

Global Epidemic Of Malnutrition And Nursing

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Undernutrition is more prevalent in children and pregnant women. According to UNFAO approximations, out of 7.3 billion people in the world, 1 in 9 or 795 million are facing chronic undernourishment. 780 million belong to developing countries, indicating a 12.9 percent aggregate. Whereas people in developed nations are also malnourished, 11 million in total. (FAO, 2015) It has about 3 million lives annually. Malnutrition increases the rate of contaminations, frequency, and severity of disease and affects the fetal health of a baby in pregnant women. Undernutrition, especially in the first 1,000 days of a child's lifespan, can cause stunted hinder related to cognitive ability and hinder work performance. Nurses help people maintain their daily nutritional requirements, as well as act as an aide in areas that lack primary health care (Hickel, 2016).

Introduction

WFP and FAO are a few noble organizations that have actively played an important role in global threats of undernutrition and food scarcity which are direct problems of food security. WFP supports food-related safety programs targeting lactating, pregnant women, children, and older adults, among others. These organizations are also working hard to provide prenatal care, midwife education, and vaccinations (Clay, 2003). Health and food safety organizations also work under "twinning" mechanisms. The twinning mechanism is a way through which multiple nations provide relief to the country in need. One country covers the cost of transport, another provides food and another country takes care of the medical aid such as doctors, nurses, or medical aid. Organizations like WFP need funds to help them provide services to the countries in need. The generosity of donors supports the project activities by providing healthcare and food security through endowments and donations. (Batti, 2014).

National governments also, particularly the Ministries of Health, are logically among the significant contributors to health development struggles. However, moving past the federal government, there are other chief contributors, including government donors. The most significant government donors of Official Development Assistance (ODA) are the USA, Japan, the United Kingdom, Sweden, Germany, Canada, France, Italy, the Netherlands, and Spain. These countries are committed to international development, and some honor G8's commitment to foreign aid. Emerging governments such as Korea, Brazil, Russia, and the new European Union Member States are also emerging as significant contributors. Major international IFIs —the International Monetary Fund, the World Bank, and the International Finance Corporation are substantial lenders to governments to finance developmental projects (World Health Organization, 2013).

Predictability Of Funding To Eradicate Malnutrition

The need for a fundraising strategy is to reduce dependency on a few donors by expanding funding sources. Considering that while it may be primarily attractive to receive funding from one donor, this is not conducive to the long-term feasibility. (Fadel,2012) Some factors affect resource mobilization in this country, causing a worst scenario in terms of food scarcity or food shortage.

External Factors

- Global economy state
- Decisions of resource allocation
- Political effects on resource mobilization

Internal Factors

- The political situation in the country
- The legislative body of the country (FAO,2016).

Funding Opportunities Come In Various Forms:

1. Governments and intergovernmental partners: funding opportunities such as the significant OECD donor countries (USA, Japan, Australia, Switzerland, Canada, Germany, France, UK.)Also, countries like Italy, South Korea, Belgium, the Netherlands, Luxembourg, Austria, Norway, Sweden, Denmark, Finland, EU, etc.)(FAO,2013).
2. Emerging and new donor countries, including China, Saudia Arabia, Qatar, etc.
3. Pooled funds include Green Climate funds and International Financial Institutions such as ADB, World Bank, IDB, AIIB, etc.
4. Regional and Domestic resource mobilization as the ASEAN
5. Various traditional and non-traditional possibilities for resource mobilization should align with Agenda 2030 (Geizen,2012).

Country-Specmanagenor Policies

- The EU Member States manage Food aid programs and usually respond to disaster-stricken countries with more food aid.
- The US continues sending food aid to countries facing unpredicted disasters or are very poor, though it is insensitive to ongoing disasters.
- In contrast, Japan seems to react positively to slow catastrophes, not too sudden ones, but

majorly with medical assistance.

- Australia and Canada do not seem to respond to natural catastrophes (Prato,2015) evocatively.
- European Community responds mostly to human-made disasters.
- None of the donor countries' aid programs seem to be favorably approachable to the adjustable political autonomy in recipient countries.
- Geographic familiarity, as perceived by spatial distance between recipient and donor countries, seems to be a noteworthy factor in manipulating aid shipments to the affected.
- Unambiguously, the EU Member States and Australia seem to be transporting food aid to countries nearer to them in contrast to those in far nations.
- EU, Canada, and the USA send less food aid to Asia but more medical help in the form of doctors and nurses.
- Canada sends considerably less food and medical help to Sub-Saharan Africa (Kuhlgatz, Abdulai & Barrett.,2009).

Malnutrition And Undernutrition Causes

1. Government inefficiencies
2. Overpopulation
3. The inefficiency of resource allocation (Eweje, Turner & Müller.,2012).

How To Curb This Problem:

The three signs of this strategy are:

1. Capacity building by teaching health officers, including doctors and nurses, to address the state of malnutrition
2. Increase health awareness
3. Increase nursing abilities by partnering efficiently with the general population (Hockenberry & Wilson,2014).

Nursing And Malnutrition

The four Strategic priorities to incorporate in nursing:

1. Encourage health awareness and rural growth,
2. Including employment opportunities, so more people will take up nursing and help to spread awareness.
3. Increase equitable access to quality health services
4. Promote good governance and strengthen the proper distribution of resources (WHO, 2014).

