

Report of informal meeting on Nutrition in Emergencies
Dhaka, Bangladesh, 2 Feb 2011

Introduction

This half-day meeting was organised by TAHN Foundation, in collaboration with the NutritionWorks (NW) as implementing partner of the Emergency Nutrition Network (ENN), with the aim of bringing together nutrition and disaster response stakeholders to discuss the situation of nutrition in emergencies (NiE) in Bangladesh, existing training opportunities and possibilities for their enhancement. The meeting was made possible through the support of the American people through the Office for Disaster Assistance (OFDA) of the United States Agency for International Development (USAID).¹

This was the first meeting relating to the NW/ENN project in Bangladesh and was largely a scoping exercise to help inform next steps.

The agenda for the meeting and the participant list are attached as annex 1 and 2.

The Objectives of the meeting were:

- To inform key stakeholders about the NW's pilot project to investigate sustainable models for NiE training in Africa and Asia and its progress to date
- To introduce the Harmonised Training Package (HTP)
- To share experience and discuss the current situation regarding NiE, training aspects and how this project might contribute in Bangladesh

Dr Rukhsana Haider of TAHN Foundation welcomed the participants, facilitated introductions and briefly highlighted some of the constraints currently faced in Bangladesh in NiE response and capacity development.

Presentation on pilot project to investigate sustainable models for nutrition in emergencies training, Tamsin Walters, NutritionWorks/ENN

The presentation began with a brief introduction of the Emergency Nutrition Network, a UK based charity, and NutritionWorks, a UK based professional partnership, both involved in public health nutrition. Participants were provided with a copy of Field Exchange, a free ENN publication that documents field experiences in NiE and summarises global research articles.

A brief overview of the background and rationale for the project was provided:

- a general consensus that there has been an increase in the number of natural disasters worldwide in the last 10 years;
- a variety of nutritional issues arise or worsen in emergencies, including acute malnutrition, micronutrient deficiencies and infant feeding problems – these issues can also be exacerbated by inappropriate or inadequate responses;
- substantial developments in the past 10 years in the range of responses in both assessment (e.g. better coordinated multi-agency, multi-sectoral assessments; improved methodologies for data collection and analysis) and interventions (e.g. cash for work, improved research and attention to promoting and supporting appropriate Infant and Young Child Feeding (IYCF), new models for Community-based management of acute malnutrition (CMAM)).

The national capacity to respond to NiE has been raised globally as a concern:

¹ Under the Agreement No. DFD-G-00-09-00289-00 to the Emergency Nutrition Network as part of a project entitled Strengthening Capacity to Respond to Emergencies in the Food Security and Nutrition Sectors.

An international workshop in Nairobi, Kenya in 2008 on "Improving Training in NiE," hosted by the Global Nutrition Cluster and facilitated by NutritionWorks and University College London - Centre for International Health and Development (UCL-CIHD), produced a Consensus statement that acknowledged:

- A general shortage of public health nutritionists in developing countries
- A lack of emergency nutrition specialist skills in developing countries
- Few training opportunities for nutritionists from developing countries to develop skills and knowledge on emergency nutrition

In light of the above, USAID OFDA provided funding to ENN to develop 2 initiatives:

1. A regional training project currently being implemented by UCL-CIHD with Makerere University in Uganda, the American University of Beirut in Lebanon and the Asian Disaster Preparedness Centre (ADPC) in Bangkok, to establish short courses or NiE modules for existing courses.
2. The pre-service and in-service training initiative currently being implemented by NutritionWorks in collaboration with the ENN in Kenya and now Bangladesh.

Bangladesh and Kenya were selected as pilot countries for this initiative based on the following criteria:

1. A disaster-prone country or one with disaster-prone areas
2. A long-standing, stable NGO community
3. Interest to enhance national capacity in NiE

The project so far in Kenya

In 2010 the project was implemented in Kenya. The process involved discussions with key stakeholders and a scoping exercise to map out who delivers emergency nutrition response and where they receive training.

