

<http://somatosphere.net/2016/08/the-limits-of-rations-and-cash-for-food-programs-food-related-illness-in-the-gihembe-refugee-camp.html>

## The Limits of Rations and Cash for Food Programs: Food Related Illness in The Gihembe Refugee Camp

2016-08-12 05:00:39

By Emily A. Lynch

An elderly woman, whom I will call Mama Solange, walks the narrow, muddy pathway between her home and the neighbors compound in the refugee camp. She takes me for a humanitarian aid worker, or perhaps just for someone new to direct her complaints. Cupping maize in her outstretched hands, she looks at me, shakes her head silently and spits to the ground at her feet. Stretching her arms outward, away from her chest, she raises her hands high up in the air, and names God. A small crowd is gathering as she continues to cry out, and it is unclear if Mama Solange is blaming the heavens for the poor quality maize she holds in her hands and shows me, or if she is asking God to hold someone accountable for her allotted food and corresponding illnesses, or if she is pleading for urgent help. One fast fluid movement later, she freezes and stares at the audience in front of her and then re-creates the sounds of explosive, gassy diarrhea. Her gestures are punctuated as she tucks her stomach in, crouching now at her knees and swaying her hips, she spits at the earth in front of us.

Her movements intensify and she grows louder, recycling the original physical repetition: her outstretched arms to the skies and God; her hands filled with maize kernels; then into a posture emulating intestinal distress and sickness. The surrounding young children applaud and giggle, giddy from Mama Solange's bold bodily performance to a non-camp resident and her narration of the perilous food rations. As her audience, we all watch closely, tracing the movements of her yellow eyes and aged body. Without speaking a word to us, she finishes, slowly releasing us from her intense gaze, and silently enters her house of mud and plastic. The door slams shut. The performance is over and the children scatter.



Grain.

This narrative is about chronic hunger and the sickness stemming from food deficiencies for Congolese refugees in the Gihembe camp of Rwanda. While recent attention in public culture to statelessness emphasizes new crises, especially in the Syrian context, most of the world's refugees live in camps for years on end without the ability to permanently move outside them. Gihembe camp is one among many long-term sites administered by the United Nations High Commission for Refugees (UNHCR). From its inception in 1997, refugees have expressed how inadequate food supplies really are, and that food rations are too damaged to eat. Mama Solange's performance – featuring the sounds of digestive sickness and chronic diarrhea – communicates the bodily terrors of eating World Food Program (WFP) rations. Later I learn that she, along with many others, routinely appeals to the humanitarian apparatus – after nineteen years of living in this particular camp – for adaptations in what foods can be awarded and are needed to promote health. This article centers the absence of enough clean food and the effects of what food there is on people who are stuck living in the Gihembe camp. Camp residents are given maize and beans festering with weevils, moistened with a slow decaying rot and an accompanying stench. While this food rarely kills, it creates routinely unpleasant, ordinary sickness and bodily harm. This is the reality Mama Solange describes and most other refugees know as they, too, cup the damaged and hazardous foods in their palms and wonder how sick it might make them.



Measuring rations.

Despite this, everyone in the camp accepts the rations. Everyone, including the humanitarians, recognizes the bodily consequences and the experience of chronic hunger. Yet, the WFP ration distribution center operates physically alongside the malnutrition center. Tucked behind the gates defining a perimeter stands a small concrete building and a roofed outdoor kitchen. There is no sign or indication that this is the location where especially sick refugees are taken care of. On many days when I visit, it is empty. There is no one there, refugees nor humanitarian workers. The main room contains empty and unused beds lined up in tidy rows. The cots are sparse, not equipped with a pad or a mattress or a blanket, but a bare surface, nondescript. The adjacent doorway leads outside into the open shelter where a tin rooftop covers a large fire pit. Nothing and no one is there either, but a few spoiled cabbages lingering beside some ashes. At a site where there are so many food deficiencies and food related illnesses, how is the malnutrition center empty? Where was everyone? How does the UNHCR or the WFP justify or explain how

their food supplies damage human bodies and inflict sickness? How does humanitarian intervention justify and reconcile insufficient food rations with the simultaneous need for camp centers to treat those suffering from the lack of quality food?



UNHCR and WFP ration distribution center.

During my ethnographic fieldwork, humanitarian health workers claimed that only when there are multiple children who come into the center fatigued, with colds or flu-like symptoms, or with diarrhea and vomiting, do they tally the number of these cases. In the days that follow the children's initial visit to the malnutrition center, health workers also invite the mothers to return and attend the center. Workers and refugees alike told me that sometimes if the mother is the sickest, she can bring along a small baby, who can also be supplied with an extra protein powder, or maize porridge. These allowances are beyond the regular rations, which meagerly include: maize, beans, salt and oil. Portion sizes and their allocations are determined by a WFP rubric concerning the caloric intake needed on a daily basis to maintain a human body.

