MEDECINS SANS FRONTIERES

EMERGENCY HUMANITARIAN AID

IN

SOMALIA
SOMALIA
TO THE RHYTHM OF WAR

Located on the extreme eastern tip of the horn of Africa, life in Somalia has vibrated to this rhythm of war since the Ogaden war in 1977/1978, either with its Ethiopian, Djiboutian and Kenyan neighbors or because of clan and tribal rivalries, coups d'état, droughts or diluvial rains. Born in 1960 upon unification of a former British protectorate and an Italian colony, the country survives because of external aid. In 1969 a coup d'état led by Siad Barre brought an end to the democratic experiment that had been implemented on independence and set the country on the road to socialism. In 1977, Somalia launched an offensive against its Ethiopian neighbor to recover land inhabited by a million Somalis. This was the war of Ogaden. The massive flood of two million refugees fleeing the fighting and unprecedented drought, plunged the country into a serious crisis. Famine threatened. At the government's request, international organizations went into action and managed to bring relief assistance to areas totally deprived of any infrastructure.

Since 1978, various attempted coups have been foiled. In the mid 1980s the Somali National Mouvement in the north, opposed the ruling junta, launches its campaign. Tension rises after the SNM captures parts of Hargueissa. Siad Barre responds by bombing the city. Between 1988 and 1991, the Barre's regime aims at nearly total destruction of Northern Somalia including its population. Innumerable massacres also in other regions have since plunged the whole country into civil war. The ruling party of Barre remains in power solely through police repression and divide and rule among the clans. The infrastructure, agriculture and civil services gradually deteriorated.

Early in 1990, President Siad Barre only controles Mogadishu and a few garrisons outside the capital. On December 5th, 1990, rebel troops affiliated with the USC (Unified Somali Congress) and in opposition to Siad Barre's regime, stormed the capital. Battle raged. The city is put to the torch and left bleeding. Water and electricity supplies are cut off. There is no contact with the outside world. After several such weeks of murderous fighting in the capital, President Barre retrenched at the airport, then fled Mogadishu on January 27th.

The struggle between the USC and the SPM began in February, 1991. A coalition "government", composed of several clans but recognized by none of the Somali groups opposed to Barre nor any foreign government, is chosen by the political wing of the USC and set up in Mogadishu. This does not put an end to the fighting. The failure of a first meeting for national "reconciliation" on February 21st, 1991, illustrated the multiplication of
rival factions. In May, the people of Northern Somalia declare independence in May 1991 for Somaliland along the border of the former British protectorate.

Inter-clan fighting between the Hawiyes (USC) and the Darods (SPM and SNF) continues in the north of Mogadishu and in the south between Mogadishu and Kismiyo, which, at the end of April, fell to USC forces. A large number of Somalis flee the fighting (it is estimated that 300,000 people were displaced). More than 30,000 refugees manage to get to Kenya. After the fall of Kismiyo, fighting intensified in the north. But the summer saw the situation stabilizing and tension decreasing.

In Mogadishu, a fragile balance is maintained throughout the summer between the two major USC factions, composed mostly of Hawiyes:

- the Habr Gedir Saad sub-clan, represented by General Aidid, former diplomat and ex-general of Siad Barre’s armed forces, who was recognized as president of the CUS early in the summer.
- the other faction is led by President Ali Mahdi of the Abgal sub-clan. Ali Mahdi was elected president at a “national meeting of all tendencies” in July, 1991. But he is acknowledged by none of the main Somali parties nor by any foreign government.

This balance was upset on several occasions with minor skirmishes in June (half a day), September (3 days) and October (a few hours) before disintegrating entirely on November 17th.

Today the forces of General Aidid hold most of the city, and President Ali Mahdi is holding out in the north-eastern part of the capital. There are other “neutral” clans in Mogadishu who shift their allegiances between sides. On January 13th, fighting broke out between the Murosades and the Habr Gedir Saad, represented by General Aidid. The former were routed by Aidid’s troops.

