

Responding to Drought and Famine in the Horn of Africa
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Subcommittee on African Affairs
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Mr. Chairman, Senator Isakson, members of the subcommittee: thank you for the opportunity to testify today and join with you in this critically important and timely hearing on the crisis in the Horn of Africa.

I speak today of behalf of CARE, a leading international humanitarian organization fighting global poverty. CARE has more than six decades of experience in helping people prepare and respond to natural disasters, providing lifesaving assistance when a crisis hits, and helping communities recover after the emergency. CARE places a special focus on women and children, who are often disproportionately affected by disasters, as is the case in the Horn of Africa Crisis with the majority of those fleeing Somalia to refugee camps in Ethiopia and Kenya women and children.

As Assistant Country Director for Programs for CARE Somalia, I have seen first-hand, the dire circumstances tens of thousands of individuals in the region face. I have worked in the Horn of Africa for over seven years, travelling extensively within Somalia, both in the North and South. I recently returned from visits to IDP camps and drought affected areas in the North. I will never forget some of the individuals I met there: the mother in a camp in Gardho town in Puntland with her sick malnourished child on her arm who had fled the conflict in the South, or the pastoralist man up in Sanaag region in Somaliland desperately trying to save his remaining three cows in front of his rural homestead and many others.

East Africa is currently in the grips of the worst drought in 60 years, affecting an estimated 12 million people in Somalia, Ethiopia, and Kenya at risk of hunger, starvation, and other ills related to the drought. This is the most severe food crisis in the world today, with a desperate need of humanitarian aid in the region. The situation in the Horn of Africa is so dire that on July 20, the UN declared a famine in the Lower Shabelle and Bakool regions of southern Somalia. It is feared that all southern and central regions will be in a similar situation in the coming weeks and months if immediate measures are not taken to provide emergency relief. The situation in Kenya, Ethiopia, Northern Somalia, and Djibouti is also dire, with not only large refugee and IDP populations to take care of, but also very large drought affected populations that are in need of immediate assistance. Huge swaths of these countries are already characterized as “emergency phase,” the level immediately before famine. Overall in the Horn of Africa region, the UN says that \$2.5 billion is needed for the humanitarian response. While \$1.1 billion has been pledged, it is estimated that an additional \$1.4 billion is urgently needed. The United States should play a leading role in ensuring that this requirement is met.

CARE’s emergency response to the drought in the Horn began to scale up at the beginning of 2011 when the beginnings of the crisis first became apparent. Today, we are helping more than

one million people in Ethiopia, Somalia, and Kenya with lifesaving food, cash, water, destocking and other emergency assistance, but also drought resilience activities such as livestock health activities, natural resource management, vocational training, and savings groups that help people diversify livelihoods, save their assets, and buy food for their families. In our work we pay special attention to the vulnerable women and girls, who are especially at risk to the current crisis.

Somalia faces the highest malnutrition rates in the world. Consecutive seasons of poor rainfall have created serious food crisis and extensive displacement in southern Somalia. The crisis is only expected to get worse in the next few months as the next regular rainy season is in October. Famine may spread to other regions. The drought has caused a devastatingly high mortality rate of animals, with levels as high as 40-60%, especially for cattle and sheep. UNHCR reports that more than 85,000 Somalis have sought refuge in Kenya since January, 2011, with daily arrivals now exceeding 1,500. The rate of Somali refugees arriving in southern Ethiopia has also jumped from 5,000 per month to more than 30,000 per month in the June.

CARE in the Horn of Africa (Kenya, Ethiopia, and Somalia)

CARE's emergency interventions in the Horn of Africa are driven by the humanitarian imperatives of saving lives, reducing suffering, restoring dignity and rebuilding livelihoods. Our work is guided by humanitarian principles of neutrality and independence.

In Dadaab, the largest refugee camp in the world, CARE is the lead implementing agency for water and hygiene, food distribution, and education, providing support for the more than 390,000 refugees in the camp. CARE in Kenya has worked in the refugee camps around Dadaab since 1992. CARE provides food and water for each of the three main camps, currently with a population of over 393,000 refugees. As part of this latest influx of refugees CARE is working with our partners in the UN and other INGOs to provide immediate food, shelter materials and support to victims of sexual and gender based violence. CARE is extending our water delivery system within the camps to the temporary areas where new arrivals wait for allocation to a space within the camps.

In Dadaab, we are experiencing an influx of over 1,000 new refugees arriving every day, many of them severely malnourished. This has put enormous pressure on already overstretched resources in the refugee camps. While CARE immediately scaled up its capacity and initiated emergency response to the situation, no organization could have prepared for the dramatic influx of new refugees. CARE is working alongside UNHCR and the World Food Program to ensure refugees in the camps are receiving live-saving support they desperately need. The State Department's Bureau of Population, Refugees and Migration provides support to this vital emergency programming in Dadaab.

