

## 1. INTRODUCTION

Three years and nearly \$US3 billion later, the situation in Somalia seems to have turned a full circle. Insecurity, the principle reason for the UN military presence, remains a problem; demobilisation a failure. Given the time and considerable resources invested, could the world have done better? Where did the UN intervention fail? Where did it succeed? And why? These are not the easiest of questions, but unless they are addressed nothing will have been learned and the deaths of numerous civilians will have been utterly in vain.

The devastation of Somalia and the estimated 500,000 deaths in two years stemmed, without doubt, from inter-clan warfare, internal power struggles and an oppressive dictatorship. The Somalis must find their own solutions to these problems. But the devastation was equally the result of regional Cold War politics coupled with massive arm sales, and this burden will have to be shared by the international community. In 1992-93, Somalia became the tragic proving ground for the UN machinery of the post-Cold War period. Somalia was seen as an opportunity to establish the new role of the UN in the international community, an opportunity that would finally allow implementation of several obligations set out in its Charter (such as maintaining international peace and security) (Urquhart, 1992). It also allowed the UN system to try its hand at global interference for internal conflict resolution. This it did, but with doubtful success.

Modern victory is increasingly difficult to distinguish from defeat, and nowhere has this been more true than in Somalia. Depending on the source, an operation could be a brilliant success or an abject failure. The ambiguity is partly symptomatic of blurred international lines since the end of the Cold War and the consequent re-organisation of alliances.

The Somalia situation since 1990 exemplifies the dilemmas facing the international community in the post Cold War period. Strategic, moral, civic,

presence, remains a problem; demobilisation a failure. Given the time and considerable resources invested, could the world have done better? Where did the UN intervention fail? Where did it succeed? And why? These are not the easiest of questions, but unless they are addressed nothing will have been learned and the deaths of numerous civilians will have been utterly in vain.

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financial and political questions that had been under wraps since World War Two, spilled into the open in Somalia. The international assistance community was unprepared for dealing with most of these issues under circumstances in which Cold War rules did not apply. The crisis in Somalia not only raised moral questions about how far force could be used in the name of humanitarian assistance, but also about UN mechanisms for dealing with countries that lacked any national authorities. The sovereignty of nations, political interference, commitment to UN armed intervention and the increasing influence of NGOs were issues served up to a world that was already suffering from indigestion (Weiss, 1993).

Somalia should have taught the world a number of lessons, but the crux of the matter is, of course, how well we can learn.

This paper begins by briefly highlighting some aspects of the pre-conflict condition of Somalia including the series of events that created the crisis. The next section describes institutional parameters. This is followed by a discussion concerning humanitarian needs, focusing on health, nutrition, social disruption and food supply. The following section describes the UN intervention, with particular attention to military aspects, and examines whether and how military intervention assisted the humanitarian work. The conclusions follow, and then a section listing seven areas in which progress is required.

Comprehensive and methodical documentation in Somalia is virtually non-existent. As a result, this analysis has been based on the limited data available. The paper covers events occurring over the three years 1991, 1992 and 1993.

## 2. BUILD-UP TO THE CRISIS - Pre-1991 context

### 2.1 Socio-economic background

Since 1970 Somalia has been counted among the world's poorest countries. In 1989, GNP<sup>1</sup> per capita was \$US170, less than half that of Sudan in the same year (Bread for the World Institute, 1991). Official figures, however, do not always reflect the complete reality - in fact, the economic situation in Somalia may not have been as desperate as these would suggest. Somali emigrants working in the Gulf States and Saudi Arabia, for instance, were sending money home to their families, bypassing the banks. These remittances amounted to substantial revenues, revenues the International Labour Organisation estimated at \$US370 million in 1985 (Drysdale, 1994). National income can also be estimated from Saudi statistics covering livestock imports from Somalia, bought in at higher prices than stock from New Zealand or Australia. In 1987, the total annual value of Saudi imports of Somali livestock amounted to \$US55 million at a rate of \$US2.80 a kilo, more than twice that offered to other importers (Drysdale, 1994).

The Somali population was estimated at 7.6 million in 1990 and at its current growth rate of 3% a year, should double in 23 years<sup>2</sup>. Life expectancy at birth in 1987 was 45 and 49 years for men and women respectively (World Bank, 1989)<sup>3</sup>. The infant mortality rate, one of the best indicators of overall health status, was 131 per thousand live births, one of the five highest in Africa. Somalia also had the third highest maternal mortality rate in the world<sup>4</sup>.

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<sup>1</sup> GNP, or Gross National Product, per capita per year measures a given country's total domestic and foreign value.

<sup>2</sup> The time  $t$  for a population to double can be calculated from the growth rate  $r$  with the following formula:  $t = \ln 2 / r$ .

<sup>3</sup> Life expectancy at birth indicates the number of years a newborn infant would live if prevailing patterns of mortality at the time of its birth were to remain constant throughout its life.

<sup>4</sup> Maternal mortality rate refers to the number of female deaths that occur as direct cause of pregnancy and child birth per 100,000 live births. Bangladesh and Ethiopia have 1,710 and 2,000 maternal deaths per 100,000 live births respectively.

As these indicators illustrate, the health and social status of the population had been fragile for several years with little priority given to establishing essential public welfare infrastructures. Whatever existed in the way of health services was practically defunct even before the civil conflict. By 1989, more than 85% of the rural population had no access to a health facility and vaccination rates were barely 20%. The implication of this will be seen in a later section dealing with health in the crisis period. The ratio of Somali doctors to the total population, while far from adequate and even then concentrated in urban centres, was better than most of its neighbouring countries (with the exception of Kenya). As discussed later, however, these professionals were rarely used during the crisis, although many were unemployed and available<sup>5</sup>. A national survey in 1986 estimated that more than 65% of children under five were malnourished<sup>6</sup>. These statistics are hardly surprising, given that the government's health spending was less than 1% of its budget, compared with the 5.9% average over sub-Saharan Africa in 1988 (World Bank, 1993b). In contrast, the country allocated 31.5% of its public expenditure to defence (Knapen, 1993).

Famines and displaced populations are not new experiences for Somalia. Chronic food shortages flared into devastating famine in the early 1980s, and massive humanitarian aid efforts were launched by the world community. Displaced persons, both internally and across borders, have been part of the national scene for the last two decades. There was an estimated presence of 700,000 refugees (10% of the population) in 1981, with new influxes in 1983, 1984 and 1986 (Toole and Waldman, 1988).

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<sup>5</sup> The physician/population ratio (per 1,000 pop.) was 0.2, 0.1, 0.4, 0.3 and 1.0 for Eritrea, Ethiopia, Tanzania, Rwanda and Kenya compared with 0.6 in Somalia (L'Etat du Monde, 1994).

<sup>6</sup> For the purposes of this paper, malnutrition is defined as the weight-for-height of a child who is less than two standard deviations or less than 80% of the median of the international reference population.

