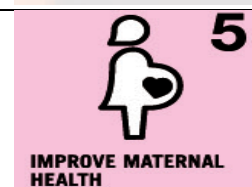
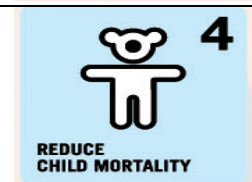


SOMALILAND

MDGs Report 2013 (Updated)¹

Prospects for meeting the MDGs by 2015

Ministry of National Planning
& Development
Somaliland
March 2014



¹ From Labour Survey and from World Bank survey 2012

Acknowledgment

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Dr. Sa'ad Ali Shire

Minister of National Planning & Development

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Acronyms

FAO	: Food and Agricultural Organization
HDR	: Human Development Report
AIDS	: Acquired Immune Deficiency Syndrome
ANC	: Anti Natal Care
ART	: Anti-Retroviral Treatment
BCG	: Bacillus of Calmette and Guerin
CDR	: Case Detection Rate
CECs	: Community Education Committees
CPR	: Contraceptive Prevalence Rate
CSOs	: Civil Society Organizations
DAC	: Development Assistance Committee
DfID	: Department for International Development
DOTS	: Directly Observed Treatment Short Course
EPI	: Expanded Program on Immunization
FGM	: Female Genital Mutilation
FSNAU	: Food Security and Nutrition Analysis Unit
GDP	: Gross Domestic Product
GER	: Gross Enrollment Rate
GoS	: Government of Somaliland
GPI	: Gender Parity Index
HDI	: Human Development Index
HIV	: Human Immunodeficiency Virus
IDPs	: Internally Displaced Persons
ITN	: Insecticide treated Nets
IGR	: Income Gap Ratio
KABP	: Knowledge, Attitude, Beliefs and Practices
MCH	: Maternal and Child Health
MDGs	: Millennium Development Goals
MICS	: Multi-sector indicator survey
MMR	: Maternal Mortality Rate
MoE	: Ministry of Education
MoH	: Ministry of Health
MoL&SA	: Ministry of Labor & Social Affairs
Mowed	: Ministry of Mineral, Water Resource and Energy
NER	: Net Enrollment Rate
NFE	: Non Formal Education
SES	: Socio-Economic Survey
TB	: Tuberculosis
UNDP	: United Nations Development Program
UNESCO	: United Nations Education Social Culture Organization

Executive Summary

World leaders have imposed on themselves eight goals and 21 targets at Millennium Summit in September 2000, the largest gathering of world leaders in history. It was made the responsibility of every country to strive to achieve these goals by operationalizing the MDGs and incorporating them into their national development plans. Countries with developed economy had an extra responsibility of supporting developing nations with 0.7% of their gross national incomes. Moreover, these countries had the obligation to liberalize their trade with less developed countries. Merely three years remains before the deadline of the MDGs and it is questionable if many countries specially developing ones would ever achieve the goals.

This report provides extensive details on the progress of achievement towards MDG by Somaliland. It is consistent with the reporting guidelines stated in the 2nd addendum.

Preamble

The economy of the country is weak and depends mainly on livestock. It is extremely vulnerable to external shocks that may include global prices of exports and imports. Moreover, this country remains unrecognized for over 20 years. To that end, Somaliland could not be expected to achieve all targets.

Goal 1: Eradicate Extreme Poverty and Hunger

The target is to halve the proportion of people in the Somaliland whose income is less than one dollar a day between 1990 and 2015. The progress towards the goal could be assessed using set of indicators prescribed for goal one.

In respect to the first indicator, the proportion of the population living under one dollar per day has fallen from 37.5% to 30% in the seven years between 2003 and 2010 for the urban population (community census 2007/08). The situation further improved and the proportion living below one dollar fell to 29% in the year 2012. In contrast, the situation of the poverty level was not encouraging and stood 38% in the same year (World Bank House Hold and Enterprise Survey 2013). Somaliland poverty level is similar to poverty in urban areas in Ethiopia, but is worse than Ethiopia in the rural areas. Regarding the proportion of people living below minimum level of dietary energy consumption, there was noticeable disparity between Urban & Rural populations. In the year 2012, 42% of Urban & 57% of rural populations lived below minimum dietary consumption (World bank survey 2012).

The employment-to-population ratio in Somaliland is 38.5% for urban and 59.3% for rural (NDP 2011). In contrast, according to labor survey conducted by ILO in 2012 in three cities (Buroa, Hargeisa and Borama), the ratio of employment-to-population is lower than the top mentioned one. The survey revealed a ratio of 23% in these three cities. There is a wide gap between males and females. As for the urban & rural population the difference was negligible and the ratio was just over 22%.

The proportion of children under five who are undernourished declined sharply by 15% in just seven years and was standing 21% in 2006 (mics2006). This success could be due to many factors including the improvement and expansion of health care centres in Somaliland.

Goal 2: Achieve Universal Primary Education (NER)

The single target of this goal is that children everywhere, boys and girls alike, will be able to complete a full course of primary schooling by the year 2015.

In Somaliland, Net enrolment ratio has increased from 29% in 2001 to 44% in 2006 (UNICEF reports). The ratio further increased to 51.3% by the year 2011 (MICS 2011). An additional increase of 3% was reported by labour survey conducted by ILO in 2012 and ratio stood 54%. There is a disparity among regions with Awdal registering highest ratio of 65.2% and Togdher and Sool having lowest ratio of just above 45%. Such disparity also exist between urban (64.9% & rural (45.5%) people (Mics 2011).

The proportion of pupils starting grade 1 who reach last grade of primary was 36.4% which indicates a high rate of drop out which is 63.6%. In contrast, 92% of students who begin first year of secondary school complete the secondary schools. According to MICS 2011, only 40 percent of 7 year olds are attending school. There is an increase in the number of children aged 7 to 10 years who attend primary schools but number decreases for children of age 13 -14 years

The literacy rate of the group 15 years and older was 27% in 1999. The Percentage of Literate women aged 15 years to 24 in Somaliland stood 35.5 in 2006 (mics 2006). That percentage has risen to 44.1% by 2011 (Mics 2011)

In relation with the foregoing, there is no chance that this target would be achieved by Somaliland. From the available data is clear that 29% of school age children would not have the opportunity to access primary education.

Major challenges include lack of enough schools particularly in major towns where student – class ratio is high, while existing school system is not suitable to the roaming lifestyle of the nomads, which make 60% of the Somaliland population

The responsibility of improving the primary education lies with the ministry of education and UN agencies that support education. Effective educational policy which is based on sound assessment is needed.

Goal 3: Promote Gender Equality and Empower Women

The target requires eliminating gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

In respect to female & male ratio, there is a clear gap between the two sexes. For every female pupil in the primary schools, there were three boys in 1998. However, the situation was gradually improving until 2005 when the ratio became 1.67 boys to every girl. The situation has further improved and the ratio of female to male came close to one and one (1:1.15) in 2011 (Mics 2011). The % of females attending primary schools was gradually increasing from 26.7% in 1998/99 to 42.2% in the year 2011(MOE). In the secondary schools there is significant improvement. The ratio rose from 0.3 to 1.0 in 2008 to 0.67 to 1.0 in 2011(Mics 2011). However, the gender disparity gets wider at higher levels of the educational system. In the tertiary education the ratio is on average 0.3 female to 1.0 male in Hargeisa and Amoud Universities. In other words there was one female graduate for every three male graduates (Somaliland in figures edition 9).

Share of women in wage employment in the non-agricultural sector is not known for exact, since there is no data available for total number of wage earners in the country. But if we use the number of civil servants as part of wage earners, then we find that out 9591 employees, females constitute 1912 or 20%(Commission of civil servants 2011). This stands for an average ratio of 4males to 1 female. It is worth noting that out of the 45 government institutions listed, females outnumber males in 3 institutions (Civil servant institute, human rights commission and lower courts). It is also worth mentioning that even in the ministry of social affairs (related to women) males outnumber females.