Kenya presents a very different context to Bangladesh and possibly quite unique in Africa as it is a regional hub, has several universities providing nutrition diplomas and degrees and many nutrition graduates. There is a ready job market for Kenyan nutrition graduates as District Nutritionist positions exist throughout the country, while there is also a demand for NiE skills and expertise in neighbouring South Sudan and Somalia.

Since district nutritionists were found to be graduates from Higher Education Institutions (HEIs) in Kenya, it was decided to investigate the content of nutrition courses available and the current gaps. It was discovered that where NiE components existed they were in need of updating and where they were non-existent, staff of HEIs were keen to add them. Additionally it was agreed that the quality of the NiE modules offered could be improved through field exposure and development of skills and competencies for NiE.

A colloquium (a discussion meeting rather than formal training) was set up in Lodwar in the northeast of Kenya to update 20 HEI staff from 8 institutions on NiE, expose them to fieldwork and agree a core curriculum for a NiE module in Kenya HEIs.

The work in Kenya is being followed up in 2011 to learn lessons for the future.

The Harmonised Training Package (HTP)

The resources used to inform the updates on NiE were taken from the HTP. The HTP is a comprehensive documentation of the current global consensus on technical aspects of NiE. It is organised as a set of 21 modules by subject containing technical information, training exercises and

tools and resource lists for training application. It can be used by experienced trainers to develop a training course, as well as for individual study.

Funding was provided by the Global Nutrition Cluster for Version 1 of the HTP which was produced in 2008; Version 2, funded by USAID/OFDA, is now in process and will be complete by mid-2011. The HTP update is overseen by NW in collaboration with the ENN and involves numerous authors who are specialists in the particular technical area. Updated modules are being published as soon as they become available in a staggered process and many are already available on the UN Standing Committee on Nutrition (SCN) website, www.unscn.org/en/gnc_http/. The package, once finalised, will be translated into 3 languages.

The modules are divided into 4 sections: Introduction & concepts; Nutrition needs assessment & analysis; Interventions to prevent & treat malnutrition; Monitoring, Evaluation & accountability.

This project hopes to work in Bangladesh to enhance existing training in health, nutrition and/or disaster preparedness with NiE components in a sustainable way, adapting the resources provided by the HTP.

Nutrition issues during emergencies; Responses (too little, too late); importance of preparedness; previous NiE training in Bangladesh; the Global Nutrition Cluster - the shared vision, Lilian Selenje, UNICEF

This presentation guided us through some recent emergencies highlighting some successes and challenges for NiE:

- Following the Pakistan floods in September 2010 a group of journalists discovered a remote community receiving no relief or support. Their pictures mobilised donations of milk for babies that were then distributed to the community. They may not have provided the most appropriate response due to their lack of nutritional expertise.
- In Hurricane Katrina in the USA an organisation managed to provide a comfortable and safe space for mothers to breastfeed and care for their infants.
- In the Sichuan earthquake in 2008 a Chinese policewoman became a national hero as she was breastfeeding her own infant at the time and managed to breastfeed 8 other babies. However, the publicity surrounding this story resulted in a flood of donations of baby milk powder which was widely distributed, even to breastfeeding mothers who did not need it.
- In Cyclone Sidr, Bangladesh 2007, it is clear how emergencies can swiftly lead to loss of livelihood.

Child weight-for-height data shows that Bangladesh is a silent emergency where there are high levels of acute malnutrition all the time. If a disaster strikes it can critically exacerbate the situation.

In September 2010 UNICEF conducted NiE training in Dhaka to introduce the HTP modules and the cluster system (Global Nutrition Cluster (GNC)). As a one-off training it was successful in imparting information and generating interest in the topic, however the nutrition cluster is not activated in Bangladesh so it was not of direct practical relevance. This highlighted the need to tailor modules and training to the situation in Bangladesh and to mainstream training to make it sustainable. It also raised the issue of how to set up an informal cluster here.