## 2.2 Political background

The Siad Barre regime that came to power by way of a military coup in 1969, espoused a scientific socialism that rapidly degenerated into a dictatorship marked by manipulation of clan loyalties and rivalries (Knapen, 1993). This situation provided fertile ground for the development of internal resistance and, from the early 1980s, political parties or militias based on clan structures were established. Civil war finally erupted in 1988. This in itself should have been sufficient indication of what was to come - preventive action could have been launched then, had the will existed. Having lost his Cold War allies and coming under severe financial pressure, Barre encouraged his troops to engage in banditry as a means of subsistence, even introducing it as a way of life. UN and other international personnel were evacuated from Mogadishu as early as mid-December 1990, as the violence continued until the fall of Barre at the end of January 1991 (Africa Watch, 1993). Barre was overthrown by the United Somali Congress (USC) supported by the Somali Patriotic Movement (SPM) and the Somali National Movement (SNM), later to become the leading party of Somaliland. The political leader of the USC, Ali Mahdi Mohammed, appointed himself interim president, creating an internecine dispute with his colleague, General Mohammed Farah Aideed. At the time of these events, world attention was fixed firmly on the Gulf, where war was not only looming but had already been declared.

While some humanitarian organisations returned to Somalia in February, UNICEF was the first UN agency to re-enter the country - in August. The UN/UNDP representative's office was re-established in 1992 after a prolonged absence (Sahnoun, 1992). By this time the north of the country, under the leadership of the Somali National Movement<sup>7</sup> had issued a unilateral declaration of independence.

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<sup>7</sup> Curiously, the declaration of an independent Somaliland was received with nonchalance by the international community which, to this day, has not recognized the state. Somalia, (previously an Italian colony) and Somaliland were integrated under British rule

There was little international humanitarian activity in 1991. A few NGOs actually had operating offices within the country, but, with the exception of UNICEF, UN agencies remained in Nairobi and undertook occasional sorties into Somalia. Hunger, malnutrition and disease increased as the civil population became more and more vulnerable to drought, displacement and violence.

### 3. INSTITUTIONAL PARAMETERS AND DIMENSIONS OF CONFLICT

#### 3.1 UN humanitarian structures

In April 1992, the UN created a special programme, UNOSOM I, to oversee humanitarian operations in Somalia<sup>8</sup>. The Special Representative was in Mogadishu by early May, but UNOSOM I effectively lasted only until the end of September, when he resigned due to policy disagreements between the UN offices in New York and Somalia<sup>9</sup>. UNOSOM I was followed by a US-led intervention, UNITAF (Unified Task Force), which arrived under a media spotlight on the night of December 8, 1992, to launch a military operation named "Operation Restore Hope". The UNITAF forces consisted of 38,000 troops, of whom 25,800 were American (L'Etat du Monde, 1994). Its objective was to "establish as soon as possible a secure environment for humanitarian relief operations and use all necessary means to establish relief". UNITAF was under US command and lasted until May 4, 1993, when responsibility was handed over

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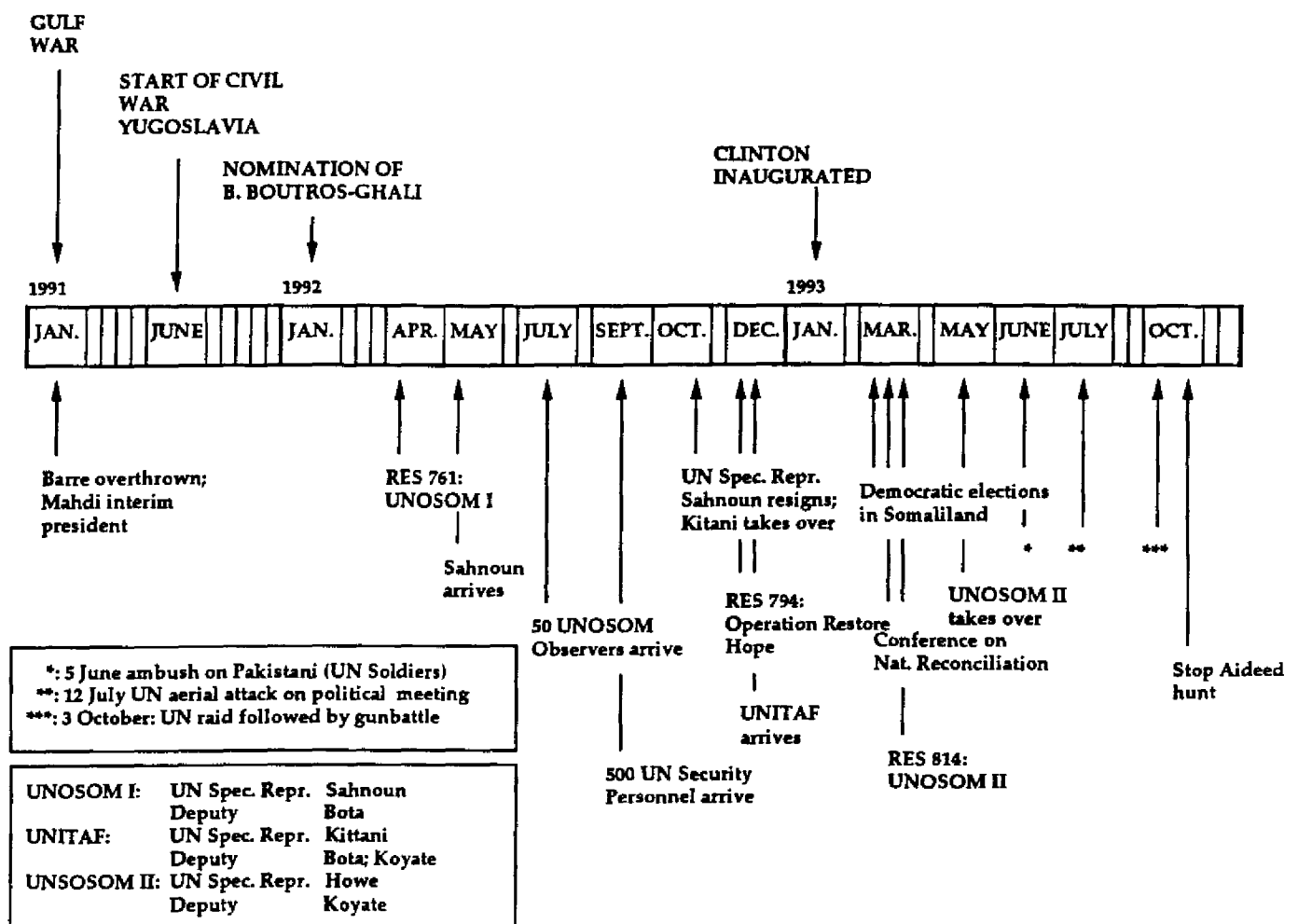
after WWII. Despite having been devastated by the civil war, Somaliland consolidated its administrative structure and restored some semblance of order despite the increasing chaos surrounding it.

<sup>8</sup> Resolution 751, passed on April 24, 1992, with humanitarian aid as its principal concern: to provide for UN personnel, equipment and supplies at the port of Mogadishu and to escort deliveries of humanitarian supplies to distribution centres ... to provide UN convoys with relief supplies with a sufficiently strong military escort to deter attack and to fire effectively in self-defence if deterrence should not prove effective.