Representation of woman in both chambers of parliament is 2 out of 164 or roughly 1.2%, which is insignificant.

The Millinun target which was to achieve parity by the year 2005 is not likely to be achieved. The matter is deep-rooted and actions of government alone will not rectify the situation immediately.

Improvement of the socio-economic status of women, elimination gender inequalities/disparities in employment, strengthening women associations combined with sound national policies may mitigate the situation. The ministry of social welfare should take the lead on this front.

Goal 4 Reduce Child Mortality.

The target of this goal is to reduce two-thirds, between 1990 and 2015, the under-five mortality rate.

The under-five mortality rate has decreased to 113/1000 in 2006 from 275/1,000 in 1990.

The infant mortality rate has declined to 88/1000 live births in 2006 from 152 per 1,000 live births in 1990. MICS 2011 indicates further decrease of child mortality since 2006. The rate has dropped to 90/1000 in 2011.

If that pace is kept, then it is likely that the target of 91/1000 would be achieved by 2015, In the case of infant mortality rate, there is a significant progress on this indicator. Infant mortality dropped 113/1000 in 1999 to 72/1000 in 2011. This is a drop of 36% in 12 years.

Goal 5: Improve Maternal Health

The first target of this goal aims a reduction by three quarters, between 1990 and 2015, the maternal mortality ratio. The second target of this goal requires universal access to reproductive health by the year 2015.

The maternal mortality rate has declined to 1013/100,000 in 2006 from about 1600/100,000 live births in 1990. This stands for a substantial drop of 35% in nine years.

The proportion of births attended by skilled health personnel was 27% in 1999 and increased to 41 % (Mics 2000 & 2006). This represents an average annual increase of 2% during the seven years between 1999 & 2006. The proportion of births attended by skilled personnel has been increasing since 1999, when it was 27.6%. in 2011, the proportion rose to 44% (Mics 2011). The unmet need for family planning dropped to 20.2% in 2011 from 29.2% in 2006.

As far as the antenatal care coverage of the country is concerned, the situation is not frightening according to the sketchy data that is at hand.

There are several constraints standing on the way of improving maternal health. These include high costs of health services, limited number of health professionals and poor status of the majority of women.

The target requires the maternal mortality rate to be reduced to 400/100,000 by the year 2015 and that is not expected be realized by the deadline 2015.

In order to overcome these problems, human resources and an enabling environment should be improved.

Goal 6: Combat HIV/AIDS Pandemic, Malaria and Other Diseases.

The first target of this goal aims at the halting **and** beginning reverse the spread of HIV/AIDS.

The second target states universal access to treatment for HIV/AIDS for all those who need it by 2010.

HIV/AIDS statistics for Somaliland is perceived to be much lower than the high prevalence of the pandemic in the surrounding countries like Djibouti and Ethiopia. A community based survey on HIV/AIDS and STIs conducted in Somaliland revealed a 0.9% HIV prevalence in the general population patients (UNICEF, 2003). On the other hand, MICS 2006 data provide lower prevalence rates which were 0.9 & 1.4% in years 1999 & 2006 respectively.

Due to the sensitive subject of condoms among Somalis, indicators of sexual behaviour like use of condoms and number of sexual partners at given time points are hard to investigate. However,

in Somaliland, 13% of men stated they have ever used condoms compared to only 3% of women according to KABP Survey 2003/4

Traditionally, the population is mainly nomads and have relatively less knowledge of HIV. The proportion of men with knowledge of HIV in Somaliland was 58.7% in 2004, while proportion of women is 51.2%. Mics 2011, reports that 7 percent of young women aged 15-24 years had comprehensive knowledge about HIV prevention and 51.3 percent correctly identified all three means mother-to-child HIV transmission. A great majority (88.9%) of women have heard of AIDS.

According to Mics 2006, number of children without parents who attended primary school was 51.5% and the number of children with both parents who attended school was 54%. This indicates a ratio over 95%. In 2011, ratio of orphans to non-orphans in school attendance was 1.16. This indicates that orphans outnumber the other group by small margin, a reality that shows that school attendance is not subject to the orphanage or non orphanage status of the child.

The proportion of children under five sleeping under insecticide-treated bed has increased only 3% from 1999 to 2006. In the year 2011, the number was 21.9%.

In respect to this goal, Somaliland has no problem in achieving it by 2015, because HIV/AIDS is not a major endemic in this country.



Goal 1: Eradicate Extreme Poverty and Hunger



1

ERADICATE
EXTREME POVERTY
AND HUNGER

The target.

This goal targets to halve between 1990 and 2015, the proportion of people in the Somaliland whose income is less than one dollar a day and/or suffer from hunger and to achieve full and productive employment and decent work for all, including women and young people. Estimates are based on incomes or consumption levels derived from household surveys.

Status & prospects

1.1 PROPORTION OF POPULATION BELOW \$1 (PPP) PER DAY

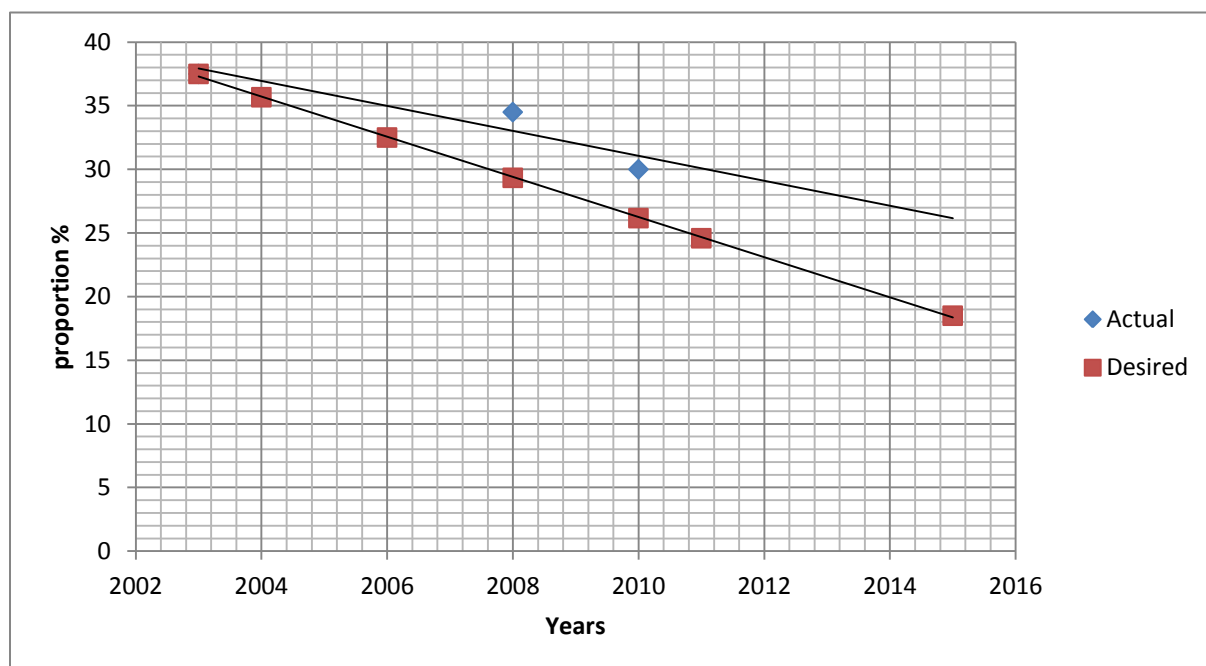
The fight against poverty in Somaliland resulted in a decline in the poverty level. FSAU urban report estimates that the proportion of poor in Hargeisa town (with more than half of urban population), was between 20 to 35% in 1998 and that proportion increased slightly from 25-35% to 30-40% (FSAU Hargeisa urban reports 1998 & 2003). However, The proportion of the population living under 1dollar per day has fallen from 37.5% to 30 % (community census 2007/08) in the seven years between 2003 and 2010.

