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FÉDÉRATION INTERNATIONALE DES SOCIÉTÉS DE LA CROIX-ROUGE ET DU CROISSANT-ROUGE
INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES
FEDERACIÓN INTERNACIONAL DE SOCIEDADES DE LA CRUZ ROJA Y DE LA MEDIA LUNA ROJA
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

AZERBAIJAN

ASSESSMENT MISSION REPORT

INTERNALLY DISPLACED PERSONS LIVING IN THE SOUTHERN CAMPS AND SURROUNDING AREAS

(13 October to 19 November 1999)



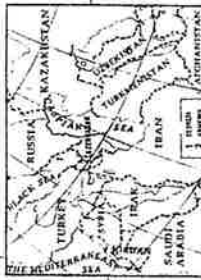
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AZERBAIJAN REPUBLIC

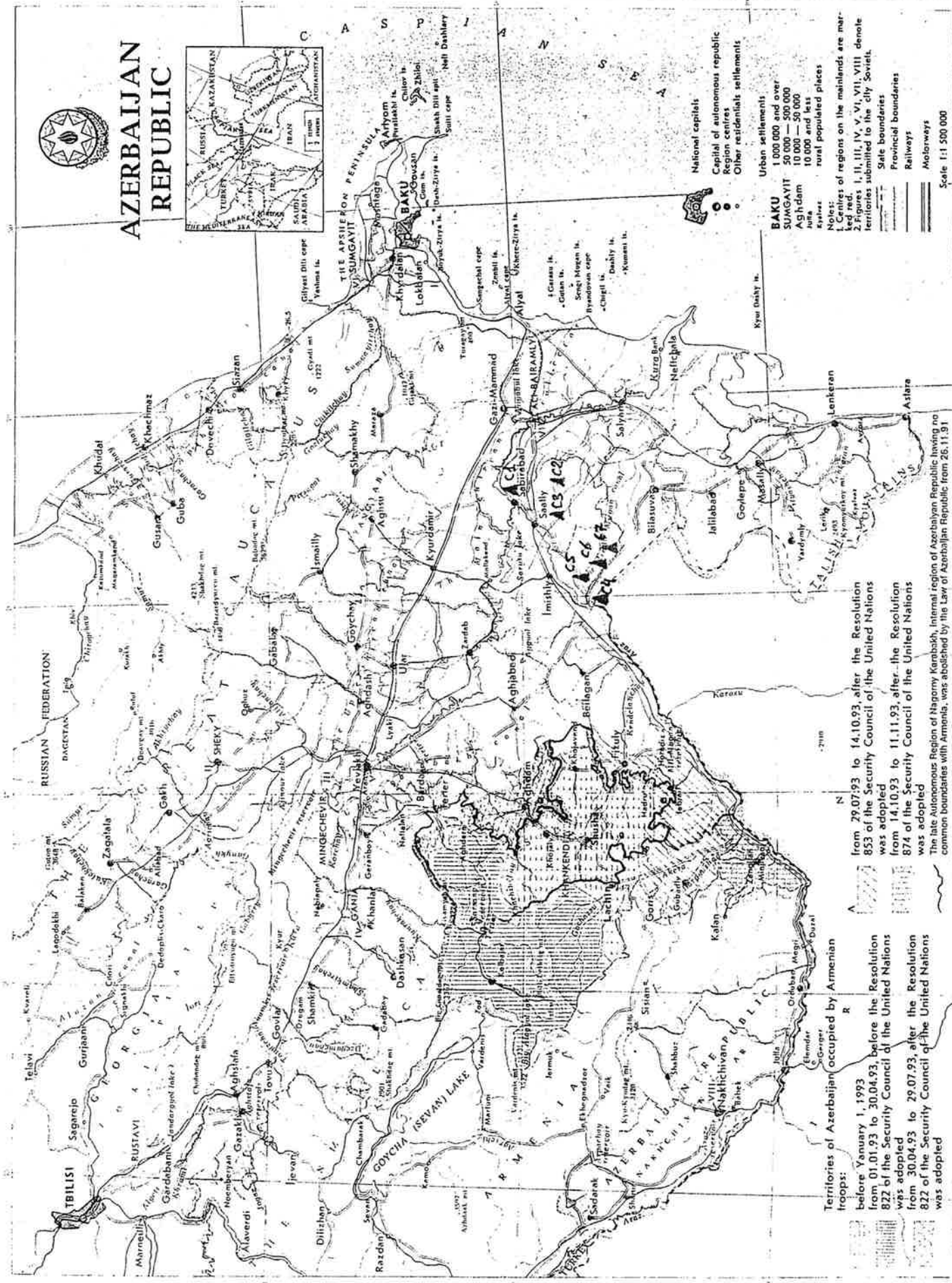


- National capitals
- Capital of autonomous republic
- Region centres
- Other residential settlements

- Urban settlements
- BAKU 1 000 000 and over
- SUMGAYIT 50 000 — 500 000
- AGHDAM 10 000 — 50 000
- Juba 10 000 and less
- Kalax rural populated places

- Notes:
- 1. Centres of regions on the mainland are marked red.
- 2. Figures I, II, III, IV, V, VI, VII, VIII denote territories submitted to the city Soviet.
- State boundaries
- Provincial boundaries
- Railways
- Motorways

Scale 1:1 500 000



from 29.07.93 to 14.10.93, after the Resolution 853 of the Security Council of the United Nations was adopted

from 14.10.93 to 11.11.93, after the Resolution 874 of the Security Council of the United Nations was adopted

The late Autonomous Region of Nagorno Karabakh, internal region of Azerbaijan Republic having no common boundaries with Armenia, was abolished by the Law of Azerbaijan Republic from 26.11.91

Territories of Azerbaijan occupied by Armenian troops:

before January 1, 1993

from 01.01.93 to 30.04.93, before the Resolution 822 of the Security Council of the United Nations was adopted

from 30.04.93 to 29.07.93, after the Resolution 822 of the Security Council of the United Nations was adopted

Executive summary

Purpose

The purpose of the mission was twofold. (i) To examine future policy towards IDPs in the seven southern camps of Azerbaijan under Federation control, and in particular to what extent this should be modified from emergency assistance towards development; (ii) to advise on the role in this of the Federation, especially in the light of its wider mandate for example in relation to the National Society or the Government.

Other issues are incidental to the main purpose. They include (a) a study of the health care facilities and nutrition and how these might be improved (b) a comparison of IDPs living in the camps and others outside them, (c) a comparison of living conditions of the IDPs and those of the local population, (d) the resettlement of IDPs in the liberated area of Fizuli District, (e) management implications of present and future programmes especially in the sub-delegation in Sabirabad.

Current assistance to IDPs

The bulk of the assistance since the Federation took over the formerly Iranian southern camps in 1994 has consisted of food aid intended to supply approximately one third to one half of minimum food needs of the currently 32,000 IDPs, with the European Union (ECHO) as principal donor. Considerable work, absorbing much of the Federation's efforts, is required to achieve this objective. The food supply has been augmented by other activities in the camps, most notably the improvement of shelter (from tents to mud huts), latrines, the supply of pure or purified water, electricity, community centres, schools, clinics and drugs, kitchen gardens, credit schemes, vocational training and a range of other activities especially for women and children. Many of these activities have been developed as community development projects with the active, voluntary assistance of the IDPs - no mean task in a context inherited from the Soviet era when the state, acting through the Party, was the sole provider of facilities and personal initiative was discouraged.

The question which not only the Federation but all international and bilateral organisations that assist IDPs are asking themselves is whether food aid (and similar activities such as the provision of shelter) should continue and for how long. Linked to this question is another, namely whether the IDPs could be helped to become self-sufficient in the sense of finding jobs, growing their own food instead of receiving it free or through livestock farming. The national context is highly unfavourable. Domestic product is still no more than 40 per cent of its none too high 1989 level. Sizeable oil revenues are unlikely to benefit the nation before the year 2005. Unemployment and underemployment are rampant. Average wages are well below minimum basic needs. The rural areas in which the camps are located are especially disadvantaged.

The Government does its best, but the 'best' at the moment is no more than a monthly 'bread subsidy' of 15,000 manat (about \$11 at purchasing power parity) per IDP, a small child allowance for families with no other sizeable income and pensions which in 1998 averaged about 58,000 manat per pensioner.¹

The laudable response of many IDPs is to seek jobs and an income where it is most likely to be found, namely in and around the capital Baku and some other large urban centres. The camp population appears to be declining. Rations continue to be dispensed to 32,000 IDPs, but an increasing number live outside the camp, either in the vicinity or in far-away locations such as Baku or even Moscow.

¹The exchange rate throughout has been taken as \$1=4,350 manat, the purchasing power parity rate (ppp) as \$1=1,450.

The condition of IDPs

A regular, full-sized sample survey of IDPs as well as the local population for comparison was not undertaken for three reasons. First, there was insufficient time within the reporting period (six weeks to mid November 1999). Secondly, and more important, a survey would in all probability not have yielded accurate data on key items such as employment, income or even residence. IDPs believe they have an interest in concealing their true condition and withhold information accordingly. Thirdly, results are available from studies by other agencies, such as WFP. The evidence presented here is based in part on such studies, in part on a small, mainly anthropometric survey carried out within the assessment, in-depth interviews by the team with randomly selected IDPs both in and out of camp and with key-informants.

WFP have calculated that the minimum monthly income needed for a family of five (the actual average family size) is approximately 380,000 manat (\$95 at the prevailing exchange rate in early 1999, or \$285 ppp). Against this minimum, income in cash and kind as estimated in a small, but intensive survey by WFP is 280,000 manat. About one quarter of the families had income sufficient to meet the minimum. The remainder *appeared* to be short of the minimum. Our own findings as part of the nutrition survey are similar.

As there is no evident sign of excessive malnutrition or deprivation to the degree these figures suggest, income is probably under-reported. Our survey data show that there is little under-nutrition in the sense of underweight children (weight for height), but some stunting (low height for age) which is probably the result of eating food of bad quality combined with illness in the first years of life. It is likely from this and other evidence that while most IDPs live on the margin of poverty, on a monotonous diet and short of many of the items that make life bearable in more affluent societies, there is little, if any, undernutrition. This is especially significant as the measurement was done at the end of a four months period during which the Federation's food rations were discontinued. The detailed interviews with a small sample of IDPs suggest that in some cases cash incomes from Government during this period may have been used to buy food, while expenditure on non-food items was postponed to a more propitious time.

Comparison of IDPs with the resident population is complex. Economic conditions are bad throughout the country and especially in rural areas, affecting the resident population as well as IDPs. IDPs in the southern camps (the situation may be different elsewhere) are worse off in some respects and better in others. They appear to be worse off in respect notably of employment (although no section of the population has high levels of employment) and especially housing. The small mud brick houses, with often leaking roofs, particularly in the winter provide a miserable ambience. The IDPs benefit on the other hand from clean water, good schools and access to a variety of community services. IDPs in the southern camps moreover have a minimum income in the form of the Government's bread subsidy of 15,000 manat person/month plus the food supplied by the Federation. Residents may have no income whatsoever and more than IDPs may depend solely on support of their relatives. All in all, there is little doubt that many residents require help as well as IDPs.

The future

A. THE STRATEGY

The mood as regards IDP policy is one of change. The emergency has passed, and whereas the IDPs in the southern camps are, thanks to the Federation and the Government, much better off than they were in 1993 a final solution appears as remote as ever. Support for the IDPs should continue, but in ways that are radically different from the past.

Assistance should be oriented so as to decrease dependency on aid, beginning in the year 2000. Two scenarios are considered:

- (a) the liberated areas scenario,
- (b) the self-sufficiency scenario

The first envisages liberation of some or all of the occupied areas and a return of the IDPs to their native homes. The other is in terms of integration, 'development', or self-sufficiency of IDPs in their present locations.

(a) *Liberated areas.*

The first scenario is based on the expectation that at some time in the near future all or a large part of the occupied zones will be liberated. Only small areas have so far been liberated in Fizuli, Agdam and Terter districts where limited resettlement is underway. To facilitate this return and also prepare for the future liberation of larger areas the Federation has begun a resettlement scheme intended as a model which the Government and other agencies may emulate. It provides for the basic needs of returnees in an agricultural setting (a village in Fizuli District, to which up to 900 persons may shortly return from the southern camps). Its features are on the one hand a package approach to provide basic needs in terms of housing, health, education, water, energy, employment and income, and on the other hand a participative community approach. The returnees must decide on their own priorities, do their own planning and fight for their own interests.

This is a highly commendable project which if at all possible should be speeded up and reinforced in the year 2000 with measures that will provide enhanced community participative development. It is recommended that the present delegate who is due to leave in February 2000 be replaced as soon as possible by a delegate equally skilled in community participation.

(b) *Self-sufficiency*

In spite of attempts by the Government to obtain the liberation of additional areas it is likely that the great majority of IDPs will for the time being remain where they are, in conditions of dwindling international aid. The strategy proposed here comprises continued aid to the vulnerable groups while helping the rest to achieve self-sufficiency. Concretely, the steps are as follows:

1. Identify the vulnerables, defined here as families with no adult, able-bodied male aged 18 to 59 (this includes the elderly living alone, families consisting of women with or without children and elderly but no adult male). Random counts suggest that between 25 and 30 per cent of the families are vulnerable on this definition (cf. Section 4 of Part I below). Additional categories might later be considered, such as:

- Families with malnourished children, twins, more than two infants below five years of age, more than four children below 15 years of age;
- Mothers who cannot breast-feed or cannot care on a daily basis infants under two years;
- Severely handicapped persons requiring the care of another person.

The criteria could be broad in the beginning and depending on the nutritional status of the groups they might gradually be reduced. **However, a clear, and unambiguous definition of vulnerability is required** to avoid interminable reclamation from and conflict with families considering themselves to be unfairly treated (for this reason, terms like 'chronic' illness

should be avoided as a basis of identification).