<sup>9</sup> Although the performance, policies and diplomatic savoir-faire of Mr Sahnoun was much appreciated, as evidenced in reports by humanitarian agencies and independent observers, lack of co-ordination between policies of the field offices and headquarters obliged him to submit his resignation to the Secretary-General. An indication of donor confidence in Mr. Sahnoun's policies is the remarkably high proportion of actual contributions to UNOSOM I (81 %) compared with the appeal amount of US\$ 82.7 million. The comparable figure during UNOSOM II was 17% of the appeal amount (Drysedale, 1994).

to UNOSOM II and its 28,000 multinational troops and 2,800 civilian personnel. Although the UN took over command of the peacekeeping operations (General Bir, of Turkey), the deputy commander of the peace-keeping office remained an American (General Montgomery) as well as the new Special Representative (Admiral Howe). A small contingent of US military personnel (1,000 Quick Reaction Force and 8,000 logistics personnel) remained under direct US command, reporting to General Montgomery. By August 1993, additional US forces were dispatched including the Elite Rangers who reported directly to their command base in Florida (Bolton, 1994; The Economist, 1993). Figure 1 describes schematically the evolution of significant events over time.

Figure 1: Time Evolution of Significant Events in Somalia Crises 1991-1993





### **3.2 Domestic lead-up to the crisis**

With the fall of Barre, fighting broke out between the two rival USC factions led by Mahdi and Aideed. The capital became a battleground, with an estimated death toll of more than 14,000 civilians between November 1991 and March 1992. Troops loyal to Barre were pursued by Aideed's forces and fled to the country's richest farming lands, located between the Shebelle and Juba rivers. For months, heavy fighting in this area disrupted food production and distribution and was possibly an even more significant contributor to the famine than was the continuing drought (Africa Watch, 1993).

In 1992, as alliances between clans began to collapse, warfare became increasingly factionalised and a general situation of anarchy and lawlessness prevailed. Many of the clan fighters turned their attention exclusively to looting and theft (Africa Watch, 1993; Knapen, 1993). The black market was overwhelmed with weapons that entered the country from all parts of the world, despite the international embargo.

## **4. HUMANITARIAN NEEDS IN SOMALIA 1992-93?**

### **4.1 Why was Somalia different?**

Humanitarian aid implies the protection of people whose lives are threatened through causes beyond their direct control. In Somalia, insecurity, drought and war-related damage to agricultural infrastructure and livestock caused massive displacement of populations and reduced food production. But the main humanitarian needs and the conditions in which relief had to be delivered, were not so different from those experienced in Mozambique, Ethiopia, Sudan or Chad (McRae and Zwi, 1992).

Three factors, however, distinguish Somalia from the others in terms of the provision of humanitarian services.

**4.1.1** First, the **breakdown of formal structures and national authority** was a novel experience for the international community. It threw both the humanitarian agencies and the UN into a backspin, unprepared as they were to deal with traditional structures and non-formal networks. This situation aggravated the existing lack of co-ordination of humanitarian operations. Lack of national counterparts gave rise to a laissez-faire situation for international agencies, and events such as unannounced arrivals of food shipments simply provided additional opportunities for looting (Sahnoun, 1992; World Bank, 1993c).

**4.1.2** The second factor setting Somalia apart was that, for the first time, many humanitarian agencies **used private militia and requested armed protection** in order to carry out their activities. The strict interdiction concerning the use of local armed personnel, regardless of the level of insecurity, was over-ridden even by the ICRC<sup>10</sup>. This created a Catch 22 situation in which the humanitarian agencies and the UN itself became entangled in the conflict process by requiring armed protection and thus feeding into the war economy. Extortion was rife although a settlement, albeit an uneasy one, was reached between the humanitarian agencies and local groups over rates of payment for various services (including rights to unload food at ports, ad hoc road tolls and storage)<sup>11</sup> (Sahnoun, 1992).

**4.1.3** Finally, the **use of special combat troops** such as the Quick Reaction Force, Rangers and the US Marines was unprecedented within a UN humanitarian operation. By its very nature, such a presence could hardly be construed as peaceful and was eventually responsible for the loss of both international and Somali public support for the UN. Unfortunately, the fundamental fault lay, not with the actions of these units in Somalia (they are trained to fight - not to feed

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<sup>10</sup> In 1992, agencies such as the MSF and ICRC operating in Kismayo all had Somali gunmen on their payrolls to protect property, staff and operations.

<sup>11</sup> This equilibrium was subsequently jeopardised by the abrupt entry of the UN, which often paid higher rates than those negotiated and effectively broke the NGO cartel and jacked-up prices.

hungry people), but with the decision to send them instead of a more appropriate policing unit from the military.

## **4.2 Human impact of the crisis**

The consequences of civil disorder and drought were largely visited upon the civilian population, in particular upon the most vulnerable (the population of the Shebelle-Juba river area, the Bantu and Rahanweyn ethnic groups, female-headed households, children and the elderly) (World Bank, 1993b). Adult malnutrition, although neglected, was a severe problem in some areas and has serious implications not only for child survival but also for the economic survival of the family (Collins, 1993).

Even the UN and its agencies undertook little recording of data and carried out few rapid surveys to identify needs and priorities, an indication of the ad hoc approach commonly taken even in long-lasting emergencies. While surveys and data compilation might seem a luxury in such a situation, their value is obvious. Information provides the foundation on which future policies and programmes can be built.

**4.2.1 Displacement:** Mass displacement because of insecurity and food shortages destroyed to a great extent the social fabric of Somali communities. Traditional structures, providing the equivalents of social security, pension funds and child care, ceased to exist as entire villages uprooted themselves. For a fragile population, this was catastrophic. Over a period of time much of the country (especially in the south and centre) suffered from this displacement. Communities either served as hosts to the displaced or were displaced themselves. In 1993, nearly 80% of the population surveyed in Belet-Weyn and Mogadishu had been displaced and more than a third of the families had been displaced two times or more (SCF-UK, 1993b).

**4.2.2 Trends in mortality:** Crude mortality rates were on the increase from 1991 and were significantly higher for the displaced than for the non-displaced. A

survey by Moore *et al* (1993) reported that 40% of the total displaced population (Baidoa) died in the 232 days of the survey, compared with 11% among the resident and displaced combined (Afgoi).

**Table 1: Child Mortality Rates in Somalia, Based on Mortality Surveys (1987-1993)**

Rregion Surveyed	Date of Survey	Period Surveyed	Child population under 5 years of age	Child mortality rate under 5 years of age (per 1000 per year)
Afgoi rural (1)	1987 1988 1989	1987 1988 1989	9610 Surveyed	49.0 per 1 000 per year 81.4 per 1 000 per year 117.1 per 1 000 per year
Baidoa displaced (2)	25 Nov '92	April '92- Nov. '92	5.200 Displaced	32 per 10 000 per day
Afgoi (urban) displaced & resident (2)	6 Dec '92	April '92- Dec '92	35.000 Resident 1000 Displaced	379.6 per 1 000 per year
Merca & Qorioley (3)	April '92	April '91- April '92	73.000 Resident 23.000 Displaced 7.000 Displaced Camps	115.4 per 1 000 per year 86.2 per 1 000 per year 240.6 per 1 000 per year
North East (UNICEF) (4)	NA	April '93 Sept. '93	NA	233.6 per 1 000 per year 146.0 per 1 000 per year

*Sources:*

(1) Persson *et al.* (1993). *Famine in Somalia*, *Lancet*, June 5, 1993; 341 (8858): 1478.