It is estimated that more than 12,000 people have been wounded since the resumption of hostilities in both sections of the city. The number of deaths is impossible to estimate with any accuracy, but they probably number thousands (see following pages). Hundreds of thousands of people have fled Mogadishu since the end of November. They are now surviving in very precarious conditions (lack of food) in and around the capital.

Somaliland meanwhile, has been relatively quiet and peaceful all of 1991. However, hundreds of thousands of mines and booby traps are hidden everywhere, still making many victims among the civilians. Initially three people a day are severely wounded, but since the mine clearing started and since people are more familiar with the problem, this figure has decreased to three a week. Many refugees have returned from Ethiopia to Somaliland. Health facilities, food and water are insufficient to meet the needs of the increasing population. International assistance so far is grossly missing. In
January 1992, fighting between the armed forces of two subclans in Burao takes place. After a week, a cease-fire is proclaimed, which so far holds.
MOGADISHU:
INVENTORY OF A WOUNDED CAPITAL

Mogadishu is a ravaged city with enormous basic needs in water, food and fuel. Before the resumption of hostilities in November, 17th, the capital had a population of about 1.5 million, plus half a million displaced persons. Part of the population returned to the capital last February, March and, especially in April when food aid managed to reach the city and the fighting died down. With fighting starting up again in June and September the capital has begun losing its civilian population again. The November fighting gave rise to a massive exodus. It is estimated there are only some 400 000 people left in Mogadishu (the only available information on the city being estimates by humanitarian organizations). The displaced take up residence on the edges of the capital and far from the few food supply circuits. Others go even further to seek refuge with their families. The city has been heavily damaged by the war, and almost every building bears the mark of bullets. The Somali capital is cut off from the outside world. There are no telephones, telex or mail connexions. International transport is paralyzed. The Mogadishu international airport has re-opened but receives little traffic other than planes flying for the humanitarian agencies.

The Somali capital is presently living on meagre stocks that are diminishing rapidly. A few small-scale, localised commercial circuits exist. With the absence of communications with the outside world, food relief and first necessity products are being distributed by the ICRC and Care in ever more difficult conditions. Transporting supplies has become very dangerous because of pillaging and looting, and is therefore ever more restricted. The occasional sack of corn can be found for sale in the capital, but food is ever scarcer and more expensive. The food situation is highly disturbing. The dispensaries that have managed to survive are receiving ever increasing numbers of undernourished children. A water-pumping station has been started up again, but supplies are very irregular.

Health facilities, the few still standing, are run by volunteers and are supplied with medicines, medical and non-medical equipment by Médecins Sans Frontières (80 %) and other humanitarian organizations. Only two Somali orthopedic surgeons still remain in Mogadishu, and there are very few anaesthesiologists left. Many doctors have fled the capital.

Mogadishu is a city, forgotten by the international community. Since the attack on the Italian embassy in the latest bout of conflicts, the only remaining diplomatic representations are the Egyptian and Sudanese delegations.
HEALTH FACILITIES IN MOGADISHU

Mogadishu has two large hospitals:

**Benadir** (300 beds)
Emergencies – operations – post-operative
(Médecins Sans Frontières, Somali staff, and Save the Children Fund)

**Dickfer** (400 beds)
Emergencies – operations – post-operative
(Somali staff and International Medical Corps, an American humanitarian organization)

The other hospitals:

**Medina** (normally 120-beds, today 500 to 600 patients)
Emergencies – operations - post-operative
(Somali staff and Médecins Sans Frontières)

**Martini** (former psychiatric hospital, with 700-bed capacity in theory)
Only post-operative
(Somali staff and previously a ICRC team)

**SOS hospital** (theoretically 17 beds : dormitories set up in an adjacent school)
Maternity/infant care (consultations and hospitalizations)
(a humanitarian organization, SOS childrens’ village)

**Military hospital** (320 beds)
Only post-operative
(Somali staff)

4 or 5 MCH (dispensaries dealing essentially with mother and infant health care) have been started up again by Save the Children Fund. But with the new outbreaks of fighting their activities have been put on hold.

