Inadequate Refugee Rations: Is this a Result of Planning?

Published Lancet letters

Two recent letters to the LANCET draw attention to two separate situations in which emergency food may have been used to promote longer term political and humanitarian objectives at the short-term cost of human suffering.

The first letter entitled Health situation of refugees in Eastern Zaire, describes the plight of the Rwandan and Burundi refugees who were forced to flee the refugee camps in Bukavu and Uvira in Zaire at the end of 1996 as a result of conflict between the government and rebel forces. Approximately 80,000 of these refugees arrived in Tingi Tingi in the Maniema region of Zaire. Between mid-December and early February crude and under-five mortality rates of this population increased dramatically (figure 1). A large number of children were also admitted to therapeutic feeding centres where the case fatality rate was almost 20%. A cholera outbreak was also reported in early January. The authors assert that on arrival at Tingi Tingi the health status of the refugees was acceptable and that health and nutritional status deteriorated progressively mainly because of the absence of adequate food supplies. Between December 27th and January 24th the daily average food ration only supplied 900 kcals per person. In addition the food was not shared equally between refugees.

Logistical difficulties were given as the main reason for the inadequate food supply. However, the authors believe this to be somewhat of a 'red herring' as a population of this size only required the delivery of 40 tons of food per day and that such an operation should not have been beyond the capacity of those agencies involved in the programme. The authors argued that political factors and sensitivities determined that "the international community did not want to lend active support to camps that housed former Hutu soldiers or civilians who were involved in the 1994 genocide and that the presence of these men should not be used as an argument to forsake a whole civilian population".

Mortality Rates among Rwandan and Burundian refugees in Ting-Tingi, Maniema, Zaire, '96-97

Similar issues were also raised by a second letter entitled Refugee relief rations' which documented the deteriorating circumstances among Somali refugees in the Kenyan refugee camps. Over 100,000 Somali refugees settled in drought stricken north-eastern Kenya in 1992. By the end of 1993, the high rates of mortality and wasting that occurred at the start of the emergency were down to acceptable levels. However, an epidemiological investigation in one of the camps in November 1996 found that between August 1995 and December 1996 the official WFP daily food ration was gradually decreased from 2,100 to 1700 kcals per person. This coincided
with an increase in the number of severely malnourished children from the camp who were admitted to hospital each month and an increase in acute malnutrition from 12.1% in August 1995 to 28% in January 1997. These malnutrition levels were similar to those seen at the start of the emergency programme. Scurvy was also a constant problem in the camp.

The authors proffer that today's refugees are "paying the price for low food reserves and unclear policy" and that "hunger will not force the refugees to return home, because return is not an issue of food but of stable government". It is further argued that in the absence of a political solution there are only two "ethical alternatives". Refugees should either be given more autonomy with aid being targeted towards restoration of their livelihood (such a change would probably involve dividing the camps into smaller integrated groups within an economically more resourceful environment), or adequate food supplies both in quantity and quality should be guaranteed by the international community.

*Source: Health Situation of Refugees in Eastern Zaire, The Lancet, April 5th 1997, Vol. 349.page 1031*

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