(2) Moore *et al.* (1993). *Mortality rates in displaced and resident populations of central Somalia during 1992 famine*, *Lancet*, April 10, 1993; 341: 935-938.

(3) Manoncourt S *et al.* (1992). *Public health consequences of the civil war in Somalia*, April 18, 1992, 340 (8812): 176-177.

(4) United Nations-Department of Humanitarian Affairs (1993) *Somalia. Situation report n°4* (1-30 November).

Infant and child deaths have been chosen as the focus of our analysis as they are more sensitive indicators of general health conditions <sup>12</sup>. A rate of 54.6 per 1,000 children per year (1988) is used as a baseline for the assessment of the gravity of the phases of the crisis. Summarised results of surveys of child mortality are presented in Table 1 and Figure 2 and are arranged over time. These rates have been calculated from different figures and data cited in reports and an attempt is made at re-constituting a global picture.

While there is no doubt that health conditions were alarming, these rates probably over-estimate the gravity of the situation as a whole. Displacement camps are generally places to which the most malnourished, the most destitute and most impoverished people come, often as a last resort. Thus high mortality rates are normal for people at such risk, just as they are for those who are admitted to hospital. The nature of the surveys also indicates a degree of bias in that they were undertaken by humanitarian agencies and thus focused on areas of need. Ideally, a random sample that represents the entire profile of the country's population would be required to appreciate more accurately the gravity of the crisis. The different estimates together, however, provide a near approximation of the situation in the absence of better data.

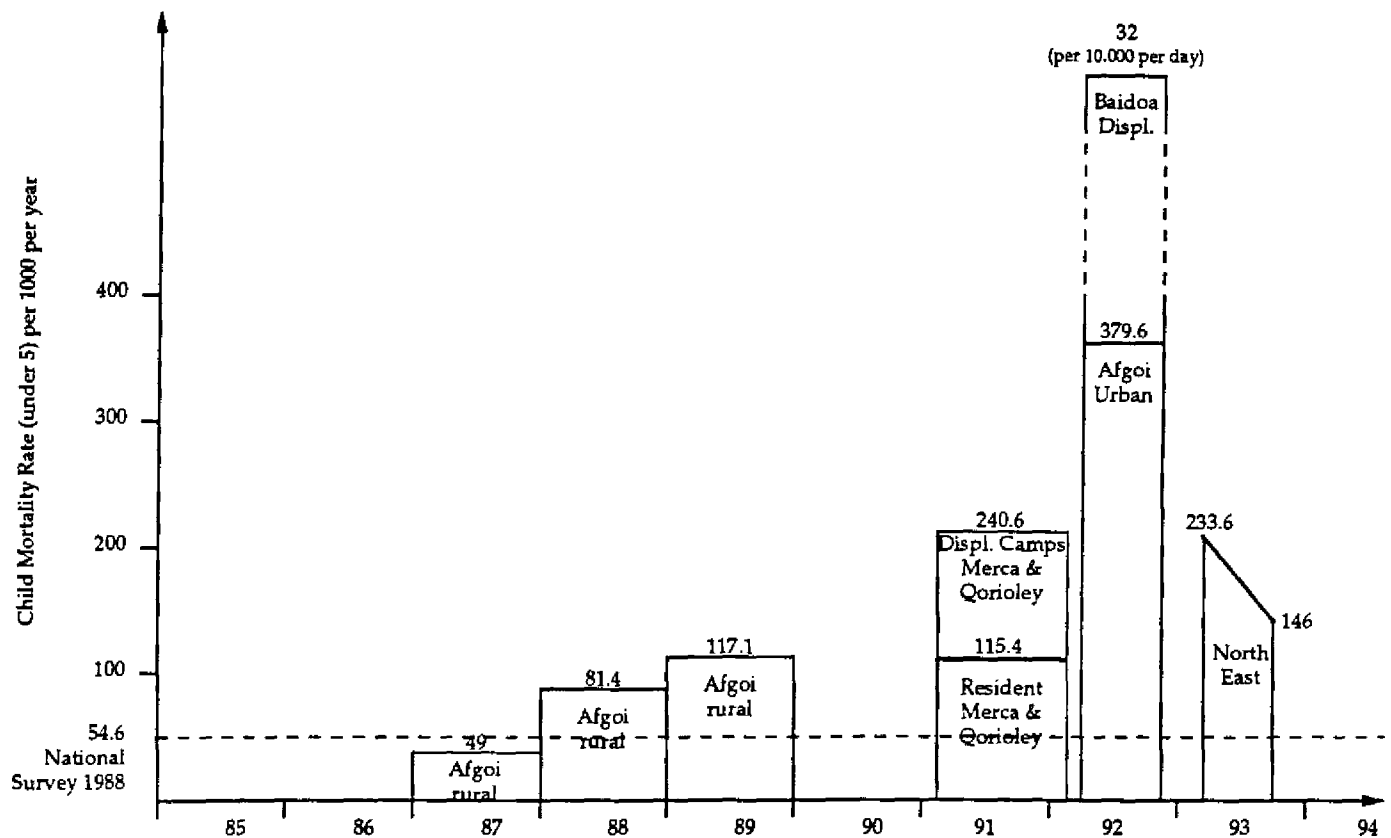
As depicted in Figure 2, child mortality rates over the period 1987 to 1990 were already showing a steady rise (Persson, 1993). The estimates for the next period were derived from a 1991-92 study by Manoncourt, which reported rates of 115.4 for resident child populations and 240.6 for displacement camps. The following period (mid-1992) shows an alarming rise, particularly among displaced persons in Baidoa. There were a reported 32 deaths per 10,000 per day,

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<sup>12</sup> The pre-conflict infant mortality rate for Somalia was around 122 per 1,000 live births. Generally, the highest risk of death is in the first year of life and child mortality (ie under five years of age) is half or less than half of this figure per 1,000 children of that age (World Bank, 1989).

reflecting the deaths of up to 75% of the child population in displacement camps (Moore *et al*), 1993)<sup>13</sup>.

