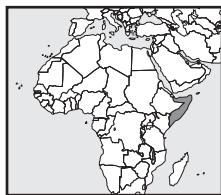




SOMALIA

Social security impossible without stability



The meagre social protection mechanisms which existed during the 21 years of scientific socialist rule in Somalia have yet to be replaced since rebel groups overthrew the regime in 1991. The country continues to struggle with stability and civil conflict, making the establishment of social security programs particularly challenging. However, with 43% of the population living on less than USD 1 per day this social void will be difficult to ignore for much longer.*

Social Watch Coalition in Somalia¹

Somalia is a country on the Horn of Africa, occupying an important geopolitical position between Sub-Saharan Africa and the countries of Arabia and southwestern Asia. With an area of 637,000 square kilometres, it is bordered on the north by the Gulf of Aden, on the east by the Indian Ocean, on the west by Kenya and Ethiopia and to the northwest by Djibouti. The capital is Mogadishu (Relief Web, 2006).

The Republic of Somalia was formed on 1 July 1960 when the former British protectorate and the Italian colony of Somalia joined to form a unitary state. Since that time, a multi-party democracy has flourished in the Horn of Africa country.

Two multi-party elections were held between 1960 and 1969, during which two presidents and four successive cabinets served the nation. On 21 October 1969, a military coup took place which overthrew the civilian government. The officers in charge of running the country called their ruling body "the Supreme Revolutionary Council". They eventually chose scientific socialism as the system of governance for Somalia and abolished the Constitution that had been effective since the 1961 referendum.

A single party state ruled Somalia for just over 20 years with the rulers trying to emulate the type of socialism applied by the former Soviet Union and eastern European countries. The main notion was to initiate rapid development through community-based structures and programmes.

The chosen scientific socialism, however, did not bring the perfect governance it promised and only led the government into a militarization programme and continuous conflicts with its neighbours. This is particularly true of Ethiopia and the war which took place with Somalia between 1977 and 1978. Badly needed resources for social welfare were diverted to the empowerment of the military leading to public discontent and the formation of rebel groups during the 1980s.

The clan-based rebel groups that defeated the socialist government in January 1991 could not agree on power-sharing, instead turning their guns

on each other and initiating a devastating civil war which brought destruction and anarchy, in addition to the erosion of the meagre social welfare being offered by the state.

Nonexistent pension system

In 1960, the country's population was estimated to be 3.2 million, with pastoralists in semi-arid regions representing 55% of the population, other rural inhabitants representing 27%, and urban dwellers 18%. Approximately one third of the urban population was working for the government – the main employer – at that time through social welfare schemes. Private companies mainly managed or owned by European and Asian settlers had reasonable human resource development policies and practices including provision of adequate rewards and health schemes.

During the 1960s, the civilian government had strict fiscal policies which did not encourage widespread employment. However, when the military junta took over the country, it created several programmes which required a mass recruitment of personnel.

When private companies and entities, including commercial farms, schools, banks, and import and export businesses were nationalized in 1972, the government used them as employment centres. The military rulers also promoted large farming establishments under what was then known as the Crash Agricultural Programme. These large commercial entities such as the Agricultural Development Corporation and the National Trade Organization were known in the Italian context as *Ente Nazionale di Commercio*.

Although the socialist government encouraged greater employment in various sectors including the army, social pension hardly existed and few top ranking officers received some kind of pension payment upon retirement. The overall impression was that higher employment under the military rulers provided income for various households but there were no coherent policies to guarantee social security or meet international standards and commitments, except perhaps a workers' health service under an entity known *Cassa per Assicurazione Sociale della Somalia*.

Instant privatization

Following the collapse of the military government technically all state institutions and parastatal entities ceased operations. Properties were quickly

looted and infrastructures mostly destroyed. Therefore, all that remained in operation were privately owned entities.

