

## PERSPECTIVES ON THE ICRC



### Thirty years of working within the Red Cross and Red Crescent Movement in a country affected by conflict

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During the Ogaden War between Somalia and Ethiopia (1977–1978), the International Committee of the Red Cross (ICRC) began providing medical and surgical assistance to wounded combatants and civilians in Mogadishu.

When the war broke out, I was Director of the Medical Services Department of the Ministry of Health, and I had been elected President of the Somali Red Crescent Society (SRCS) a few years earlier. In this dual assignment, I had the opportunity to observe the ICRC's operations in Somalia during the Ogaden War in providing humanitarian assistance to thousands of victims of war, prisoners of war, and refugees. Since then I have been working alongside the ICRC throughout the different phases of the conflict, on many different projects, and this has allowed me to gain a unique perspective on the way the organisation has approached its work in a war-torn country like Somalia.

## **The Ogaden war and its aftermath: pitfalls and opportunities of working in partnership**

During the Ogaden War, the National Societies in both Somalia and Ethiopia, in cooperation with the ICRC and in conjunction with the two countries' respective armed forces, were called upon to provide medical and surgical assistance to the war-wounded. The De Martini civilian hospital, which had a military department, had become the base of the first ICRC surgical team sent from Geneva. Over time, the ICRC started to provide medical and surgical assistance to other hospitals in the country, like Hargeisa Group hospital, Gabiley District hospital, Borame District hospital, and Beletwayn District hospital.

The Ogaden War resulted in over one million refugees. Refugee camps established by the ICRC, the United Nations High Commissioner for Refugees (UNHCR), and the Somali Red Crescent played a major role in the provision of medical services and food supplies to the refugees. Another sad consequence of the Ogaden war were the more than 4,000 Ethiopian prisoners of war captured by the Somali government. I was able to witness first-hand that the ICRC's humanitarian assistance programs during the war were based on the Red Cross and Red Crescent principles of independence, impartiality and neutrality.

The ICRC and the Somali Red Crescent have not always seen eye to eye, but overall the relationship has brought great benefits to both organisations and their ability to assist Somalis in need. The following episode demonstrates this, as well as the value of collaboration for both organisations.

At some point during my tenure as SRCS President in the 1980s, the ICRC head of the delegation for Somalia informed me that the ICRC was planning to open a hospital like the one in Lokichoggio (Kenya), in Ogaden.<sup>1</sup> I was of the view that, contrary to Lokichoggio, which is far from Khartoum, a hospital in Ogaden could be bombarded by Siad Barre's forces. I also called a meeting of the Somali Red Crescent Executive Committee, during which it became clear that the Somali Red Crescent was against the proposal of establishing in the Ogaden region a hospital like the one in Lokichoggio.

The issue remained one of contention and disagreement for a while, until, upon consultations between the ICRC delegation for Somalia, the government, and the SRCS, the dialogue was re-established. These frank but somewhat tense discussions allowed for a clarification of the sensitivities and nuances that existed in relation to any interventions in the contested region of Ogaden and opened the door for the ICRC and the SRCS to engage in a long-term commitment to working together. This anecdote demonstrates that despite the direct and sometimes difficult conversations between the two organisations, both the ICRC and the SRCS treated the mission to assist victims of conflict and disaster as their priority, and did not shy

1 Editor's note: the Lokichoggio hospital, located in the Turkana district in Kenya, provided war surgery and emergency medical care for war-wounded patients from southern Sudan. The ICRC handed the hospital over to the Kenyan authorities in 2006.



Figure 1. Orthopaedic centre, Somalia, 1979. © ICRC/Rémi Russbach.

away from addressing any challenges in the common fulfilment of this mission (Fig. 1).

## **The 1991 Civil War in Somalia: an ever-closer partnership within the Movement**

The partnership between the ICRC and the SRCS continued and became even stronger in 1991, when Somalia was torn apart by conflict and divided politically.

For the international aid community, Somalia in 1991–1993 has represented the largest overall humanitarian tragedy as well as a context in which the delivery of assistance was plagued and rendered more than difficult by the context and by the Somalis themselves. We can recall that at the time, the ICRC declared that the whole population of Somalia could be considered as victims of conflict and consequently needed both protection and assistance. During 1991–1993, the ICRC humanitarian operations in Somalia remained the largest humanitarian intervention since the Second World War (Fig. 2).

At their height, the ICRC/SRCS operations fed more than a million people through 1,000 soup kitchens throughout Somalia. The basis for providing cooked food (as opposed to general dry rations) was that it acted as a disincentive for



Figure 2. Food distribution in one of the ICRC community kitchens, Belet Uen, 26 January 1993. © ICRC/Pierre Bousssel.

looters, who otherwise systematically targeted food convoys as food was the only liquid asset available throughout the country. Cooked food provided immediate nutrition and was difficult to loot in any quantity (Fig. 3).

Since the collapse of Siad Barre's regime in 1991, humanitarian access and security have remained a major challenge in Somalia. For the ICRC and the Somali Red Crescent, it was vitally important to provide humanitarian assistance in Somalia on the basis of the Red Cross and Red Crescent principles of humanity, impartiality and neutrality.

Another important feature of the work was the inclusive dialogue with all actors, be they external (the American-led Operation Restore Hope in 1992, the United Nations Operation in Somalia from 1993–1995 and from 2004, and the still ongoing African Union Mission in Somalia) or internal (warlords, local authorities, the Transitional Federal Government and Al-Shabaab).