2. Reduce food aid for the non-vulnerable families to eight months in 2000, and six months in 2001, in each case covering the winter, rather than the summer season.² The vulnerable families should continue to receive food in respect of the entire year (this could be in the form of the current distribution or as food parcels of the kind now distributed by the Federation to vulnerable non-IDPs). Distribution of non-food items should be considered for the vulnerable group, including such necessities as clothes, shoes, jerry cans, blankets, soap and articles of hygiene. The situation would be reviewed before the end of 2001. Depending on that review, the food aid to the non-vulnerable group might be further reduced or discontinued, beginning in 2002. At this point also, targeting might be further modified to include other vulnerable groups.³

3. A considerable increase in present Federation programmes to enhance self-sufficiency, in particular the following:

(a) Expansion of the current, successful (on the criterion of repayment of the loan) credit/loan programme, which in the future might encompass not only agricultural but also selected non-agricultural projects. Some of this could be financed from the repayment of earlier loans, but additional finance is needed.

(b) Greater provision of kitchen gardens, including material inputs and technical advice as required.

Both these programmes depend in part on the Government making land available (see 4. below)

(c) Greatly enhanced vocational training once it is clear what kind of vocations are likely to provide an income in the future in a country with mass-unemployment. If mass resettlement is likely in the foreseeable future then training should be directed to this end.

(d) Provision of technical advice, through short term missions by an agro-economist familiar with the area and an expert in non-agricultural development to assess the employment market and advise on the required training.

(e) Assuming that the Government makes land available elsewhere so as to provide substantial numbers of IDPs with means of subsistence relocation of some of the camps closer to the land or other sources of employment (for example closer to urban areas) might be envisaged. Camps 6 and 7 might be priority candidates for such relocation because of the relative distance of these camps from towns combined with unfavourable environments (high water level, causing flooding in winter, salination, absence of land for kitchen gardens in Camp 6). The advantages of relocation should be carefully weighed against their disadvantages. These would include the evident reluctance of IDPs (once more substantiated in the course of the in-depth interviews) to move other than to their place of origin and the cost of relocation. It is a maxim that resettlement should be voluntary.

(f) Continued and enhanced community participation in support of the above.

² With a bi-monthly distribution. Because of the risk of vermin a three monthly rotation is not advisable.

³ The possibility of purchasing food and non-food items in Azerbaijan so as to reduce costs (for example of transport) has been investigated by the Federation in the past. It was found (and this is the case also for other agencies supplying food) that total costs are not necessarily lower, that the quality of local supplies is uncertain, and that the contractors do not always meet delivery dates. Nonetheless, the idea should continue to be explored.

4. Continued pressure on the central and local Government authorities to make land available for agricultural projects, kitchen gardens and possible relocation of the camps.

5. The present information base is unsatisfactory. Three proposals are made here:

(a) For a census of IDPs attached to the southern camps (both A and B type) to (i) establish the present size of the A-type population, and (ii) identify and map the B-type population and as far as possible their sources of income. It is proposed that a start be made with this in Camp 6. This is now a matter of urgency.

(b) Closer monitoring under the supervision of the programme co-ordinator of ongoing programmes to assess their impact on self-sufficiency. Monitoring should as far as possible avail itself of the experience also of other agencies and NGOs.

(c) Merging of registers kept by the Federation and other agencies and NGOs, for example of IDPs from the newly liberated areas, would greatly assist resettlement. The Federation should give a lead in this domain.

The strategy depends in large part on Government inputs and in particular making available land by grant or lease for (a) farming/livestock, (b) kitchen gardens, (c) the possible relocation of camps. Although provision of land by the Government was a principal proposal in the 1997 Federation assessment virtually no land has become available since. It is hoped that the response this time will be more favourable.

B. THE ROLE OF THE FEDERATION

The Federation's activities in respect of the southern camps has been divided between (a) the food supply and (b) participative developmental activities as described in Section 5 of the text below. It has been largely successful in both domains. The food supply is functioning well, while the community development and related activities have had an excellent start. For reasons partly beyond the Federation's control, involvement of the National Society and the Government are much less satisfactory.

There are two problems related to the Federation's mandate. First, the IDPs have had a possibly unfair share of the Federation's attention. On all the evidence available, they are by no means the only vulnerable group and thanks to the Federation and other organisations, some IDPs may be better off in some respects than the resident population. Assistance to the general population is confined at this time to a scheme, in collaboration with the National Society, to assist vulnerable groups through the distribution of food parcels.

Secondly, for a number of reasons the National Society has been little involved so far. Until a recent change in President, the central office of the National Society has been ineffective. Training is required if the situation is to improve. At the level of the sub-delegation in Sabirabad, volunteers assist in camp (for example latrine) construction and in various community participative activities. The Society does not participate in the overall organisation and management, however. The Federation's staff, critically short of delegates (there are only three delegates in the sub-delegation, including the HoSD, for a Federation staff of about 200) has not been able to do more to involve the National Society, especially weak in Sabirabad.

The following is proposed:

1. That the Federation continue to manage its own programmes, but gradually, over the next

two years, increasingly delegate responsibility to National Society staff. This could be done (a) by appointing NS staff to the new positions in programmes due for expansion (e.g., vocational training, public health education), (b) shifting present Federation staff to the NS payroll. Salaries will decline sharply and some staff may leave the programmes altogether, but alignment with national scales is bound to come sooner or later.

2. As food aid is gradually reduced and especially from 2002 confined to the vulnerable families, its management could gradually become the responsibility of the National Society on the lines of the present food parcel scheme to vulnerable non-IDPs.

3. That increasingly the Federation, together with the National Society, consider extending some of its community development activities to the resident population, in line with its mandate generally and taking its experience with IDPs as a starting point.

4. A precise plan should be formulated as soon as possible both for a gradual increase in participation of the National Society, and for extension of activities by both Federation and the NS to the vulnerable groups in the general population. A time perspective of two years should be envisaged.

C. RECOMMENDATIONS IN HEALTH AND NUTRITION

The following recommendations derive from the account in Section 7 of the text below.

1. *Water and hygiene*

Satisfactory use of latrines, water, cleanliness and hygiene and of the bath houses cannot be ensured except through full community participation. Recent advances in community development in the camps has shown that a participative approach is not only possible but essential. Other NGOs in Azerbaijan have also succeeded in this endeavour. The Federation has learned from experience that the local government authorities who are responsible for many aspects of water and hygiene in the camps are at best spasmodic in their effort and must be prompted into action. This is best done through community action. The local authorities should continue to be formally responsible if only because their presence will be required in the case of epidemics.

2. *Nutrition*

Proposals for the reorientation of the food distribution scheme are described in Sub-section A above. The composition of the rations for the time being might remain unchanged. The inclusion in the ration of sunflower oil, much of which the beneficiaries sell in the market might be reviewed.⁴

The change in nutritional strategy should be preceded and later accompanied by a programme of nutrition education which emphasises breast-feeding, consumption of fruit and fresh vegetables, use of iodised salt, the importance of good food in the development of growing children.

More use should be made of the records kept in clinics on child growth on a community basis (as distinct from individual diagnosis). The data should be analysed each month by calculating the - 2 and - 3 Z-scores in respect of weight for height and height for age.

Irrespective of the above, another nutrition survey should take place towards the end of the summer 2000 to ensure that children aged 6 to 59 months have had no ill-effect from the

⁴ The price they obtain for the oil is approximately 4,000 manat per litre, a little below the cost of providing the oil to them. However, the sale provides essential family support.

changes proposed in the food distribution.

3. Shelter

A compromise should be found between extending habitable space without actually changing the present type of construction. Permanent dwellings of more elaborate type should be avoided. Roofing must be waterproofed as soon as possible. It should be of a type that, if camps or individual houses are relocated (for example as part of the Shukurbeyli scheme), could be moved to the new locations.

4. Curative

Transfer of the curative aspects of health care to the local health authorities should be undertaken as soon as possible, in the beginning of Spring 2000. The IDPs will thus receive the same treatment as the resident population but will continue to have the benefit of physical proximity to the clinics and of such preventive work (described in 5. below) as the National Society will undertake.

The programme of medicaments, supported by the Netherlands Red Cross, should be modified to include the training of doctors in a more rational use of the medicaments as already used by MSF, possibly supplemented by a system of basic medicaments, in collaboration with the local authorities, funds permitting. Another possibility already subject to experimentation by other organisations is a system of cost recovery for medicaments. Lacking experience with this system the Federation would require the assistance of another NGO. Private pharmacies now cater for non-IDP patients who consult the Federation clinics. This facility is certainly not ideal, but is the one available to the population in general. A campaign to inform the population of the risks involved in auto-medication should accompany any changes in the system of providing medicaments.

5. Preventive health care and health education

All aspects of preventive health care and health education should become the responsibility of the National Society, supported by the Federation. The Federation's clinics would become *Centres of Community Health* with the following tasks, organised on the basis of active participation of the community:

- first aid, with possible referral to the Government services;
- health promotion;
- sanitary and nutrition education;
- attention to the growth of children.

The Ministry's health staff would pursue their tasks either in the Centres or in village clinics near the camps.

The transfer of the clinics to the Ministry should be accompanied by:

- a staff training programme for the more rational use of medicines;
- conversion of the current programme to provide medicines to one concentrating on essential medicines, with cost recovery.

Given the high incidence of abortions as almost the sole means of birth control the prevention of abortions should be an important element in health care and health education. Similarly, the mobility of some IDPs in search of jobs increases their exposure to HIV. Collaboration with UNFPA in these domains would be desirable.

The programme outlined above, including reproductive health, should be used to foster participative community development. On the basis of the experience with IDPs, moreover,

they should be extended by the National Society to the population at large. Preventive health, as outlined here, is more likely in the longer run to improve the health of IDPs and the resident population than merely curative measures.

5. Immunisation

The Federation should through publicity campaigns help to raise the level of awareness of parents in vaccinations. Pressure should be brought to bear on the authorities to routinely vaccinate women in reproductive ages against neo-natal tetanus.

6. Health delegate

To facilitate the changes proposed here a health delegate is required with a good grounding in public health as well as knowledge of the region. The health delegate should collaborate closely with the community development delegate and the National Society.

D. IMPLICATIONS FOR FINANCE AND MANAGEMENT

(i) Finance

The financial implications must be carefully considered. A reduction in food aid may in principle release some funds for the increase in schemes towards self-sufficiency. In general, programmes for the appeal 2000 should be on the basis of need and not availability of funds. The donors need to see that a long term plan is being put into effect and asked to buy that plan for the duration of the implementation.

(ii) Management

To facilitate the new measures a rapid increase is required in the number of delegates in Sabirabad to comprise the following six positions:

Head of Sub-Delegation

Programme co-ordinator (of the Sabirabad based programmes, with a mandate to incorporate within the process of co-ordination a participative community development element in each, including the engineering and construction projects)

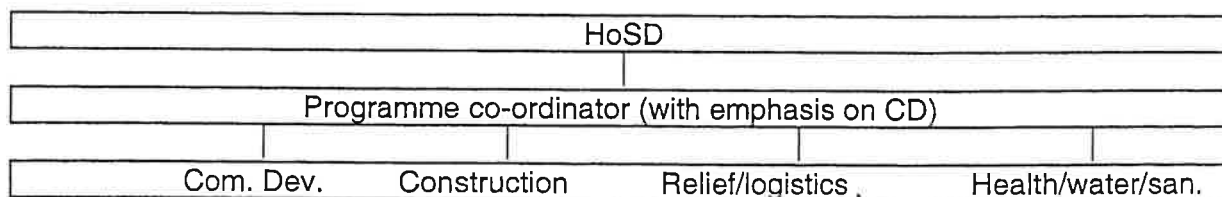
Community development (to oversee the following programmes, agriculture, credit/loan, women's groups, children's activities, psycho-social, vocational training, education, the vulnerable)

Construction officer

Relief/logistics

Health/water/sanitation

An organigram for Sabirabad would look as follows:



The various programmes would be interlinked.

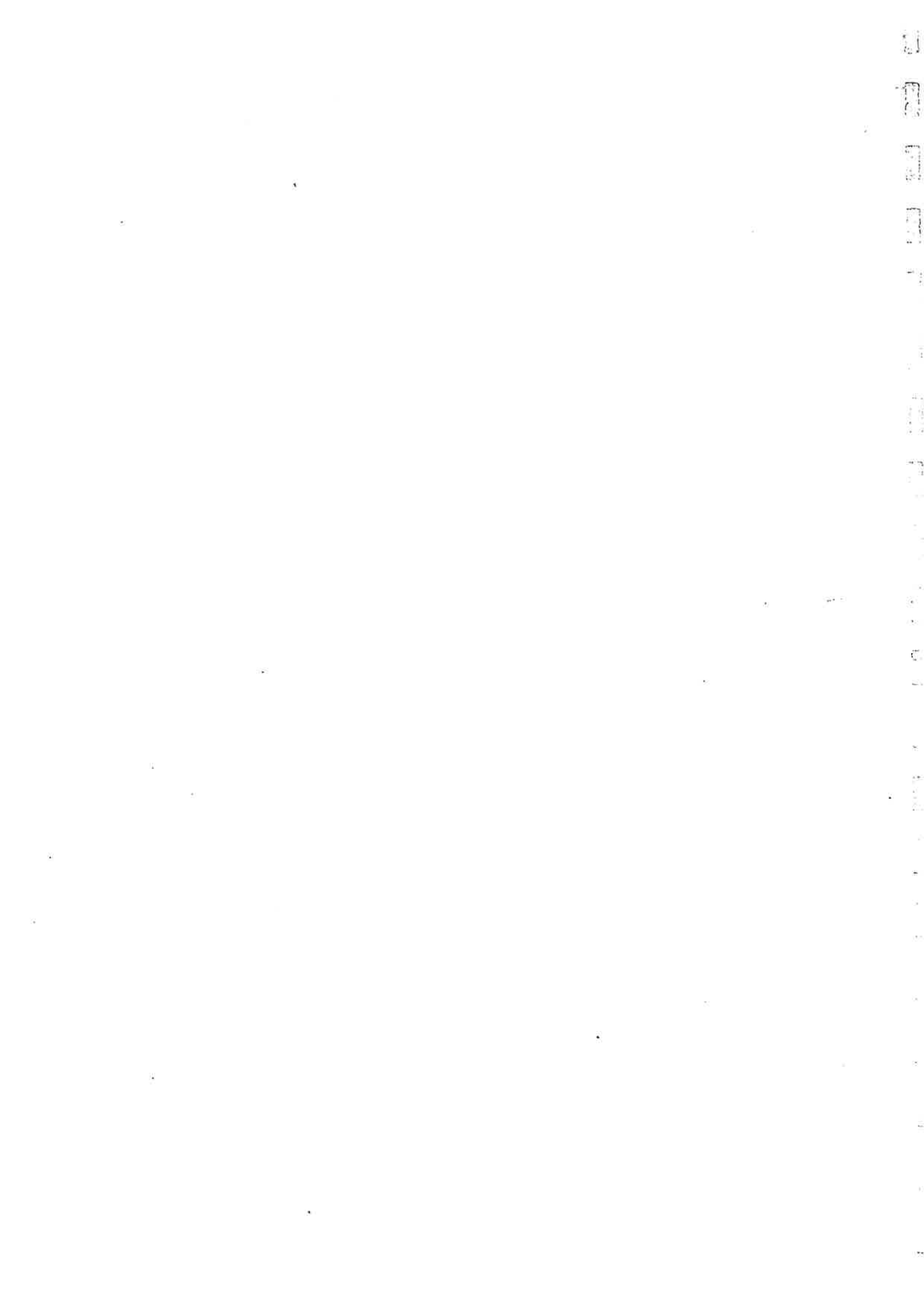
Recruitment for these posts is now of the utmost urgency in view of the imminent departure or possible departure in the near future from Sabirabad of both the delegates now in post.

