



International Rescue Committee
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Mr. Chairman, members of the committee, thank you for inviting me to testify today. As the International Rescue Committee's Country Director for Kenya, I spend a good deal of my time managing the IRC's health and feeding programs in Kenya's Kakuma refugee camp.

I would like to offer some brief observations on problems in the camp related to food security.

There is a dangerously high rate of malnutrition in Kakuma representing a complete abandonment of minimum international humanitarian standards for food assistance.

According to UNHCR and WFP guidelines introduced in 1998, the minimum caloric requirement for one person for one day is 2,100 kilocalories. For the past 2 ½ years, the Kakuma general ration has fallen woefully short of these standards. In the year 2000, the average twice monthly ration distributed was 1877 kcals. Only one of 23 distribution cycles in that year reached or exceeded the minimum standards, and in October one distribution was less than ½ (1024 kcals). In 2001, the average twice monthly ration distributed was 1770kcals. In three months there was only a single distribution due to shortages of stocks. Since January 2002, the situation has deteriorated even further, and can only be described as critical: The average ration distributed from Jan-mid-May 2002 was 1449kcals. From January to February there was a single distribution only; the last distribution on 16 May was only 1377kcals.

According to the last camp-wide anthropometric nutrition survey conducted in Kakuma in April 2001 (conducted by IRC, UNHCR, and the Institute of Child Health in London), the global malnutrition rate in Kakuma stood at 17.3% (% less than -2 z-score). While alarming in and of itself, what is more alarming is that global malnutrition rates in Kakuma have not significantly deviated from this level for the last 6 years: since 1995 the rate has not dropped below 14%, and was as high as 18.3% in May 1999. These are rates that one would expect to see in severe nutritional emergencies, and represent levels far in excess of what one would expect, and indeed does find, in protracted, stable refugee camps in neighboring countries. While, fortunately, the rate of severe malnutrition (which requires therapeutic intervention to save life) is very low (1.4% z-score in April 2001), the high global rate suggests that there are many vulnerable people in Kakuma who, under continuing poor or deteriorating general rations, stand to slide into a life-threatening situation.

IRC has been running supplementary and therapeutic feeding programs to cater for the needs of the malnourished, particularly the most vulnerable members of the refugee community: children under five and pregnant and lactating women. As long as the general ration remains compromised, it is impossible to envision an end to what should be temporary feeding programs. Admission statistics to the program remain little changed, month after month, year after year.

This can be understood best in that one cannot really say what we are doing is a “supplementary” feeding program, for by definition the highly calorific rations we administer therein are meant to supplement, not replace or shore up, short falls in the general ration. Under such conditions, it can actually be seen to be in the mother’s best interest to keep her infants malnourished such that they continue to qualify for the SFP ration: it is one mouth that will definitely be fed, and the other members of the family will then be able to distribute the remaining meager general ration among one less mouth. Nothing could be farther from the intent, and desired outcome, of a SFP.

I must also point out that the problem extends beyond a low general ration to deficiencies in essential micronutrients.

Given the vagaries of the food pipeline, and WFPs dependence on in-kind donor contributions, refugees rarely receive the same basket of commodities from one month to the next as a general ration. When WFP has maize, that is what it distributes. If that runs out, but wheat flour is available, then wheat flour is distributed. In the last distribution cycle in mid-May, CSB was substituted for wheat flour and oil, which were not available at all. In many months key commodities such as oil, are simply not provided. It is essential to realize that the micronutrient value of these commodities is not equal, and that even if the total Kcals of the general ration remains the same, dangerous micronutrient deficiencies can be, and are, present. Some of the commodities are purposefully fortified with essential minerals and vitamins, such as Vitamin A fortified vegetable oil. If that commodity is absent from the general ration, as it has been on many occasions in the last year and was not distributed in the last ration in mid-May, no amount of substituting with other commodities in the ration will compensate for that loss of micronutrient value.