This new condition created a situation whereby production of goods and provision of services fell solely into private hands. Therefore, since January 1991 a type of spontaneous, haphazard privatization of public properties and services has taken place in the country.

As the nation began recuperating from the loss of central rule through coping mechanisms, private initiatives started to respond to market demands. New schools, colleges, clinics, hospitals, electricity and water supplies and other services have all been provided but consumers must pay for all of these services and they are in general exorbitantly priced.

Few people can afford school enrolment, medical attention and other social services in the absence of a central government, whose role is to collect taxes and duties and convert the revenue into community development and public welfare.

Scarce public health services

Except for a few regions, health services are provided by private clinics and hospitals. Some of them even use former public properties from before the collapse of the government in early 1991 (SOCDA, n.d.).

The few facilities that offer a semblance of a public health system did belong to the former government and they have been rehabilitated and run through the efforts and assistance of international bodies such as the International Committee of the Red Cross, Red Crescent Societies from some Middle Eastern countries, International Medical Corps and other institutions.

Nevertheless, most of these health amenities are run through cost-sharing requiring patients to pay for beds and medicines at subsidized rates while food is generally provided. Some of the hospitals operating under such schemes in Mogadishu include the SOS Hospital, Madina Hospital, Keisaney Hospital and Benadir Hospital.

Traditional unemployment insurance

In Somalia, there has never been social welfare or even institutionalized coverage against the effects of unemployment. It has neither been a major government policy nor a widespread initiative. Therefore, no cash or in kind payments from the public sector have existed in the country.

* There are no data available on BCI and GEI components.

1 The Secretariat of the Social Watch Coalition in Somalia (SOCDA) is in Mogadishu. Tel: +252-1-216188; +252-5-930625; Email: <socda@socda.org>, <socda@globalsom.com>; Website: <www.socda.org>.



Nonetheless, Somalis have always used a traditional means of supporting each other, especially through clan associations. Clan members who find themselves destitute are exempted from contributing to the clan contribution system and may even qualify for assistance through collective means.

This contribution-based welfare is basically voluntary but it helps community members to survive together. This is why the impact of the civil war was easily absorbed through clan-based help. It derives from a centuries old culture of people living in nomadic pastoralism and in relatively harsh environments.

Somali Revolutionary Youth

During the former government, the state machinery occasionally created special camps for orphans. These could only admit a few hundred children through unclear selection criteria, but they were nominally considered to be children who lost their parents and had no guardians to care for them.

The military regime was happy to have such camps because it guaranteed the generation of future revolutionaries and that is why the children at the orphanages were called the Somali Revolutionary Youth, which was supposed to be associated with the Somali Revolutionary Socialist Party, the then single ruling party.

Today's youth, and especially those from poor families, face many threats. Child rape victims, especially in internally displaced people camps, are not uncommon, with 12% of adults and 6% of children admitting to having first hand knowledge of this type of violence. Children continue to be involved in militia groups with 5% of children reporting that they or their siblings had carried a gun or been involved in a militia. Meanwhile, 19% of children report that they or their siblings had worked on the streets at one time, with poverty being the reason for doing so. These children are far less likely to attend school and are more often exposed to drug use on the street. With 25% of the population regarding themselves as disadvantaged, children resorting to this type of work is not surprising (World Bank, 2006).

Ensuring access to education in Somalia continues to be a problem. Although primary school enrolment sharply increased from 1999-2004, it still lags below the rest of the world. According to UNESCO, at 19.9%, it is the only country registering a value lower than 30%.

Girls' access to education is limited with females representing only 35% of students. Among African countries, only Niger has a lower percentage of girls in primary school. The reasons cited for this low enrolment by parents and teachers include a preference to educate boys ahead of girls in cases where resources are limited, the need for girls to help with the household labour, the insecurity of girls travelling long distances to reach school, few female primary school teachers, the continued use of corporal punishment, and the lack of separate latrines for girls and boys. Other reasons for low enrolment include displacement, the nomadic lifestyle of many populations, and the continued conflict (World Bank, 2006).