Part II contains more detailed proposals for management.

E. MISCELLANEOUS

The community centres recently constructed by the Federation at the request of the Government and with the financial assistance of Exxon are greatly underused. They serve for rare wedding festivities and may be available for funerals. Otherwise they remain locked under the supervision of a manager and guardian appointed by the local government. Responsibility for the camp community centres should be handed over to representatives of the IDPs. They might be provided with heaters, TV and other pertinent equipment and be freely available for community activities such as the women's and children's groups and as social centres where particularly the vulnerable groups (elderly etc.) might spend some of their evenings.

As noted in Section 4, education is relatively neglected as a topic in relation to the southern camps. School buildings have been constructed and rehabilitated but there is little interest, apparently, in the quality of teaching or the curriculum. As education is not normally a Federation priority, and as the present assessment team lacked an expert in this field no proposals are submitted. However, it is recommended that as the opportunity arises other agencies or NGOs, with greater expertise, be requested by the Federation to examine and eventually improve the educational content and quality of teaching.



Part I

General Report

1. PURPOSE OF AND ARRANGEMENTS FOR THE MISSION

The purpose of the mission was twofold. (i) To examine future policy towards IDPs in the seven southern camps of Azerbaijan under Federation control, and in particular to what extent this should be modified from emergency assistance towards development; (ii) to advise on the role in this of the Federation, especially in the light of its wider mandate for example in relation to the National Society and the Government.

Other issues are incidental to the main purpose. They include (a) a study of the health care facilities and nutrition and how these might be improved (b) a comparison of IDPs living in the camps and others outside them, (c) a comparison of living conditions of the IDPs with those of the local population, (d) the resettlement of IDPs in the liberated area of Fizuli District, (e) questions of management of present and future programmes especially in the sub-delegation in Sabirabad.

The mission team was composed of Wolf Scott (team leader, 11 October to 19 November 1999), Guy Zimmermann (medical consultant, 13 October to 9 November), Kevin Acheson (nutritionist, by courtesy of Nestle SA, 13 October to 7 November), John Watt (consultant for relief and management, 3 to 9 November). Wolf Scott wrote this report on the basis of the team's common findings, a paper on health and nutrition by Dr. Zimmermann and a report by John Watt covering management as well as some broader policy issues. There was insufficient time to fully discuss and incorporate John Watt's findings in the main report. Some of them are intended for the consideration of the Federation only, and will be presented as such. The remainder appear as Part II.

2. ORIGIN OF THE IDPs (events leading to their displacement)

The majority of refugees and internally displaced persons⁵ in Azerbaijan originate from the conflict that arose between Azerbaijan and Armenia over Nagorno Karabakh. About 180,000 ethnic Azeris formerly resident in Armenia came to Azerbaijan between 1989 and 1991 as victims of ethnic persecution (as refugees since they crossed what later became an international boundary). They were followed, mainly in 1992, by Azeris from Nagorno Karabakh (IDPs, since they crossed no international boundary) fleeing from the armed conflict in the course of which many Azeri settlements were destroyed and its inhabitants evicted.

From Nagorno Karabakh itself, the war spread to the surrounding areas. Late in 1992, the Armenians captured and razed the Azeri town of Latchin and established a corridor linking Nagorno Karabakh with Armenia. During March that year they cleared, under dramatic circumstances, the district of Kelbadjar of Azeri forces and civilians. Unable to make their way through the already occupied Latchin corridor to the south the population was forced to scale the snow-covered mountain path to the north. Many perished from exhaustion and cold. Most lost their belongings.

In June 1993 the High Command in Nagorno Karabakh intensified its activity, occupied Markadert (the last area still held by Azeri troops in Nagorno Karabakh itself) and eventually Agdam. Renewed fighting in the months that followed resulted in the loss of territories in areas surrounding Nagorno Karabakh, namely parts of Fizuli, Gubadli and Jabrail.

Only Zangelan, together with the southern portions of Fizuli, Gubadli and Jabrail remained as an isolated enclave. When these were finally attacked in October 1993 the inhabitants

⁵ The distinction is that refugees cross an international boundary, IDPs do not.

had no choice but to cross the broad river Arax into Iranian territory. From there they made their way along the border and re-entered Azerbaijan, crossing the river near Imishli. As in Kelbadjar, many died, this time from drowning and few could take their possessions. Most of the IDPs from Fizuli and Jabrail were accommodated in seven 'southern' camps erected by the Iranians. The camps were handed over to the Federation in 1994.

Nagorno Karabakh itself, together with the districts of Latchin, Kelbadjar, Agdam, Gubadli, Fizuli, Jabrail and Zangelan were meanwhile cleared of their Azeri population, settlements with all their infrastructure largely destroyed and parts of the areas mined. Small areas in the eastern parts of Fizuli and Agdam were subsequently liberated and partly cleared of mines.

A cease-fire was declared in 1994, and negotiations have since taken place spasmodically under the auspices of the OESC or directly between the heads of the states concerned, so far with little effect. The areas continue to be occupied. A final settlement is remote. It is possible nonetheless that further territories will be liberated as a gesture of good will or as the result of mutual concession. If so, the repatriation of IDPs could accelerate.

According to the latest government statistics there are now 568,000 IDPs in Azerbaijan. Of these 73,623 live in the four districts in which the southern camps and the IDPs registered (if not necessarily living) in them are located.⁶ Of these 73,623 about 32,000 are registered in the southern camps. IDPs constitute about one fifth of the total population of the four districts (Table 1).

Table 1
No. of IDPs in the four districts in which
the southern camps and most IDPs
registered in them are located

District	Resident population	IDPs	Total population	IDPs % of total
Bilesuvar	54,027	20,973	75,000	28
Imishli	83,589	20,011	103,600	19
Saatli	69,124	13,776	82,900	17
Sabirabad	117,637	18,863	136,500	14
Total 4 districts	324,377	73,623	398,000	18

Source: State Committee of Statistics

C2/9

Conclusions. The IDPs have been in the country for upwards of six years. While as a result of the Government's efforts they may eventually return to their homes, it is assumed here for planning purposes that the present situation will continue, and that most of them will remain for some time to come.

3. THE CURRENT ECONOMIC SITUATION OF AZERBAIJAN

The situation of IDPs should be seen in the light of the current economic situation and prospects of Azerbaijan. A moderately affluent country could possibly absorb an inflow of IDPs and refugees of the magnitude that occurred in the early 1990s. Azerbaijan, however, is far from affluent on any standard. The dramatic decline that followed separation from the Soviet Union in 1991 has been halted but not yet significantly reversed. Its per

⁶ These are necessarily rough estimates.

capita GDP in 1997 is no more than around \$500 (three times this amount in purchasing power parity) compared with around \$20,000 per capita on an average in countries of the European Union.

The country possesses great potential riches, especially petroleum. Steps have been taken to exploit the petroleum through off-shore drilling in the Caspian Sea. Contracts have been signed, work begun and oil is beginning to flow more freely. Under current arrangements the Government received an initial payment upon signature. However until about 2005 most of the revenues from oil sales will accrue to the foreign investors that supplied the capital. The extent and timing will depend on factors such as the pace of exploitation, how much petroleum is actually found, completion of the pipelines and world oil prices.

Pending these developments, all this translates into very little immediate change for the people of Azerbaijan who in the year 2000 face yet another year of austerity. A sharp drop of oil prices and repayment of loans continue to restrict the Government's spending power. There is no sign so far of major industrial recovery, nor have there been so far significant improvements in agriculture. The official rate of registered unemployment (1.3 per cent) probably bears little relation to actual unemployment which is thought to be massive.⁷ What employment exists is badly paid. Average monthly wages vary from 44,000 manat in agriculture to 277,000 manat for industrial workers (of whom there are now not many).⁸

Conclusions. The economic climate continues to be unfavourable to the absorption of the IDPs into the economy. The Government is in the embarrassing situation, given other obligations, of having little money to spare for them, while the private sector is virtually non-existent as a potential employer. Much remains for the international community to contribute by way of both policy intervention and material assistance.

4. THE SEVEN SOUTHERN CAMPS

The subject of the Assessment Mission are the IDPs living registered in the seven Southern camps lying to the south of Sabirabad. IDPs living in the camp are referred to as type A, those registered in the camps, but living outside, as type B. Their combined total in October 1999 was 32,700. Characteristics of the camps are shown in Table 2.

⁷ No reliable figures exist of real unemployment. The figure commonly quoted in Sabirabad District is 80 per cent unemployment, which probably does not allow for occasional, low-paid agricultural work, such as minding sheep or cotton picking which local people do not consider as employment, whatever the ILO definition.

⁸ 1998, Source: State Committee for Statistics.

Table 2
Characteristics of the seven southern camps (end Oct 1999)

Camps	C 1	C 2	C 3	C 4	C 5	C 6	C 7	Total
Figures from the register								
Families (A+B)	1,679	366	939	676	861	839	1,318	6,678
Population(A+B)	8,105	1,839	4,447	3,051	4,007	4,328	6,937	32,714
Persons per family (A+B)	4.8	5.0	4.7	4.5	4.7	5.2	5.3	4.9
Population type A	3,567	837	1,789	2,377	2,816	3,208	4,774	19,368
Population type B	4,538	1,002	2,658	674	1,191	1,120	2,163	13,346
Families type A	710	165	392	531	610	613	907	3,928
Families type B	969	201	547	145	251	226	411	2,750
Adjusted figures^a								
Population type A	2140	502	1073	1426	1690	1925	2864	11621
Population type B	5965	1337	3374	1625	2317	2403	4073	21093
Type B as per cent of total	74	73	76	53	58	56	59	64
No. of latrines (places)*	62	15	40	53	59	60	58	347
Persons per latrine (A, adjusted)	35	33	27	27	29	32	49	33
Source of water*****	TW	TW	TW	AW	AW	AW	AW	-
Bath house**	1	1	1	1	1	1	2	8
No. of water standpipes	76	22	45	28	32	28	44	275
Persons per standpipe (A, adj.)	28	23	24	51	53	69	65	42
Camp surface area (sq.mtr)	230,000	70,000	140,000	100,000	100,000	100,000	300,000	1,040,000
Camp surface per person (A, adj.)	107	139	130	70	59	52	105	89
Kindergarden	2	0	4	0	1	0	1	8
Schools	5	1	3	2	2	2	3	18
Teachers	111	24	80	48	59	54	93	469
Pupils (grades 1-11)	1,273	252	880	579	668	585	1,140	5,377
Pupil/teacher ratio	11	11	11	12	11	11	12	11
Kitchen gardens								
Holders***	94	183	158	165	195	0	413	1,208
(working on no. of ha)	10.0	35.7	4.4	9.6	14.9	0.0	12.0	87
Initiators***	4	0	0	64	58	20	169	315
(working on no. of ha)	0.1	0.0	0.0	33.7	19.8	9.8	41.8	105
H/I as per cent of all families (A+B)	6	50	17	34	29	2	44	23
Medical staff								
Doctors*****	1.5	0.5	1	2	2	2	3	12
Population per doctor (A, adj.)	1,427	1,004	1,073	713	845	962	955	968
Population per doctor (A+B)	5,403	3,678	4,447	1,526	2,004	2,164	2,312	2,726
Nurses	9	5	2	10	8	6	15	55
Assistant nurses	2	1	1	1	1	1	3	10
Health Promoters	3	1	2	2	4	3	3	18
First aid coordinators	0	0	1	1	1	1	1	5
Children activity (no. of children)	324	113	264	277	178	296	263	1715
Women's shelter activities****	36	10	31	10	27	5	14	133

^a adjusted on the assumption that real, is 60 per cent of registered, population and that the entire shift is from type A to type B, leaving the total unchanged.

*As of mid November 1999

**None of them were working as of end October 1999

*** Holders receive plots as well as inputs from the Federation, initiators work on their own.

In Camp 1, except for 10 ha., the land reverted to the municipality in 1999. Negotiations are underway for renewal of lease.

****Activity to build shelters to protect ovens. In some camps shelters already existed.

*****Nominally two doctors in Camp 1, but one post unfilled as of October 1999.

*****TW=treated water from canal, AW=Artesian well

C1/2

The number of IDPs, based on a register established when the camp was still under Iranian administration, has gradually declined. In August 1994 it was 45,650. Subsequent re-registration in 1997 reduced this figure to 32,400 at which level it has remained.

1994	45,650
1995	45,000 (approx)
1996 (Aug)	42,628
1997 (Nov)	32,400
	(re-registration)
1998 (Aug)	32,384
1999 (Oct)	32,714

According to the registers 19,368 are A-type, 13,346 B-type. Observers familiar with local conditions agree however that the number of camp (A-type) residents is probably well below 19,000 as many, while remaining on the registers, have left the camps in search of a livelihood, including land or grazing for their animals. It is thought that most of them have remained in the vicinity, becoming de-facto B-type, and they continue to draw their rations. A smaller number is thought to have migrated to Baku or elsewhere. In other cases, the family has remained behind in the camp while one or more adult male members are away in search of employment. Given this stage of ignorance, it is proposed in Section 10 that a trial census be carried out initially in one camp and depending on the results extended to the other camps. The purpose would be to determine the number actually living in the camps, locate those outside the camp and if at all possible assess their employment status and sources of income.