One way in which both the energy and micronutrient levels of the general ration can be raised is through the distribution of what are called “complementary” foods. In Kakuma, it is LWF via UNHCR (not WFP), that handles this area of assistance. Unfortunately, due to reductions in funding over the last years, these complementary distributions have been seriously curtailed. In 1998 and 1998 cabbages and potatoes were distributed quite regularly: the latter, for instance, being an important source of Vitamin C. In 2001, however, there were no complementary food distributions from January-August. Since September 2001, UNHCR and LWF have only been able to provide limited amounts of beans (100.5 kcals/person) to complement the low general ration, and even that was not supplied in the first two distributions in 2002.

In April 2001 IRC, in conjunction with UNHCR and the Institute of Child Health in London, undertook a micronutrient survey in Kakuma. The results suggest that the composition, as well as the amount, of the general ration, leaves a lot to be desired. According to the analysis of the diet received from the general ration distribution before the time of the survey, it was deficient in 3 of 6 key micronutrients. Only 64% of the daily recommended intake of Vitamin A, 54% of riboflavin, and 89% of Vitamin C, was provided. Overall, Vitamin A deficiency was found in 47.2% of children under 5, and anemia was present in 61.3% of children. The latter was flagged as a “situation with high public health significance.”

To some extent, the picture I have just given you is the good news.

The entire WFP food pipeline for the protracted refugee operation in Kenya (of which Kakuma is actually the minority partner with Dadaab refugee camp), has been consistently underresourced throughout the year, and remains in critical condition. As of 15 May, WFP reported wheatflour stocks are only expected to last through May (although a US pledge sufficient to cover 5-6 months has been made, but not arrived yet); maize is only sufficient through the end of July (although a Japanese government cash contribution for local purchase should permit adequate amounts through the end of the year); pulses have not been distributed since mid-April, and only a 3 month supply is in the pipeline; oil has run out completely in Kakuma, and there is nothing in the pipeline; corn soya blend (CSB) is no longer utilized in the general ration in Kakuma, but is reserved entirely for SFP/TFP and school feeding programs, and it is expected to run out in Kenya by August; and salt is only sufficient until June.

Under existing conditions, we are facing a year of severely compromised general rations far below minimum international humanitarian standards in food assistance. A failure to address these shortfalls may

well produce a number of outcomes. These include: increased mortality and disease, especially among the most vulnerable in the camp; increased security problems, and almost certainly an even starker disparity between minimum standards for food assistance and the actual rations provided refugees in Kakuma.

What is particularly notable is that this is happening not in an acute emergency setting, but in a care and maintenance camp that has been in existence for ten years. The cruel irony is that the developing nutritional emergency in Kakuma will not only likely lead to loss of life, but also significant financial costs to donors--above and beyond the costs of meeting minimum food assistance standards--to treat, and rehabilitate the victims of increasing severe malnutrition.

One might wonder, given the dire picture I have outlined, why the critical nutritional situation has not degenerated into an emergency with large scale loss of life? The answer is that refugees have developed coping strategies as a way to augment what assistance they can access. This might mean selling or trading food for an essential commodity like medicine. There are markets within the camp that are fueled by cash incentives given to the small number of camp inhabitants who are able to get a job or by remittances from outside. Such cash economies are a fact of life in any long-term refugee setting and are essential to the ability of refugees to survive.

I have heard Kakuma referred to by some Westerners as the “Club-Med” of refugee camps. I suppose if you had a choice in living under the conditions found in some camps set up during the acute emergency phase of a crisis, versus Kakuma, you might well choose Kakuma. But I would hardly characterize ten years of living on substandard rations in a place where you share the same toilet with 50 other people as luxurious. Moreover, the conditions in Kakuma are on a downward spiral.

The UNHCR and WFP recently conducted a census of the camp. The preliminary findings indicate a 25% decrease in the population of the camp. Based on this they intend to decrease the amount of rations available in the camp. Sounds reasonable, but it is not. “Extra ration cards” which some may view as fraud, are just one more coping mechanism employed by refugees. If food needs were being met, you would not see the significant declines in nutritional health described by our surveys. Cutting rations will only exacerbate this trend.

Let me expand on this point because I am sure there are some people who might mischaracterize the sale and trade of food as diversion. Diversion would mean that donors intent is being subverted as food intended for specific beneficiaries is instead going to someone else.