In the sector of the city controled by President Ali Mahdi’s forces, the wounded are taken care of in a dozen houses that have been transformed into makeshift hospitals by Somali medical staff and the ICRC, which runs an operating theater. Médecins Sans Frontières supplies 80% of the medical equipment and medicines to all of these units.
THE NUMBER OF WOUNDED AND KILLED
SINCE THE RESUMPTION OF FIGHTING

(data for the 3 main hospitals in the city's western sector)

Emergency admissions: 9 386

Surgery: 2 250
(nov 11th 1991 - Janv 2nd 1992)

About 80% of the wounded receiving Médecins Sans Frontières medical-surgical assistance are civilians (accurate figures are impossible to find). Of the 2,000 operations performed, more than 1,800 are major. At its busiest operating block will attend to: about 50% laparotomies, 25% thoracic drains and about 10% bone or vascular surgery.

The exact numbers of the wounded assisted in the sector of town held by President Ali Mahdi is not known at present. But according to the estimates of humanitarian and health care staff, it is probably about the same number as in the city's western sector.

From this it may be estimated that the number of wounded receiving assistance in the health centers is more than 12,000 since mid-November.

In the absence of any official figures, it is impossible to make an exact count of those killed. Medical teams guess at a figure of about 5,000.
SOMALIAN REFUGEES' SITUATION

Since January 1991, a great number of Somalis have fled their country for Ethiopia and Kenya. They are mainly settled in camps close to the border and in very precarious living conditions.

1) Somali refugees in Ethiopia
Their number is estimated to about 300 000. Between June and November 1991, about 150 000 refugees went back to Somalia, as security conditions were correct. This influx completely stopped since that time. Nowadays, the security conditions in the region of Haraghe (Ogaden) gradually deteriorate and the assistance to the Somali refugees in the camps has become extremely difficult.

Teferi ber and Darwanaji camps:
The estimated population is of about 120 000 (mostly Somali refugees, but also Ethiopian returnees).

Aysha camp:
Estimated population of 15 000 people (mostly Somalis from the Issa tribe)

Hartisheik A and B refugee camps:
The estimated number of refugees is about 150 000 in January 1992. This camp has mainly an Issac population.

Aware refugee camps (3 camps around Aware):
The estimated population in January 1992 is 60 000 refugees, mainly Issac and some Darood. Access for humanitarian organizations is very difficult, sometimes impossible, because of security reasons. Road is very unsafe, and food and water transports are thus irregular and insufficient.
2) Somali refugees in Kenya:
There is still a constant inflow of refugees.

Liboi site (Kenya, 15 km of the Somali border):
The number of refugees is at present officially estimated at 55 000 or 60 000 (according to UNHCR data). They are all Somalis, mainly from the Darood ethnic group. They have built traditional shelters near Liboi's runway. They live in precarious conditions. The major problem is the lack of water (only 3 litres per person a day). MSF has sent several exploratory missions to this site and is planning to take charge of medical assistance to the refugees and to set up a sanitation program in Liboi. A team of 5 is ready to leave for Liboi.

Iffo:
A number of the refugees (about 150 a day) who were in Liboi before, are now being transfered to a new site, located an hour and a half away from Liboi, and called Iffo. To date, the new camp has received 12 000 persons. But sanitary conditions and the water supplies there are still precarious.

Mandera:
The number of refugees settled in Mandera is estimated to 30 000 (on January 1st). There are Somali civilians or soldiers, but the majority is former Ethiopian refugees who had been living in Somalia since January 1991.

Mombassa (Utange, camp):
About 10 000 Somali refugees are also settled in Utange, 15 km from Mombasa.
MEDECINS SANS FRONTIERES
IN NORTHERN SOMALIA SINCE 1980

Médecins Sans Frontières starts its first medical programs in 1980, in the Ogaden part of the Somalia. In 1985 and 1986, Médecins Sans Frontières provides urgent medical care to 70,000 refugees near Hargeysa (Ganned). A cholera epidemic is the immediate cause. In the years hereafter, Médecins Sans Frontières provides medical care to 25,000 refugees in Boley, nearby Sheikh. Médecins Sans Frontières rehabilitates the hospital of Sheikh and provides extra surgical staff. At the same time Médecins Sans Frontières starts some basic health care activities in Sheikh district. In February 1987, a team is kidnapped near Hargeysa. They were released ten days later in Addis Abeba.

