



**Testimony before the House Subcommittee on National Security, Emerging Threats,
and International Relations, Committee on Government Reform:
"Humanitarian Assistance Following Military Operations: Overcoming Barriers"**

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Mr. Chairman, thank you again for providing Save the Children the opportunity to testify before your committee. I especially want to thank Save the Children's hometown representative -- Congressman Chris Shays -- for his leadership and support of Save the Children's work in Connecticut and around the United States and in more than 40 countries around the world. Your recent visit to our programs in Iraq and West Bank and Gaza and your subsequent support for the Women and Children in Armed Conflict Protection Act -- are greatly appreciated by all of my colleagues.

Save the Children has been active in the Middle East for more than 30 years. We are committed to addressing the ongoing needs of children and their families in Afghanistan and Iraq as well as those in need elsewhere around the world.

My comments today will focus on three points regarding the role of nongovernmental organizations (NGOs) in post-conflict settings: 1) The lessons we have learned from providing humanitarian assistance in Afghanistan; 2) The barriers that we are encountering in providing humanitarian assistance in Iraq; and finally, 3) The solutions that we recommend for overcoming these barriers in Iraq and in future conflict situations.

Lessons Learned in Afghanistan

In 1985, Save the Children established its Pakistan/Afghanistan Field Office to respond to the needs of an estimated 3.5 million Afghan refugees living in Pakistan. We expanded our work in Afghanistan in 1989 when we began cross-border rural rehabilitation programs in order to facilitate the repatriation of Afghan refugees. We opened our first offices in Afghanistan in 1993.

In Afghanistan, Save the Children implements education, economic opportunities, health, food security, and children in crisis programs from its six offices located in Kabul City (Kabul Province), Mazar-i Sharif (Jawzjan Province), Andkhoy (Jawzjan Province), Maimana (Faryab Province), Sar-i Pul (Sar-i Pul Province), and Shiberghan (Jawzjan Province), where it has a small satellite office. Nearly two million people have benefited from our programs in Afghanistan. We work in partnership with government ministries and local non-governmental organizations to strengthen their capacity at the community level.

The Agency Coordinating Body for Afghan Relief (ACBAR), of which Save the Children serves on with CARE and other major NGOs, has articulated the following two key points about the role of NGOs working in Afghanistan:

- The importance of a secure environment for reconstruction;
- The necessity of long term funding commitments for Afghanistan; and

Point one: The importance of a secure environment for reconstruction

Security and protection are vital to the work that we do and to the reconstruction and development of Afghanistan. Because of the international commitment to supporting the success of the Interim Transitional Government of Afghanistan (ITGA), the fragility of the political and security situations tends to be underplayed in coordination meetings in

Afghanistan and in representations in the international media. There is no question but that security is tenuous and getting worse.

In Kabul, the biggest risks are terrorist acts and armed robbery. It was recently reported on the BBC that NATO will take over from the International Security Assistance Force (ISAF) in Kabul when the ISAF authorization expires. The NATO forces will have “the same” mandate as the ISAF forces, which operate only in Kabul. We do not know if their geographic mandate will be expanded. The role of ISAF, or the organization that replaces it, must be expanded to provide a secure working environment throughout the country.

In the north, the tension between the political parties seems to be on the increase. If politics fail, security will fail. Evacuation plans are in place for international staff and security measures have been implemented based on the experience of Save the Children staff. On April 8, following the appointment of a new civilian governor, tensions between Jamiat and Jumbush troops came to a head, resulting in two days of heavy fighting and three days of sporadic fighting. A Save the Children international staff member based in Maimana was evacuated in a convoy of UN and NGO staff on April 9. As of April 17, an unexploded RPG was still lodged in the wall of the house of a Save the Children national staff member, who was waiting for de-miners to remove it, a reminder of the continuing risks posed by conflict.

NGOs will continue to support the reconstruction of Afghanistan in areas where it is safe to work. **We need the US Government to support efforts to ensure this security.**

Point two: The necessity of long term funding commitments for Afghanistan

We have learned from our experience in Afghanistan, that the only way to ensure development success is by ensuring long term funding that provides the bridge from emergency humanitarian response to sustainable, community-based development programs. And yet, we are woefully behind meeting the funding levels agreed to in the Afghan Freedom Support Act and we are seeing an increasingly dangerous situation for NGOs working in Afghanistan.

While reconstruction needs in Afghanistan are greater than they have been in other post-conflict settings such as Bosnia and Kosovo, per capita pledges through the Tokyo process were much less than the average aid spent in Rwanda in 1994, Bosnia in 1996-1999, Kosovo in 1999-2001, and East Timor 1999-2001. Tokyo pledges totaled about \$5.25 billion for the period 2002-2006. Initial assessments indicated that at least \$10 billion would be required for base case reconstruction over a five-year period.