Food is the most fungible commodity in the camp. Its sale (or what we call “monetization” when people sell food in ways that we approve in advance) permits people to supplement their diet by purchasing commodities not supplied in the general ration. It allows purchase of other essential items, such as clothing, medical care, and fuel. If the only resource one has is food, one has to sell it to meet all their other needs, including very often the grinding of the maize or wheat which is necessary for consumption. For the poorest and most vulnerable families in Kakuma, the most important use of proceeds from food sales is for firewood and charcoal: one cannot eat without cooking their food. While firewood distribution is also a part of the international community’s assistance package in Kakuma, it has been less than adequate when delivered, if delivered at all. In the absence of adequate firewood distribution, as much as 40% of the poorest households income, income generated largely by food sales, goes to firewood and charcoal purchase. To put a halt to food sales, or to penalize refugees for making individual decisions about their needs, would greatly undermine the entire cash economy in Kakuma, with ramifications for the health and well being of the entire population. This issue is inextricably linked to that of recycling and inflated population figures above in that it is largely through the sale of these “extra” rations that families are able to meet their other food, nutritional, and non-health needs. To cut down on the general ration, and to stop the sale of food, would lead to a severe crisis in the food security of all but the most resourceful of the refugees in Kakuma.

One of the most striking features of Kakuma refugee camp is the extent to which, after more than 10 years of existence, it remains almost entirely dependent on international assistance for all aspects of its operations. Nowhere is this more true than in the food aid sector. It is understandable that donors, in particular major contributors like the US government, should tire of this situation. Donor fatigue, as manifested by stagnant and reduced funding levels despite increases in population and continued failures to meet minimum international humanitarian standards of service provision, is part of the operating environment for agencies such as IRC working in a protracted refugee setting like Kakuma. More and more, one hears calls for greater “self-reliance” on the part of the refugees. “Self-reliance,” it is suggested, is the opposite of dependence on international assistance, and if only there were more of it on the part of the refugees in Kakuma, there could be a reduction in the levels of international assistance.

To quote from a household food economy survey conducted in Kakuma by Save the Children Fund (UK) in September 1999, “it is impossible for the refugees, in their current situation, to be self-reliant.” Fundamental barriers to self reliance exist in Kakuma which have only grown stronger since that report was completed over 2 ½ years ago. Until such time as these barriers are removed, refugees in Kakuma will remain dependent on international assistance. To herald the extremely limited interventions undertaken in the name of “self-reliance” as potential substitutes for the large international aid program keeping over 200,000 refugees alive in Kenya is a delusion, and should not be used as a justification for international donors to cut their budgets.

The fundamental barriers to increased self-reliance in Kakuma, which necessitate continued large scale donor commitment to refugee aid, are many and varied. First is the very location of the camp itself. Kakuma lies in the northern part of Turkana District, in semi-arid land that is not at all conducive to agricultural production. There is only limited rainfall in good years: from 1999-2001, Kenya experienced its worst drought in almost 40 years, and Turkana District was one of the worst affected areas. The local population is still receiving food aid as part of the continuing Emergency Operation (EMOP) under WFP leadership. The only form of agricultural production that can, and does, occur in the camp on a very small scale is household vegetable gardening, located around water points making use of the limited waste water available. While there is a network of boreholes and a complex piped distribution system throughout the camp, some segments of the population access less than 5 litres per person per day, far below minimum international standards of 15-20/person/day. Vegetable gardens are not, and can never be, more than a tiny contribution to the refugee population’s nutritional requirements, they cannot substitute for the thousands of tons of maize and wheat flour required to feed the Kakuma population on an annual basis. Limited water supplies leads to conflict over this scarce resource, both among the refugee community and between them and the local Turkana people.

In fact, the attitude and policy of the Turkana towards the refugees is another major barrier to refugee self-reliance. Refugees face hostility and violence if they attempt to gather local resources such as firewood, wild foods, or water from the seasonal riverbed. The Turkana are also opposed to the refugees owning livestock, a policy that is often violently enforced. Given the inability to cultivate and denied livestock to herd, refugees are forced to depend almost entirely on the general ration for their main source of dietary energy.

