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In 1960, Britain and Italy ended their colonial rule in Somaliland. British Somaliland and Italian Somaliland combined, creating the new state of Somalia.\(^1\) In 1969, however, the young nation was overthrown by Mohamed Siad Barre, who set up the authoritarian and socialist state of Somalia, bringing much-needed stability to the nation, despite his known corruption.\(^1\) 1991 marked the ousting of this authoritarian rule and began 15 years of anarchy and chaos as a variety of groups struggled for control of the nation or claimed regions of it as their own.\(^1\) At this point Somaliland broke away from Somalia as a separate territory, although to this day it is not internationally recognized as a sovereign state.\(^2\) Despite the emergence of the new Transitional Federal Government of Somalia in 2004, the government still suffers from internal division and external threats.\(^1\)

Due to government instability, many problems exist concerning landmines and other explosive remnants of war.\(^3\) Casualty rates are high and victim-assistance programs are few. No national mine-action center exists; however, the United Nations has opted to create regional mine-action centers, including the Somaliland Mine Action Center and the Puntland Mine Action Center. Ultimately, the United Nations foresees the creation of a Somalia Central Mine Action Center to unify the regional centers.\(^4\) Somalia has not signed the Ottawa Convention,\(^5\) although it has expressed a commitment to abstain from “actions that would violate the treaty.”\(^6\) It is also not a member of the Convention on Certain Conventional Weapons.\(^7\) The International Committee of the Red Cross and many other internal and external organizations are currently seeking to improve victim assistance, health-care programs and mine-risk education programs in Somalia.
Casualties

When looking at statistics of landmine and ERW casualties in Somalia, it is important to remember that data-collection methods are not well-organized and result in uncertainty over the actual numbers of victims. Recent improvements in data-collection systems reveal an increase in the numbers of landmine and ERW casualties, possibly the result of increased awareness of the situation, leading to more accurate casualty figures, not actual casualty increases.

Data from 2007, when compared with past information, shows the numbers of ERW casualties increasing significantly. The 2006 casualty numbers are also four times higher than those in 2004. The 2007 increase seen in the first six months of the year was somewhat due to data-collection spreading to regions that had not been included in surveys before. During the late spring and early summer months of 2007, the number of casualties also escalated to higher levels than seen in the previous months of the year as violence increased between Islamic insurgents and Ethiopian troops in the nation.

Health Care and Victim-assistance Programs

Somalia currently has no public health-care system; rather, all health care is provided through nongovernmental organizations or comes at a high cost from private clinics. Statistics show that for every one million people in Somalia, there are approximately only 39 doctors available. Health care is so lacking in the state that a majority of the population does not ever have access to it. Furthermore, most health-care providers are located in urban areas, leaving rural regions of the nation with virtually no means of accessing these services. Victims of ERW violence in urban areas stand some chance of receiving the medical attention they need; victims in rural areas, unable to access health care, however, are likely to suffer complications to their injuries or possibly die. Many nongovernmental and aid organizations are trying to provide much-needed medical assistance; however, with the current political situation causing internal security issues, many aid organizations have had a difficult time implementing programs throughout the nation and providing aid during emergency situations.

Two main “referral” hospitals exist in the nation, providing necessary health-care options to victims of war violence. One in the north of the country is the Keysaney Hospital, which the Somali Red Crescent Society runs and maintains. The other facility, the Medina General Hospital in the south, is operated by the community. Both hospitals receive administrative support as well as medicines and surgical tools from the ICRC. In 2006 and 2007, with ICRC assistance, the Keysaney and Medina hospitals were able to increase the number of victims they could treat. The ICRC also provided assistance to 23 of the SRCS’s 42 clinics throughout Somalia.

The SRCS partnered with the Norwegian Red Cross and the ICRC Special Fund for the Disabled to provide medical attention for disabled victims of war violence. They operate two centers for rehabilitation in Somalia and one in Somaliland. These centers help victims regain their mobility by offering physiotherapy and prostheses to victims. The ICRC Special Fund has concentrated its efforts on building the administration aspect of the programs by making them more efficient and providing aid to more people.

It is widely known that survivors of ERW explosions suffer from more than just physical harm. They encounter many psychological problems after these incidents and, to date, no centers or programs exist in Somalia to aid them in this aspect of recovery. Furthermore, no programs exist to reintegrate these survivors into society again after their rehabilitation. Without programs like these in place, victims find difficulty fully recovering from ERW incidents.

In the political realm, Somalia lacks legislation to protect those with disabilities; consequently, many cases
of war violence and discrimination against the disabled are reported each year. Somalia has not yet chosen to sign the U.N. Convention of the Rights of Persons with Disabilities,\(^9\) which would provide legal protection for the disabled.\(^4\)

### Prevention and Mine-risk-education Programs

MRE programs do exist in Somalia; however, these programs are extremely fragmented and few. In 2006, in the Puntland region of Somalia,\(^10\) the Puntland Mine Action Center provided MRE to 10 nearby communities and regions.\(^4\) In addition to this, the Somali Demining and UXO Action Group Center (SOMMAC) contributed to raising landmine awareness by running MRE programs and using mass media to educate the public on the best ways to diminish landmine risks.\(^4\) Also, during the middle of 2007, UNICEF used radio broadcasts as a tool for educating the public on the threat that landmines pose.\(^4\) In 2006, the United Nations stressed the importance of implementing ERW and victim-assistance programs throughout Somalia; unfortunately, as of the summer of 2007, no such programs were even close to implementation.\(^4\)

Despite their spotty history, several new MRE programs are now being implemented in the nation. In January 2008, an MRE program in southern Somalia funded by the U.N. Office for Project Services and UNICEF began to work alongside national organizations to create community-based MRE programs.\(^11\) A similar program was implemented in Mogadishu in September 2007 by the Danish Demining Group, which seeks to provide MRE to internally displaced persons in this region.\(^11\)

### Conclusion

The instability of Somalia’s current political situation does not create a fertile environment for victim-assistance programs; in fact, it is hindering new programs from being implemented. Health-care facilities, such as hospitals and rehabilitation centers, are lacking, needing more doctors and increased victim-assistance capacities. Programs providing psychological assistance to victims of war violence need to be created. Finally, MRE programs need to expand in order to decrease the instances of ERW accidents involving innocent civilians. With the help of the ICRC and other organizations, the situation is beginning to improve and hopefully will continue along this path. \(\checkmark\)

### Biography

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### Endnotes

3. **Editor’s Note:** Some organizations consider mines and ERW to be two separate entities, since they are regulated by different legal documents (the former by the Ottawa Convention and Amended Protocol II of the Convention on Certain Conventional Weapons, the latter by CCW Protocol V). However, since mines are explosive devices that have similar effects to other ERW and it is often impossible to separate the two during clearance operations, some in the community have adopted a “working definition” (as opposed to a legal one) of ERW in which it is a blanket term that includes mines, UXO, abandoned explosive ordnance and other explosive...


10. Puntland is a region located in northeastern Somalia and is neighbored by Somaliland.


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