**Figure 2: Child Mortality Rates in Somalia, Based on Mortality Surveys (1987-1993)**



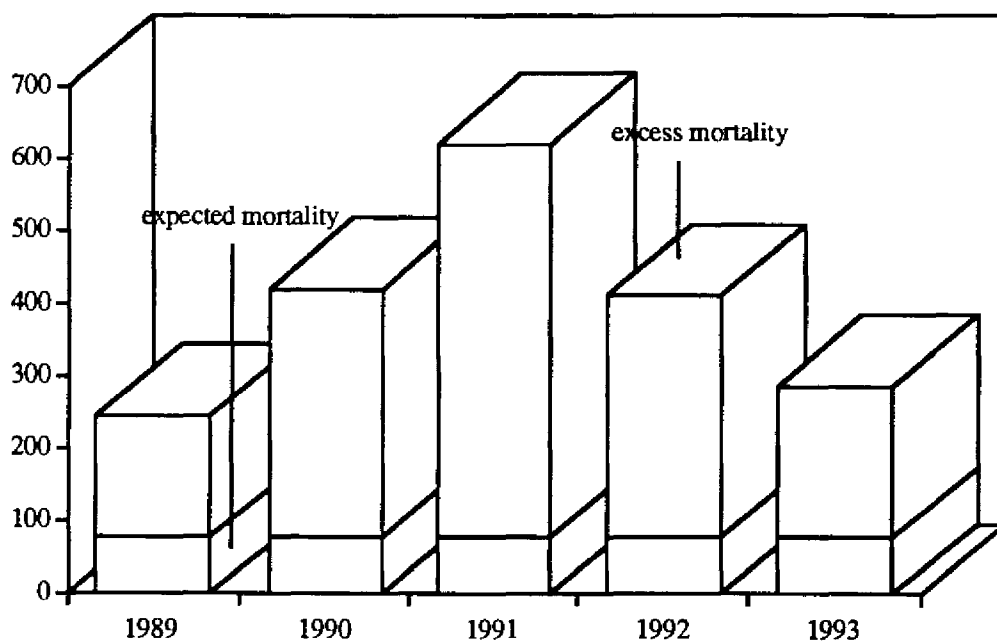
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<sup>13</sup> Toole *et al* (1988) have suggested adapting the mortality rate usually expressed over 1,000 persons per year, to 10,000 per day in emergencies. In this case, they propose a crude mortality rate of 1 per 10,000 per day as the threshold between an emergency and the normal state. This translates approximately to a mortality rate of 36.5 per 1,000 per year. In our table, in order to permit comparisons across studies, we have recomputed the child mortality rates to be expressed as the number of deaths of children under five over the total number of children under five.

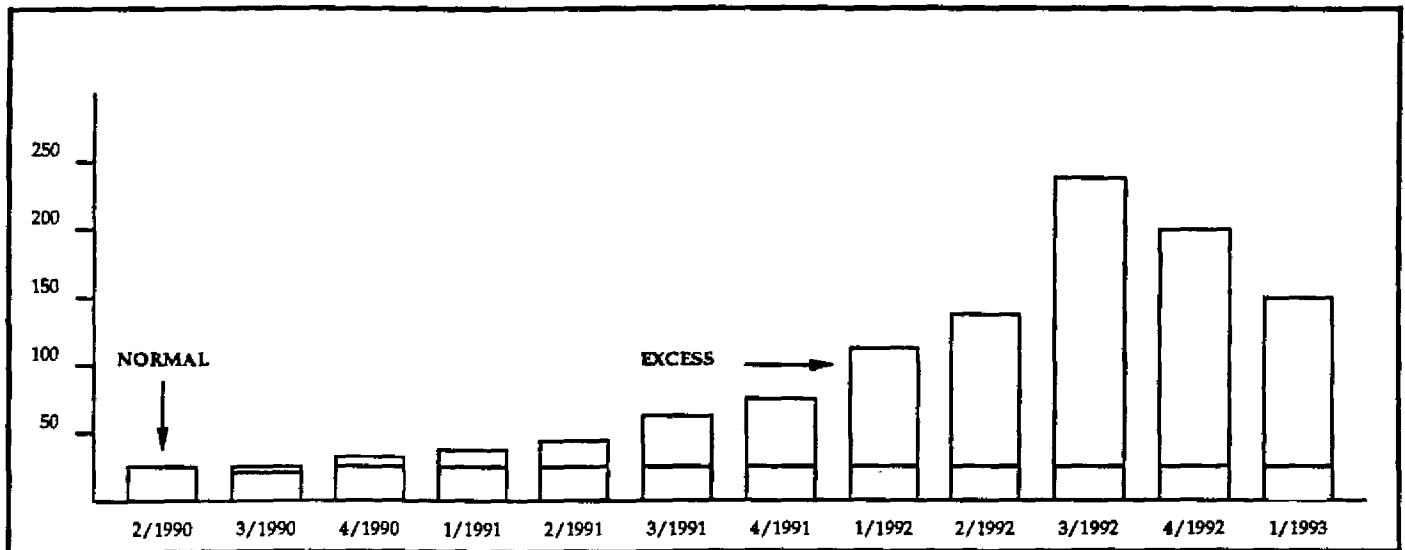
Based on the above data, Figure 3 provides estimates of excess mortality using the 1988 rate to calculate the expected number of child deaths per year. According to this calculation, the excess mortality was highest in 1991. Since then, a declining trend can be observed. On the other hand, excess mortality calculated by Hansch (1993) shows a steady rise until early 1992, after which it declines (Figure 4). One could conclude from the above that conditions were worst in late 1991 and early 1992, when rates were three or more times normal levels. Mortality rates fell in most of the country in 1993, although high mortality was reported in certain areas. (United Nations, 1993b).

**Figure 3: Excess Mortality in Numbers Among Children Under Five Years of Age in Somalia Based on Constant 1988 Child Mortality Rate**



*Source: Figures estimated based on extrapolations from data presented in Table 1.*

**Figure 4: Normal Crude Mortality Rate and Estimated Excess Mortality in Somalia (1990-1993)**



*Adapted from: Hansh S., Nutrition, Food Security and Health in Somalia: Assessment and Recommendations, February 1993.*

Serious outbreaks of common infectious diseases occurred and had devastating effects on a weakened and malnourished population. The shigella dysentery epidemic of April 1992 in Baidoa was, for example, the most important cause of death along with measles (77% and 53% among the Baidoa and Afgoi groups respectively) (Moore *et al*, 1993). The main causes of death in Somalia were diarrhoeal disease and measles, both of which are easily preventable at low-cost and with high efficiency<sup>14</sup>. Much of the infant and child mortality could have been avoided had vaccination programmes received greater priority in normal times or, even as the conflict began, had been undertaken as a measure of preparedness for an impending crisis. Commonly known preparedness

<sup>14</sup> Deaths from diarrhoeal disease can be successfully avoided by oral rehydration. However, antibiotic treatment may also be required for bacterial or protozoal dysentery. The efficacy of the measles vaccine is as high as 100 % when children are vaccinated after 12 months from birth. The efficacy is also dependent on logistical support, such as functioning cold chain systems.