Apart from this work with the refugees arriving from Somalia, CARE also works with the Kenyan communities of the northeast to rehabilitate water facilities, to provide cash through relief work programs, and to partner with the Government of Kenya in disease surveillance and vaccination of the remaining animals that these pastoralist communities rely upon. Our approach is strongly focused on building the capacity of communities to manage their own water resources, rangelands and environment as the changing climate will bring more erratic rainfall

and drought years in the future. It is essential that the assistance provided by the international community and the Government of Kenya emphasizes that the humanitarian response can help to increase resilience, instead of increasing the vulnerability and dependence on external support that can result from such interventions.

CARE has a longstanding presence in Ethiopia, working in the country for over 25 years. Because CARE has ongoing long-term programming in Borena zone of southern Ethiopia, most of which focuses on helping communities to build resiliency to climactic shocks, we began raising the likelihood of La Nina drought almost exactly a year ago. As that unfortunate projection has become reality, CARE has been able to scale up its response interventions in close collaboration with local communities and government. To date, CARE's emergency response activities in Ethiopia have reached more than one million people, providing them with food, water and sanitation, nutritional support and livelihoods assistance. Some of these interventions are literally and immediately life-saving, while others are aimed at saving lives in the months ahead. For example, by slaughtering cattle no longer fit for the market--with small cash payment to owners and meat distributed amongst the most needy--families receive some much needed cash to meet immediate needs and the burden on dwindling pasture and water resources reduced, improving survival rates of the culled herds and reducing the burden on the environment. Although the situation is already quite dire throughout much of southern Ethiopia, even if the next rains are better than projected they will not arrive for several weeks. In anticipation of a worsening drought, therefore, CARE is increasing the intensity of its efforts, especially in the rehabilitation of water points and provision of nutritional support.

CARE's interventions in Somalia are also aimed at addressing the long term underlying causes of the problems as well as responding to the immediate crises caused by drought and conflict. Many parts of Somalia have experienced several cycles of drought, which has affected the coping capacity of communities. It takes a goat or sheep five months to reproduce, and with the successive cycles of drought, we have seen a major erosion of people's asset base, with many people having lost hundreds of sheep or goats and dozens of camels and cattle. In drought affected areas of North Somalia we support a large scale cash relief program, doing both cash for work as well as immediate cash handouts to the most vulnerable within the community. Other emergency work comprises of supplementary feeding, provision of water and sanitation and non food items for IDPs. In some cases our staff does direct programming, and in some cases we work through partners. In all cases we have rigorous processes in place to verify quality and quantity of the works, and ensure that money ends up with the right people. The situation on the ground is extremely complex. Even in the remote parts of the North control by regional governments is at times limited and needs strong community involvement to help ensure disputes are resolved and access is maintained.

The majority of the refugees displaced or fleeing Somalia are women and children. Since January, 2011, approximately 70 percent of those arriving at the camps in Dadaab are women-headed households. To support the newly arriving refugees, CARE has increased its capacity to respond, particularly for vulnerable women and girls. In addition to severe malnutrition, the deep psychological affects that drought and subsequent movement can have on the women refugees is immense. We have witnessed high levels of anxiety, panic, and trauma due to loss of family members along the way, what UN World Food Program Executive Director Josette

Sheeran aptly referred to as “roads of death.” These women are sharing with our staff stories of rape, violence, and hunger. Compounding the problems for the thousands of female refugees fleeing conflict and hunger in the Horn of Africa is the threat of rape and sexual violence. According to recent UNHCR reports, the number of sexual and gender-based violence cases has quadrupled: 358 incidents reported from January – June 2011 in comparison with 75 during the same period in 2010. At CARE’s reception center screening tents in two of the refugee camp numbers have more than doubled.

Famine in Somalia

On July 6, the UN declared famine in two regions of southern Somalia: Bakol and Lower Shabelle. The daily death toll due to malnutrition in these regions has surpassed 2 per 10,000 people, while around 40 percent of children are acutely malnourished. In some regions the mortality rate is now 6 per 10,000 people per day. It is feared that all southern and central regions will be in a similar famine situation within the next 6-8 weeks if immediate measures are not taken to provide emergency relief. Overall, there are more than 3.7 million Somalis that need urgent lifesaving assistance. Tens of thousands of people have died, and tens of thousands more will die if aid is not scaled up. The current dry season extends to September, and even after that it will take people months to recover. The crisis is therefore expected to last at least until the end of the year.