In respect to the first indicator, the proportion of the population living under one dollar per day has fallen from 37.5% to 30% in the seven years between 2003 and 2010 for the urban population (community census 2007/08). The situation further improved and the proportion living below one dollar fell to 29% in the year 2012. In contrast, the situation of the poverty level was not encouraging and stood 38% in the same year (World Bank House Hold and Enterprise Survey 2013). Somaliland poverty level is similar to poverty in urban areas in Ethiopia, but is worse than Ethiopia in the rural areas.

In general, that the poverty situation in Somaliland is much better than that of Puntland/Somalia where the proportion below poverty line in 2002 was estimated to be 43.5% (Puntland MDG report).

Despite this fact, it is not clear, what progress towards alleviating poverty has been made since 1990(the starting year of the MDGs). However, if half of the proportion of 2003 is set to be the reference point, then there is little chance, the country could realize this indicator or the target.

Fig 1: Poverty trend 2003- 2015(projected)



Picture

1.2 POVERTY GAP RATIO

Poverty gap ratio is the average distance separating the population from the poverty line (with the non-poor being given a distance of zero), expressed as a percentage of the poverty line. It is calculated by obtaining income gap ratios (IGR) for the population below the poverty line, divided by the total population. The other way, which could be simpler, is to estimate an average of the income gap of all poor people multiplied by their number (Head count).

The variables needed for the calculation of IGR are not available. These include data on the income of the individual, number of poor people and the size of the population. To that end it is not feasible to get that ratio. The absence of this ratio undermines the estimation of the target.

However, if we look at the poverty gap index in one of the neighboring countries for example Ethiopia, that index was 8.3% in 2004/05 (Ethiopia: 2010 Millennium development goals report). This might give an indication of the situation of Somaliland poverty gap ratio.

1.3 SHARE OF POOREST QUINTILE IN NATIONAL CONSUMPTION

Share of the poorest quintile in national consumption is defined as the income that accrues to the poorest fifth of the population.

Household surveys should be conducted in order to estimate household income and its distribution. After ranking population by income, then income of the bottom fifth is expressed as a percentage of aggregate household income. For a population, where the majority are nomads that move from one place to another, it is not likely that a successfully could be ever undertaken. Hence this indicator would not be known until then.

Looking the share of poorest quintile in Puntland, it was 4.1% in 2002(Puntland MDGs Report 2010) and that of Somalia as a whole was 5.6 %(SES2002)

1.4 GROWTH RATE OF GDP PER PERSON EMPLOYED

This indicator relates to the second target of the first goal, which demands the achievement of full and productive employment and decent work for all, including women and young people. The growth rate of GDP per person employed or labor productivity is defined as the growth rate of output per unit of labor input. In 2012, Somaliland's GDP is estimated to have been \$1.4 billion at current US\$ prices. GDP per capita is estimated to have been \$347 at current US\$ prices) (World bank House hold survey 2013). It is worth mentioning that urban households are better off than rural households. Inequality is similar in urban Somaliland and in rural Somaliland. Somaliland has an urban Gini coefficient of 43% and a rural Gini coefficient of

46%. The rate of growth of GDP per person is not available, since the relevant data for comparison is not in place.

1.5 EMPLOYMENT-TO-POPULATION RATIO

This ratio is calculated by dividing the employed population by the total working or available for work group that is characterized by the age group 15 to 64 known as economically active group. According to the National Development Plan Report, employment-to-population ratio in Somaliland was estimated at 38.5% for urban and 59.3% for rural. The aggregate average national employment rate is estimated at 52.6 percent.

On the other hand, a labor survey conducted by ILO in 2012 in three cities (Buroa, Hargeisa and Borama), revealed a ratio of employment-to-population that stands 23% in these three cities. There is a gap between males and females in this ratio. It appears that more males are employed (28.5%) than females (16.7%). This is not something unusual when you know the culture of the people. As for the urban & rural population there is difference between the two and the ratio is 22.3% and 22.6% respectively

Therefore, unemployment rate was 47.4 percent for the whole country (WB survey, 2002). In the context of poverty, such high unemployment rate among the active group signifies less income for nearly half of the population. From the other perspective, this points to waste of human resources and loss of production which could result out-migration of youth and an increase of crimes.

1.6 PROPORTION OF EMPLOYED PEOPLE LIVING BELOW \$1 (PPP) PER DAY

This indicator requires data on the number of the people who work but live in households whose members live under the international poverty line. Such data could not be found.

If the number of civil servants are taken as being sample of employed people, then majority of them live below one per day and they make up roughly less than 1% of the population

1.7 PROPORTION OF OWN-ACCOUNT AND CONTRIBUTING FAMILY WORKERS IN TOTAL EMPLOYMENT.

Again no data are available for this indicator.

1.8 PREVALENCE OF UNDERWEIGHT CHILDREN UNDER-FIVE YEARS OF AGE

The third target is to reduce by half the proportion of people who suffer from hunger, this could be measured by calculating the percentage of children aged 0-59 months whose weight for age is less than minus 3 standard deviations below the median weight for age of the international reference population.

In contrast to previous target, Somaliland has made considerable progress towards the realization of this target. The proportion of children under five who are undernourished declined by 15% in just seven years. This success could be due to many factors including the stability in Somaliland.

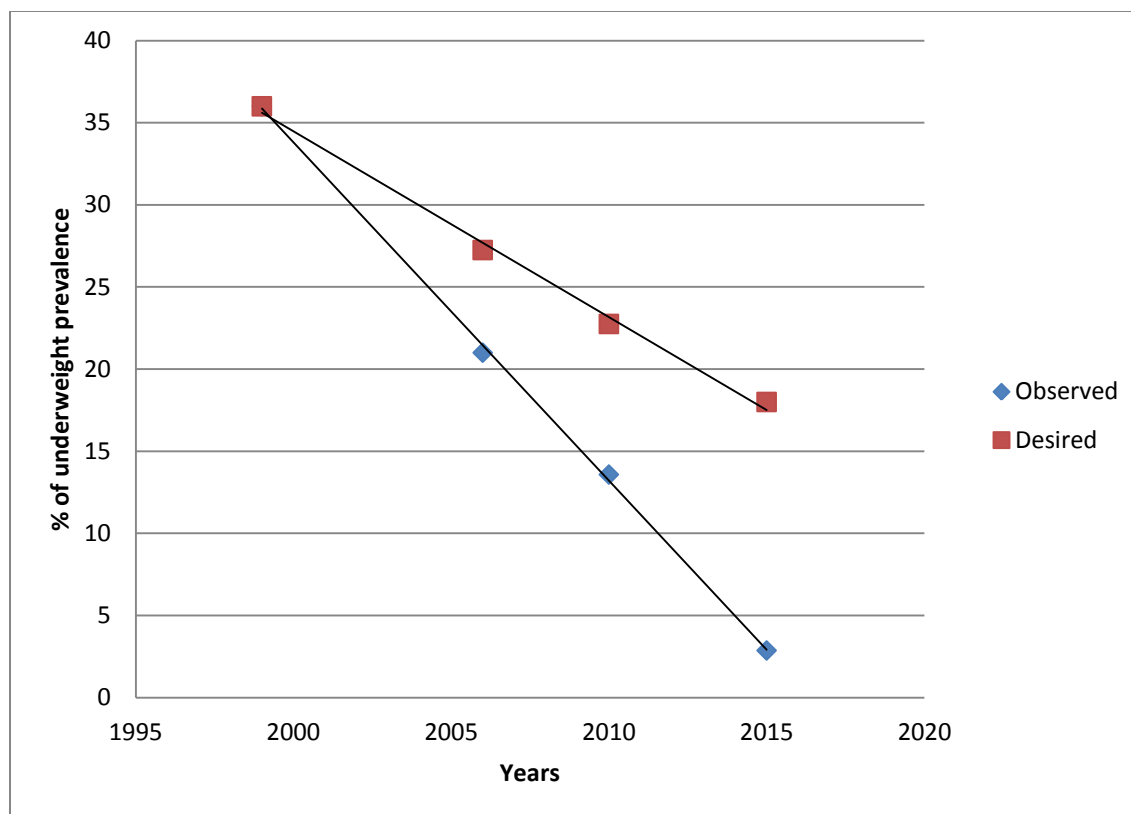
Table1: Underweight Prevalence among Children under five years

Year	Underweight Prevalence Value
1999	36%
2006	21%

The underweight prevalence value of 21% in 2006 is reasonable when compared to the 36% in 1999, because there is 71% drop relative to 1999. However, it is questionable if the target of 50% reduction of people who suffer from hungry could be achieved by the end of 2015, since the value of the 1990 is not known. However, if a rough projection is made from the values of 1999 and 2006, then, the 1990 prevalence would be 60% and Somaliland has already achieved 30% target.