Nursing Effects On Undernourished Populations

Nursing can be useful in some ways:

- Open information: Nurses provide a clear picture of the adverse effects of undernutrition, especially in children and nursing/pregnant women.
- Make sure that they reach out to the general population, and information should be readily obtainable or easy to access.
- Approving internal and external communication: Health officials contribute to effective health management strategies by providing all kinds of information services and paying particular attention to the needs of the people.
- Present country circumstances: Being aware of the current environment of the country and formulating simple processes that will aid rather than hinder initiatives and enhance efforts(Hanrahan,2005).
- Social benefits: Lack of incentives and unemployment give a negative perception of nursing work ethics.
- Stress on interpersonal relations: The value of the patient-nurse relationship cannot be stressed enough. It is essential to build more efficient relations based on the population(Prato,2015).
- Well-formulated plans: Nurses should work towards the proper execution of their services.
- Monitoring and evaluation of nursing programs should take place. Ensuring accountability and transparency further benefit nursing practices (World Health Organization, 2013).

Role Of USA

The subject of food security is being touched on time and again. Research is carried out around the globe, determined to eliminate undernutrition and malnutrition (Maddaloni & Davis,2017).

The USA is the world's principal patron of international food aid to developing countries. The U.S. effects on global food aid as specified by International Food Aid Convention (FAC) signatories and used by the International Grains Council (IGC) are vast. Donor contributions data of the USA to the UNWFP is significant. The Food Aid Convention (FAC) is a contract amongst donor nations to supply a minimum amount of food aid to poor developing countries. The USA is trying hard to play its role as a benefactor in supplying food commodities and healthcare services to countries in need. Numerous doctors and nurses go to Africa and other panic-stricken nations to contribute their services. The Food Assistance Convention has been ratified by the USA (Hanrahan,2005).

Recommendations

- Organizations can strongly influence the role of nurses by adding strategic value to the occupation.

- Using organizational funds to strengthen health efforts (Prato,2015).
- Resource mobilization strategies are information-dependent. Their clarity is very important.
- The national requirements should be underlined through careful analysis of a specific population. Later, nurses can play an active role in guiding people to meet those requirements.
- Areas of reckless decisions hinder effective management of malnutrition, and proper guidance and resources should be used to cater to undernutrition problems (Eweje & Muller., 2012).
- Best to tie the cultural and political values of project contributors to project characteristics. It also increases awareness of the likely evident effects of funds on ethnically diverse individuals after project completion (Jacob.,2017).

References

Batti, R. C. (2014). Challenges are facing local NGOs in resource mobilization. *Humanities and Social Sciences*, 2(3), 57-64.

Clay, E. J. (2003). Responding to change: WFP and the global food aid system. *Development Policy Review*, 21(5-6), 697-709.

Clay, E., Pillai, N., & Benson, C. (1998). *The future of food aid: a policy review*. London: Overseas Development Institute.

Di Maddaloni, F., & Davis, K. (2017). The influence of local community stakeholders in megaprojects: Rethinking their inclusiveness to improve project performance. *International Journal of Project Management*, 35(8), 1537-1556.

Eweje, J., Turner, R., & Müller, R. (2012). Maximizing strategic value from megaprojects: The influence of information-feed on decision-making by the project manager. *International Journal of Project Management*, 30(6), 639-651.

Fadel, N. (2012). *Fundraising / Resource Mobilization Strategy*. [online] RANAA, pp.26-38. Available at: http://www.ranaa.net/ranaa/images/Final_Fundraizing_Strategy_En.pdf [Accessed 23 Oct. 2017].

FAO (2016). *An analysis of the resource mobilization function within the United Nations system (JIU/REP/2014/1)*. [online] Rome: FAO, pp.15-41. Available at: <http://www.fao.org/3/a-mq271e.pdf> [Accessed 23 Oct. 2017].

Giezen, M. (2012). Keeping it simple? A case study into the advantages and disadvantages of reducing complexity in mega project planning. *International Journal of Project Management*, 30(7), 781-790.

Hanrahan, C. E. (2005, May). *International Food Aid: US and Other Donor Contributions*. LIBRARY OF CONGRESS WASHINGTON DC CONGRESSIONAL RESEARCH SERVICE

Hickel, J. (2016). The true extent of global poverty and hunger: questioning the good news narrative of the Millennium Development Goals. *Third World Quarterly*, 37(5), 749-767.

Hockenberry, M. J., & Wilson, D. (2014). *Wong's nursing care of infants and children-E-book*. Elsevier Health Sciences.

Jacob, A. (2017). Trade and the new global development framework.

Kloppenborg, T. J., Tesch, D., & Manolis, C. (2014). Project success and executive sponsor behaviors: Empirical life cycle stage investigations. *Project Management Journal*, 45(1), 9-20.

Kuhlgatz, C., Abdulai, A., & Barrett, C. (2009). Food Aid Allocation Policies: Donor Coordination and Responsiveness to the Needs of Recipient Countries. In Beijing, IAAE Conference.

Prato, B. (2015). Food security and nutrition in the post-2015 agenda: From MDG 1 to SDG 2-some new policy challenges and opportunities.

WFP (2013). *WFP PRIVATE-SECTOR PARTNERSHIPS AND FUNDRAISING STRATEGY (2013-2017)*. In: Policy Issues Agenda Item 5. [online] Rome: WFP, pp.6-22. Available at: <http://documents.wfp.org/stellent/groups/public/documents/eb/wfpdoc062579.pdf> [Accessed 23 Oct. 2017].

WHO (2014). *WHO Country Cooperation Strategy Myanmar 2014-2018*. [online] Myanmar: WHO, pp.18-51. Available at: http://www.searo.who.int/myanmar/CCS_Myanmar.pdf?ua=1 [Accessed 23 Oct. 2017].

World Health Organization (2013). *Resource Mobilization Strategy 2009-2013*. [online] WHO: WHO, pp.13-24. Available at: <http://jembatantiga.com/wp-content/uploads/Resource-Mobilization-Strategy-WHO-Africa-2009-2013.pdf> [Accessed 23 Oct. 2017]