What is needed is food and/or cash assistance, nutritional support to malnourished children, water, sanitation and health services. In the 1992 famine a large proportion of deaths were due to preventable diseases impacting on a severely weakened population. With the rainy season approaching and the large numbers of IDPs in Somalia, this is a major concern for humanitarian workers.

Somalia is a complex emergency as both drought and conflict continue to take human lives and are forcing people to migrate to other areas in search for food and shelter. The situation has gradually deteriorated over the course of a number of years, eroding people’s coping capacity. Tens of thousands of people who have lost everything they owned due to the drought are on the move, both inside and outside Somalia. This is true both in the South of Somalia, as well as in the North of the country, over the last 2 years, we have seen a gradual increase in numbers of people moving from rural areas to towns and cities after losing all their livestock. Many people from the South are moving to the camps in Kenya and Ethiopia, whilst other are moving to camps in the North of the country. Furthermore, despite being the site of active conflict, UNHCR reports that over 100,000 IDPs have moved to the city of Mogadishu.

CARE’s interventions in Somalia aim to both address the long term underlying causes of the recurring drought crises as well as respond to the immediate humanitarian needs caused by drought and conflict. Our emergency work comprises of supplementary feeding, cash relief, water and sanitation, and non food items for IDPs, including basic survival items, such as plastic sheeting for shelter, buckets for gathering water, and utensils for cooking. The unfolding catastrophe in Somalia has spilled over into other countries of the region. The best way to minimize the impact of the famine and to support affected communities is to provide aid directly to communities where they live rather than people having to become refugees and IDPs in order to access humanitarian assistance.

Humanitarian agencies are trying in very difficult circumstances to ensure that desperately needed aid can reach the most vulnerable people within the region, the majority of them women and children. All of us are very aware that delays are costing lives. However, the ongoing conflict in the South means that it is much more difficult to get aid to this part of the country. A number of agencies have started scaling up their activities in South Central, but it will still come too late for tens of thousands of Somalis living in this area, with women and children expected to suffer the most. Agencies with an established presence in the South are likely to be able to respond more effectively to the needs of communities in these areas than new agencies or agencies that have left the South. While CARE does not currently have an operational presence in the South, we are doing what we can to support others that do.

Compounding the problem is that aid is at risk of becoming politicized in this environment, and it is important for all sides to the conflict to let common humanitarian principles of neutrality and impartiality guide any of the discussions on humanitarian assistance. We urge governments around the world, including the US government, to avoid strong political statements that have the potential to enflame local sensitivities and thereby further reduce humanitarian access. The crisis is happening now, and it needs concerted, thoughtful, careful diplomatic work of UN, donors and NGOs to get aid to the victims of famine where ever they are. Now is the time to ensure there is space to reach out to all parties of the conflict and work to save the lives of tens of thousands of Somalis. At the same time we urge all local authorities in Southern Somalia to grant uninhibited and unconditional access to the people affected by the drought.

CARE urges all donors, including, the United States, to review and ease legal hurdles impeding provision of emergency assistance in Somalia. We anticipate that the legal restrictions are most acute in those areas controlled by Al Shabaab. Increased flexibility will ensure that organizations can more easily program funding in areas that otherwise might not be reached, therefore fully leveraging the generosity of our donors. We understand and highly value the need for accountability of aid; aid agencies are therefore doing their utmost to ensure aid reaches beneficiaries and no aid is diverted to armed groups on either side of the conflict. We also understand and take seriously our compliance responsibilities under US law. We anticipate, however, that the ability of humanitarian actors to adhere to these compliance responsibilities, however, will likely to be tested in areas firmly controlled by prohibited entities, such as Al-Shabaab.

We applaud the recent steps taken by the US government to loosen legal restrictions relating to programs funded by USAID and the Department of State. However, questions remain as to the ability of US organizations to program funding from non-US government donors such as the Humanitarian Aid Department of the European Commission (ECHO), the Department for International Development (DfID), and others, as well as private U.S. donors including foundations and corporations. We anticipate that funding from such donors will be significant. We therefore urge the US government to take additional steps to provide relief from certain legal risks for US organizations providing famine relief in Al-Shabaab controlled areas, such as the issuance of a General License from the Office of Foreign Asset Controls (OFAC) allowing US persons to engage in certain transactions that may be incidental to the delivery of humanitarian relief in Somalia. Historical and illustrative precedent for this practice exists, including the earthquake response in Bam, Iran in 2004, and more recently in Gaza. Additionally, we request

expedited processing and favorable consideration of any specific licenses that US organizations may seek with respect to their work in Somalia, as well as guidance that will allow organizations to fully understand OFAC licensing policy.