After the bombing of Hargeysa in May 1988, Médecins Sans Frontières together with all other organisations is evacuated. The total destruction of Northern Somalia by the troops of Barre, has started. Hargeysa, formerly the country’s second biggest town with 300,000 inhabitants becomes a ghost town. The town is destroyed for 90 %, and almost all inhabitants flee. To Burao almost the same happens. Hundred thousands of people flee to Ethiopia. August 1989, Médecins Sans Frontières reaches an agreement with officials of the SNM council. Three weeks later unofficial permission is given by the Djibouti gouvernement, allowing free passage of Médecins Sans Frontières personnel and medical materials through its territory to assist the population in SNM held area. This illegal, “cross-border operation”, lasts until 1990.
MEDECINS SANS FRONTIERES
IN MOGADISHU

At this point, the country is entirely cut off from the rest of the world, without telephone, telex or mail connexions and no means of transport. The plane is not able to land at the Mogadishu airport because of the violent fighting and has to fly to Mombassa, Kenya. A plane flying under the ICRC flag is able to land in Mogadishu on January 7th with 7 Médecins Sans Frontières field workers on board and two 4-wheel drive vehicles loaded with equipment. The only remaining foreign representatives in Mogadishu are the Italian and Egyptian delegations.

The Médecins Sans Frontières team goes to work in the Dickfer hospital, which is thus able to resume services. The rate of admissions to the hospital’s emergency unit is then about 30 to 50 persons a day.
On January 13th, an Médecins Sans Frontières car is hit by bullets. The team leaves the Somali capital.

A new team managed to re-enter Mogadishu on January 23rd and starts medical and surgical care in a hospital in the zone held by the USC rebels.

Until June, the team continues to administer emergency medical treatment at the Medina hospital, despite a certain lull in the fighting. June also sees the launch of an orthopedic surgery repair-program to deal with the 600 open, infected fracture combat wounds, which had not initially been correctly looked after. To help face up to the emergency, Médecins Sans Frontières quickly trains Somali nurses in the use of anaesthetics. The outlying health facilities gradually resume operations.
Some twenty city health facilities (hospitals and certain dispensaries) and the entire central region are supplied with medicine and medical equipment by the Médecins Sans Frontières team. Since February, Médecins Sans Frontières has also been implementing a small water-supply program to the displaced-persons camps on the outskirts of Mogadishu.

Since November 17th when fighting broke out again between two rival clans in Mogadishu, the Médecins Sans Frontières teams
along with Somali personnel have been operating non-stop on the high number of wounded streaming into the Medina and Benadir hospitals. Thousands more wounded have been blocked inside the part of the city held by the President’s troops. Médecins Sans Frontières is managing to supply health centers with medicine and medico-surgical materials.

With the exception of the Egyptian and Sudanese embassies, the only foreign presence in the Somali capital, the only witnesses to the tragedy that is taking place there, are humanitarian organizations. Their means and operational capacities in this situation are necessarily very limited.

Security conditions are deteriorating. A representative of the ICRC in Mogadishu was shot and seriously wounded in December. He died during his return to Europe. It seems to be becoming common practice to shoot at hospitals, and armed men, as numerous as they are dangerous, have taken to entering the hospitals where Médecins Sans Frontières staff are working. On January 5th, 1992, a shell hit the Benadir hospital but happily enough failed to explode. Médecins Sans Frontières decided to reduce its presence by sending 5 of its staff to Kenya, thereby maintaining only a minimal medical and surgical crew operational in Mogadishu. If, in the coming days there is no improvement in the security conditions, Médecins Sans Frontières will be obliged to further reduce or totally freeze its activities in Mogadishu.
PRESENT MEDECINS SANS FRONTIERES ACTIVITIES IN NORTHERN SOMALIA

At the beginning of 1991, the SNM captures the whole of Northern Somalia, and the Barre troops flee; Displaced people and Somali refugees from Ethiopia return to their home cities. In May 1991, Northern Somalia declares independence. The new state-Somaliland - has not been recognized internationally. As a consequence emergency assistance through the normal channels, that is bilateral and through international organizations, is not forth coming. Until date only a few NGO's are providing aid.

