targeting strategies. Practical suggestions for carrying out assessments and for alternative interventions are given. The institutional and political changes needed for the successful implementation of appropriate interventions are also considered.

 **Reference ID: 194**

Young H. *Food scarcity and famine: assessment and response*. Oxford, Oxfam, 1992.

Keywords:

AFRICA; FAMINE; FOOD SECURITY; GENERAL RATION; GUIDELINES; LIVELIHOODS; MANUAL; MICRONUTRIENT DEFICIENCIES; NGO; NUTRITIONAL STATUS; NUTRITIONAL SURVEILLANCE; OXFAM; REVIEW

This manual aims to provide practical advice to NGO staff (both nutritionists and non-nutritionists) working in situations of famine and food scarcity. The advice is based on the experience of Oxfam and similar agencies involved in relief programmes in north and east Africa. The manual describes assessment of and response to food scarcity and famine. Assessment begins with a review of existing information sources (e.g. early warning reports from government and nongovernmental agencies). The information collected is used for analysis of the extent and severity of the problem. Isolating the underlying cause of the problem will aid in finding the appropriate action and response. The manual has four parts. The first discusses the nature of food scarcity and famine. The definition, causes and measurement of malnutrition are also reviewed. Part 2 describes a range of assessment methods that includes nutrition surveys and assessments of wider "livelihood" situations. Part 3 explains how to link the results of these assessments with decision-making. The importance of combining strategies to protect health, support livelihoods and prevent excess mortality is highlighted. The immediate cause of death in famine is disease, so priority is also given to protecting health and avoiding epidemics. The final part describes different types of food distribution - general rations, supplementary feeding programmes and therapeutic feeding. Some of the problems that might occur during these interventions are also discussed. The manual concludes that there are no single right answers to the problem of food insecurity. It aims to be a source of information and ideas about nutrition in times of famine and

food scarcity, rather than a conclusive guide to what should be done. The appendices provide useful and detailed information about survey techniques (e.g. early warning, wealth ranking), how to measure children, vitamin and mineral deficiencies, recipes for supplementary feeding, and advice on food storage.



Reference ID: 195

Young H, Jaspars S. *Nutritional surveillance: help or hindrance in times of famine?* Brighton, Institute of Development Studies (IDS), 1992.

Keywords:

ACADEMIC; CONCEPTUAL; COPING STRATEGIES; EARLY WARNING SYSTEMS; FAMINE; FOOD SECURITY; NUTRITIONAL SURVEILLANCE; PARTICIPATORY RAPID APPRAISAL (PRA); RAPID RURAL APPRAISAL (RRA); REVIEW

In order to explain the relationship between nutrition and famine, the document discusses the concepts underlying famine and malnutrition. It also outlines methods of monitoring nutrition in times of famine. The bulk of the document concentrates on indicators of malnutrition, famine and the ability of early warning predictors. A section on methodology of assessments covers formal, qualitative data collection and quantitative assessments, predominantly RRA and PRA. The applications and analysis of quantitative data are discussed, with many of the criticisms of qualitative work being outlined. A combination of qualitative and quantitative work is recommended.



Reference ID: 196

Zeitlin MF, Megawangi R. Modernization, urbanization, and nutritional care. *Food and Nutrition Bulletin*, 1995, 16(4):398-406.

Keywords:

ACADEMIC; CARE; CHILDREN; CONCEPTUAL; NUTRITIONAL STATUS; POLICY; REVIEW

Child-care beliefs and practices evolve to meet the needs of children within changing families and societies. Production technologies, economic structures, formal and non-formal institutions, and ideologies influence the care of young children. Nutritional care varies among premodern agrarian, modern industrial, and postmodern knowledge-based settings. Vital families in which parents and children learn together currently are emerging as the most favourable environment for child care. Policy implications of historic trends are: nutritional care should be added to the definition of children's rights; functional indicators of nutritional care should be built into systems that monitor children's well-being; care services should be available to the whole child in the whole family, through multi-purpose networks of agencies and activities; child and family development programmes should teach parents to enhance children's nutritional care and development; and the care motto "Preserve, Protect, Promote" should expand to "Rediscover, Relearn and Readapt" beneficial caring from the past.

3. List of Keywords

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