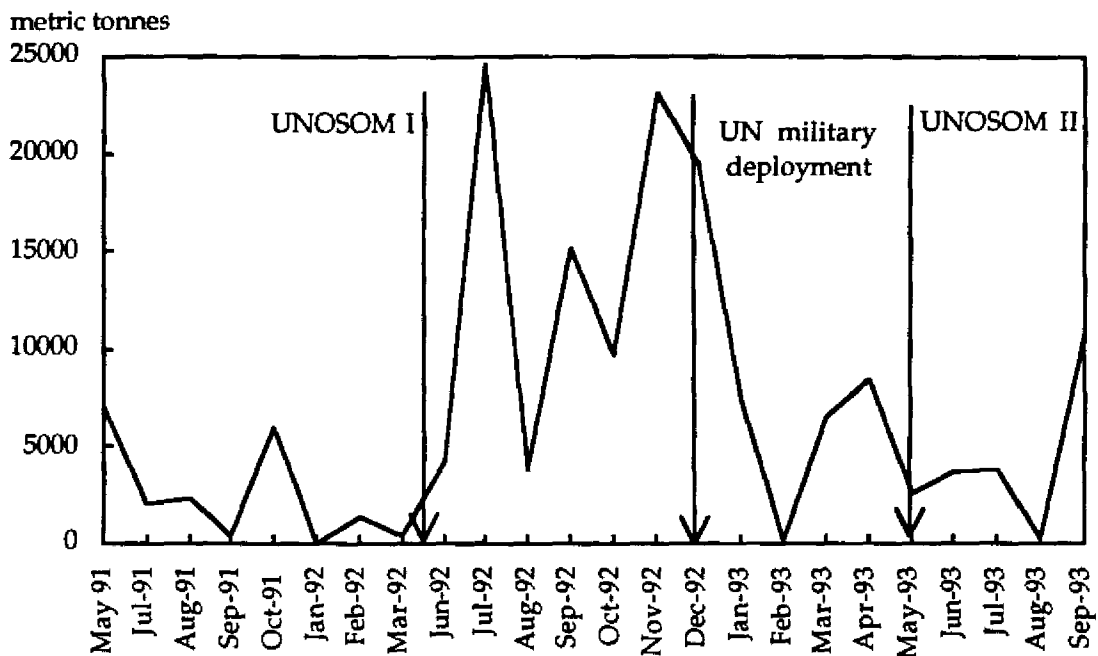


measures, even when a crisis seems inevitable, do not, however, seem to be among the priorities of humanitarian agencies.

**4.2.3 Nutritional status of children:** In crises, nutritional surveys provide an estimate of the magnitude of food shortages and assist in the calculation of the food required. They also indicate whether therapeutic feeding is likely to be needed as well as forming a basis for programme evaluation. In 1991, the ICRC reported that 38% of children under five were severely malnourished. Until then, previous famines in the Sahel had, by contrast, resulted in severe malnourishment cases of between 10% and 12%. In 1992, the situation deteriorated dramatically with a reported rate of severe malnutrition of 75% in displacement camps. In autumn 1993, the rates fell to 7% in displacement camps in Kismayo (MSF-B and Unicef survey), perhaps because high death rates removed the weakest people. Despite the encouraging progress with nutrition in this year, there were several reports of pockets of severe food crisis and disease outbreak (United Nations, 1993b).

**4.2.4 Food:** In June 1992, the ICRC estimated the food requirement at approximately 50,000 tons a month. Food deliveries, however, were brought to a virtual halt by the security situation at the ports of Kismayo and Mogadishu and along main supply routes. With the famine worsening, humanitarian agencies sought UN-sponsored armed protection in the summer of 1992, when the Special Representative made an appeal to the Security Council (Sahnoun, 1992). Security at ports and protection for food convoys were the main focus of need.

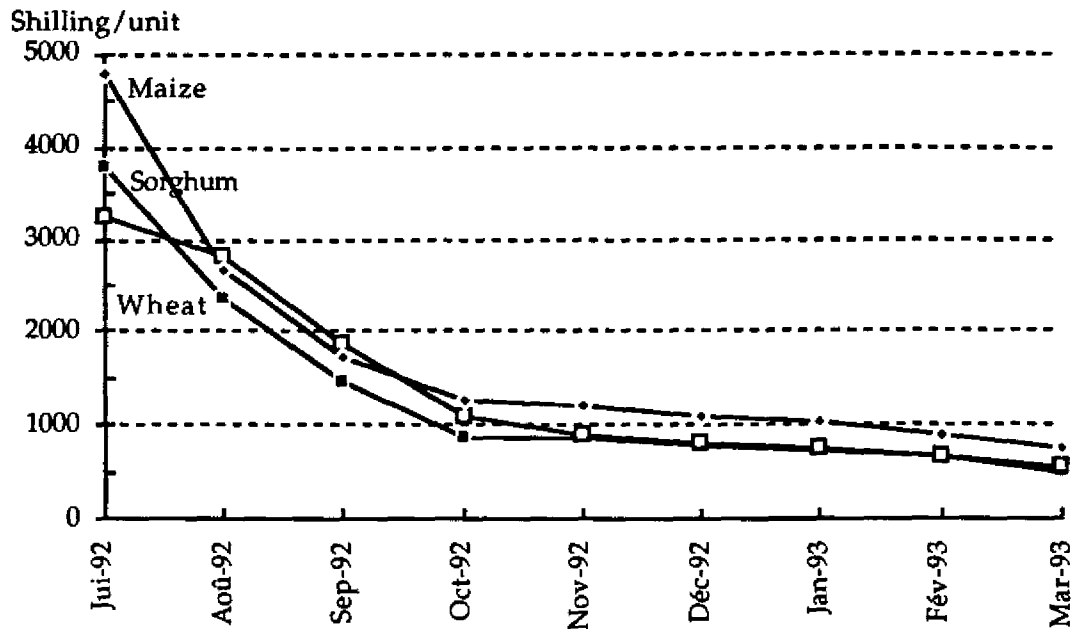
**Figure 5: Total Monthly Shipments of WFP Food Aid Unloaded at Mogadishu Port, May 1991-Sept.1993**



Source: Data provided from World Food Program: , International Food Information System, Rome, 1994.

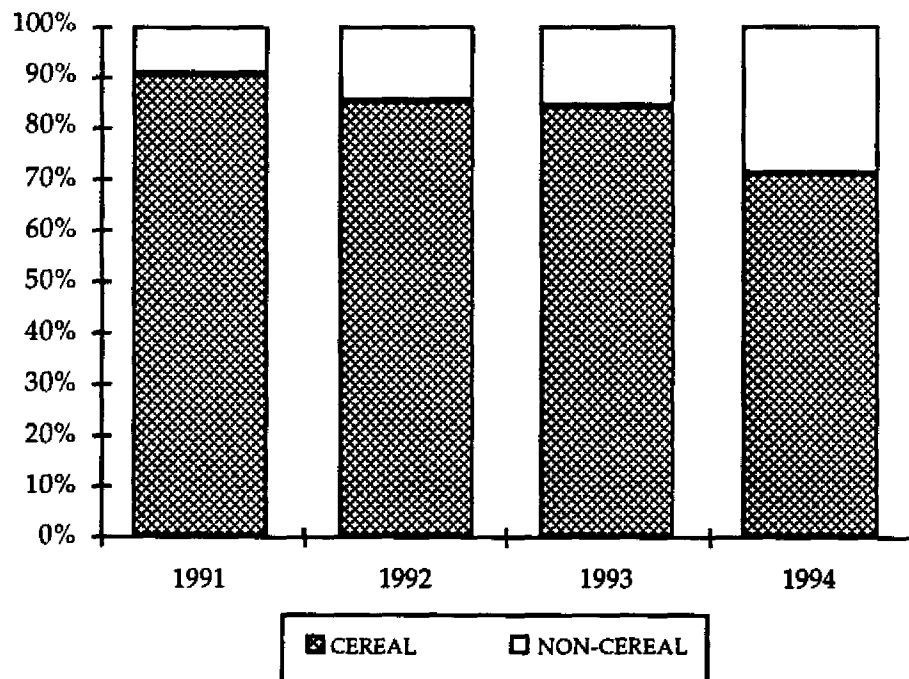
**Delivery of food shipments by WFP at the port of Mogadishu in 1992-93** is presented in Figure 5. The shipments increase around July, possibly reflecting the global response to Sahnoun's appeal and, eventually, a relative improvement in security conditions. Figure 6 presents data (IFRC, 1993<sub>c</sub>) on **grain prices in selected markets** in the country. Prices of maize, sorghum and wheat fell to a third of their July value in September, and to a third of that by March, 1993. As food production was known to be very low in 1991-92 (World Bank, 1993<sub>c</sub>) the drop in prices is likely to have been the result of the increased supply of food aid that saturated local markets. On the other hand, it is also an indication that food aid was being distributed to inland destinations.