The government estimates that running a very basic health system will cost about \$60 million a year. The government estimates that it may cost about \$1 billion over the next 10 years in capital investment in basic facilities, equipment, and training. Barely 25 percent of facilities are currently able to offer the basic maternal and child health package we know will make the most difference in reducing maternal and child mortality.

There is a general sense of progressive disengagement by our government to the Afghan people and my colleagues in the field. US government commitments need to be made on a multi-year basis. **The United States and other countries need to keep faith with Afghanistan and stay the course with substantive and sustained support.**

Working in Iraq

Save the Children currently has 26 staff in Iraq and Kuwait. We have received a \$4 million dollar grant from OFDA and over \$100,000 in private funds to support our agency work in Iraq. To date, Save the Children has provided following assistance:

- **Umm Qasr:** Save the Children Cooking Gas Distribution Operation in Umm Qasr – Total of 3,649 cooking gas bottles were distributed one per family (approximately 21,894 beneficiaries) of Umm Qasr – Operation completed on 27 April 2003.
- **Az Zubayr:** Save the Children transported 100 Cooking Gas Bottles to Az Zubayr Hospital and Six Clinics Mission – Mission completed on 29 April 2003.
- **Safwan:** Save the Children distributed four preschool educational kits to the preschool in Safwan. The school presently has enrolled fifty 4-5 year olds. Before the war, the school had over seventy students. The goal is to encourage the children to return to school. The mission was completed on 4 May 2003.
- **Al Basrah:** Save the Children established a main office in Al Basrah last week.

I have included additional information in my written testimony on the current humanitarian situation analysis in Iraq for your review.

According to our staff on the ground there is an urgent need to replenish chlorine stocks in Southern Iraq. Fifteen (15) million liters of clean water have so far been transported and there are plans to double water shipments from the current forty (40) tanker loads per day to over eighty (80) to service Al Basrah, Safwan, Az Zubayr and Umm Qasr.

The four areas that have SC operations and programs in Southern Iraq are the following:

Al Basrah

WHO has confirmed seventeen (17) cases of cholera in Al Basrah. Since 1991, cholera has been endemic throughout the country, especially in rural areas, the higher incidence occurring from April to November. The deterioration in water supply and sanitation since the war could exacerbate the situation. A critical issue is the lack of chlorine. Pre-positioned stocks of chlorine were looted and the local chlorine factory has been closed since the beginning of the conflict. A Cholera

Task Force has been established in Baghdad to monitor the situation. Agencies are working to ensure that sufficient stocks of treatment supplies are in place and a public communication campaign to prevent further spread of cholera is to begin soon. Also, UNICEF delivered 90,000 doses of measles vaccine, 150,000 doses of measles vaccine and 150,000 doses of DPT vaccine. Walk-in coolers for vaccine storage are being repaired.

Power supply is stabilized and most water systems are working. The daily per capita water supply has increased from 15 to 20-30 liters. The R-Zero water treatment plant near Al Basrah airport, which covers 60% of water needs, is working at only 50% capacity as a result of war damage and looting.

Az Zubayr There are still weapons caches at some schools including mortar rounds in a septic tank at one school, which Coalition explosives experts are clearing. UNDP purchased 2,300 KVA gensets for the water treatment complex that was operating at only 10% of its capacity. The plant is back to normal capacity for the 400,000 residents

Umm Qasr

Some 7,000 Iraqi prisoners were released from a U.S. internment facility in Umm Qasr on 8 May 2003 while another 2,000 remain in custody. The first WFP vessel arrived this past week carrying 14,000 MT of rice. Engineers have completed initial dredging assessments at the port and the first dredging operation is expected to be completed by 7 June 2003, greatly enhancing delivery speed of emergency humanitarian supplies.

Safety and Security

The Coalition Forces have now established increased patrols and armor in Al Basrah. Starting on Saturday, 10 May 2003, the first group of 700 police recruits trained by the British military police will start patrolling the streets of Al Basrah. Initially, they will be unarmed and remain under the supervision of the British military forces.

Program Assessments & Analysis

Health

In Al Basrah, nearly 70% of the PHCs have been looted and damaged. The clinics' staff is wary of having too much support until security improves as this could make them a target for further looting. Medecins du Monde (MDM) is presently supporting five (5) PHCs, but will be pulling out in June. SC is looking at ways on supporting these PHCs. SC is also evaluating the feasibility of giving a ration of oxygen to outlying health facilities and/or opening a line of credit at the Central Medical Facility for the Pediatrics hospital.

SC has identified a part-time consultant and counterpart for the Al Basrah Governorate. Dr. Nehad has been working with SC conducting needs assessments and developing a list of needed medicines and equipment for the hospitals and PHC clinics since 1 May 2003. She has reviewed the action plan for SC program and she will be our focal person for one month.