The attempts by the malnutrition center are at best humble humanitarian efforts to correct a mutually well-known problem: there is not *enough* food, and especially insufficient amounts of *clean* food. The logistics are fraught: food shipments have been damaged by rain from long transit routes across multiple countries, and independent farmers secretly and illegally swap out their rotting food with the clean food on the transit trucks.

Distribution is a more wretched situation: to qualify for extra food rations, or sachets of SOSOMA, an enriched porridge flour, camp residents must prove how desperate their bodies are, and beg to the Gods or to a non-camp resident, like Mama Solange did that day. Under the supervision of the UNHCR and its partners, additional food programs are created for those living with HIV, or for the children whose wrists and ankles are examined for their circumferences and then assessed using another rubric for malnourishment.



SOSOMA packets.

In my relationships with refugees, people commonly reference *kwashiorkor*: a form of malnutrition related to protein deficiency. Milk, eggs, or other vitamin rich foods are so scarce they are impossibly expensive goods to regularly purchase, even if they are available. And then, if refugees are somehow able to purchase a chicken or a goat, the feed, tools and materials required to maintain these animals are still further out of reach for camp dwellers, either because they do not exist or they are in turn too expensive. The upshot is that protein deficiency is rampant. So, working within stark material means, children with severe *kwashiorkor* will turn red and their hair takes on an amber glow. In the worst cases, their hair will even become straight, “like the white people’s!” refugees exclaim, emphasizing how unnatural and unhealthy such a feature is on their children. Refugees know all too well the indicators of malnutrition: a child’s ankles, cheeks, and bellies will puff out, giving the illusion of health, or even of excess weight, until all the other bodily indicators of

sickness are put together and the doctors notice how large a child's head is relative to her body, and the degree of swollen body parts against her fragile skeletal frame. Unsurprisingly, many children in Gihembe are much smaller than healthier, better-fed children of the same age across the globe.

Refugees and I frequently discussed additional indications of other food-related failures and the often embarrassing signs of the constant challenges of camp life. In the residential camp quarters, older children commonly cut their smaller siblings' hair. As they do, they try to rub off the scaly patches of fungus that grow on the surface of the scalp. It is rough and whitish, and does not just wash off with water or soap. It is nearly ubiquitous to the younger children in the camp, though a few luckier children sometimes have small amounts of cream lotion or Vaseline, which although it does not remove or kill the fungus, at least diminishes its outward appearance. Refugees and the health experts in the camp do not know what causes it, besides malnutrition and "the bad life." The life then, is an embodied condition, but not a disease or something else which can be sharply medicalized or easily cured. Curing hunger, or malnutrition, or digestive pains cannot be separated easily from the overwhelming number of problems in camp dwelling and administration. There are no easy remedies to improving the camp, but refugees commonly relay that the "real solution," to their current dilemmas is to return home to North Kivu in The Democratic Republic of Congo and to resume their old lives, where "we never lacked anything."

The cure that refugees and humanitarian workers, oddly, and equally recognize is so far removed from what is actually possible – that is: to go home, or to eat better food, or to eat more food, or to in any way live prosperously. About a year ago, the UNHCR and the WFP introduced in the camp a new pilot program called mVisa. The program emphasized food-choice and autonomy for refugees, and the camp largely supported the move to replace rations with a system of cash funds with which camp residents could independently purchase food in camp markets and from mVisa dealers. Overwhelmed by the sudden possibility of choice, a break in the monotony, and the possibility of relief from sicknesses from rations, some Gihembe camp residents excitedly endorsed and supported the pilot mVisa program. They envisioned purchasing milk and preparing meals that would always include potatoes and vegetables. One woman told me she looked forward to "missing" the children's deposits of excrement in the residential quarters when they are unable to make the trek to the pit latrines in time without supervision. Another mother discussed how the new food program might "fix" the visible reminders of malnutrition, especially demonstrated by sick children, their runny piles of diarrhea, ruddy skin and light-colored hair. The malnutrition center might even become fully operational, after all, refugees argued, since the

humanitarians would not be working as much as before coordinating and moving the sacks of undesirable, unwanted food. Despite the optimism of some refugees, there were also leaders in the camp who opposed the mVisa program in consultation meetings with the WFP food economists. This dissident group argued that there would likely not be enough cash to supply families with enough food, even though the monetary figures during the consultation period were unknown. Some intuitively knew the humanitarian group would shrink the amount of cash realistically needed by refugees in order to eat. At the end of the conversation, the refugee leaders also knew they had very little power in convincing the WFP of their concerns or of blocking the decisions made on refugees' behalf. Ultimately, similar to many other instances of administrated camp-life whose limited goals are to improve camp management, the program was piloted, and after recent standardized assessments, adopted.



