

Program improves short term nutritional outcomes in a conflict zone

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A study led by a researcher at the Columbia University Mailman School of Public Health finds that a multidisciplinary program within a conflict zone in Armenia was successful in improving several measures of childhood nutrition. Results appear in the journal *Public Health Nutrition*.

For more than 20 years, Armenia has been in a situation of ongoing, entrenched conflict with neighboring Azerbaijan. The researchers conducted their study in Berd region—a conflict zone near the northeastern border of the two countries where intermittent skirmishes impede community development and undermine health. They evaluated the effectiveness of a multi-pronged program implemented by the Fund for Armenian Relief (FAR) called Breaking the Cycle of Poverty. The program consists of food supplementation, capacity-building, as well as other components aimed at improving child growth and development.

Although similar programs have been implemented in other countries, few are as large in scope as the FAR program. Most other programs have only provided food at the community level, or only provided counseling or nutrition training. Uniquely, the FAR program has combined healthcare capacity-building in the community by training workers in [healthcare facilities](#), kindergartens, and by providing medical supplies and equipment, kitchenware, organizing on-site and off-site training programs for healthcare providers and kindergartens staff, providing balanced food, treating [children](#) with acute malnutrition such as [iron deficiency anemia](#), and training parents about public health and safety during prenatal and early childhood period.

The analysis focused on data from 2013 comprising 382 children, and data from 2016 comprising 348 children living in communities where the program was implemented, and 635 children from unexposed communities. The prevalence of anemia in exposed communities almost halved from 2016 compared to 2013 (10.9% vs. 19.1%). Consumption from at least four food groups in the past 24 hours (79.0% vs. 68.1%) and breastfeeding duration (13.0 months vs. 11.5 months) were significantly improved in the exposed communities. Longer-term measures, including the prevalence of stunting (11.5% vs. 10.2%) and wasting (4.8% vs. 2.0%) were not significantly different.

"Children are among those most vulnerable to conflicts," said the senior author Arin A. Balalian, a doctoral candidate in the Department of Epidemiology at the Columbia Mailman School. "Our study finds that a robust, multi-pronged program can be successful in improving short-term indicators of childhood nutrition in this frozen conflict zone such as anemia and minimum dietary diversity. The program also reduced suffering, as we saw fewer reports of children going to sleep hungry. However, further study is needed to assess whether this approach can make a difference over the longer term by promoting linear growth"

"The evaluation of our multi-pronged [program](#) is a critical step, to plan our next interventions," said the study's first author Hambardzum Simonyan, MD, Healthcare programs director at FAR. "The study also points out the limitations we must address to design the final impact evaluation study. It is a significant informative tool to other stakeholders in the region and globally to design evidence-based community interventions.

More information: Hambardzum Simonyan et al, Short-term nutrition and growth indicators in 6-month- to 6-year-old children are improved following implementation of a multidisciplinary community-based programme in a chronic conflict setting, *Public Health Nutrition* (2019).

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