TABLE 1. Key social and economic indicators

	2002
Average life expectancy (years)	47
Population (million)	6.8
Per capita household income (USD)	226
Extreme poverty (%)	43.2
Infant mortality rate (per 1,000 live births)	132
Under-five mortality rate (per 1,000 live births)	224
Maternal mortality rate (per 100,000 live births)	1,600
HIV/AIDS prevalence (%)	<1
Population with access to health facilities (%)	54.8
Doctors (per 100,000 persons)	0.4
Adult literacy (%)	19.2
Gross primary school enrolment (%)	16.9
Population with access to safe water (%)	20.5
Population with access to sanitation (%)	49.8
Unemployment (%)	47.4

Source: UNDP and the World Bank, Somalia Socio-Economic Survey, 2002; UNDP Somalia Human Development Report, 2001

Unregulated labour environment

Even during the military regime in the 1970s and 1980s, there were no laws to effectively protect people in business activities. This is especially true of the informal economy because the rulers always viewed all initiatives outside their control as not in line with the socialist principles. Labour laws and other directives, including scaled basic salaries and other benefits meant to help state workers, were not extended to the private business sector.

Asylum for neighbours

Between 1960 and 1990, the successive governments welcomed immigrants and people seeking asylum from neighbouring countries. The majority of these came from Ethiopia and from Djibouti when the territory was a French protectorate before independence in 1977.

The National Refugee Agency was established to take care of those running from wars and other forms of hardship in neighbouring countries. It usually coordinated the efforts of the Somali state and the international bodies willing to help the refugees.

Although most of those refugees were camped outside urban centres, more credible asylum seekers were offered reasonable accommodation and a means of livelihood. Those who received such hospitality include the current prime minister of Ethiopia, Atto Meles Zenawi, and former Burundian president Michael Bujumbura.

Only the promise of social benefits

Today, 43% of the population lives below the poverty line of USD 1 per day at purchasing power parity, which is equivalent to SOS 18,000 at the current exchange rate (World Bank, 2006). After 16 years of civil war, it is hard to imagine the new government embarking on a programme to help the people living under the poverty line. However, the leaders of the Transitional Federal Government are always promising to develop a political agenda that supports the

poor, especially through the achievement of the Millennium Development Goals (GCAP, 2006).

Stability first step towards social security

Somalia is currently at a very crucial stage whereby forces are battling for the rebirth of the lost statehood. Unfortunately, conflict continues to take its toll on the civilian population as warring parties resort to settling their differences through the barrel of a gun.

The international community appears to be urging Somalis to come to the negotiating table and clear their differences through peaceful means. Only a stable country can embark on a quest for sustainable development and the provision of adequate social welfare, including the right to social security services, a social pension scheme, health care, child care, maternity care and the protection of immigrants and asylum seekers.

Civil society activists in Somalia firmly believe that there are sufficient resources available but what is needed is good governance, appropriate technology and human-centred development policies to overcome the chronic lack of social security services. ■

References

- GCAP (Global Call to Action against Poverty) (2006). Press release.
- Relief Web (2006). "Factbox: Tensions in the Horn of Africa" [online]. Available from: <www.reliefweb.int/rw/RWB.NSF/db900SID/TKAE-6WU7MP?OpenDocument>.
- SOCDA (Somali Organization for Community Development Activities) (n.d.). "Health Care Welfare System". *The Monthly Watch*, Mogadishu, Vol. 2, Edition 20, p. 11.
- United Nations and World Bank Coordination Secretariat. Somali Joint Needs Assessment website: <www.somali-jna.org>.
- World Bank (2006). "Somalia: From Resilience Towards Recovery and Development. A Country Economic Memorandum for Somalia" [online]. Report No. 34356-SO. 11 January. Available from: <siteresources.worldbank.org/INTSOMALIA/Resources/cem_01_06.pdf>.