Lilian provided an overview of the GNC Strategic Framework and related it to the Bangladesh context:

- Strengthened stakeholder coordination, partnership and collaboration
Nutrition Working Group is good, but very big; there is a need for a NiE subgroup
- Adequate human, financial and technical capacity for response, recovery and preparedness
Ministry of Food and Disaster Management (MOFD) want to strengthen their nutrition component; the health sector has decided to mainstream nutrition – we mustn't forget to add the NiE component
- Adherence to national and international protocol, methodologies and standards
We are doing well in supporting and protecting breastfeeding, but need to do more in other areas e.g. management of acute malnutrition; there is now a CMAM working group
- Enhanced and adapted information systems
IPHN and HKI have a good nutrition surveillance information system set up but it isn't used enough for programme implementation/decision-making
- Strategic planning, M&E mechanisms and accountability framework established
- Orientation and advocacy strategy established for safeguarding and improving nutrition
Policy-makers and those with resources may not be aware of what's happening on the ground and what's needed; we need to inform them

Ireen from UNICEF added:

At national level much has been developed for IYCF, however there are gaps to support on the ground during an emergency. Bangladesh is an appropriate choice for the ENN/NutritionWorks project.

To be effective there is a need to involve NGOs working on the ground. During emergencies the NGOs are provided with funds and get straight to work, but they have little knowledge of NiE. A Save (US) assessment post-Sidr found that lots of baby milks had been distributed. This highlights the need to build NGO capacity before emergencies strike.

NiE, WFP-Bangladesh response, Monira Parveen, WFP

Monira provided an overview of WFP's responsibilities in emergencies and how they have responded to previous emergencies in Bangladesh. Their role is to complement government safety-net programmes and to lead the Food Security Cluster.

Nutritional intervention in response to recent crises have included supplementary feeding, micronutrient supplementation, homestead gardening support, nutrition education/behaviour change communication, and weight monitoring. Primary target groups include children under-2 years of age and pregnant and lactating women (PLW).

During Cyclone Sidr (2007) 100,000 children received High Energy Biscuits in the initial 3 months and 112,000 under-5 children and 56000 PLW received micronutrient powder (MNP) together with social campaigning, community/beneficiary counseling and education.

Under the High food price crisis in 2009 nutrition education and homestead gardening was provided, along with FBF supplements and health services referral/linkages for immunisation, deworming, vitamin A and iron supplementation. This led to improvements in the nutritional status of children under-2 years and PLW. WFP also provided MNP (Pushtika) to 20,000 children under-2 and PLW for 6 months with nutrition education through a Food and cash for work (FCFW) programme.

In response to Cyclone Aila WFP was involved in nutritional assessment and supplementary feeding (WSB+) for all PLW and under-two children found in the embankment (Aila affected). WFP also provided basic nutrition education to communities on supplementary feeding, food and nutrition, IYCF, maternal nutrition, sanitation & hygiene etc.

WFP's role as Food Cluster lead puts them in a strong position to link the nutrition and food responses and ensure that activities are well-coordinated.

Questions and comments from participants

1. Concern was raised about the introduction of nutritional products; RUITF is mentioned in the recent issue of Field Exchange. Some guidelines may not be appropriate for Bangladesh
2. WHO developed some NiE training for managers with MI, WFP and UNICEF. The curriculum was developed in 2006 and shared with MOFD but it is still in draft form. During Cyclone Sidr a joint action and planning nutrition subgroup was formed. We need to know what the government NiE programme is so that we can see the gaps.
3. During Sidr the Disaster Relief and Rehabilitation department provided food and collected information concerning numbers of affected people. Programmes were initiated, including Food For Work and Vulnerable Group Feeding.
4. After Sidr sanitation improved in some areas due to installation of new sanitary systems during the recovery phase. Bangladesh government has community clinics at the grassroots level – training in NiE could be useful for the community workers there.
5. 49% of people are poor in Bangladesh; there is always food insecurity; many people are already chronically undernourished; it's an ongoing problem, not just a disaster issue
6. How do we link with Sphere? (All HTP modules quote Sphere standards and are in line with it). How to reach remote vulnerable populations? How to scale up training to front-line workers?

Group Work

Group A:

1. What formal training exists in nutrition/disaster preparedness? Who are the providers & receivers (Pre-service and In-service training)?
2. Where can NiE be inserted into existing training?
3. What are the priorities for NiE training/capacity development in Bangladesh:
 - a. Who needs to be trained?
 - b. What skills/knowledge do they need to develop?

