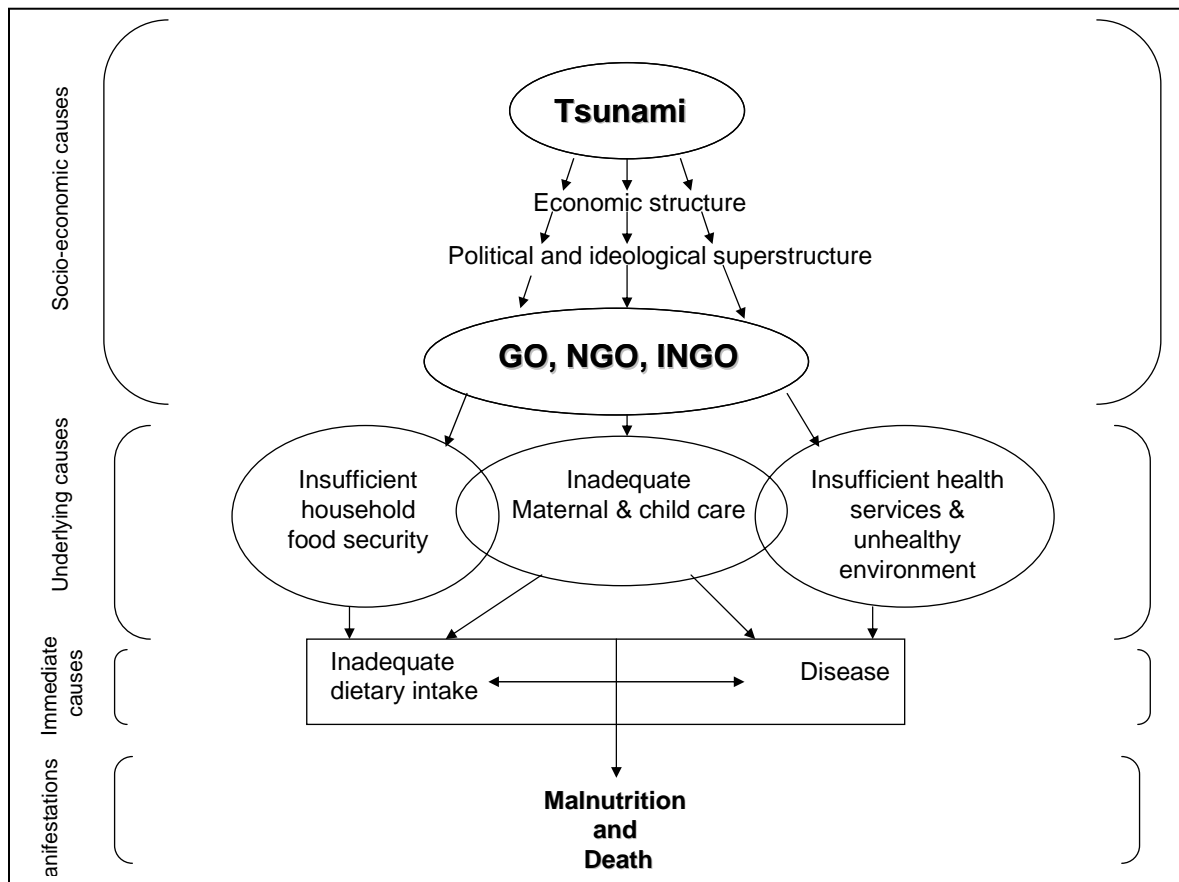


## Nutrition Strategies In Emergency Situation At Welfare Centres.

Many people in Batticaloa district became *Internally Displaced Persons (IDPs)* due to *Tsunami*. These people have been given accommodation in welfare centres. In this emergency situation, there is often a sudden and massive reduction in food availability or reduction in food accessibility to these Internally Displaced persons. The result is often acute and severe food insecurity, which may lead to high levels of malnutrition and mortality. In acute food crisis, the extent of acute malnutrition means that nutrition becomes an emergency health issue. While malnutrition is a disease of the individual, the causes of malnutrition are often complex and multi sectoral, and are linked to different social and economic factors. Therefore, emergency health workers/organizations have the responsibility to try to cure the malnourished, prevent malnutrition amongst the vulnerable and promote adequate distribution of food to allow healthy existence.