Micronutrient survey (2009), reported further improvement of the situation of the underweight prevalence among children under five (13.9%). There was an evidence that there was male children had higher underweight prevalence of 18.7% relative to their female counterparts (11.9%)

Fig 2: Underweight Prevalence among children under five



1.9 PROPORTION OF POPULATION BELOW MINIMUM LEVEL OF DIETARY ENERGY CONSUMPTION

This is the proportion of the population whose food intake falls below the minimum level of dietary energy requirements which is 2100kcalories for grown up person. In other words it is the percentage of the population that is undernourished or food deprived.

In 2012, that proportion was 42% for urban population and 57% for the rural (World bank survey 2102). But if we look at the data of the neighboring Somalia, we find the proportion in question was 71% in 2002(Somalia MDG report 2007), while in Puntland that same proportion was 43.5% in 2002. 42

From these figures, we gather that the true proportion is yet to be found. Despite this fact, it is safe to report that the majority of the population (at least 60%) gets the minimum dietary level of 1600Kcal/ day.

1.10 CHALLENGES

Poverty encompasses low levels of health and education, poor access to clean water and sanitation, inadequate physical security, lack of voice, and insufficient capacity and opportunity to better one's life (World Bank).

Poverty means not having enough to feed and clothe a family, not having a school or clinic to go to, not having the land on which to grow one's food or a job to earn one's living, not having access to credit. It means lack of basic capacity to participate effectively in society (United Nations)

- ❖ If the poverty level in the country is to be reduced, then the economy of the nation should be strong enough to address the problem. Unfortunately, Somaliland economy is weak and is extremely vulnerable to external shocks that may include global prices of exports and imports. Somaliland lacks food security and imports over 96% of its food needs from overseas (MNP&D food security report, 2011). Therefore any upward change of prices of food prices will have serious impact on the economy. Similarly any downward change of livestock prices will have adverse consequence on the economy.
- ❖ The economy is also susceptible to climate changes like droughts and flooding which could impact on the livestock which is the backbone of the national economy. There are neither provisions nor preparedness for these shocks.
- ❖ Somaliland lacks the means to enter into international agreement due to its unrecognized status. This prevents Somaliland from accessing major foreign aid and lending facilities.
- ❖ In relation with the forgoing, the country remains undeveloped, and is in short of basic social facilities such as health, education, electricity and water.
- ❖ Important economic infrastructure like roads, bridges and ports, etc are not in place & will not be in short term.
- ❖ Other challenges include Limited employment opportunities, Poor work culture and socially acceptable dependence on others.

1.11 WAYS FORWARD

If the country is to improve the living standard of its people in the long term and to reduce the proportion of the population living in poverty then it should take concrete actions. The following recommendations are almost in line with NDP. They include but not limited to:

- ◆ Mobilization and utilization of country's natural resources like fishing, mining, wind, and solar energy is to be given priority.
- ◆ Encouraging the growing private sector in the country to invest in the provision of public services that the governments now dominate like health sector, education sector and provision of water.
- ◆ Harmonizing the efforts and interventions of Somaliland government, UN agencies and INGOs so as to avoid the duplication and misuse of donor aid to the country.
- ◆ Integrated plan is needed for the development of essential infrastructure like roads, bridges, jetties and airports.
- ◆ The capacity of national and regional institutions should be strengthened. Particularly, their capacity towards data collection, processing, analyzing and sharing information should be enhanced.
- ◆ Establishing credible and sustainable Labor Market Information System that will provide regular, accurate and time series data on employment.
- ◆ Creation of more employment opportunities through food for work schemes. For example major part of unemployed youth could be requested to build/ maintain road in exchange for food.
- ◆ Raising the awareness of the communities in the importance of the poverty eradication in general and in national food security in particular.

*Sorghum growing in a Somaliland farm
(MDGs Target)*



Goal 2: Achieve Universal Primary Education



The target of the goal

The single target of this goal is that children everywhere, boys and girls alike, will be able to complete a full course of primary schooling by the year 2015.

The progress towards this goal would be monitored using the net enrolment ratio in primary education. That is the ratio of the number of children of official school age, who are enrolled in primary school to the total population of children of official school age.

Status and Prospects

2.1 NET ENROLMENT RATIO IN PRIMARY EDUCATION

Somaliland has been striving to increase the enrolment rate of the primary education for the last decade. Net enrolment ratio has increased from 44% in 2006 to 51.3% in 2011. ILO labour survey conducted in 2012, reported a ratio of 54%. This amounts to a yearly average increase of 1.67 % over the past six years (2007-2012). At this rate of increase, Somaliland will not be able to achieve the target of 100% by the year 2015.

However, according to the projection made, it is likely that this target may be realized by the year 2059 (on the assumption of annual growth of 1.4%).

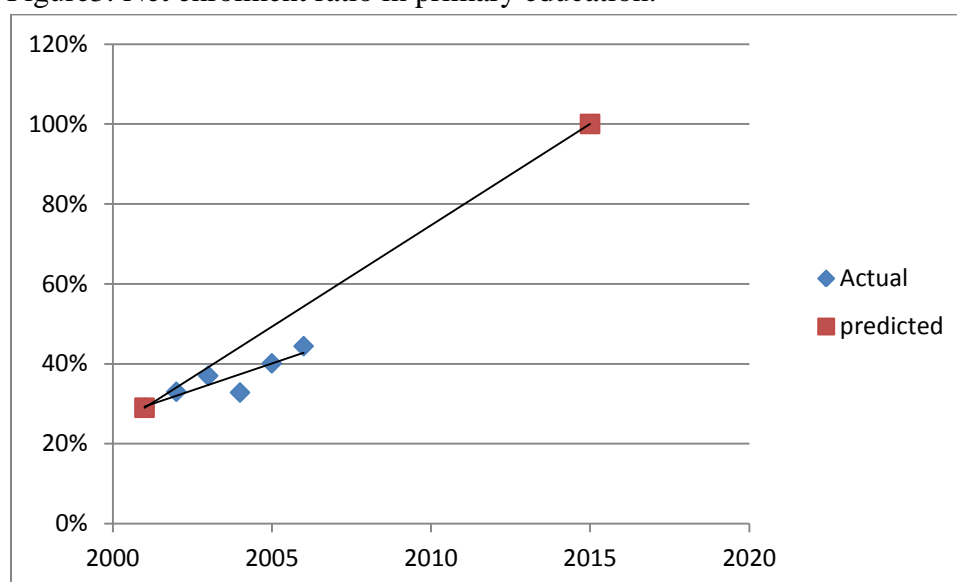
The above calculation is based on the UNICEF primary school survey data, which uses UNDOS population estimate. See the table below for details.

Table2: Primary School (grade 1-8) Trend of Enrolment by Year

2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
84674	96206	106480	118316	136756	151500	159042	170930	232,999	170,347

Source: MNP&D

Figure3: Net enrolment ratio in primary education.



The NER increased from 29.3% in 2001 to 44.4% in the year 2006, using UNDOS population estimates. The ratio further increased to 51.3% in the year 2011(Mics 2011) and to 54% in 2012(WB Survey 2012). Male NER in 2006 was 52.7% whereas the female NER was 38% for the same year (MICS 2006). There is a high disparity between sexes.

In regard to urban areas, the NER was 41.1% whereas in the rural, it was 12.1% for Somalia (Mics 2006). Moreover, there exists disparity in NER among the regions.