1. There is no standardised training but ad hoc training such as in infant and young child feeding in emergencies (IFE). There is a shortage of facilitators. No pre-service training; government and NGOs provide some training for in-service but it is inadequate. We need a consensus on what NiE means in Bangladesh in order to shape the content of NiE training.

3a. Emergency workers, DMC, Upazilla DMC members, District DMC members all need to be trained. Health workers from community→Upzila→District→Division→National

MoH&FW/MoF&DM→Union→Upzila→District→Division→National

We should develop a master trainer (TOT) pool.

3b. Skills needed include: assessment - who are the most vulnerable/identifying priorities; screening of malnutrition at the individual level; basic nutrition concepts; basic NiE concepts; types of emergency; practical skills; practical skills for psychosocial support in NiE and coordination.

The HTP has not been widely shared; it was developed at global level and we need to adapt it for Bangladesh.

Discussion on Opportunities

MOH is going to mainstream nutrition. There is going to be a big training of health workers. There is an opportunity here to insert NiE. The In-service training team (IST) is in the DG Health Office and would be a good contact.

Community healthcare provider training module exists – NiE could be incorporated there.

Disaster management food providers: UNDP and the Ministry of Food and Disaster Management have training that we could slot NiE into.

Group B

1. What do we need to do to take NiE forward in Bangladesh?
2. How can we improve advocacy & move NiE up the agenda in health, nutrition and disaster preparedness?

We need a definition of NiE: since acute malnutrition rates are constantly high, we need to define what constitutes an “emergency” in Bangladesh. We can use poverty maps, local food insecurity (small emergencies/disasters) to develop a context specific definition for Bangladesh.

Lack of coordination between stakeholders leads to late implementation of emergency response. Coordination mechanisms must be defined and enhanced.

Need advocacy with the Disaster Management Committee.

There are substantial funds for the nutrition Operational Plan in the Health Sector Plan (it is the 2nd highest item), but there is a need for technical advice to support MOH to take actions forward.

Discussion

During Sidr logistics and money were there but didn't trickle down to those who needed them; no daily labour was available – everyone went running for relief and the free handouts.

There is a standard assessment format coming for disaster response – we could add nutrition.

UNICEF started mapping the capacity of NGOs in emergency; their mandates and what type of support they provide. The mapping is incomplete.

Build on successes: the IYCF campaign throughout the year meant that when an emergency hit we and the communities were better prepared.

Need to improve multi-sector coordination; MOH is the lead agency for nutrition but cannot do it alone. Active participation of the Ministry of Agriculture, Ministry of Food and Disaster Management, Ministry of Education etc. is required. We need to educate them on nutrition and get key actors on board through regular representation.

Dissemination seminars are required at national and divisional level. The content of the advocacy/information requires preparation and would include describing the problem; the situation

where there are very high rates of malnutrition; what each ministry can do; and include information about economic losses and the costs of malnutrition.

It was agreed to convene a NiE subgroup of the Nutrition Working Group. UNICEF agreed to co-Chair and take on a coordinating role with government.

Wrap up

Tara Simpson from USAID closed the meeting by thanking all the participants for their contributions. She concluded that today pushed us to take the next step in NiE, noting that advocacy is a huge part of this and she looked forward to participating in the new NIE group.

In a few weeks there will be a meeting on how to advocate for the Scaling up Nutrition document, with attendance from USAID Washington.

Annex 1: Agenda

0930-10.00	<p>Welcome and introductions</p> <p>Pilot project to investigate sustainable models for nutrition in emergencies training</p> <p>Experience sharing:</p> <p>Discussions on presentations</p>	<p>- Dr Rukhsana Haider TAHN</p> <p>- Tamsin Walters NutritionWorks/ENN</p> <p>- Lilian Selenje Unicef</p> <p>- Monira Parveen WFP</p>
10.30-11.00	Tea	
11.00 -12.30	Discussions for planning the way forward	
	Lunch	