The results of our own nutrition survey suggest that the real figure of type A is less than the official figure by about 40 per cent, with a corresponding rise in type B, the total remaining unchanged. It is these adjusted (as well as the registered) figures that are used in Table 2 and the text below.⁹

Variation in the proportions of respectively A and B type IDPs is striking. Almost two thirds of IDPs attached to Camp 3, said to have been heavily polluted in the Soviet era by herbicides and pesticides, are now living outside the camp. This contrasts with a mere 22 per cent in Camp 4.

The camps have certain features in common. The usual habitation is a single-room house built of mud bricks, with mud floor and plastic sheeting as roof. The pattern is varied however with alternative forms of roofing and fenced compounds. In his report (see Part II) John Watt draws attention to improvements and deteriorations since 1997, notably the deterioration in roofing and the defective state of many latrines; on the other hand construction of new latrines, artesian wells in some camps and plans for their installation in others, solid schools, community and health centres, and a variety of new projects in which the IDPs actively participate. Thus the IDPs have participated in the construction of the new latrines, using materials provided by the Federation. Women's groups have been formed to build shelters over communal tandir ovens used to bake the traditional lavash bread.

Even more so than is the case for the Azeri population in general, the IDP population in the southern camps is extraordinarily young, with half below 24 years of age. The ratio of men to women is not known in the southern camps, but women exceed men for all IDPs together in Azerbaijan by a margin of about 17 per cent.

⁹Calculations based on the number of school children give quite different results, suggesting either that it is mainly adults who have left the camps rather than entire families or that, as is often the case, the number of children at school is over-reported.

Table 3
Age distribution of IDPs in the southern camps, 1999
 (as in the registers, unadjusted between A and B type)

Age group	A %	B %	Total	
			No.	%
0-4	9.7	6.6	2,746	8.4
5-9	11.6	14.1	4,138	12.6
10-14	13.1	13.1	4,274	13.1
15-19	11.7	11.8	3,836	11.7
20-34	19.1	16.6	5,895	18.0
35-59	24.2	27.0	8,303	25.4
60 plus	10.7	10.9	3,522	10.8
All ages	100.0	100.0	32,714	100.0
Median C1/3			23.7	

Average family size is five. No figures are available on family structure in the totality of camps, but a count of the registers in Camps 2 and 6 (as examples) intended to identify vulnerable groups (see Section 10 below) gave the following results:

Table 4
Family structure in Camps 2 and 6

	Camp 2	Camp 6
<u>Families with no male aged 18-59</u>	Per cent of families	
Elderly (60+) only	1.4	3
Women alone or with children only	14	18
Women with elderly only	4	3
Women with children and elderly	6	4
Sub-total	25	28
<u>Families with a male aged 18 to 59</u>	75	72
Total	100	100

While there are many elderly in the camps (about 10 per cent, 3,200 persons aged 60+) few of them live alone. Most share with relatives. Many of the vulnerable families as defined here consist of women alone or with children (the husbands may be dead or seeking a living elsewhere, unregistered in the camp).

Conclusions. It is probable that since the last registration of IDPs in 1997 many of them have moved out of the camps, possibly to locations nearby. A census is urgently required to establish the total number in the camps and of those who draw rations but reside outside, together with the characteristics of both groups in terms of family size and structure, the location of those who have moved out and if possible their sources of income.

5. CURRENT ACTIVITIES IN THE CAMPS RELATING TO SOCIO-ECONOMIC CONDITIONS

An attempt is made here to summarise the principal activities in the camps aimed at self-sufficiency broadly, in a societal (fostering initiative, for example, or a spirit of

independence instead of reliance on the Government or Federation) as well as economic, sense. The emphasis here is on social and economic programmes. Water and sanitation projects are treated in Section 7 below.

A. THE FEDERATION

(a) Food

The Federation supplies the IDPs with food and a variety of other services. The nominal monthly ration per beneficiary consists of 5 kg of flour, 1 kg sugar, 2 kg chick peas, 0.3 kg iodised salt, 2 ltr cooking oil. The donor is the European Union, acting through ECHO. Due to logistics problems delivery was irregular during 1999 as shown in the table below. The next distribution is scheduled to start in mid-November.¹⁰

Table 5
Food rations distributed January to October 1999
(kg/person)

	Flour	Peas	Sugar	Oil (ltr)	Salt
January	5	2	1	2	0.3
February	5	2	1	2	0.3
March	5	1	0	1	0.3
April	5	0	0	1	0.3
May	5	0	0	1	0.3
October	16	2	1	2	0.3

C2/6

The value of the normal ration, as delivered in January and February is about 16,000 manat, providing an income equivalent of 80,000 manat to a typical family of five persons. The ration in October was given to approximately 32,000 beneficiaries. The calorie equivalent of the nominal ration *per day* is 1,470 calories, the protein value approximately 31 gm, fat 72 gm, carbon hydrate 178 gm, about two thirds of normal requirements in calorie and protein.

(b) Community activities

These comprise the following programmes:

- Credit/loan
- Income generating/vocational training
- Agricultural (kitchen gardens)
- Children activities
- Children psycho-social
- Women's groups
- Education
- Vulnerable groups

All are conducted as participatory community development programmes in the sense that, as appropriate, they involve the active participation in planning and management of the beneficiaries. The degree of participation differs. It is more prominent in the women's groups and children's activities than in the credit/loan programme, for example.

The credit/loan scheme. As of end-October 1999, 229 loans have been arranged, benefiting 316 families (some families combine in loan projects). Of the 229 projects, 145

¹⁰ The October wheat ration of 16 kg, besides covering two months, was intended to compensate in part for the lack of rations in the preceding four months.

are for sheep breeding and (a few) for other livestock, 64 for other agriculture, 20 for the purchase of sewing machines by 'graduates', that is women who have been taught to sew.

About 80 per cent of the loans go to Type B IDPs (living out of the camps), who are in a better position to breed livestock and cultivate land. Of the 671 ha cultivated under loan schemes (about 8 ha per project) 437 ha are for wheat, 30 for barley, 129 ha for cotton. 24 ha for cucumber, 46 ha for lucern, and smaller amounts for vegetables.

Total loans are about one billion manat based on funds supplied by the Swedish Red Cross (for livestock) and the British Red Cross (for other agriculture). Loans are carefully prepared and investigated by project staff. They are repaid in installments according to an agreed schedule.¹¹ The record of repayments is impressive. Only two beneficiaries are being pursued at this time for defaulting on payments.

By no means all families can be accommodated. There is a long waiting list of applicants (about 600 as of October 1999). Nor, with very few exceptions are loans available so far for projects other than in agriculture.

Kitchen gardens. The scheme was begun in 1996 to increase the supply of vegetables and thereby improve the nutritional status of IDPs. Each house in the camps has a small compound used mainly to rear poultry. Kitchen gardens operate on a much larger scale on land close to, but outside, the camp areas. They are of two kinds, operated respectively by 'holders' and by 'initiators'. The latter lease land on their own initiative with limited assistance from the Federation programme (fertiliser, access to irrigation). Holders are assisted with irrigation, seeds, fertiliser, fencing, fuel, the use of tractors and in other ways (a paid watchman guards the water pumps for example).

As of October 1999 there were 1,173 holders, just under one in five of all families, farming on an average 660 sq.mtr each, plus 315 initiators each farming on an average 3,330 sq. mtr. The scheme has been financed by the British Government (DFID).

The amount of available land, as shown in Table 2 depends on the local government and varies greatly among camps. Camp 6 for example has no land. Much more land could be usefully cultivated if the local authorities would make it available.

The programme is participative in the sense that it is managed in each camp by a kitchen garden committee of IDPs, with an elected group head that have replaced the formerly paid assistants. The committees supervise the activities, making sure that the land is actually cultivated and by families registered in the camps.

The yield is impressive. Between February and October 1999, 455,910 kg vegetables were grown by holders, 360 kg per beneficiary family. The vegetables include all the common varieties such as cucumber, tomatoes, water melons, herbs, egg plant, cabbage, green beans etc. Wheat is also grown, often in the same season. Most of the produce is consumed by the family, but smaller amounts are sold in the market.

Vocational training. As of October 1999 there were 13 vocational training centres in the camps, each with 2 to 3 paid instructors and a total of 40 students. Since the scheme was initiated in November 1997, 182 persons have graduated in motor mechanics, carpentry, cobblery, sewing, knitting and hair-dressing. Students receive maintenance grants of 200,000 manat per month for the four months of the course. The Swedish Red Cross is the

¹¹ A non-repayable grant of 640,000 manat per project was previously awarded, but this is no longer the case except for the sewing graduates who each receive a grant of 50 per cent of the cost of sewing machines. No interest or contribution for administrative costs are charged.

donor.

Children activities. This is another entirely voluntary, participative community activity. Began in the middle of 1998, it is assisted financially by Texaco Oil. The programme aims to provide children aged 6 to 18 (but also some older persons) with recreative and expressive activities after school and during school holidays. Instructors, once paid, now work entirely voluntarily, including two volunteers from the Red Crescent Society, to guide children in a wide range of activities which include cultural domains such as art, music, drama, dancing, chess, sport such as football, wrestling, boxing or volley ball, and some vocational skills including knitting and sewing. Table 6 shows how some of these activities are distributed throughout the camps.

Table 6
Children's Activities

Camp/ Activity	Knitting		Painting		Dancing		Sewing		Music		Drama		Football		Tennis		Chess		Volleyball		Activity Center	Total no. Volunteer	Total no. Childr en
	Vol.	Child	Vol.	Child	Vol.	Child	Vol.	Child	Vol.	Child	Vol.	Child	Vol.	Child	Vol.	Child	Vol.	Child	Vol.	Child			
Camp1	2	20	1	25	1	15	1	15	5	25	0	0	1	94	1	14	1	32	1	64	1	14	324
Camp2	0	0	0	0	0	0	0	0	0	0	0	0	1	46	1	23	1	14	1	30	1	4	113
Camp3	2	20	2	21	1	10	1	15	1	15	0	0	1	112	1	16	1	12	1	43	1	11	264
Camp4	2	15	1	15	0	0	1	20	4	25	0	0	1	92	1	34	1	28	1	48	1	12	277
Camp5	0	0	1	25	0	0	1	15	4	20	0	0	1	32	1	24	1	18	1	44	1	10	178
Camp6	1	30	1	25	1	15	0	0	4	20	1	15	1	82	1	21	1	21	1	67	2	12	296
Camp7	1	12	1	20	0	0	0	0	4	25	1	15	1	92	1	26	1	32	1	41	1	11	263
Total	8	97	7	131	3	40	4	65	22	130	2	30	7	550	7	158	7	157	7	357	8	74	1,715

* Volunteer
C2/5

The older children and their mothers decide in which activities they wish to participate and organise the events. The Federation assists in the overall and financial management.

Psycho-social programme. Many children (it is thought between 40 and 60 per cent of the total) traumatised by the war and their enforced exodus are in need of psychological attention. A training course for selected teachers, health promoters and members of the local Red Crescent Society from Camp 7 took place in October 1999 on an experimental basis. It was organised by BUTA, an Azeri NGO which, under other auspices, had already worked for some years with children in Camp 1. The participants, were instructed in methods of psycho-social rehabilitation. On completion of the course they were awarded diplomas and began to work with the children in Camp 7. Their activities are being monitored by Federation and Red Crescent staff and if successful they will train volunteers in other camps. The donor in this activity is the Swedish Red Cross. The programme is interlinked with those for children's activities and education.

Women's groups. The objective here is to mobilise women to improve their conditions in a variety of ways selected according to their own priorities. At present, the activities are linked to a programme to construct shelters for the community tandir ovens. Groups of not fewer than six women select a spokeswoman who organises the group activities. At present these consist of determining where shelters for ovens are required (some ovens already have them as a legacy from a former OXFAM scheme), then proceed with the construction.

Once the shelters are completed, each group of women will decide on and plan for further priorities.

Education. Schools in the camps, catering for grades 1 to 11, are managed by district councils of the districts from which the IDPs originated, in the southern camps mainly Fizuli and Jebrail. School buildings, once tents, are now solid structures built by the Norwegian Refugee Council. The teachers who are themselves IDPs are employed and paid

(modestly) ¹² by the district councils besides participating in the Federation's food distribution.

During the summer of 1999 the Federation assisted in structural rehabilitation of the schools (with voluntary assistance of the IDPs) and improving school furnishings (desks, chairs, teaching aids). Children from 5th grade upwards (but at the request of the Ministry of Education not the younger children) were supplied by the Federation with school books which had not previously been available, and which parents can ill afford to buy. The Federation also supplies kerosene stoves and fuel in the winter. The Norwegian Refugee Council meanwhile installed solid floors. The local authorities had intended to improve the electric wiring but failed to do so.

While facilities and staffing appear adequate (for example a highly favourable pupil/teacher ratio of about 11) the quality of education in the camps is little explored. Whereas for example health care is high on the agenda of many of the international agencies and NGOs education is rarely mentioned and generally neglected as a topic. However crucial for the future of the IDPs in the longer term, questions of curriculum, quality of teachers and methods of instruction appear to be nobody's concern. Yet attitudes to civic society and participation generally or the development of initiative, crucial in present conditions, are much more readily shaped during the formative years at school than in later life.

Programme for vulnerable persons. Altogether 87 persons or couples aged 60 and over living alone and receiving no help from their families were identified in 1999 (a little over 1 per cent of all families). Their needs were assessed and as possible remedied. For example, some were found to have glaucoma (a condition of the eyes which if untreated could lead to blindness), but the required treatment was found to be too expensive. On the other hand, it was possible to mobilise IDP neighbours to help reconstruct their houses as required, using materials made available by the Federation (with funding from the Swedish Red Cross).

(c) Shelter, water, hygiene and medical care

See Section 7 and Part II.

B. THE AZERBAIJAN RED CRESCENT SOCIETY

The contributions by volunteers of the Society were noted in previous paragraphs. Two volunteers participate on a full-time basis in the organisation and management of the community participation projects. Apart from this, the involvement of the Society in the camps is so far very modest.