The overall rise in access to primary education is mainly due to the increase in the number of primary schools from 307 in 2001/02, to 627 in 2008/09 (MoE). This has been facilitated by the

fact that the education sector receives a lion's share from international assistance (21.7% in 2009) coupled with the big share from the national budget.

Despite this fact, over half of the children that were supposed to be enrolled in primary schools did not have the chance to go to schools in the year 2006.

2.2 THE PROPORTION OF PUPILS STARTING GRADE 1 WHO REACH LAST GRADE OF PRIMARY.

Measuring the proportion of pupils starting grade 1 who reach last grade of primary requires obtaining the enrolment of distinct groups from grade one to grade eight.

In 2002, the intake of first grade pupils was 24634. Of that number 8968 completed upper primary education or grade eight in 2010. The number that graduated represents 36.4%. Again, in 2003, the intake of first graders was 26427 and the number that completed upper primary education in 2011 was 10711 which stand for nearly 41%. However, if we look at the same number of first graders in 2002, we can see that 67% completed lower primary education or up to grade four. The table below illustrates how the number of the same group has been progressively decreasing from year 1 to year five.

Table3: Cohort analysis

school year	2002/03	2003/04	2004/05	2005/06	2006/07
Grade	grade1	grade 2	grade3	grade 4	grade 5
No of pupils	24634	21900	16866	16467	13691
Survival rate	100	88.9	68.5	66.8	55.6

To facilitate understanding, if we start with 100 students and check the number that survived until grade five using the percentage in table below, we would find that only 58 completed grade five. This is just in line with top calculation.

Table4 : number of pupils attending each grade

school year	% Attending 1 st grade	% Attending 2 nd grade	% Attending 3 rd grade	% Attending 4 th grade	% Attending 5 th grade	% reached 5 th grade
Primary	100	90.3	95.1	89.5	95	80
Secondary		98.3	100	99.5	98.3	96.1

In contrast, the drop out % in secondary schools is much less than that of primary school. If we use data for secondary schools in the table above, we would find that 92% completed secondary schools.

According to MICS 2011, only 40 percent of 7 year olds are attending school. There is an increase in the number of children aged 7 to 10 years who attend primary schools but number decreases for children of age 13 -14 years. School attendance drops quite dramatically the older the child gets. It is however, worth noting that MICS does not make reference to a base year from which the increase or decrease could be measured from.



Picture of co-education class

2.3 LITERACY RATE OF 15-24 YEAR-OLDS, WOMEN AND MEN

The age group 15 -24, represents nearly 16% or 549,500 of the population according to UNDP survey in 2002. The literacy rate of the group 15 years and older was 27% in 1999). For the males the rate was 54.8%, while that for females was less than the half of the males or 25.4 % (MICS 1999). In 2012, labor survey reported that the literacy rate of this age group was 74% for the males and 55% for the females. It is however, important to note, this information has been collected only from three towns and their respective surroundings. Despite, this limitation, the information can be applied to whole country, since the population of these three cities represent

more than of the total population . In relation with foregoing, we can observe that Somaliland has made considerable progress in literacy of this age group over the past years.

There is an evident disparity between Males and females and between the females themselves. Women in relatively wealthy families enjoy better chance of becoming literate. MICS 2011 indicates a literacy rate of 63.8 %t among women in the richest households.

2.4 **CHALLENGES**

- ☞ Lack of enough schools particularly in major towns where student –class ratio is high.
- ☞ Existing school system is not suitable to the roaming lifestyle of the nomads, which make 60% of the Somaliland population. This group needs mobile schools which are non-existent.
- ☞ High cost of education in urban areas
- ☞ Limited vocational and adult education facilities
- ☞ Insufficient qualified teachers and Low teacher remuneration
- ☞ Lack of adequate management, planning , supervision, and curriculum development capacity
- ☞ Lack of coordination in the interventions of education
- ☞ Limited number of adult education facility.

2.5 **WAY FORWARD**

- ✱ The country needs to put in place an effective assessment strategy to measure the future efforts required in terms of educational schools places, literacy campaigns, teacher training, educational materials and so forth.
- ✱ Educational policy that regulates the system of education in the country must be put in place.
- ✱ Education as means of employment should also be emphasized during the awareness raising campaigns to reduce the rate of drop out of girls from schools.
- ✱ Introduction of mobile and boarding schools for nomads is needed
- ✱ Initiate teacher training college programs
- ✱ Provide incentives such as feeding centers to increase access and tackle retention problems
- ✱ Increase primary and secondary school enrolment rates through increase of the number of schools.

- ✧ Strengthen the capacity of the Non Formal Education (NFE) Department at both the MoE headquarters and the regional level
- ✧ Strengthen the oversight authority of the Ministry of Education over private schools, colleges, and universities through the exercise of its accreditation powers.
- ✧ Increase the number of technical vocational schools.
- ✧ Free education programs for the poor must be in place.
- ✧ Quality of education must be improved through improvement of the quality of teachers, curriculum, and schools environment and through well prepared & invigilated exams.

Goal 3: Promote Gender Equality and Empower Women



The target of the goal

The target of Goal three requires eliminating gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

The target achievement would be monitored using the ratios of girls to boys in primary, secondary and tertiary education. That is the ratio of the number of enrolled girls to enrolled boys, regardless of ages.

Status & prospects

The gender equality is stipulated in the Constitution of Somaliland. To that end, there is no gender discrimination in Somaliland and children of both sexes are equally welcome to schools in the country.

In 2005, the Government upgraded the level of Women's Affairs to a full Ministry of family Affairs (MoFA) with the mandate to ensure that due consideration was given to gender issues across all sectoral policies. Efforts continued to firmly establish gender as a cross-cutting issue in all national planning activities.

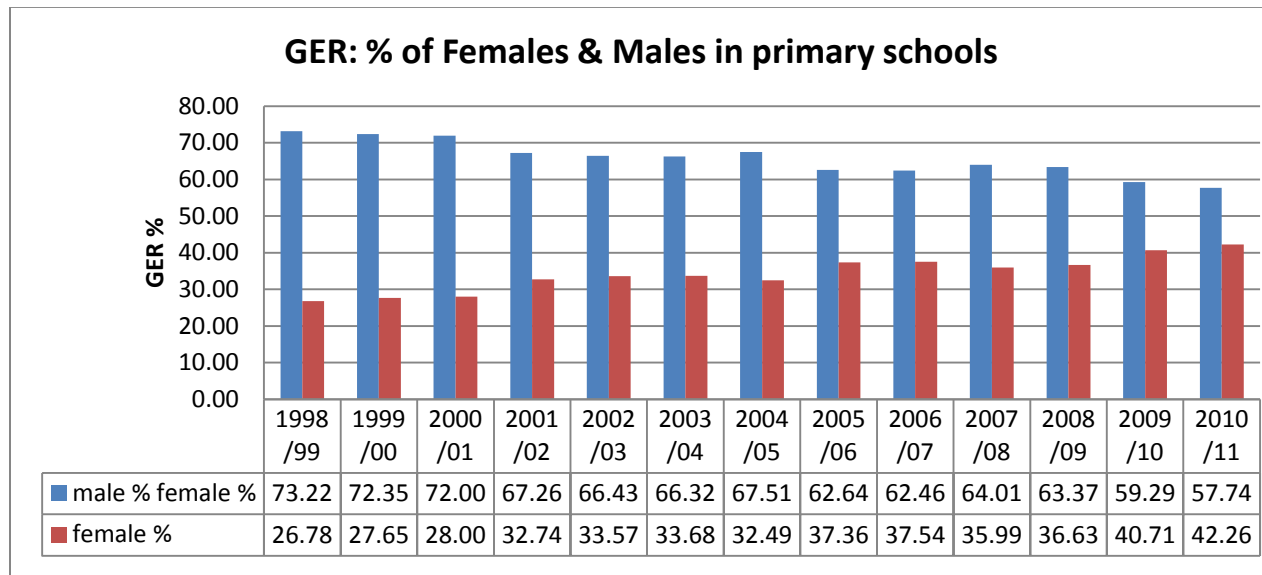
MOSA&F has also recognized addressing gender issues as one of its priorities. To this effect, MOFA expects to achieve increased

access to education by girls and women, improved water supply and sanitation as well as health services. Measures are also taken to reduce violence against women, including the enactment of protective legislation.