The break-up of all Somali institutions following the 1991 internal conflict challenged the SRSC in ways that it could not previously have imagined. With the support of the ICRC, the leadership of the SRSC withdrew to Nairobi – a neutral location at the time – from where it continued and continues to guide the multiple operations throughout the country. Despite the political divide (Somaliland and Somalia), the Somali Red Crescent is still operating throughout the country. The fact that the leadership of the SRSC has remained in exile has demonstrated the non-political allegiance of the National Society to any particular province, region or city. The Somali Red Crescent has done its best to demonstrate on the ground that it is delivering aid while respecting the principles of impartiality and neutrality.



Figure 3. Surgical hospital co-managed by the ICRC and the Somali Red Crescent, Berbera, December 1991. © ICRC/François de Sury.

The partnership between the ICRC and SRCS soon expanded to a partnership with the Norwegian Red Cross Society. For the sake of partnership and efficiency, both the SRCS and the Norwegian Red Cross were part and parcel of the ICRC delegation for Somalia based in Nairobi. Over the years 1991–1993, the SRCS and Norwegian Red Cross participated together in ICRC brainstorming and budget planning meetings. This was a win-win situation.<sup>2</sup> It was a time in which all Movement partners enriched themselves by exchanging with each other, and the ICRC’s ‘lead role’ was obviously a responsibility and not a privilege.<sup>3</sup>

As I write this opinion note today, the SRCS is still part and parcel of the ICRC delegation for Somalia. We are mindful of our two mandates, but we also complement each other in our partnership (Fig. 4).

- 2 As Sven Mollekleiv, the then Secretary-General and current President of the Norwegian Red Cross, has remarked during the conference on Somalia in Oslo in March 1995: ‘For the Norwegian Red Cross this local partner has naturally been the Somali Red Crescent Society. Without this organisation, rooted in local communities all over Somalia and Somaliand, it would have been impossible for the Red Cross Movement as a whole to succeed in one of the biggest operations ever established by the ICRC. One example which will illustrate what I am talking about: during a very critical period with many problems in food distribution, such as the question of giving every clan in a certain area rations according to their numbers and to avoid security problems related to unequal distribution, Dr Ahmed Mohamed Hassan, President of the SRCS, spent two weeks of painful negotiations with all local clans and assuring a fair and safe delivery of the food’.
- 3 Editor’s note: the ICRC’s ‘lead role’ in situations of international and non-international armed conflicts, internal strife, and their direct results is recognised in Articles 4 and 5.3 of the *Agreement on the Organisation of the International Activities of the Components of the International Red Cross and Red Crescent Movement* (the Seville Agreement), Seville, 25–27 November 1997.



Figure 4. Dissemination course for Red Crescent and ICRC staff on international humanitarian law and the Red Cross principles, Berbera, February 1993. © ICRC/Roland Bigler.

## Proximity and access: working with the Somalis

What has been the Somali experience throughout this long period of conflict? For Somalis, the euphoria that was felt after the overthrow of the regime of Siad Barre was quickly replaced by an overwhelming sense of shame from the tragedy that followed. The rapid disintegration of the infrastructure of Somalia, the erosion of strong moral and cultural values,<sup>4</sup> and the domination of careless and indiscriminate lawlessness without sanctions not only caused untold human suffering, but also forced over one million persons into exile as refugees. Somalia, which had a great tradition of pride, self-dignity, and independence, lay shattered and broken, and the dreams of its people and their wishes for a better future for their children lay around them in disarray.

The ICRC, as a leading member of the Red Cross and Red Crescent Movement, fulfilled its role not only towards the donors and its own mandate, but also towards those it tried to assist in providing humanitarian assistance. It did so in close collaboration with its local partner, the SRCS. Each member of the Movement had his own role to play. The success of each operation was due to the ability of the SRSC, the ICRC, the International Federation of the Red Cross and Red Crescent Societies and the Norwegian Red Cross to build confidence with local Somali communities, convincing them that they are responsible for the implementation of humanitarian operations. Constant dialogue and confidence-building between Somalis and Movement members ensured a certain level of shared responsibility.

4 Editor's note: on this point, see the publication *Spared from the Spear: Traditional Somali Behaviour in Warfare*, 2nd edition, ICRC and Somali Red Crescent Society, February 1998, pp. 1–3.



Figure 5. The ICRC has regularly worked with the Somali Red Crescent Society to assist displaced persons in several regions across the country, including Bakool, Baidoa, Lower and Middle Juba, and Mudug. 22 March 2007. © ICRC/Pedram Yazdi.

The incorporation of victims and local communities into decision-making processes is extremely important, not only in Somalia but in all complex emergencies. No victim wants to be treated as a mere recipient of assistance. They want to be recognised and given the responsibilities of persons in their own right, and not to be pejoratively judged as hopeless and incompetent because they happen to be victims of conflict.

Whilst the large ICRC/SRCS operations were often based on assistance delivery, the mechanisms whereby food aid recipients were often volunteers who managed and ran communal kitchens ensured that the recipients played an active role in planning and managing emergency aid and were empowered to do so. Such an inclusive approach that targeted the interests and needs of ordinary Somalis was greatly appreciated at the time for its respect of the local communities (Fig. 5).

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Throughout Somalia, there are many individuals, communities and institutions who are ready to defend the long-term humanitarian interest of the Somali people. In this respect, I would like to commend the Norwegian Red Cross for its efforts and tremendous support in organisational development given to the Somali Red Crescent during the last thirty years. The ICRC, meanwhile, has demonstrated repeatedly over these years that it is ready to take operational risks in order to reach those most vulnerable and to ensure that aid reaches those most in need. I can only commend its extraordinary leadership in this regard.