These barriers are both derivative of, and reinforced by, the Government of Kenya’s opposition to local integration. It is the GOK’s strict policy of encampment that dictates that refugees are not allowed to live anywhere in Kenya outside the two designated camps in Kakuma and Dadaab. Refugees are not allowed to be employed on the same terms as Kenyan Nationals, and the limited cash incentives paid to refugees by the UN and NGO agencies are often opposed by the local community which desires to see more Turkana employed. Refugees are denied freedom of movement, and are not permitted to leave the camp without documentation signed by both UNHCR and the local authorities.

Until such a time as these barriers to self-reliance are removed, the refugee community in Kakuma will continue to depend on large scale international donor assistance. Dependency in Kakuma is a reality, not a mentality.

Given all the circumstances I have described, what would be the implications of a further reduction in food assistance to Kakuma? The short-medium term impact would be an increase in hardship and decrease in household food security leading to increased malnutrition for the vast majority of the 64,000 refugees living in Kakuma. The effects of this reduction will be felt first, and most acutely, by the most vulnerable members of the community. The condition of children under five in Supplementary Feeding Programs will deteriorate, leading to increases in admissions to the Therapeutic Feeding Program. Pregnant women stand an increased risk of delivering low birth weight babies. The poorest members of the refugee community, those without other means of generating income and food besides the general ration, will see their household food security reduce, further impoverishing them, and resulting in increasing global malnutrition rates. Malnutrition makes one more susceptible to other diseases, and thus malnutrition related morbidity will increase. Depending on the severity and duration of the reductions in the general ration, one would expect this cycle of increasing malnutrition and impoverishment to eventually lead to a rise in malnutrition related deaths. This would represent an unconscionable tragedy in a care and maintenance camp. It would represent a complete abdication of the responsibility to secure for refugees their fundamental human right, the right to life. And it would doubtless draw international condemnation and press scrutiny.

Reductions in food aid to refugees in Kakuma could also be expected to lead to an increase in insecurity and violent conflict. Evidence shows that under worsening conditions, there are other coping strategies that refugees can, and will resort to, when all others are exhausted. These include theft, banditry, and violent conflict with neighbors, in order to access food. First and foremost, within the refugee camp itself, as hungry, increasingly desperate people jostle with each other in long queues during food distribution days, as they vent their growing frustration and hostility towards the UN and NGO agencies presiding over these reductions. As mentioned previously, during times of food crisis, refugees will be forced to resort to other, less advisable and more dangerous, coping strategies. They will steal from their neighbors; they will pursue the possession of additional ration cards more aggressively; they will engage in fraud and misrepresentation; mothers will keep their infants malnourished to qualify for SFP rations. Resource inequalities will translate more graphically into food inequalities: in a multi-national camp such as Kakuma, this can easily lead to inter-ethnic competition and violence. Somalis, who have access to remittances and may not be so affected by reducing rations, may become the object of jealousy and anger of the Sudanese, who do not have such income opportunities.

One would also expect to see an increase in tension, and violence, between the refugee and host Turkana community. Firstly, desperate refugees will be more likely to attempt to gather natural resources, and circumvent bans on livestock trade, which will bring them into direct conflict with the local community. This already happens, with often violent consequences for the refugees. Secondly, the Turkana, who are themselves facing severe food shortages, will find themselves worse off. There is a symbiotic relationship between Turkana and refugee household food security. Reductions in refugee food aid will hurt the Turkana economy, and increase their vulnerability. This in turn makes the limited food aid being provided to the refugees all the more valuable for both communities. Competition over increasingly scarce resources can lead to violence. We are already seeing this in other parts of Kenya where the EMOP is being phased out. Lorries bringing WFP food for distribution in Turkana, which is still receiving aid, have been attacked while passing through West Pokot, an area which used to receive food aid but no longer does.