Long-term Needs

While focusing in the immediate term on the acute needs of the populations in the Horn of Africa, we also must look at building longer term resilience among poor, vulnerable populations throughout developing countries.

We must work to address the underlying causes of hunger and poverty. Within our programs in the Horn of Africa, CARE continuously emphasizes the need to tackle the long-term, underlying causes of poverty. We are helping to break the cycle of hunger and to adapt to the changing climate and reoccurring draughts. In Kenya, for example, CARE focuses on disaster risk reduction measures lead by local communities to create resilience. This includes natural resource management, livestock marketing, as well as activities to improve community capacity in business management and marketing skills. CARE works with communities to diversify their livelihood sources, such as milk marketing, beekeeping and fodder production, and protect assets to reduce the longer-term debilitating impacts of crisis and shock.

CARE strongly supports the Obama Administration's *Feed the Future Initiative* to reduce global hunger and poverty through a comprehensive whole-of-government approach to increase global agriculture sector growth and improve nutritional status, especially women and children. CARE supported legislation introduced in the last Congress by the Ranking Member of the Full Committee, Senator Lugar, with support from others on the committee, including Chairman Kerry -- the Global Food Security Act, which passed this committee, but unfortunately that is as far as it got. One of the lessons learned in the current crisis in the Horn is evident in Ethiopia, where CARE, USAID, and other partners have been working in partnership with the government of Ethiopia on a Productive Safety Net Program launched in 2005 -- the Household Income Building and Rural Empowerment for Transformation (HIBRET) program. This program is aimed at protecting resource poor households while preventing asset depletion at the household level. Programs like this have helped to increase community resilience in Ethiopia and reduced the number of Ethiopians requiring humanitarian assistance during this drought compared to the last serious drought in 2002.2003. Investing in social safety net programs those in Ethiopia is critical to alleviating chronic hunger and poverty.

Research indicates that climate change will lead to more frequent, severe, and intense extreme weather events -- like droughts as well as floods and storms. What we also know from what communities are telling on us on the ground is that weather patterns in the Horn of Africa have significantly changed over the last 10 years, with rains less predictable now than they were before. The world's poor and marginalized populations are among the most vulnerable to the impacts of climate change. They live on the edge of crisis already, and climate change threatens to push them off that edge. Women are often among the most vulnerable within communities and households because they are often tasked with collecting food and water -- climate sensitive tasks that (as we can see in the Horn of Africa) become much more difficult in the face of extreme climate conditions.

It is critical to build the resilience of these populations to climate impacts and shocks. Building resilience among vulnerable populations is about increasing their ability to be flexible in the face of uncertainty and to access the resources and opportunities they need to adapt. At the same time, we must also tackle the underlying causes of their vulnerability. These efforts include: supporting livelihood diversification, promoting savings and insurance schemes to provide a safety net for vulnerable populations, community and government led early warning systems and other drought preparedness measures. We need to support men and women to access the resources, rights and opportunities they need to adapt to their changing environment, their ability to access land and water, and women ability to expand their control over household income, by supporting education work and activities that address women's ability to shape their own destiny inside and outside the household.

And while some will disagree on the cause of drought, the reality on the ground in the Horn is that the weather patterns have changed - be it through climate change or other causes - and we must provide adequate resources for the mitigation and adaptation to our changing climate.

Recommendations

Given the gravity of the situation we suggest a number of recommendations to be implemented urgently:

1. While efforts to date by the USG to ease legal restrictions applicable to US government-funded work in areas controlled by al-Shabaab are commendable, we implore the USG to extend the relaxation of these restrictions to all possible funding sources available to US organizations. This may be achieved in two ways: first, the issuance of a General License from OFAC allowing US persons to engage in certain transactions that may be incidental to the famine response; and second, the favorable and expeditious processing of specific license requests from US organizations. The NGO community stands ready to engage the appropriate USG agencies to develop these constructive options to alleviate the effects of famine
2. Expanded and speed up funding for the crisis in Somalia to match the needs, but also to match the urgency of the response. The crisis is happening now, and we need to ensure that funding is available for spending within the next few weeks – not in several months down the line. Hence we need urgent support from donor agencies within the US government to reduce the lead-time for funding and reduce the turnaround time on proposals
3. Invest in the long-term resiliency and livelihood protections. While we must address the immediate humanitarian crisis at hand in the Horn of Africa, we should also take a long-term approach to addressing the underlying cause of hunger and mitigate future impacts of disasters. Investments in programs that support livelihoods and resiliency of at-risk populations are critical to both saving lives and saving money, by reducing the far more expensive response necessary to address future crisis.

Thank You Mr. Chairman. I look forward to answering any questions, you and members of the Committee have.