C. THE GOVERNMENT

The Government is responsible in the camps for the supply of electricity, removal of refuse, maintenance of the bath houses and emptying of latrines. They also maintain in several camps a clinic with matching medical staff (see Annex Table A2). As of October 1999, the refuse collection was non-existent, the bath houses were inoperative due to a lack of maintenance while many latrines were full to capacity.

Conclusions. The Federation's numerous activities in fostering self-sufficiency as regards income, food and public spiritedness have to a large extent been successful,

¹² Typical salaries, often well in arrears, are 80,000 to 100,000 manat/month.

as witness the repayment of loans, the large amount of vegetables produced in the kitchen garden project and the considerable amount of voluntary participation of IDPs generally. There is considerable scope for the extension of these activities.

The Red Crescent Society, with little local capability, has been insufficiently involved in the work so far.

Interrelations with the local government authorities, similarly, remain unsatisfactory.

6. SOCIO-ECONOMIC CONDITION IN THE SOUTHERN CAMPS

A detailed sample survey of the 32,000 IDPs registered in the seven southern camps was contemplated but not carried out for three reasons. First, there was insufficient time. A sample survey large enough to give representative results could not have been fitted into the four to six weeks initially allocated to the mission. A more compelling reason is that sample surveys of this kind would in all probability not have yielded reliable data on the two key items we sought, namely income and employment. It became quite clear in preliminary probes that the IDPs, no more than most other respondents the world over, were not prepared to give honest answers the outcome of which, for all they know, would result in reduced rations. The third reason is that WFP had recently undertaken a detailed survey in depth (WFP, 1998/9) of IDPs in many parts of the country, the conclusions of which are applicable also to the southern camps.

The account in this section therefore is based on a combination of the results of measurement of the weight and height of children under five (and a few questions put to the children's parents as they presented their children for the measurement), the WFP survey, a series of in-depth interviews conducted by ourselves of a small sample of respondents, both A and B type and participant observation generally. We are satisfied that our findings at least approximate the real situation, possibly better than a routine socio-economic survey would have done.

Income and employment. Various estimates exist in Azerbaijan of the required minimum income in cash and kind. The estimate used here is the WFP estimate of approximately 380,000 manat per month for a family of five persons, which is the average family size among IDPs.¹³ This is based on a least cost diet which excludes the more costly foods such as meat, fish, chicken or milk. This 'food basket' is valued at 270,000 manat to which in the WFP account another 110,000 manat is added for non-food items.¹⁴ According to WFP estimates even the lower limit of 380,000 was attained in early 1999 by only one third of the IDP respondents in the WFP survey. Average reported income (including income in kind of the more significant items such as food aid) was 280,000 manat. These figures do not include housing, electricity, limited medical services and drugs supplied in the camps or schooling, all of which are free (though not usually paper, books, pens etc.).

The gap between minimum and actually reported income may not correspond to reality. Incomes are under-reported the world over, and the more so in conditions where income is derived from a variety of irregular sources. Fearful of losing assistance IDPs are very likely to conceal incomes. Moreover, since most of the minimum is for food a shortfall indicated in the above figures would necessarily result in serious under-nutrition. Visual evidence

¹³ \$95 at the exchange rate in the beginning of 1999 of \$1=4,000 manat or \$285 at purchasing power parity (ppp).

¹⁴ The allocation for non-food items is probably insufficient. Allowing for the costs of clothing, schooling, health and so on, another 370,000 manat would be a more reasonable minimum.

supported by the weight and height data for children in the survey described in Section 7 suggest possible malnutrition (i.e., inferior quality of food) but not a serious deficiency in volume. It is likely, therefore, that most of the families attain at least the bare minimum. It is probable also that few surpass the minimum which, as mentioned, is near subsistence, allowing for none of the benefits that help to make life bearable in a psychological as well as physical sense.

The WFP report identifies the principal sources of income of IDPs in cash or kind as follows:

- wage employment (regular or occasional)
- agriculture (land, livestock) for own consumption or sale
- kitchen gardens
- non-agricultural small business (such as trading)
- free food rations
- Government (bread subsidy, child allowance, pension)
- Government kerosene (30 ltr. per month for three months)
- sales of privatisation vouchers and personal belongings

The Government supplied just under half the average income, food rations another quarter, the remainder coming from household initiatives such as small business and agriculture.

Regular wage employment plays a minor role. As noted in Section 3, unemployment is widespread in Azerbaijan and especially IDPs who remain in or near the camps find it almost impossible to enter the regular labour market, except occasionally as teachers, policemen or working as drivers for international organisations. Occasional employment, as in trading or in the southern camps cotton picking, is probably more frequent but realistic figures are hard to come by. The most common form of employment is in agriculture especially when activities related to livestock are included.¹⁵ This and other forms of irregular employment are badly reported, however, making it almost impossible to obtain a coherent picture of either employment or associated income.

Failing employment, the main source of income is the Government. Each IDP receives a monthly 'bread subsidy' of 15,000 manat. Families with below 16,500 per capita income are further entitled to a child allowance of 9,000 manat/month in respect of children under 16. A variety of pensions is paid out to the elderly (women 55 upwards, men 60 upwards). The amounts vary, averaging in the country as a whole about 60,000 manat/month/person. The bread subsidy is paid regularly, pensions and child allowances are sometimes in arrears.

Our own figures derived from questions put to mothers who brought their children for weight and height measurement show that for this group (representative of families living in the camps with children under five) *average* income was:

	manat per month
Government bread subsidy	82,000
Child allowances	20,000
Pensions	13,000
Regular employment	<u>4,000</u>
Total	118,000

The value of the food ration per month (it was provided for seven months in the period

¹⁵ Any activity providing an income in cash or kind to an individual or household is considered as employment in ILO definitions. This would include guarding sheep or geese for example, irrespective of the time spent or amount earned.

January to October 1999) adds another 80,000, making a total of about 200,000¹⁶. Food grown in kitchen gardens to which about one in five families in the camps had access in 1999 would further diminish the gap between actual and minimum required income. Other sources include livestock reported by the mothers as follows:

<u>per cent of families with:</u>	
chickens	11
ducks	2
geese	8
sheep	7
goats	4
cows	10

One family in three has at least one of these six varieties of livestock. The proportion is likely to be greater among type B than type A families.

Most (85 per cent) of the families reported having had three meals the previous day, 21 (13%) two meals, 3 families four meals.

Some notion of the degree of poverty is derived also from household possessions. About one third of the families own a TV (some brought from their homes six years earlier), 9 per cent a radio, 6 per cent a refrigerator, 7 per cent a car (in almost all cases brought with them at the time of exodus).

From the perspective of assistance in the future a particularly pertinent question is whether the pause in the delivery of food over four months between May and October 1999 had an impact on the nutritional status of children. The findings are described in Section 7. The fact that weight for height is normal suggests that children continued to receive enough food, in terms of calories at any rate. It appears from the in-depth probes conducted within this assessment that during this period whatever money was received from Government may have been spent on food, to the relative neglect of clothing and other non-food essentials.¹⁷ Expenditure on such non-food items can to some extent be postponed, but not indefinitely.

Housing continues to be a problem. The mid-brick houses are small and crowded. The inhabitants are thus prone to infectious air-borne, mainly respiratory, diseases. Roofing has badly deteriorated in recent years. At the time of writing, the Federation was about to address this problem by supplying corrugated iron sheets. Their installation is long overdue.

Do IDPs residing outside (though registered within) the camps fare better than those inside it? There is no clear answer. They receive the same food ration and government support, and both categories have access to the clinic, schools, free drugs and the credit/loan and agricultural activities. IDPs gave a variety of reasons for living outside the camps. Many were settled at the time of exodus in what was intended as temporary shelters, such as schools, and have remained there. The adverse health conditions in Camp 2 were a reason for the relatively high proportion of type B IDPs there. Many families came with, or have since acquired, livestock which they cannot keep in the camps (other than poultry).

It is likely from what we saw and on a priori grounds that the type B IDPs who left the camps for employment/livestock may be marginally better off in regard to income, although the earning potential is not very great anywhere in Azerbaijan. The 25 families near Shukurbeyli

¹⁶ Less if calculated on an annual basis since in 1999 only eight months supply will be delivered.

¹⁷ A similar conclusion was reached by World Vision in their update of 30 May 1999 in respect of IDPs elsewhere in the country.

in Fizuli (see Section 9) are an example. On the other hand, those who were initially settled outside the camps or left for health reasons have about the same income as those in the camps. As noted earlier, it is virtually impossible to obtain honest data on means of support, and even visual impressions can be misleading. Housing conditions among type B IDPs vary greatly, ranging from relatively good, for example in a vocational school in Saatli, to simply dreadful, as in an abandoned kolkhoz at the end of a muddy track in the midst of desolation. Type B IDPs do not receive, as do type A, assistance with housing (they will not receive the corrugated iron sheets for roofing, for example), and this is a major source of complaint from many as they huddle under their leaking roofs, unwilling or unable to help themselves.

Better information is required on type B IDPs: their location, sources of income, access to land, possession of livestock etc. A census of those registered in Camp 6 is proposed as soon as possible. Depending on the results the census could then be extended to the other camps.

Conclusion. Ascertaining valid information about incomes and employment of IDPs is virtually impossible. From all the evidence however it is likely that most IDPs live on the margin of poverty, on a monotonous diet and short of many of the items that make life bearable in more affluent societies. As the nutrition survey reported in the following section suggest, however, there is no starvation. Housing conditions (with leaking roofs), lack of privacy, sharing of badly maintained latrines continue as a major problem for those residing in, as well as those living outside, the camps.

7. HEALTH CARE AND NUTRITION IN THE SOUTHERN CAMPS

The Federation has over the last six years developed in Azerbaijan a large health programme for the IDPs in the seven southern camps, with primary health care and the supply of medicines at its core. Secondly, the Federation assists the National Society with a programme of Health Promoters for 7,000 beneficiaries in the non-displaced (resident) population. Finally, assistance is given with a community-based first aid programme (CBFA). In line with the Mission's terms of reference only the first domain, relating to IDPs, is examined here.

Health is understood here as public health including a cluster of activities contributing to health: medical know-how, water and hygiene, shelter, nutrition, health education, immunisation and curative services. Provisions and recommendations should be seen in the light of health conditions in the country in general, as shown in Annex C, Table A1, with a western European country of similar size, Sweden, for comparison.

The terms of reference required a comparison among three groups:

- IDPs living permanently in the camps (type A)
- IDPs registered in the camps and receiving food and other benefits but living outside the camps (type B)
- The local resident population.

This comparison has proved difficult. The information derived from official registration appears to be out of date. As was already mentioned in the Spiegel report (Spiegel, 1999) the number of type A IDPs may be exaggerated by as much as 40 per cent. In our own nutrition survey 45 per cent of the sample could not be located during the five days of the survey). As for type B, the absence of maps showing their location made their identification difficult. Included in this category are families living as far away as Baku or Fizuli.

As noted in Section 4, it is probable that in the six years since their exodus many IDP families have left the camps in their totality while in other families some of the members (especially men between 18 and 50) departed in search of a livelihood and no longer live permanently in the camps. In the absence of a recent census it is difficult to measure the extent of the movement. A partial census by the Health Promoters early in 1999 showed that 40 per cent of those listed as type A had in fact left the camps.

As regards the local population; the disarray of the national health system means that health information is limited and unreliable. At best, the NGOs working with the resident population provide usable information.

A CONDITIONS REQUIRED FOR SURVIVAL IN GOOD HEALTH

Water and hygiene

Until last year the Federation was fully responsible for the provision of water and hygiene in the seven southern camps. Minor modifications apart, the overall level of hygiene in the camps was satisfactory until some of the responsibilities were transferred to the local authorities. In 1998 the Federation handed over to the local governments collection of waste, maintenance of latrines and the communal bath houses. Since then, minimum Federation standards have been maintained as regards water but not for latrines, the bath houses and disposal of waste.

Theoretically, the quantity of water provided, about 60 l/person/day, suffices. The quality could be improved in camps 1,2, and 3 since the water is taken from a canal which in the summer becomes very muddy. Improvement could be effected either by a very costly system to extract the mud from the water or by piping the water from a point 5 km distant. In camps 4 to 7 the water is or soon will be derived from artesian wells (as of November 1999, in camps 4 and 5, and soon in camps 6 and 7). However, when the electricity is cut (which occurs irregularly and unpredictably) the water drums cannot be filled and water may be in short supply,

Biological controls are carried out monthly whereas a previous assessment report advised a weekly test. However, the residual level of chloride is tested twice a day by Federation staff.

Some of the IDPs continue to disturb the distribution of water by stealing taps or puncturing pipes to irrigate their kitchen gardens. A vigorous public information campaign might be contemplated at regular intervals to prevent this kind of behaviour.

As of October 1999, 339 latrines existed as against 365 planned. Of these, 194 should be drained and repaired. The maintenance (though not the emptying) of the toilets is supposed to be done by the families concerned. The Federation should as a matter of urgency find an alternative solution for the upkeep and drainage of some of the latrines. Thus, experience has shown that as long as latrines are not in the personal care of families these will not attend to their upkeep.

Since the Federation transferred the maintenance of the communal bath houses to the local authorities they no longer function. Several require repairs. They should become the communal responsibility of the IDPs.

Cleaning of the camp drains should be a continuing activity, especially with the onset of the rainy season. This is another instance where not too much should be expected from the local authorities. Activating communal action by the IDPs might be a better solution.

Arrangements for the collection and disposal of waste should be reviewed in the light of local authorities' failure in this domain. A communal dumping ground might be envisaged within convenient distance of IDPs who would each carry their refuse to this central location where it would be burned or buried.

Spraying with Deltametrin should be repeated with the onset of the season favourable to the proliferation of insects and mosquitoes. Regular campaigns to eliminate rats are required.

Nutrition and food distribution

An anthropometric survey was part of the current mission. A random sample of approximately 700 children born since 1995 (the exact birth date is not available from the registers) divided almost equally between type A and type B IDPs, was selected from the camp registers from a total 2,700 children. The health promoters then asked the parents of the children in the sample to present their infants for measurement. 45 per cent of the type A children could not be located. The child next on the list was then taken as substitute. The reasons for the failure to locate the families are not quite clear. According to the medical staff the families had left the camps either permanently or temporarily. The majority, it is believed, were living in the vicinity of the camps. In other words, although this is not yet shown in the registers, they have shifted from type A to type B. If this is the case, and there is other evidence that a shift of this kind has occurred, the sample adequately represents the type A population, i.e., those living in the camps.