**Figure 6: Monthly Grain Prices in Somali Markets in Somali Shillings, July 1992-March 1993**



Source: International Federation of Red Cross and Red Crescent Societies, Somalia relief and rehabilitation programme: Federation framework proposal, Geneva: IFRC, 1993.

**Figure 7: Proportional Distribution of Cereal and Non-Cereal Food Aid to Somalia by WFP (1991-1994)**



Source: Data provided from World Food Program: , International Food Information System, Rome, 1994.

The composition of the food aid also changed in this period. The proportion of high-value foods such as oils and sugar, compared with low-value cereals, increased over time (Figure 7). Oils and sugar are preferred aid items due to their low bulk, high-energy content and popularity among recipients. The latter feature also makes them attractive to bandits, who profit from their high resale value in local markets. Because of this, the humanitarian agencies and the Special Representative had on several occasions requested a reduction in the amount of the high-value foods, although without much success.

**4.2.5 Use of local structures and human resources:** The general perception of the situation in Somalia both by the UN and by many humanitarian agencies, was that of complete disintegration of local structures and institutions during the three crisis years. This prompted various and sundry emergency NGOs to come in and freely establish parallel structures of their own, setting up individual priorities and carving out areas of operations more or less as they chose. Unfortunately, neither the UN nor some of the more responsible and reflective donor agencies gave any thought to identifying local institutions or groups in order to strengthen them for the future<sup>15</sup>. As it was, these institutions were disoriented, weakened and under tremendous financial stress. Somali professionals remaining in the country often worked for long periods without salaries, maintained only by savings, by local businessmen and occasionally by some foreign NGOs (Africa Watch, 1993; African Rights, 1993b).

A good example of a local initiative was the Emergency Health Committee established by Somali health professionals in Mogadishu as fighting abated after the fall of Barre. This committee, consisting largely of former Health Ministry officials, later became the Joint Health Authority (Somali MOH mimeograph, 1993). The Joint Health Authority was one of the few agencies that not only

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<sup>15</sup> There were several groups recognised by international humanitarian agencies that had been active in humanitarian and nation building activities such as Womens Development Organisation (IIDA) started in 1991, Union for Somali Salvation Youth (USSY); Somali Relief and Rehabilitation Association (SORRA) and the Somali Relief Association (SOMRA). These groups even participated in some meetings but rarely received systematic support (Africa Watch, 1993).

maintained technical standards for primary health care and essential programmes such as the Expanded Programme of Immunisation, but also carried out its activities with impunity across the conflict lines of the Mahdi and Aideed factions. Support for this and other such institutions, however, was rarely forthcoming from the donors. The UNOSOM Humanitarian Office discouraged the authority's participation at planning meetings and similar events. Its only support came indirectly through certain NGOs which recognised the importance of keeping the local flame burning as a basis for future nation-building<sup>16</sup>. It can only be a lack of imagination, or worse, an obtuseness, that prevented UNOSOM from supporting actively these institution, as their existence and potentiel was indisputable.

## 5. UN MILITARY INTERVENTION - REACH AND OVER-REACH OF POWER

In 1992, the safety of international personnel and local civilians became a serious hindrance to the distribution of humanitarian supplies. Although 500 UN observers arrived in September, UNOSOM I felt the need for more support and obtained the accord of the local leaders for additional security personnel. A plan to establish regional offices with a political negotiator, peace-keeping commander and humanitarian office was also developed in co-operation with local factions and elders during this phase (Sahnoun, 1992).

The importance of **political negotiations** with local groups was recognised by UNOSOM I, but suffered from a progress that was sporadic. Advances made in UNOSOM I experienced a setback during the UNITAF phase and were picked up only a few months later. As a result, not only did the previous political agreements backslide but the UN's local credibility suffered a blow. Furthermore,

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<sup>16</sup> Based mainly on meetings with UNOSOM humanitarian officers who confirmed that Somali organisations (including the Joint Health Authority, now recognised and supported) were not given "yellow cards" for access to anodyne, humanitarian planning meetings. During discussions, several Somali organisations expressed outrage and humiliation at this approach.

serious differences in policy between the field office and headquarters developed. Mr Sahnoun was promoting a policy of political negotiations towards reconciliation with security only as a limited and supportive action, whereas the Secretary-General's office was more in favour of active and nationwide military intervention.

The UNITAF arrived in Mogadishu with a limited and militarily unclear mandate. It was expected to "create a secure environment" which, while politically acceptable as a UN resolution, was difficult to translate into mission objectives in the field (Natsios, 1994). Overall co-ordination of the military operation was further compromised by the various national contingents reporting to their own governments. In addition, humanitarian agencies which had originally assumed that the military had been sent to protect them, discovered that, at least in the beginning, the military did not see themselves as guardians of the NGOs. Finally, the elders and other civilians were disappointed by the inability of the forces to control the banditry, control they had been led to expect. Although this was perhaps an unreasonable expectation, it nevertheless sowed the seeds of discontent.

Mandates covering important issues such as disarmament differed between contingents. As a result, those contingents that interpreted the resolution as including disarmament, proceeded to disarm the private militia guarding the humanitarian operations, without providing alternative protection. By March 1993, six humanitarian workers, including three expatriates, had been killed. These deaths could be attributed to the lack of either private or general personal security (IFRC, 1993<sub>c</sub>). Disarmament also included the removal of arms from Somali civilians who had no other means of protection and were therefore at the mercy of the bandits (African Rights, 1993<sub>b</sub>).

The security of sea and air ports as well as aid supply routes was successfully achieved by the UNITAF, and significantly reduced the extortion rackets and logistic barriers that had plagued humanitarian efforts. UNITAF also

organised food convoys, and its protection for all agencies improved the efficiency of food deliveries that the NGOs had until then run in an uncoordinated fashion. General insecurity, however, remained a serious threat, particularly in certain areas such as Merca, Kismayo and Mogadishu. From February 1993, there were increasing reports of random banditry and attacks on humanitarian personnel and journalists (IFRC, 1992 and 1993<sub>ab</sub>).

The widespread availability of arms, which made insecurity and disarmament major issues in Somalia and necessitated costly military action, is basically the result of the continued massive supply of artillery into the country over a number of years. This is continuing. Figure 8 presents the US dollar values of arms deliveries to Somalia from 1973 to 1989. More disconcerting is the fact that even in 1993 the UN intercepted one ship (Maria - Greek registration) carrying 400 tons of Serbian arms, the fifth such vessel within three months. It reported that at least two others could have escaped confiscation in this period (Africa Confidential, 1993).

By the end of the UNITAF era, the armed forces were accused of partisanship in both Mogadishu and Kismayo. Weak attempts at setting up local police forces coupled with selective house searches for weapons, for example, eroded its neutrality. The UNITAF forces started the process of creating an enemy in the form of General Aideed and his allies, a process subsequently reinforced by UNOSOM II (UNICEF, 1993; SCF-UK, 1993<sub>a</sub>, African Rights, 1993<sub>b</sub>).