3.1. RATIOS OF GIRLS TO BOYS IN PRIMARY, SECONDARY AND TERTIARY EDUCATION

Regardless of the efforts made by the government, student gross enrollment rates in all levels of education, reveal clearly that the percentage of female is lagging way behind that of boys.

Figure 4: % of Gross Enrollment Rate by sex



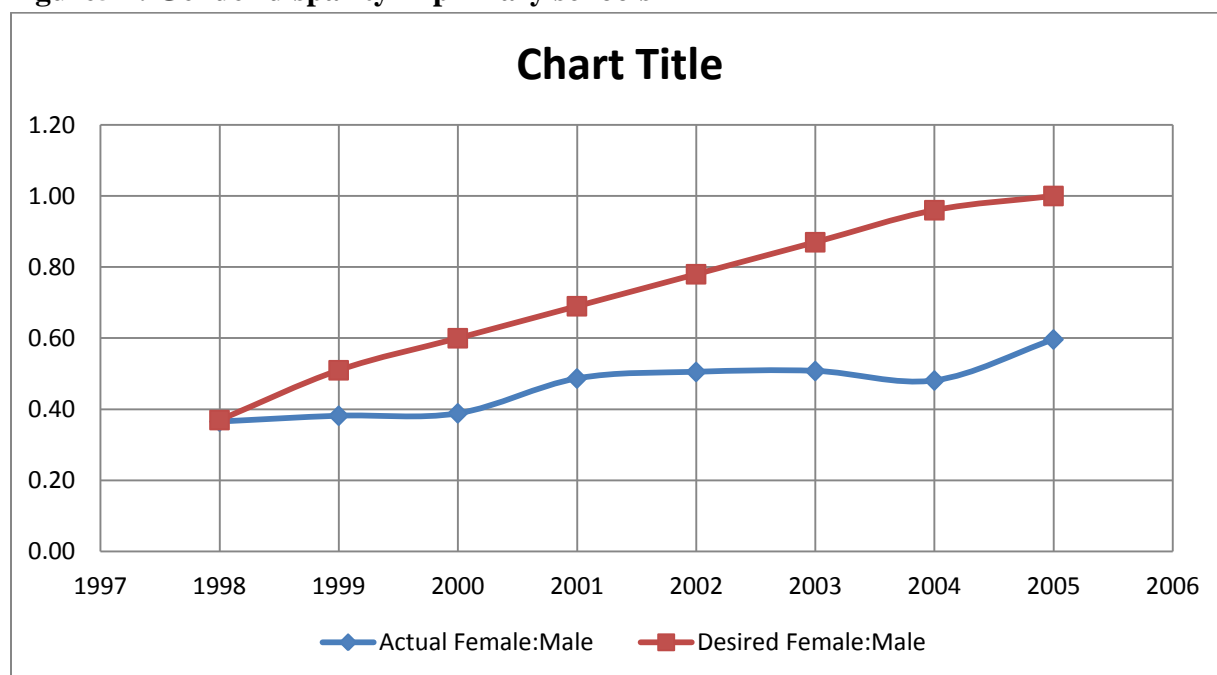
In respect to female & male ratio , there is a clear gap between the two sexes. For every female pupil in the primary schools, there were three boys in 1998. However, the situation was gradually improving until 2005 when the ratio became 1.67 boys to every girl. The situation has changed for the better since 2011 , and the ratio of male to female decreased to 1.16 which means that the gap between the sexes is narrowing (Mics 2011).

Table 5 :GPI in primary schools

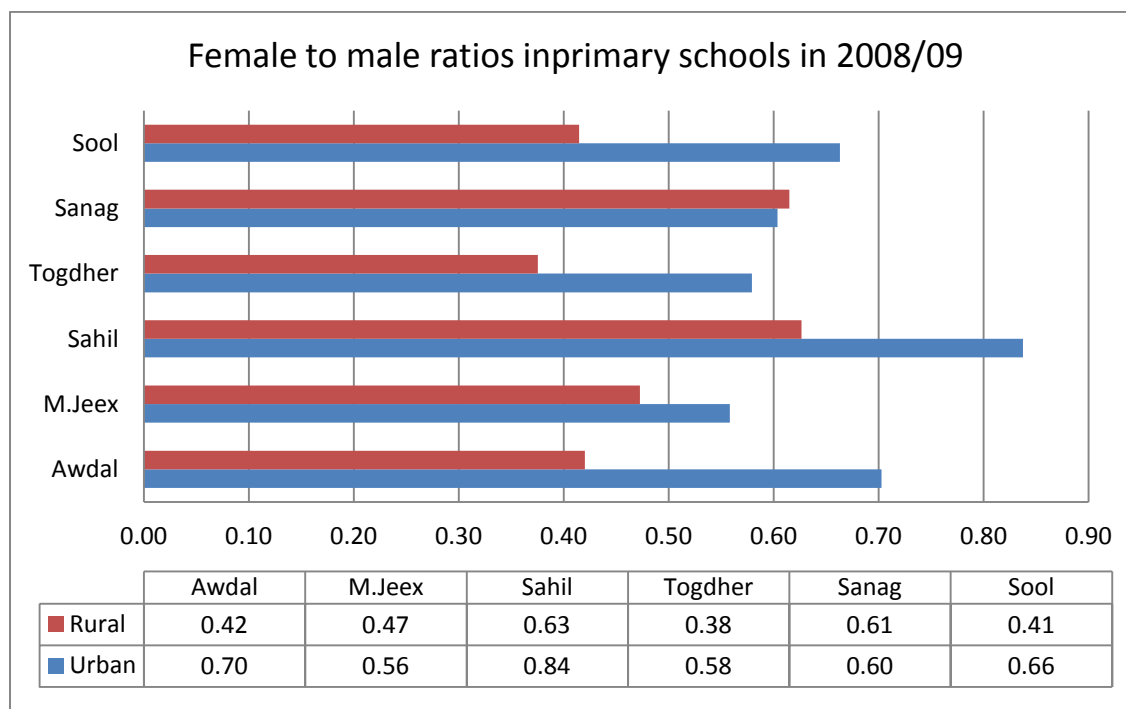
year	2001	2002	2003	2004	2005	2007	2009	2011
Actual: Female: Male	0.49	0.51	0.51	0.48	0.6	0.56	0.69	0.73
Desired: Female: Male	0.69	0.78	0.87	0.96	1			

(Somaliland in figures 2011)

Figure5 : Gender disparity in primary schools



In respect to the regions, there is gender disparity exists with in the regions and among regions. There is wide gap between the rural and urban population. The table below summaries this fact.



Source: Ministry of education.

However, the gender disparity gets wider at higher levels of the educational system. In the secondary schools, the situation of female to male ratio is even worse than that of primary schools. In 1998 female proportion in secondary schools was 0.17 or 17 where as it was 0.37 in primary schools in the same year. Female ratio in secondary schools in 2008 was 0.38 which is equivalent to primary ratio of 1998. However, there was a good sign that the situation was improving since 2011, when gender parity index stood 0.67 in secondary schools. This stands for an increase of 76% in three years according to MICS 2011.