As for type B children, only 74 out of the planned 324 were measured. The health staff made little effort to contact the parents some of whom live a considerable distance from the camp along in part barely accessible roads. The weight for height and height for age ratios of the type B children that were measured are on an average almost identical with type A (1.3 per cent with 2- or more standard deviations below the median for weight for height, 23.2 per cent height for age). Nonetheless, as they are unlikely to be representative of all type B children this comparison has no significance, and the children were removed from the analysis. Quite a different approach is required in the future, including home visits by the health promoters, if children in this group are to be adequately measured.

The results for type A are shown in table 7 below.

Table 7
Children underweight and malnourished, Oct 1999*
(per cent with minus 2 standard deviations
or more below the standard population)

	weight/height (acute under- nutrition)	height/age (stunted)	n
Boys			
0-23 months	6.8	28.8	73
24-59 months	0.6	20.9	172
All boys	2.0	19.2	245
Girls			
0-23 months	3.8	29.1	79
24-59 months	3.4	19.7	147
All girls	3.5	23.0	226
All children	1.9	23.1	471

*residents (type A) only

Zscore.xls

The weight for height ratios suggest that there is little acute undernutrition, and that this is confined to boys under two years. There is considerable stunting however among both boys and girls, worse among the under two year olds than among older children. This pattern is fairly common in countries of the former Soviet Union, and it is consistent also with results found in the 1997 survey in the southern camps, although both acute malnutrition and stunting were less in 1999 than in 1997 (Table 8):

Table 8
Children underweight and malnourished
1999 results compared with those in 1997
(per cent with minus 2 standard deviations
or more below the standard population)

	weight/height (acute under- nutrition)	height/age (stunted)	n
<u>All children 24 to 59 months</u>			
1997	10.5	32.4	343
1999*	1.9	20.3	471

The figures in 1997 were available only for children aged 24-59 months.

*residents (type A) only

zscore.xls

These results are the more interesting because the measurement took place after four months during which no food was distributed. No acute under-nutrition has resulted. The stunting cannot be attributed to a recent shortfall in food, but is more likely to be the result of poor quality of food combined with illness over a longer term.¹⁸ Interpretation is difficult. The greater incidence of stunting in children in the first two years of life may suggest insufficiently extended breast feeding and problems of food quality (rather than quantity) in the weaning period, rather than an immediate shortage of food. Conditions such as anaemia or iodine deficiency may have played a role as a result of unbalanced diets. Vegetables and fruit are commonly available at low prices in this area, and many are grown in the camps' kitchen gardens but this does not mean that they are part of daily diets, especially of young children. Improved dieting should be the subject of intensive campaigns of health education.¹⁹

Shelter

The area per IDP in the camps exceeds that normally required in emergency situations. On the other hand, as noted in the previous section, the habitable area within the

¹⁸ According to WHO "High levels of stunting are associated with poor socio-economic conditions and increased risk of frequent and early exposure to adverse conditions such as illness and/or inappropriate feeding practices. In many such settings, prevalence starts to rise at the age of about three months: the process of stunting slows down at around three years of age, after which mean heights run parallel to the reference (population).... for children in the age group below 2-3 years, low height for age probably reflects a continuing process of 'failing to grow' or 'stunting'; for older children, it reflects a state of 'having failed to grow or 'being stunted' " (Onis and Bloessner, p.46 ff.)

¹⁹ Figures produced by World Vision using the Mid Upper Arm Circumference (MUAC) rather than weight and height and concluding that 30 per cent of IDP children are malnourished require careful examination. MUAC is normally used to identify seriously undernourished children in conditions of crisis. It cannot, like weight/height and height/age, distinguish between current undernutrition and chronic malnutrition. A MUAC below 14.5, used as threshold, may indicate past or current food deficiencies either in volume or quality, or both. The 30 per cent with low MUAC corresponds approximately to the 23 per cent found in our survey to have low height for age.

mud brick houses is generally too small for the given family size, a state conducive to the spread of air-borne respiratory diseases.

B. PREVENTIVE HEALTH

Health education

This activity is now practiced exclusively by the Health Promoters (HP) attached to each camp clinic. The HPs receive instructions directly from the medical co-ordinator and doctors in the clinics. Their duties are:

- health education of women's and children's activity groups (see Section 5 above);
- identification of pregnant women and distribution to them of iron, folic acid and multivitamins;
- identification of potential beneficiaries of the programme of psycho-social rehabilitation;
- informing parents of forthcoming mass vaccination campaigns and routine vaccination;
- locating children and other patients who failed to keep appointments at the clinic;
- detection of malaria through blood smears;
- information on family planning and distribution of condoms through the women's groups;
- health education as pertinent to camp conditions;
- control of camp hygiene and promoting awareness of hygiene;
- identification of elderly persons who are vulnerable.

In spite of this laudable list, and a small overall workload which would allow time for other activities, it seems that the majority of the camp health staff is still oriented towards curative health.

Health and nutrition education is essential for progress towards community participation in public health care. Such education is required also for a change in IDPs' attitudes if the risks of malnutrition and ill health are to be minimised. Fortifying the food ration with vitamin A (in oil) and iron (in the flour) as is sometimes done, is not recommended because of the risk of overdose for the former and low cost-effectiveness generally. It is preferable to give specified doses under medical control of Vitamin A and iron to target groups, such as pregnant women and malnourished children. As regards IDD, iodisation of salt is enough. Targeted treatment of this kind should in all cases be combined with education programmes to make IDPs aware of what is being done and why.

The activities of the Health Promoters are essential, but it is regrettable that for the time being their work, although it takes place within the community, is not really participative.

Immunisation

A mobile vaccination team of the local health authority visits the camps each month with vaccines provided for the most part by UNICEF. Vaccinations are organised by the doctors in the local authority clinics in the camps. The doctors do not really know the child's immunisation record. Review of the medical records during the nutrition survey should provide data on immunisation in respect of DPT, polio, measles and BCG

The Federation's clinics are concerned by vaccination only during the mass vaccination campaigns.

Staff in the local authority clinics do not envisage vaccinating women of reproductive age

for neo-natal tetanus.

C. CURATIVE CARE

The health care system in the Federation's IDP camps is as follows: In each camp there is a clinic with a doctor, nurses, health assistants, cleaners, Health Promoters and in some of the camps first aid instructors (Annex C, Table A2). No lying-in facilities exist.²⁰ When the camps were first created the local authorities installed, especially in the camps of Bilasuvar District, a parallel system of doctors, nurses, midwives and laboratory assistant, all of them IDPs. For lack of suitable space in the clinics doctors tend to receive patients in their houses, about 5 to 6 per day on an average. With the help of the mobile team mentioned earlier they also provide a monthly round of vaccinations. For the time being the laboratories are used only to detect malaria.

This dual system of health care places the IDPs in a very privileged position in respect of physical and financial access as compared with the resident population. There is one doctor for between 950 and 2400 IDPs depending on the camp (and using the adjusted type A population as basis of calculation, Annex C, Table A2).

The activities of the Federation's clinics are mainly curative, with about 20 consultations per day, the regular measurement of children's weight and height and occasional awareness campaigns by the Health Promoters excepted. An informal kind of dichotomy prevails: doctors and nurses carry out the curative, Health Promoters the preventive, work. Community based primary health care involving the active participation of the beneficiaries as a whole is however absent.

Included in the curative part of the system is a supply of medicaments at the Federation clinics. There is at this time no fixed procedure nor protocol for diagnosis and treatment, nor a programme for the rational utilisation of medicaments. However, all the doctors have received and make regular use of the Manual of the Medecins sans Frontieres (MFS).

Each clinic possesses separate registers for chronic cases, suspected cases of TB, the newly-born, deaths, etc.

The distribution of iron and folic acid to pregnant women is not always systematic and some of the doctors prescribe only iron and multivitamins and this only if they detect clinical symptoms of anaemia. Similarly, distribution twice a year of vitamin A to children between 6 and 59 months is not as systematic as might be wished.

The data in the clinics' registers are transmitted to the Federation's office in Baku, but it seems that nobody is really sufficiently interested to analyse them.

In the view of the doctors and NGOs there no longer exists a specific pathology as in the early days of the exodus. This was confirmed by MSF whose dispensary in Imishli receives patients divided into 30 per cent IDPs from a neighbouring 'camp' (really freight wagons where the IDPs have lived since their first arrival) and 70 per cent residents. Comparison of the records of this clinic shows about the same pattern of morbidity in the two groups (Annex C, Table A3). However, not all pathological conditions are properly accounted for, especially tuberculosis which could become a very serious problem in the future.

²⁰ A clinic with 16 beds was built in 1996 near Camp 6, but closed the following year because of alleged corruption.

Conclusions. IDPs in the southern camps benefit, to a greater extent than the resident population, from relatively favourable medical care including free doctors, nurses and medicines provided by the Federation. In some of the camps the Federation's services are duplicated by those of the Ministry of Health. The emphasis is on curative rather than preventive medicine. In spite of a relatively plentiful staff, no public health education is provided for example on hygiene, nutrition or immunisation.

A nutrition survey (height and weight of children under five, combined with some questions on health and dietary patterns) showed that children in the camps had normal weight for height, but about one quarter had low height for age, possibly indicative especially in the post-weaning period, of poor quality diets combined with ill-health. While measurement is routinely conducted for children attending the clinics no use for public health is made of the data so generated.

Camp hygiene is variable. New latrines are being built, but existing ones are badly maintained and insufficiently drained by the public authorities. Safe water is supplied, but shortages occur because of drought in the summer, and throughout the year because pipes and taps are vandalised. Control of insects and rodents and of drainage is insufficient. The bath houses, in the care of the local governments, are no longer operational. Collection of refuse barely exists.

8. CONDITIONS OF IDPS COMPARED WITH THOSE OF THE RESIDENT POPULATION

Conditions of IDPs are better than those of the residents in some respects and worse in others. There are few comparative figures, and these for the most part inconclusive. There was no time during this mission for a valid, comparative survey. The information here is derived from surveys carried out by others, official data, interviews with key-informants and personal observation.

The resident population as defined here is not the national population as a whole, but that of the four districts in or near which the southern camp population is located: Bilesuvar, Imishli, Sabirabad and Saatli (Table 1 above). These are agricultural areas, in worse condition economically even than some of the larger urban centres such as Baku.

Employment and income: Most of the former state agricultural land (much of it in the area under cotton) has been distributed through privatisation, and former state employees now own plots varying in size from 1 to 10 ha. Lack of seeds, pesticides, irrigation, transport and other inputs or the financial means – including credits – to obtain them, clearly diminish exploitation, and most farmers appear to be poorly off. Some productive industry continues – for example cotton processing in Sabirabad town – but most of it has been abandoned for lack of raw material, markets or capital to purchase inputs. The area is economically depressed, and unemployment rife. What employment there is, moreover, is badly paid (e.g. teachers \$20 to 40). Nonetheless, it is likely that most local employment goes to the resident population, only the worst paid, seasonal jobs (cotton picking) and minor trading to IDPs.

Many, though not all, IDPs in the seven southern camps benefit from the Federation's kitchen garden schemes (Section 5 above), loan systems and some vocational training. Access to land is for them a major difficulty, however.

IDPs receive 15,000 manat per capita in addition to pensions and child allowances available also to residents. They are better off than the residents, therefore, in the sense that they have a minimum income, consisting of the bread subsidy (15,000 manat per capita/ month) and food (16,000 manat per capita/manat), a total of 155,000 manat per month for an average family of five persons. No minimum income in this sense is available to the resident population.

Loans: Loans are available to IDPs in the southern camps more readily under the Federation's scheme than to residents who receive it from banks only if they have considerable and usually unavailable security.

Housing: Decidedly better for residents. IDP have on average 5 sq.metre per cap. of very defective mud brick housing, often with leaking roofs and only common latrines shared with many others. Residents have solid, and on the whole rainproof, housing. The difference is crucial. There is nothing more demoralising than having to sit in damp, generally unheated housing (since the electricity supply in the winter is at best intermittent) listening to the raindrops trickling trough the roof.

Health, nutrition and water: Health care. IDPs have free access to one or two clinics with doctor and nurse per camp plus free medicine plus the possibility of referral for major surgery to the Cheshire hospital in Baku, all nominally and probably in fact free of charge. Referral to Republican facilities is another alternative, although there payment is sometimes required. Residents have a potentially more sophisticated range of facilities, but as they are required to pay for virtually all services the benefits may be illusory. Major surgery, for example, is unaffordable for most of them.

Nutrition and state of health. Some comparable data are available from a health and nutrition survey in 1996 although the comparison is between IDPs and residents at national level rather than in the south. Thus, in respect of anthropometric data in children between 6 and 59 months acute undernutrition (height for age) was equally absent in both populations, whereas stunting (low height for age) was substantial, and greater among IDP than resident children.

Table 9
IDPs and resident population compared
for child nutritional status

	<u>IDP</u>	<u>Resident</u>
	% two or more s.d. below median of standard population	
Weight for height	1.3	3
Height for age	31	22

Anaemia, which could explain some of the stunting, was found to be high in both populations, but greater for IDPs than residents among 6 to 24 months old children. Diarrhoea was also more common in IDP children, having affected a quarter of all children within the two weeks preceding the interview. On the other hand, as noted above, MSF (Belgium) receives in its dispensary in Imishli IDPs from a neighbouring 'settlement' as well as residents. Comparison of the records of this clinic shows about the same pattern of morbidity in the two groups. Water in the seven camps, at any rate, is carefully filtered or obtained from artesian wells. The chlorination of water for the resident population is largely inoperative.

Education: Each of the seven camps is supplied with schools (grades 1-11) with plentiful

teachers who are better remunerated (because they get food aid as well as salaries) and therefore more likely than resident teachers to stick to their jobs. To make up for low pay scales the latter are said to spend more time selling in the markets than teaching. District schools are unheated whereas camp schools are supplied with kerosene stoves. The camp schools were rehabilitated in the summer of 1999 (new floors and other structural renovation) whereas resident schools are generally in a state of disrepair. Text books are rarely available in schools for residents whereas the camp schools recently received an allocation of books for children at post-primary level.