The June 5 ambush on the UN forces by Aideed's militia essentially turned the tide of events<sup>17</sup>. Battle began in earnest between the General Aideed factions and the UN troops. The military intervention of UNOSOM in the second half of 1993 was only faintly humanitarian in nature and concentrated mostly on

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<sup>17</sup> June 5 incident: A small group of Pakistani soldiers was instructed to inspect a weapons cantonment of General Aideed near the radio station. Aideed was informed about this intended search in advance. Apparently Aideed was suspicious of this move at this particular time as he had previously been repeatedly marginalised by the UN and US. The UN forces were ambushed as they withdrew from the inspection: 24 were killed and 54 wounded (SCF, June 1993).

pursuing General Aideed. This action was based on a resolution authorising the Secretary-General to take all necessary measures to arrest, sentence and punish those responsible for the ambush (Security Council Resolution 837, June 6, 1993). As a consequence, violence increased through June and July. The UN forces launched night-time bombing raids (using the US Quick Reaction Force), attacking suspected locations. In the process, they also attacked at least one important humanitarian agency as well as killing and wounding many civilians (Littlejohns, 1993; SCF-UK, 1993<sub>a</sub>; African Rights, 1993<sub>b</sub>).

The violence further escalated in Mogadishu after the day-time aerial attack on a political meeting on 12 July<sup>18</sup>. Somali civilian opinion, until then in favour of the UN and US presence, finally turned against the keepers of peace, who were now seen as intruders or occupying forces, and the UN became yet another faction of the civil war. Abuse of power was clearly an issue even within the UN operation, as witnessed by the threat of the Italian contingent to withdraw because of disagreement with the UN command over excessive use of force<sup>19</sup> (Alberizzi, 1993).

The battle between the UN and General Aideed's forces came to a head on October 3, when 17 UN (American) troops were killed and 78 wounded. In addition, more than 200 Somalis were killed (ICRC, 1993). On October 17, Ambassador Albright declared the end of the hunt for General Aideed, partly because of pressure from the US Congress. Finally, the UNOSOM humanitarian intervention regained its original path.

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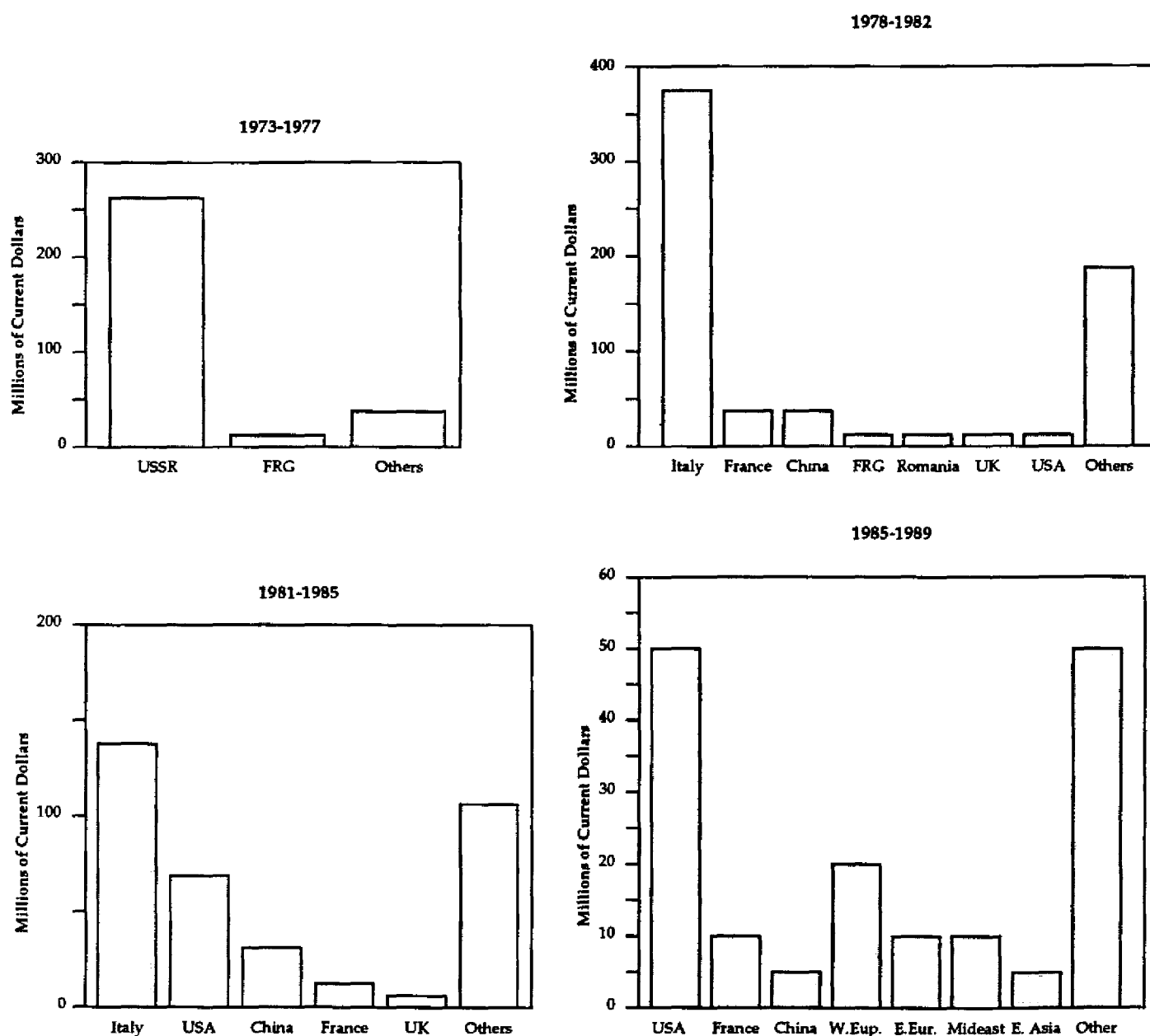
<sup>18</sup> July 12 incident: On the morning of July 12, 1993, US helicopters launched an aerial bombardment on the house of a senior aide to Aideed where, judging from the participants, a political meeting was in progress (about 80 people were present). The ICRC ascertained that at least 54 Somalis were killed and another 179 wounded. Consequently, Somali civilians vented their anger on the international press officers, brought to the scene by SNA people to witness the massacre. Four international journalists were killed (African Rights, 1993).

<sup>19</sup> Despite a growing consensus over the irregular and excessive use of force, General Montgomery, commander of the US troops in Somalia, requested heavier fighting equipment, which the Pentagon refused (Ref.).



At the end of November, a fourth co-ordination meeting on humanitarian assistance was called in Addis Ababa to discuss nation-building plans for Somalia, and General Aideed was an invited guest.

**Figure 8: Values of Arms Deliveries to Somalia  
(for 4 different periods, 1973-1989)**



*Adapted from: U.S. Arms Control and Disarmament Agency, WMEAT, 1990, 131; in: E.U. Washington Delegation, A. Van Agt; December 1993.*