Local health management teams of Al Basrah and Az Zubayr hospitals compiled a list of essential and emergency medicines and equipment to be provided for OB/Gyn and Pediatric department of the two hospitals. SC with the assistance of the PHC director identified two PHC clinics in Az Zubayr (Al Haqeel and Safwan) and four PHC clinics in Al Basrah (Alawi Qasim, Alkabasy, Al Aahrtha, and Eahsan Qanduri) that might be supported by SC with equipment for PHC and the reactivation of the delivery rooms to become a functional Basic EOCs.

Road-blocks and solutions to providing humanitarian assistance in Iraq

The primary obstacle to providing humanitarian assistance in Iraq right now is insecurity. The lack of security in areas under effective civilian control has created an anarchic situation where citizens cannot access basic services, such as education and health care.

Our team in Baghdad says that parents are not letting children attend school because roving criminal gangs are kidnapping children from the neighborhoods. Consequently, schools are operating at 30% of normal capacity. People are also not visiting health clinics or returning to work because of the lack of order.

Many ministry employees are still unable to go back to work because of U.S. military concerns. Ministries are closed and employees are stopped by US military at the doors for being suspected looters. Further, government salaries must resume so people can get back to work. These employees and the systems they run will ultimately be responsible for feeding, educating and vaccinating the Iraqi people.

The US military must move quickly to establish a functioning Iraqi police force that can restore order. Until basic order is restored, life-saving humanitarian assistance cannot be delivered with the speed and quantity that is now needed. Many of our European allies have experienced police trainers who are skilled at providing policing and training local the local force at the same time. Kosovo provides a good example of this sort of key policing support.

Another area of concern is the interaction between humanitarian organizations and US military actors on the ground. While interaction between civil and military actors on the ground is both a reality and a necessity, particularly in sharing information about security, the impartiality and neutrality of humanitarian workers and organization must be maintained. NGOs working in Iraq have been uncomfortable with the influence that the US military has tried to exercise over relief operations through organizations as the Humanitarian Operations Center (HOC) in Kuwait and ORHA.

Recently, Save the Children and other agencies that are providing humanitarian assistance in Iraq drafted a series of principles clarifying what would constitute an unacceptable degree of military control over assistance. We are monitoring the situation in the field closely to make sure our impartiality and neutrality is maintained.

The Department of Defense must understand that there are very delicate cultural and political issues at play and the way in which our military performs in communities throughout Iraq. I just heard an alarming report from my colleague about tanks rolling in next to holy Shiite shrines in Kerbala. This sort of provocative action will only lead to violence. This is in comparison to what is happening in Najaf where Coalition troops have agreed to keep military out of the sacred areas, thereby engendering more trust with the local community. We need an experienced civilian leadership that knows how to deal with these cultural and political issues. **The differentiation between the role of humanitarian workers and the military is crucial both for security and credibility.**

Last week Save the Children released its fourth annual State of the World's Mothers Report. The report aims to highlight the policy gaps of protecting women and children in conflict situations by introducing the first-ever Conflict Protection Scorecard that analyzes 40 of today's brutal conflicts and tells where the safety and security of mothers and children are most at risk. It will come as no surprise to members of this Committee that the Scorecard identified Afghanistan, along with Angola, Burundi, Democratic Republic of the Congo and Sierra Leone as five of the worst conflict zones in which to be a woman or child.

Even before the outbreak of war in March, Iraqi women and children were facing very severe risks and unmet protection needs – these risks have now risen. Protection from sexual violence and physical harm is one of the six critical protection needs measured in the scorecard. According to yesterday's Washington Post, the dark accounts of kidnapping, rape and sexual abuse of women and children are only likely to increase. As predicted in our report, “the history of past conflicts – and the brutal realities in many conflict zones today – show the magnitude of suffering that can result when women's and children's particular needs and not prioritized in the early part of the humanitarian response.

Our Iraq team is also seeing children harmed by unexploded ordnances. Clearing of UXOs must be stepped up. I just had a call yesterday from our director in Iraq who reported that friendly US soldiers are allowing children to ride around on tanks. This is not acceptable from a protection stand point – just consider what would happen if one of these children fell beneath the wheels (and we understand that this did happen with the food trucks), but it does not send the right message for our children. **The US government and NGOs must prioritize the protection needs of women and children in the onset of our humanitarian response.**

Finally, similar to Afghanistan, the only way to ensure a long-term commitment of funding by the greatest number of partners, as well as adequate support for international policing, is to demonstrate an international presence and leadership. **Save the Children supports an expanded role for the United Nations for post conflict reconstruction.**

Again;

- **The US military must move quickly to establish a functioning Iraqi police force that can restore order.**

- **The differentiation between the role of humanitarian workers and the military must be made clear.**
- **The US government and NGOs must prioritize the protection needs of women and children in the onset of our humanitarian response.**
- **The role of the United Nations in post conflict reconstruction must be expanded.**

Again, I thank you for the opportunity to testify before this committee. I am happy to answer any questions if there is time.