Social disruption. A sign of greater social disruption among IDPs than the resident population is seen in the much greater than expected number of IDPs among street children. Whereas IDP families account for about six per cent of all families in the country no fewer than 33 per cent of the street children located in a random sweep in Baku originate from IDP homes, a sign, as the authors of the report say, of poverty and family disorder:

"The tragedy of this situation is that refugees and displaced children are doubly stressed. Firstly, many of them have been psychologically traumatised by events of the war that they have witnessed. Some of the children saw military action, fire and bombing. They lived in fear and saw the death of their parents and relatives. One in seven displaced children have parents who died or are missing as a result of the war." (UNICEF, Azerbaijan: Street children: a new phenomenon, 1995)

Past experience apart, it is thought that IDP children, more than residents, suffer from disruption and conflict in their homes. These conclusions however apply to IDPs generally rather than to the southern camps.

Public and community services. Electricity: Residents normally pay or are expected to pay for electricity, IDPs in the camps do not. Neither have an assured supply. It tends to get suspended especially in the winter when it is most needed. Garbage collection: There is no garbage collection in the camps at this time. It is better organised in villages where there is a recognised dump, and in towns where there is regular collection. IDPs benefit from a range of community programmes (described in Section 5 above), such as psycho-social rehabilitation of children, children's activities generally or women's groups. There is nothing equivalent for residents.

Conclusions. Informants agree on some differences between IDPs and residents and disagree on others. It is likely however that IDPs are worse off than the local resident population in respect of housing, psycho-social conditions, possibly employment and access to land. Their displacement from all that was familiar was a tragedy that few of them have overcome. The resident population in the four districts live in reasonably comfortable houses, whereas IDPs must do with overcrowded mud huts and roofs that leak in the winter. IDPs are probably on terms of equality with the resident population as regards income (especially when the monetary value of food aid is included), and better off in some other aspects such as education, health care, quality of water and other community services.

Differences between the two groups are small relative to needs. Both IDPs and probably a majority of the resident population in the area live on the margin of poverty and both require whatever help the Government and the international community are able to provide.

9. THE REPATRIATION PROJECT IN FIZULI

The background. Three areas within districts that were wholly or partly occupied by Armenians are now considered as liberated areas:²¹

Table 10
Liberated areas

In district of :	1989 population	Villages (in liberated areas)	area (sq.km)	Population as of beg. 1998			ha. arable land
				Resident*	IDP**	Total	
Fizuli	97,500	22	300	23,200	25,800	49,000	30,000
Agdam	164,500	8****	242	43,055	10,639	54,000	n.a.
Tarter	91,500***	62	1,260	49,189	16,556	65745***	n.a.

* Population originating from the area

** IDPs from elsewhere

*** 54,000 plus the population of the annexed villages from Agdara District

**** village councils

C2/1

In Fizuli so far, 30 per cent of the district, comprising 22 villages, are considered safe for resettlement. 49,000 persons have returned to these areas (some as long ago as 1994) of which about half are residents from the area, half IDPs from the occupied part of Fizuli and half from other occupied areas. This is probably near capacity given the fact that virtually the only employment for the time being is in agriculture and that only 4 to 5 ha of arable land, much of it grazing, is available per family.

The situation is similar in Agdam and Tarter. Unless therefore the liberated areas are supplied with industry, which for the time being is unlikely, resettlement there cannot be considered as a solution to the IDP problem beyond the 120,000 or so already resettled there.²² However, other occupied areas might be released by the Armenians in which case the Federation's Shukurbeyli pilot project may serve as a prototype for emulation generally as well as specifically in Fizuli and Agdam.

Shukurbeyli is a village in the hills in Fizuli totally destroyed by the Armenians in 1994, only the outer shells of houses remaining. Together with another 21 villages it lies in an area of Fizuli that was subsequently liberated and is now being resettled. The Federation's project is intended as a model of rehabilitation. It has been funded in respect of 1999 and 2000 by the Swiss and Japanese Governments, ECHO, TACIS and the World Bank to an extent of about Sfr.1,670,000, Sfr 1,900 or \$1,240 per beneficiary. The Federation is the coordinator, with ARRA (Agency for Rehabilitation and Reconstruction of Areas) on behalf of the Government and with financial support of the above agencies supplying drinking and irrigation water, school and clinic while ANAMA (Azerbaijan National Agency for Mine Actions) is clearing the area of mines.

The project applies two principles: package approach and community initiative. The package approach means that housing, employment, schools, medical care, drinking water, electricity and mine clearing are supplied in coordinated fashion. Community initiative means that the returnees take their full share in the rehabilitation, from building their own houses to presenting their grievances to the Government rather than letting the Federation

²¹ Only nine villages in Tarter are occupied, including some formerly belonging to the neighbouring occupied district of Agdara but subsequently joined to Tarter. The remainder of Tarter was only briefly occupied and most of its inhabitants returned there in 1995.

²² 49,000 in Fizuli, 54,000 Agdam, 17,000 in Tarter. The remainder of the Tarter population has never been considered as IDPs.

do so on their behalf.

So far, a new school has been built with four class rooms and eight teachers catering so far for about 50 children of returnees living in the vicinity. A new clinic is being constructed, five houses have been rebuilt, a new well has been sunk (two others are under construction) and electricity is being supplied from municipal sources.

Work will begin in November 1999 on the reconstruction of another 80 houses. About 25 families have lived near the village since 1994, but for safety reasons have until now been prevented by the military authorities from re-occupying their houses. They will move into the village now that the risk is considered negligible. Another 152 families (751 persons) live in the southern camps (83 families in Camp 6, which will be greatly emptied when the resettlement takes place) and many of them are expected to arrive shortly. They will be supplied with building materials and are then expected to rehabilitate their houses.

Agriculture, and especially sheep farming, will be the main source of employment. Most of the returnees are entitled to 4 to 5 ha of land per family under the Government's privatisation scheme and may lease additional land. They can apply for loans from the Federation's credit scheme. Three loans have already been granted for seeds and similar.

Conclusions. The project is significant for the light it can shed on problems that may arise during resettlement. Thus, even if the occupied areas were liberated tomorrow and all the IDPs could go home, few would find a means of livelihood in the lands of which they dream. Their houses are destroyed, enterprises which provided many of them with a living in ruins, communal facilities non-existent. Their dreams would quickly turn to nightmares unless the resettlement is carefully planned on financial terms that the Government and the international community can afford. Using the Shukurbeyli pilot project (\$1,240 per beneficiary person) as a guide, the cost (including assistance towards income generation) of resettling half a million IDPs on the same terms would be \$620 million, an affordable sum. The real cost might be higher because not all of them would find employment in agriculture. Creating industrial employment might be much more expensive.

Finance apart, the Shukurbeyli scheme owes much of its success to the participative element, the fact that both the men and the women, each in their own sphere, have taken initiatives (the men in regard to loans, the women in the provision of schools, for example) rather than wait for the local authorities or agencies. It is this spirit that will need to be fostered in the IDP community as a whole in regard to self-sufficiency generally as well as in resettlement. The Federation's programmes should be geared to this end.

10. PRIORITIES FOR ACTION

Recommendations are included in their entirety in the Executive Summary. Priorities are as follows:

- ♣ Begin the recruitment process for delegates on the lines of the recommendations in the Executive Summary (items D (ii) and C 6).
- ♣ Negotiate with the Government for more land for agricultural and kitchen garden purposes and if such land becomes available elsewhere in sufficient quantity to justify the relocation of camps to negotiate with the Government for their relocation

(A (b) 4). In turn, this would give rise to new priorities.

- ♣ Conduct a census (initially) of Camp 6, both A and B type IDPs (A (b) 5 (a)). If successful extend to other camps. New priorities may emerge as a result of this census.
- ♣ Prepare cost estimates for the changed food ration requirements (including incidental costs) in 2000 and 2001 (A (b) 2)
- ♣ Plan for and estimate costs of the extended self-sufficiency programmes (A (b) 3).
- ♣ Approach donors for the required sums.
- ♣ Draft a plan, with time table, for the greater involvement of the National Society in some of the self-sufficiency programmes, in public health and associated community development (B 4, C).
- ♣ On the basis of the recommendations in the Executive Summary and the census in Camp 6, begin with the identification of vulnerable families (A (b) 1).
- ♣ Prepare plan for the transfer to the Ministry of Health of curative aspects of health and conversion of the Federation camp clinics as Community Health Centres with the implications described in the Executive Summary recommendations (C 5).
- ♣ Arrange for expert advice (recruit expert advisors) on agriculture and vocational training (A (b) 3 (d)).

These are the top priorities. The other recommendations should be pursued as soon as possible.

Part II

***Relief and Logistics section of the team assessment
3rd - 10th November 1999
(John Watt, Consultant for Relief and Management)***

Background

Following the conflict between Azerbaijan and Armenia up to 800,000 people were displaced away from the region of N-K into Azerbaijan. Initially some of those displaced went into Iran and then, with the help of the Iranian Red Crescent, moved back into Azerbaijan in the south-east. The Iranian Red Crescent set up 7 camps for approximately 45,000 and run them from 1993 until 1995. The Federation took over these camps at the request of the Iranian Red Crescent and the Azerbaijan Red Crescent in 1995. After a re-registration in 1997 the number of the camp population was found to have reduced to 32,500. A nutritional survey was carried out in 1997 which showed that despite some stunting the malnutrition in the camps was similar to that in Azerbaijan.

General situation

During the last 30 months the conditions in the camps have improved in some areas and deteriorated in others.

• *Improvements*

- ❖ Construction of community centres, brick latrines and health centres.
- ❖ Better construction of homes with mud bricks.
- ❖ Community controlled garden project producing vegetables.
- ❖ Construction of schools.
- ❖ Installation of artesian wells in camps 4 and 5 with plans for camps 6 and 7.
- ❖ Start of a loan system for activity initiation
- ❖ More space in the camps with the reduction of the population, this also gives better ratio's for latrines, health support and social and community programmes.

• *Deterioration*

- ❖ No hygiene supplies
- ❖ No systematic cleaning and deterioration of drinking water containers.
- ❖ Clothes and especially shoes are in poor conditions
- ❖ Reduced food supply
- ❖ Deterioration of plastic sheeting for roofing, brittle fracture due to heat.
- ❖ Ground conditions with no aggregate being laid on pathways, roads and collecting areas around social and health facilities.
- ❖ Many latrines are full to overflowing with limited emptying carried out by the local authorities.
- ❖ Increase of rodents and insects, (rats, mice, mosquitoes and flies).
- ❖ The water distribution system continues to be abused despite a lot of work for repairs on taps and holes made to supply irrigation systems to plot gardens.

Not all conditions are true for all of the camp occupants with some IDP's with more resources being able to develop better conditions for themselves. However for the vast majority of the camp populations the deterioration's listed are relevant.

No plotting of the camps has been done giving sizes of plots and the numbers of people living on each plot.

Using the camp school figures an estimation of the true occupancy of the camps can be made.

Camp	School pupils	Population
1	1,273	3,183
2	252	630
3	880	2,200
4	579	1,448
5	668	1,679
6	585	1,463
7	1,140	2,850
Totals	5,377	13,453

- ❖ To allow for single parent families where the male is absent and the high percentage of elderly add approximately 11.5%, this gives a camp population of 15,000 which is the figure proposed for future planning until a re-registration can be carried out.
- ❖ With the reduction of the camp population it has to be assumed that those who have left have been able to find a preferred environment. This movement out of the camps may have been provoked by the reduction in some of the camp facilities, particularly food availability for those not in the garden agricultural programme.
- ❖ Using these figures and until the re-registration can confirm otherwise using an average family size of 5 there is approximately 3,000 families in the 7 camps.
- ❖ The conditions in camp 6 and 7 are considerably worse than the other 5 camps due to the quality of the land, very salty and no use for agriculture and low level, prone to flooding.

Points from the initial terms of reference

① ***Distribution of monthly food rations - system and manpower.***

- ◆ Distributions in the camps are at the moment based on the 1997 reregistration list showing just over 32,000 in and around the camps. This is the figure for distributions. If a person or a family is not present for 2 consecutive distributions they are omitted from the distribution list.
- ◆ Food prices in the villages close to the camps do change significantly when distributions occur, the prices going down and then increasing towards the time of the next distribution.
- ◆ Many IDP's do work outside of the camp but the work is mainly seasonal and these people are not able to find work locally on a permanent basis. In a country which shows an unemployment rate of as much as 80% work is not easy to find and very poorly paid with a national average salary of \$40 a month.
- ◆ During a period of 4 months during the summer harvest period when the food distributions were stopped, the camp population had to spend all of their government allowance, 15,000 manat/person/month, on food. Additionally some IDP's had to sell some of their belongings to fund their food needs. Many have not been able to buy hygiene items, cooking fuel, clothes, shoes etc. for this 4 month period.
- ◆ The system for food distributions has moved to 2 or 3 monthly distributions dependant on availability. Due to the level of humidity and the vermin problem increasing in the camps it is inadvisable to extend that periodicity and a 2 monthly distortions is preferred to 3 monthly.

② ***Gradual hand over of some components of the support programme in the Southern camps to the National Society through service (relief) agreements.***

With a lack of personnel from the National Society working in the operation for the camps it is difficult to see how this can be considered at the moment. If this is going to be a possibility in the future then counterparts for Delegates and local employees will have to be found with a system of training undergone for the National Society

personnel. Only 8 of 201 people working in the operations are from the National Society at the moment.

➤ ***Provision of potable water and maintenance of the water supply system. (To assess the water and sanitation condition within the camps now that these systems have been handed over to the local authorities).***

Artesian wells have been drilled for camps 4 and 5 although that in camp 4 is not yet working. Camps 6 and 7 are planned to have artesian wells constructed for them to improve the water supplies.

One of the main problems which has endured over the years in these camps is to have an intact water system with taps and no holes in the system, this is unlikely to happen due to the irrigation needs of the people. There seems to be no real community spirit amongst the camp population which cares about the population's needs further along the water system.

Some people have still quite long distances to walk to get to water points and this could be addressed.

The quality of water is assured with regular testing by the local authorities giving good results showing this is available.

➤ ***Repatriation. (In relation to the repatriation to define any support that may be required for a successful implementation).***

A small repatriation programme for former residents of 4 villages in Fizuli has started and 5 homes have been constructed. Further construction continues and some families should be able to move during the next few months.