Measuring oil allotments.

In practice, the mVisa program allots about 200 Rwandan Francs – approximately 0.27 USD – per resident per day for nutritional sustenance. Gihembe camp residents, again, tell me about how little food they have to eat. “We are still hungry, sometimes more hungry than before.” While the program’s original emphasis on flexibility and food is somehow true, the failure of the solution shows a glaring discrepancy between the amount of food refugees are able to purchase and how much they need to eat per day. In addition, the mVisa program emphasizes purchases of food, and precludes other kinds of autonomous economic exchanges that the ration

system enabled. For instance, refugees previously would use the partial sale of their food rations to Rwandans to generate cash to purchase other much needed items, such as clothing, toothpaste, maxi pads and soaps. Often unable to generate alternative forms of monetary income, refugees are stuck again, but in a new way now, and still struggle to meet their everyday needs and garner basic supplies for living. Now, a close friend from the camp, Felix, saliently tells me in an explanatory tone, “We are forced to maximize the *time* of the *money* [under the mVisa system] and before, we liked having larger quantities of food *more* than we liked having the *high* quality of food.” Yet, this choice was not his to make, despite the efforts made by the group of camp leaders who speculated there would be more, albeit different problems under this new system of food allocations. Felix, and others, knew their reality would worsen from the beginning of these so-called negotiations. They had little say in what has happened with food in the camp.

Since the implementation of the mVisa program, refugees overwhelmingly believe malnutrition rates are as high as they have ever been in Gihembe, that the same illnesses abound, but that there is less excrement – or watery diarrhea – visible in the residential quarters. Their rationale: when there is less food to eat, there is less food to excrete. Refugees are constantly left pondering how to improve themselves, their lives, their health and futures. The humanitarian administration that makes decisions on their behalf fails to ask critical questions about refugees as *humans*, not as their subjects: Is the food quantity now better? Do fewer stomachs contain worms? Are fewer GI infections diagnosed and more treated? Is the malnutrition center regularly open and still needed?





mVisa office.

The lived reality of Gihembe refugee camp shows how the problems are constant and the solutions imposed are, at best, ineffective. The difference between perception and experience looms large for refugees and the humanitarian order: refugees are sometimes willing, at least temporarily, to believe that camp life can improve, just as humanitarian systems posit there are “better solutions” to discover in crafting, in this instance, food allocation systems. This article tacks between food rations and cash-for-food programs to illustrate how solution-oriented thinking and programming fails repeatedly to produce less sickness, more autonomy, and a more dignified human experience in exile. For now, Gihembe camp’s hunger remains constant: as Mama Solange’s performance demonstrates, the rotten maize kernels were not refused or abandoned, nor did she release her cupped hands letting the food fall to the earth and be forfeited. Rather, she clutched her hands and kept this dark gift, careful not to beg or to offend its givers, but to take it in a sardonic desperation, one usually without an audience.

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**AMA citation**

Lynch E. The Limits of Rations and Cash for Food Programs: Food Related Illness in The Gihembe Refugee Camp. *Somatosphere*. 2016. Available at: <http://somatosphere.net/2016/08/the-limits-of-rations-and-cash-for-food-programs-food-related-illness-in-the-gihembe-refugee-camp.html>. Accessed August 16, 2016.

**APA citation**

Lynch, Emily A.. (2016). *The Limits of Rations and Cash for Food Programs: Food Related Illness in The Gihembe Refugee Camp*. Retrieved August 16, 2016, from Somatosphere Web site: <http://somatosphere.net/2016/08/the-limits-of-rations-and-cash-for-food-programs-food-related-illness-in-the-gihembe-refugee-camp.html>

**Chicago citation**

Lynch, Emily A.. 2016. The Limits of Rations and Cash for Food Programs: Food Related Illness in The Gihembe Refugee Camp. *Somatosphere*. <http://somatosphere.net/2016/08/the-limits-of-rations-and-cash-for-food-programs-food-related-illness-in-the-gihembe-refugee-camp.html> (accessed August 16, 2016).

**Harvard citation**

Lynch, E 2016, *The Limits of Rations and Cash for Food Programs: Food Related Illness in The Gihembe Refugee Camp*, *Somatosphere*. Retrieved August 16, 2016, from <<http://somatosphere.net/2016/08/the-limits-of-rations-and-cash-for-food-programs-food-related-illness-in-the-gihembe-refugee-camp.html>>

**MLA citation**

Lynch, Emily A.. "The Limits of Rations and Cash for Food Programs: Food Related Illness in The Gihembe Refugee Camp." 12 Aug. 2016. *Somatosphere*. Accessed 16 Aug. 2016.<<http://somatosphere.net/2016/08/the-limits-of-rations-and-cash-for-food-programs-food-related-illness-in-the-gihembe-refugee-camp.html>>

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