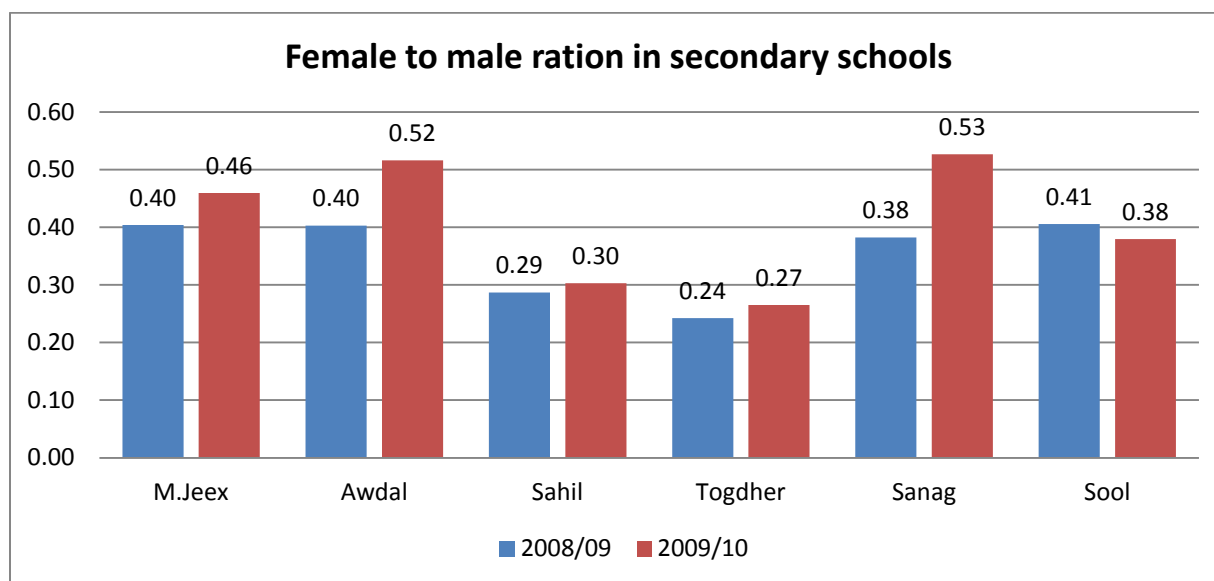
Maintaining school progress over the next two years, there is a good prospect that this would be nearly achieved.

Table 6 : female to male ratio in secondary schools.

1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2011
0.17	0.23	0.23	0.22	0.22	0.27	0.28	0.3	0.32	0.39	0.38	0.67

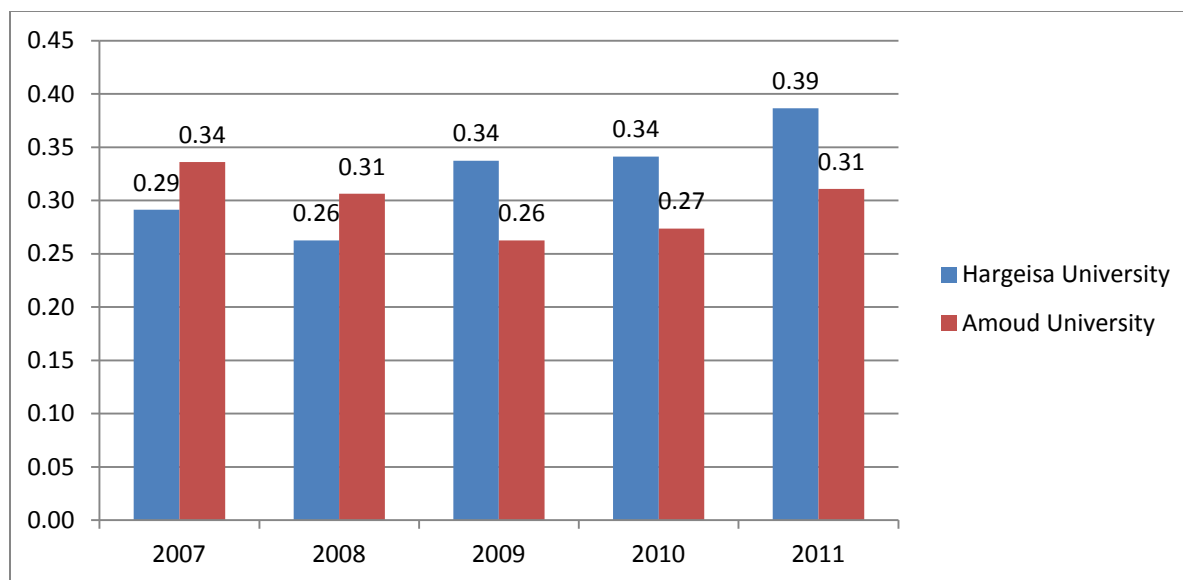
Source : MoE.

Regarding the regions, we can observe the variance inside the regions and among the regions. See the table below



In tertiary level the disparity is more apparent. The table below depicts the number of students that graduated from Amoud and Hargeisa Universities from 2007 to 2011. The average ratio shows nearly three males to one female.

Table7a : Graduates from Amoud and Hargeisa Universities during 2007 to 2011. Ratio of female to one male



Ratio of female to one male.

3.2 SHARE OF WOMEN IN WAGE EMPLOYMENT IN THE NON-AGRICULTURAL SECTOR.

Share of women in wage employment in the non-agricultural sector (industry and services) is the share of female workers in the non-agricultural sector expressed as a percentage of total employment in the sector.

Since there is no available data for total number of wage earners in the country, it is indispensable to use the number of civil servants who form the bulk of wage earners. According to report in 2010 from Civil Service Commission, the total number of civil servants was 6743. The figure does not include the number of all uniformed personal and employees of local authorities. Out of the 6743, the number of females was 1927, which represented 29%. Health sector is the first employer of females and employs nearly 37%. This is followed by the education sector which takes 30%. In the other sectors females mostly do secretariat work.

A more recent data shows that the number of civil servants was 9,591 staff in 2011. Over one third work in the ministry of education whereas 21% work for the Ministry of Health. The majority of civil servants work in the capital and in other major towns. A relatively small proportion of public employees are stationed in rural areas.

Women are less represented in the top hierarchy of the civil service. All general directors are men, and only 13 out of 285 department directors are women which is 4.5%(MNP&D).

3.3 PROPORTION OF SEATS HELD BY WOMEN IN NATIONAL PARLIAMENT.

The number of seats held by women decreased from 3 to 2 since 2011. This represents a drop in the sea (1.2%) or 2 in 164 seats. The reason for the decline is that one female MP dropped her seat when she migrated to UK. Since 2004, no parliamentary election took place, which could give chance more women to be members in the parliament.

In recent (28/11/2012) local government election, 305mps were elected; only 10 were females or 3%.

Picture of women

3.4 CHALLENGES

- Despite the fact that some progress has been made, the issue of gender equality and empowering women remains the most challenging and will remain so in near future. This is because of the attitudes and cultural values of the society. The matter is deep-rooted and actions of government alone will not rectify the situation immediately.
- Threats of gender-based violence exist.
- Parents' perception in quality of teaching.
- Expected role of women at home

3.5 WAY FORWARD

- The empowerment of Somaliland women would require indispensable sustainable development of socio-economic status of the country.
- There is a need for enhanced implementation of the policies and strategies that should make a significant difference over the coming years.
- Women's associations should be strengthened so that they raise women's awareness about their rights in Islam & they advocate for the improvement of the status of women.

- Women should be given an allocated percentage of seats in parliament initially and that should be increased from time to time.
- International aid agencies should support women in a more responsive way than they do now. For example, supporting poor women in education by providing scholarships in the local schools and universities. Credit schemes for women entrepreneurs would enhance women status in the society.
- Eliminating gender inequalities/disparities in employment by involving women in every new employment opportunity.
- Mainstreaming women empowerment in all sectors of development.
- Strengthening collaboration with international and national development partners and civil society organizations for promoting social development in the country
- Initiate gender mainstreaming policies at all levels of education and training.

Goal : 4

Reduce Child Mortality



The target

The target of this goal is to reduce two-thirds, between 1990 and 2015, the under-five mortality rate.

The under-five mortality rate is the probability (expressed as a rate per 1,000 live births) of a child born in a specified year dying before reaching the age of five if subject to current age-specific mortality rates.

In general, Somaliland is working hard to achieve the goal of reducing child mortality by two-thirds by the end of 2015.

Status and Prospects.