➤ ***Improvement of shelter.***

Shelter in the camps is being improved with a supply of 20 foot containers for living purposes from the local authorities. The attitude has changed during the past 2 years with an understanding that many of the IDP's will not be returning to their homes in the near future. However no stone brick construction of homes has yet started and should not. Stone built homes are hot in the summer and cold in the winter, expensive to build and permanent. Mud brick built homes are cool in the summer and warm in the winter, less expensive to build and less permanent.

The size of the homes of some of the some of the IDP's is quite small and with larger families a supply of materials would allow them to construct further rooms to their mud homes.

A programme to distribute 25 square metres of corrugated iron roofing material with wooden rafters and a ridge capping piece is planned to be effected during December.

Conclusions

Programme

- ❖ The seven camps being supported by the Federation holding the most vulnerable of the original camp occupants are unsustainable without continued support.
- ❖ Some donor support is already indicated to be reducing for the year 2000.
- ❖ The government policy of no permanent buildings in the camp has started to change with schools, community centres and latrines now being of solid stone and brick construction. However the government policy on resettlement from the camps remains

the same as not possible.

- ❖ State farms around the country have stopped to function, some of these are between Sabirabad and Fizuli. This arable land which is laying fallow would be an ideal area closer to the homes of the displaced people to be relocated to where they could work on the land in a similar fashion to the community garden programme successful in camps 1 to 5.
- ❖ From observation there is clearly a level of vulnerability in villages close to the camps as least as severe as in the camps for some groups. (elderly, handicapped, single parent families and orphans).

Recommendations

❖ *Programme*

- ❖ The government should be approached for state farm land not being used to allow a relocation programme for the displaced people remaining in the camp. Political pressure should be used through the embassies as much as possible to endeavour to allow this allocation of land. Nothing can be done prior to winter as far as moving people is concerned but the winter period should be used to prepare for any such move. Donors should be approached with a 3 or 4 year plan of how the camps can be closed or reduced starting with camps 6 and 7.
- ❖ If land does become available for relocation, preferably closer to the home lands of the IDP's a relocation package will need to be considered. This package should offer an initial supply of food, housing, tools and seeds and some money to allow people to get started again as self sufficient people.
- ❖ Clearly with only approximately 50% of the camps population being agriculturists that land alone will not be enough for relocation. Therefore the loan programme should be extended to non pastoral and agricultural activities. Vocational training covering all aspects of building should be particularly supported so that the such skilled people are able to assist with any new construction with the relocation programme. Vehicle support, both heavy trucks and cars should be supported to assist with transportation of goods and personnel. Ideally all purchasing should be carried out locally to support the local economy.
- ❖ A distribution of non-food items should be made, certainly clothes, shoes, jerry cans, blankets, soap and hygiene items are very much needed. If the roofing programme planned for the camp is to go ahead then plastic sheeting for roofing would not be required.
- ❖ Food distributions should be planned for 8 months of the year for the people in the camps, however 4 months of supplementary feeding will be required for the elderly, handicapped and single parent families. The possibility of purchasing food in Azerbaijan should be investigated based on the reduced quantities needed.
- ❖ Mapping should be carried out of all the camps showing the size of each plot, the number of people living there, the location of water points, schools, latrines etc.
- ❖ Not all of the camp occupants will be able to relocate as we are left with the most vulnerable group of the initial occupants. However these people should be moved into one or two camps, possibly one in each district and the responsibility handed over to the local authorities during a structured 3 year plan.
- ❖ Programmes for the appeal 2000 should be made on the basis of need and not availability of funds. The donors need to see that a long term plan is being put into effect and asked to buy into that plan for the duration of the implementation.
- ❖ The programmes for the Delegation should not just be in the camps but should be expanded to vulnerable groups in villages and towns in the region. Judging by clothing and cleanliness there is a need for support here which is equally as large as in the camps.

- ❖ A market price survey should be carried out in villages around the camps in a selection of towns and villages. A list of 20 - 25 items should be identified and the prices investigated by a local employee. Graphs for the movements of prices should be kept for each location with reference made to the movement of exchange rates against the dollar.

(Tables and charts omitted)

Annex A - Persons Consulted

A large number of IDPs in and around the southern camps, too numerous to be listed individually.

Many local residents.

The Federation's national staff, again too numerous to be listed.

Federation international staff

Evgeni Parfenov, IFRC, Geneva

Roselyne Mattauer, HoD, IFRC, Baku

David Easson, HoSD, IFRC, Sabirabad

Jeff Duncalf, Institutional Development Delegate, Baku

Eva Jordung, Community Development Delegate, Sabirabad

Knut Kaspersen, Programme Co-ordinator, Baku

Shunichi Kagami, Programme Manager, Fizuli resettlement project

Others (in alphabetic order)

Celal-G. Alpman, TACIS, Baku

Novruz Aslanov, Chairman, Azerbaijan Red Crescent Society, Baku

Luay Basil, World Food Programme, Baku

Mustafa Ghulam, UNDP, Baku

Aregawi Hagos, OXFAM, Baku

Markus R. Huet, UMCOR, Baku

Didier Ley, UNHCR, Baku

William D. McKinney, United States Agency for International Development, Baku

Friedrun Medert, HoD, ICRC, Baku

Azer Ehmed Oglu Meherremov, WHO Liaison Office, Baku

Callum Newman, World Vision, Baku

Philippe Royan, ECHO, Baku

Samaya Piriyeva, Chairman of Executive Council, Sabirabad

Marc Spurling, CARE, Baku

Natalia Valeeva, Médecins sans Frontières (Belgium), Baku

Abbas S. Velibekov, Deputy Minister, Ministry of Health, GoA

Arif Veliev, Chairman, State Statistical Committee, GoA

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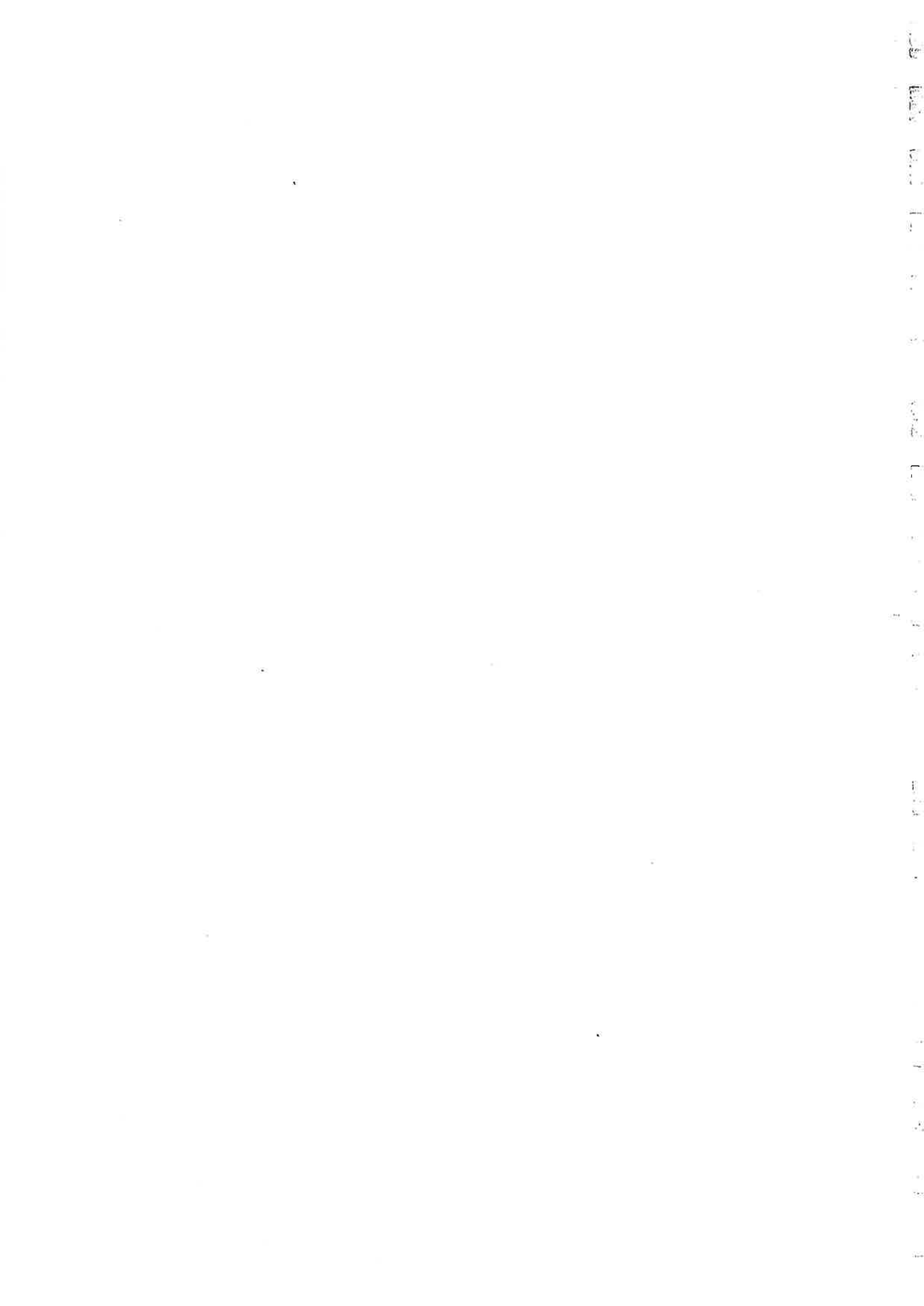
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Annex C -Tables



Annex Table A1
Azerbaijan: basic data (1997 unless otherwise stated)

	Azerbaijan	Sweden for comparison
Population 1999	7,953,000	8,844,000
Per capita GDP, \$ exchange rate*	506	25,710 (1996)
Per capita GDP, \$ ppp**	1,515 (1996)	19,790
Health		
Infant mortality rate	19.6	4
Under five mortality, 1995	45.9	4
Maternal mortality rate	31	5
Life expectancy	71	78
Fertility rate	2.1	1.8

*GNP for Sweden

**purchasing power parity

c2/3

**Annex Table A2
Health staff in the camps**

	1	2	3	4	5	6	7	Total
Population (A+B)	8,105	1,839	4,447	3,051	4,007	4,328	6,937	32,714
Population type A	3,567	837	1,789	2,377	2,816	3,208	4,774	19,368
Population type A adj.	2,140	502	1,073	1,426	1,690	1,925	2,864	11,621
Population type B	4,538	1,002	2,658	674	1,191	1,120	2,163	13,346
IFRC health staff								
Doctors	2	1	1	1	1	1	1	7
Population type A per doctor	2,378	1,674	1,789	2,377	2,816	3,208	4,774	2,767
Population (A+B) per doctor	5,403	3,678	4,447	3,051	4,007	4,328	6,937	4,673
Population type A adj. per doctor	1,427	1,004	1,073	1,426	1,690	1,925	2,864	1,660
Nurses	1	2	1	2	1	2	2	11
Population A adj per nurse	2,140	251	1,073	713	1,690	962	1,432	1,056
Population (A+B) per nurse	8,105	920	4,447	1,526	4,007	2,164	3,469	2,974
Asst.nurses and cleaners	2	1	1	0	1	1	1	7
Health Promoters	3	1	2	2	4	3	3	18
First aid co-ordinators	0	0	1	1	1	1	1	5
Total IFRC health staff	8	5	6	6	8	8	8	48
Consultations/day	45	15	20	20	25	20	20	24
MoH staff								
Doctors	0	0	0	1	1	1	2	5
Nurses	8	3	1	8	7	4	13	44
Assistant nurses	0	0	0	1	0	0	2	3
Midwives	0	0	0	0	1	1	2	4
Laboratory assts.	0	0	0	0	0	1	0	1
Total health staff								
Doctors	2	1	1	2	2	2	3	12
Population type A adj. per doctor	1,427	1,004	1,073	713	845	962	955	968
Nurses	9	5	2	10	8	6	15	55
Assistant nurses	2	1	1	1	1	1	3	10
Midwives	0	0	0	0	1	1	2	4
Laboratory assts.	0	0	0	0	0	1	0	1
Health Promoters	3	1	2	2	4	3	3	18
First aid co-ordinators	0	0	1	1	1	1	1	5

C2/4

Annex Table A3
Morbidity compared between IDPs and resident population, date?

	General population			Baku clinics (UMCOR)			IDPs in Fed. camps		
	No./per 1000 popn	%	rank	No. cases	%	rank	No. cases	%	rank
Total recorded cases	176	100		32,656	100		2897	100	
Infectious and parasitic, new growths	18	10.2	3	4,594	14.1	2	286	9.9	3
Endoct., metabol, Immun.system, diarrh.	3	1.7	10	4595	14.1	2	461	15.9	2
Blood and blood forming organs	3	1.7	10	1417	4.3	8	107	3.7	10
Nervous syst. and organs of sense	12	6.8	4	124	0.4	10	162	5.6	9
Circulation of blood	10	5.7	5	4864	14.9	4	233	8.0	4
Respiratory	80	45.5	1	8054	24.7	1	718	24.8	1
Digestive organs	10	5.7	5	2047	6.3	6	220	7.6	6
Genito-urinary	6	3.4	8	1822	5.6	7	212	7.3	7
Compl.of preg, births, post-natal	6	34.0	8						
Hypodermic tissue and skin	7	4.0	7	2543	7.8	5	228	7.9	5
Bone, muscle sys., connective tissue	2	1.1	12	1654	5.1	8	180	6.2	8
Congenital anomalies	0.3	0.2	13						
traumas and poisoning	19	10.8	2	942	2.9	9	92	3.2	11

C27

Annex Table A4
Births and deaths in the southern camps, 1999

	Jan	Feb	March	June	July	August	Sept	Oct	Total	annual rate
Consultations	3582	4505	3707	3560	3670	3737	3314	3823	29898	
Cons/doctor/day	23	29	24	23	23	24	21	24	190	
Births	34	41	31	15	24	24	27	19	215	323
Deaths	2	3	33	8	2	4	7	4	63	95

	IDPs Population			Azerbaijan
	A+B	A	A adj.	
Crude birth rate (deaths/1000 population)	9.9	16.7	27.8	17.0
Crude death rate (deaths/1000 population)	2.9	4.9	8.1	6.2

C2/B