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Challenges and Management of Nutrition among Displaced Population

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Recent developments around the world show that the rate of human displacement is on the increase. The courses of these displacements which may be natural or manmade include floods, earth quakes, hurricanes, tornadoes, landslides, wild fires, ice storms, wars, terrorist attacks etc. The global cumulative of displaced persons is usually very significant and the most affected groups are infants, young children, women, the elderly adults and those who have serious medical challenges.

Displaced people require the provision of food, water, sanitation, shelter, clothing and other essential health care services. The question is, are these services readily available and accessible? Some common problems during disaster are insufficient foods, lack of nutritionally adequate and safe foods and mal-nutrition – caused by insufficient diet due to inadequate consumption among other factors.

Some of these disasters may produce severe food shortages that have critical impact on the nutritional status of the displaced population. Persons with physical disabilities, diabetes, heart diseases will not have access to routine medical care and this compounds the challenges leading to high rate of post-traumatic stress disorder. To manage food and nutrition challenges is a function of the type of disaster, its duration, size of the area affected, and nutritional status of the affected population before the disaster. The need for food at this time is usually urgent- a factor that must be noted by aid workers.

The plan for the nutrition of displaced people requires collaboration with national and local authorities as well as with the relevant agencies and organizations in order to identify food supply sources and experienced personnel to manage it. It is important to have an idea of the quantity of food available and compare it with the dietary needs of the affected population. When these are done, it will lead to knowing the daily ration based on the type of population and how long the effect of the disaster will last.

To supply the food needs however depends on the stock of foods available and the safety of these foods during transportation, storage and distribution. These should be viewed as a matter of public health significance to avoid transmission of diseases through food and outbreak of avoidable diseases. It is not just enough to supply the food to displaced population but the nutritional status of the population should be observed closely. This may require the modification of the food supply to meet the nutritional requirements of the population. Hence surveillance of the food supply chain is pertinent. Foods that show visible spoilage upon supply and expired products should be discarded. Foods discovered to have been mixed with toxic chemical substances especially during transportation should also be discarded.

Then an appropriate diet with sufficient calories for individuals based on the extent of nutritional risk observed should be determined. If the nutritional risk is severe, about 1800 Kcal per day per individual will be sufficient to prevent the risk. Vulnerable group like children should have their foods supplemented. All the distribution of foods should put into account the short, medium and long-term food needs based on the situation on ground.

Nutrients that are under consumed and which may present substantial public health concerns should be closely monitored in adults and children. Dietary intakes at this time are usually lower compared to the recommended intake levels. Judging from the point of nutritional status before the disaster, poor nutrition of infants and children may be due to poverty, impairment, poor health, non-breast-fed infants and high energy needs. Hence, nutritional plans during disaster should take into account the need for infants and small children which, in reality, is often not considered. The older persons may present nutritional deficiencies connected to poverty, depression due to social isolation, systems may not adequately regulate energy intakes and lack of access to nutritionally adequate diets. These needs for the older ones should be considered during food supply.

Since mal-nutrition is a critical issue during disaster, it requires monitoring even as food supply is going on. Aid workers should observe eating habits and look out for physical symptoms like dental difficulties, easy bruising, poor wound healing, weight loss, edema etc. Such people will be easily fatigued or depressed with high risk of infections, anemia, muscle weakness and digestive disorder. Some infants, young children, older adults and those with chronic illnesses may be at high risk of dehydration caused by diarrhea and vomiting, excessive sweating and fever as well as inadequate water intake during hot weather. Those at risk of dehydration may look tired with dry mouth, low urine output, headache, dizziness and thirst.

Conclusively, the challenges that occur during disaster when human beings are displaced are enormous and require a synergistic approach by government, agencies and organizations to handle them. Unfortunately, this situation is on the increase all over the world. Humanitarian crisis arising from these are critical and significant. Pertinent among these problems is that of mal-nutrition as the displaced populations are at different nutritional status. The food supply chain must be monitored to avoid transmission of disease through foods and to minimize food shortage. Aid workers should observe closely the nutritional levels of the population to determine where more attention is required.