Hargeysa
Médecins Sans Frontières supports dispensaries in and outside Hargeysa. In Hargeysa there used to be three dispensaries, having available all basic medical services except in-patients facilities. All have been destroyed. However, the authorities offer other governmental buildings which can be repaired at short notice. Somali health staff is appointed again and starts in May 1991. In and around Hargeysa now three dispensaries are providing. Mother and Child Health (MCH) and out patients treatment are being provided. Médecins Sans Frontières activities include supervision in the dispensaries, organisation of refresher courses, provision of drugs, medical equipment and basic furniture.

Burao
Médecins Sans Frontières assistance in Burao Hospital consists of
the following:
- rehabilitation of obstetrical and paediatric services and provision of curative care
- support and extension of surgical services including nursing care on the wards
- reorganisation of first aid/OPD
- provision of drugs and medical equipment
- drugs management
- set-up of a health information system

Besides support for the hospital, also assistance in the re-opening of MCH clinics in and around Burao is given.
RECENT EVENTS: FIGHTING IN BURAO

On January 11th, fighting between two subclans break out in Burao. In the city about hundred people (mostly non civilians) are killed, and several hundred are wounded. Over 30.000 displaced settle down in camps near Burao and in the nearby towns Sheikh and Odweina. The Médecins Sans Frontières team leaves Burao when the fighting starts. Transport of the roughly 300 wounded is organised and emergency facilities set up in Odweyna and Sheikh. Assistance is extended on January 17th when an extra team (a coordinator, a medical doctor and a nurse) arrives to provide first aid to the displaced.

At this moment, Burao is quiet again. A cease fire between the subclans seems to be holding.
MEDECINS SANS FRONTIERES
IN HARAGHE (OGADEN)

A team of 9 Médecins Sans Frontières has taken in charge all the surgical activities in two hospitals of this region: Dire Dawa and Jijiga hospitals. They are the only hospitals that still have surgical teams in the Haraghe region (about 3 000 000 people, refugees and returnees included).

Dire Dawa hospital: surgical ward of about 50 beds full time occupied (casualties due to clan-tribal conflicts)
Jijiga hospital: The Médecins Sans Frontières surgical team is working full time in an emergency situation in this part of the region also affected by clashes.
MEDECINS SANS FRONTIERES IN SOMALIA AND AID TO SOMALI REFUGEES

Mogadishu (French section):
Medico-surgical activities: 13-person team based at the Medina and Benadir hospitals (Mogadishu)
Supply of medical materiel and medicines, (80% of their needs), to about twenty health facilities in the surrounding areas
Since January 6th this team has been reduced to 7 persons

In the north, Burao and Hargueisa (Dutch section):
- Rehabilitation of MCH and OPD services in Burao, Hargueysa and other towns
- Medical assistance in Burao hospital
- Emergency aid in Sheikh and Odweyna
Since January 17th, normal team of 11 reinforced with three extra staff.

In Ethiopia, Haraghe region (Belgium section):
Surgical and medical assistance to the local population and Somali refugees in two hospitals (Dare Dawa and Jijiga)
Surgical team of 9.

In Kenya, Liboi (French section):
A team of 5 will start in a few days a medical assistance and a sanitation program for about 55,000 or 60,000 Somali refugees in Liboi.

MEDECINS SANS FRONTIERES' INVESTMENT IN MOGADISHU: A FEW FIGURES

110 MSF volunteers (surgeons, anaesthetists, doctors, nurses, logistic officers) have already worked in Mogadishu since January 1991.

About 300 tons of material (essentially drugs and medical equipment, but also fuel for the generators and food) have been sent by MSF to Mogadishu

MSF's budget for Mogadishu is about 2.5 millions of US dollars. It is 3.5 millions of US dollars for all Somalia, mainly financed by the EEC, ODA, some Scandinavian countries and own funding.
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