**GO- Governmental Organizations, INGO- International Non-Governmental Organizations, NGO- Non Governmental Organizations**

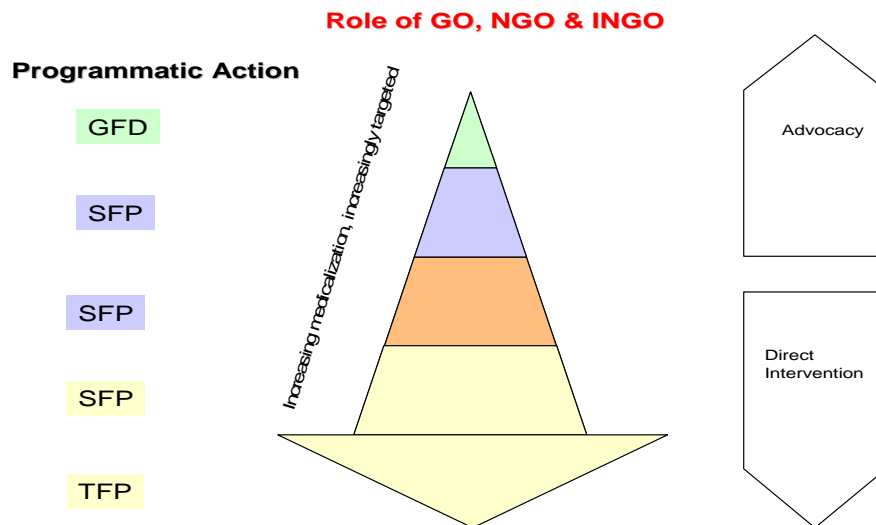
In emergencies, nutrition and food accessibility is a complex social issue and population groups of IDPs may evolve complex coping strategies to deal with reduced availability/access of food. The process of food shortage leading to acute malnutrition and mortality has been described in different phases.

1. Property damage and loss of dear ones.
2. Breakdown of established life pattern and destitution.
3. Change of behavior to cope with hard time.
4. Starvation, Malnutrition and Death - Famine.

Under these emergency conditions, **General Food Distributions (GFD)** aim to bring the nutritional value of the diet, for the whole population of IDPs, up to a sufficient level for survival. GFDs are often insufficient to meet the need of all members of this population and/ or distribution of food is unfair, so that certain vulnerable groups (*growing children, pregnant and lactation women, elderly, handicapped*) are at particular risk of becoming malnourished. Therefore, different types of **selective feeding programmes** aim to cover special needs of certain vulnerable groups of IDPs.

- **Blanket Supplementary Feeding** provides a quality or energy supplement in addition to the normal ration which is distributed to all members of identified vulnerable groups to reduce risk ( Preventive).
- **Targeted Supplementary Feeding** provides energy or quality dietary supplements and basic health screening to those that are already moderately malnourished to prevent them from becoming severely malnourished and improve their nutritional status ( Curative).
- **Therapeutic Feeding provides** a carefully balanced and intensively managed dietary regimen with intensive medical attention, to rehabilitate the severely malnourished and reduce excess mortality (Curative).

The range of nutritional interventions vary from population based GFD to intensive, highly managed, curative, individual level interventions (intensive therapeutic feeding). In the absence of adequate GFD, these selective feeding programmes and other supplementation will have limited or zero impact. These programmes are always referred to as **complementary interventions** to **GFD**. Health organizations working in food crisis situations have an obvious responsibility towards the curative rehabilitation of acutely malnourished individuals. However, the rehabilitation of acutely malnourished individuals can become a pointless and frustrating task in a situation where the IDPs simply cannot get sufficient quantities or quality of food. Thus, emergency health workers also have a very great responsibility to promote the nutritive welfare of IDPs by advocating adequate GFD and other complementary interventions.



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