Depending on how deep the cuts are in international food aid to Kakuma, one could also expect, over the longer term, that life would become so difficult, so harsh, that people would “choose” to go home, back to their countries of origin. I use the concept of “choice” sardonically for, if you talk to the refugees themselves, it comes down to where they would prefer to die. I have heard it said time and time again, especially in relation to the Sudanese refugees in Kakuma, that there are opportunities for repatriation, people should go home from Kenya. I agree. But they should do so on their own terms, on the basis of information about conditions in their areas of return, with appropriate assistance for the journey and necessary safeguards that they can do so in dignity. In other words, if the donor community, including UNHCR, believes it is safe for Sudanese to return to parts of their country of origin, then they should support a voluntary repatriation program.

But there is little consensus about such a program, and less resources to support it. Instead some aid agencies and donors, tired of paying for the seemingly unending needs of refugees in Kakuma, frustrated by the extent of dependency on foreign assistance, are looking to a reduction in levels of assistance as a de facto way of getting people to return home. One regularly hears these refrains: “Kakuma is a magnet, it is undermining concurrent attempts by donors, such as USAID, to build up the infrastructure inside Southern Sudan to attract refugees back, and prevent Sudanese from becoming refugees. Let’s reduce assistance to Kakuma, make it a less “attractive” place for refugees, and that will support our developmental initiatives in Southern Sudan, as well as reduce our aid budget in Kenya”.

Efforts to support development in Southern Sudan should be encouraged, and strengthened. They do not, however, justify abandoning the responsibility to provide minimum international assistance and protection standards to refugees who choose to remain in countries of asylum. It should also be noted that even if some do choose to return under such conditions, there will remain a large number of refugees in Kenya that will require continued support of the international community. Even if many of the Sudanese repatriated, there are over 140,000 Somali refugees in Kenya who may not be able to do so. Making life hard and tenuous in an asylum country mocks the right to first asylum and the responsibilities that this entails.

Finally I want to touch on the special role the United States plays in Kakuma and review some of the options going forward. To speak of an “international community” in support of refugee assistance in Kenya is a bit misleading. This is because by and large it is the United States Government that is financing the care and maintenance of refugees there. The Bureau of Population, Refugees, and Migration (BPRM) provides over 50% of IRC’s \$3 million annual budget for Kakuma, and makes sizable contributions to other implementing partners such as LWF in Kakuma and CARE in Dadaab. They also contribute to the UNHCR Kenya operations.

Nowhere, however, are Kenya refugee operations more dependent on US assistance than in the area of food aid. According to statistics provided by WFP, the USA provided 68.3% of donor food assistance to refugees in Kenya during the period 1 October 2000- 14 March 2002. Were it not for a very recent, sizable cash contribution from the Japanese Government, that figure would have stood at approximately 80%. This represents a significant shift in the overall financing of the refugee food assistance program in Kenya from 4 years ago: from 1 October 1998 – 20 September 2000, the US only contributed 39% of the total resources. Refugee food aid in Kenya has gone from a multilateral, to almost a unilateral, affair.

As such, the U.S. role can only move in one of three directions:

- maintain minimum standards;
- find solutions to the cycle of dependency faced by residents of the camp and the high ratio of U.S. involvement in refugee assistance; or
- cutback further on resources with the result of more refugees suffering and dying and face likely significant pressure to then conduct an even more costly intervention to provide life-saving therapeutic feeding and health care.

As I have tried to outline in my testimony cutting back on food is neither cost-effective nor humane. From my experience in the camp, I would make the following recommendations aimed at reducing the U.S. share of assistance to Kenya and removing obstacles to integration, self-reliance, voluntary repatriation and resettlement.

1. Multilateral diplomacy with rest of donor community to share the burden of caring for refugees in Kenya
2. Engage in bilateral diplomacy with the Government of Kenya to expand opportunities for local integration and remove fundamental barriers to self-reliance
3. Continue to generously support, and fast track, resettlement as a durable solution for those for whom repatriation is not an option, and for those who face protection problems in country of asylum
4. Explore with UNHCR more aggressive and creative opportunities to support voluntary repatriation, not just to Sudan, but for all nationalities resident as refugees in Kenya

5. Continue and increase assistance to developmental projects in southern Sudan to make it an attractive place to go home
6. Continue and expand US role in bringing peace to countries generating refugees in Kenya (particularly Sudan and Somalia). Peace is the most durable solution to the plight of the refugee