4.1. UNDER-FIVE MORTALITY RATE

The under-five mortality rate has decreased to 188/1,000 in 1999 from 275/1,000 in 1990. Again the under-five mortality rates further decreased to 113/1000 live births in 2006 (MICS 1999&2006).

The mortality rate of males was 139/1,000 and that of females was 126/1,000 for Somalia in 2006. Here, the difference was insignificant. Similarly there was a little difference in mortality between the urban (134/1,000) and rural (136/1,000) children in 2006. But this rate was 218/1000 for urban and 244/1000 for rural in 1999.

The MICS 2011 shows further improvement of the situation. General mortality has dropped to 90/1000. Women in urban areas who may have had better health facilities experienced a mortality rate of 85/1000 which is less than that of women in rural settlements (95/1000)

This reduction of mortality points to a significant achievement, which marks that Somaliland, is on the right track to achieve or exceed the millennium target.

The target of mortality rate to be achieved is 91/1000 by the year 2015. It seems that Somaliland has already achieved the target four years before that deadline.

Figure6: Under-five Mortality Rate (1990-2015 Actual and Desired Trends)

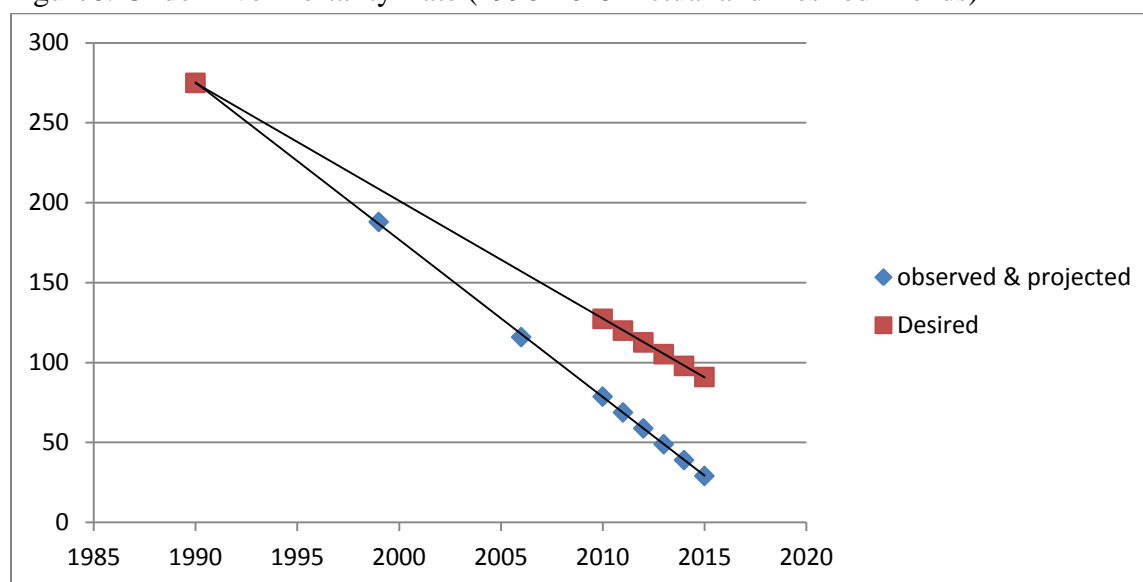


Table 8: Under five mortality rate

year	1990	1999	2006	2011	2015
observed	275	188	113	90	
Desired	275	188	116	127.0	91

4.2 INFANT MORTALITY RATE

The infant mortality rate is the probability (expressed as a rate per 1,000 live births) of a child born in a specified year dying before reaching the age of one if subject to current age-specific mortality rates.

The infant mortality rate has declined to 113 per 1,000 live births in 1999 from 152 per 1,000 live births in 1990. In 2006, the infant mortality rates decreased to 88/1000 live births (Mics 1999 & 2006). In 2011, the mortality rate of infants decreased further to 72/1000 (MICS 2011). This decrease of mortality represents 41 infants/1000 since 1999.

In 2011, there was a little difference between Urban and Rural infant mortality rates, which was 70 and 74/1000 respectively.

Figure 7: infant mortality rate

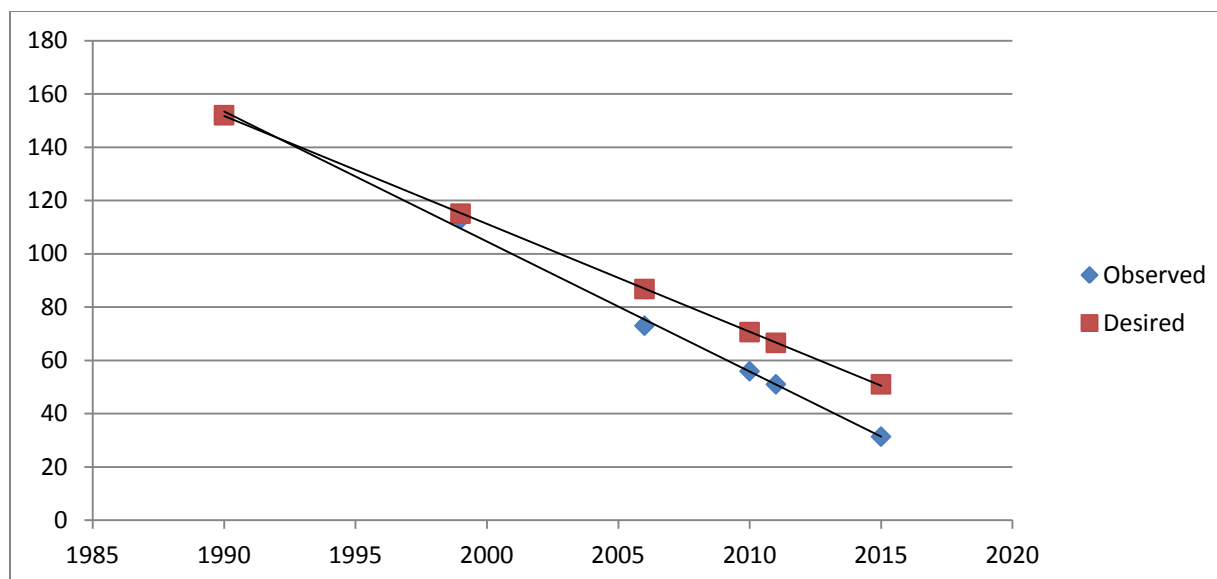


Table 9: infant Mortality rate

year	1990	1999	2006	2011	2015
Observed	152	113	88	72	
Desired	152	115	87	67	51

There is good prospect of achieving this target.

4.3 PROPORTION OF 1 YEAR-OLD CHILDREN IMMUNIZED AGAINST MEASLES

The proportion of 1 year-old children immunized against measles is the percentage of children under one year of age who have received at least one dose of measles vaccine

A little information is available on this indicator. According to the two figures in hand, the proportion of children that received vaccination against measles rose from 27.3% in 1999 to **33.2%** in 2006. In respect to the gender, there was actually no difference between the two sexes (male 29.9% and female 28.8%) in 2006. As far as the urban & rural areas are concerned, there is an evidence of more urban children (40.4%) accessing immunization against measles than rural children (23%)

Sadly, the percentage of children of one year olds, who were immunized against measles, dropped by 25 % (MICS 2011). This signifies a setback in this indicator or a decrease of 8.2% in five years.

4.4 CHALLENGES

- Shortage of professional staff at health facilities.
- Lack of coordination in health interventions by international organizations.
- Misconception about immunization programmes.
- High cost of drugs that cannot be afforded by the poor families.
- Long distances to health centers or their absence with in the area.

4.5 **WAY FORWARD**

- ❖ Clear health policy & government commitment is required.
- ❖ Staffing health facilities throughout the country with qualified motivated staff.
- ❖ Continuous updating the knowledge and skills of the health workers.
- ❖ Improving child health, including natal and post-natal care.
- ❖ Rectifying the misconception about vaccination through awareness programmes in community centers.
- ❖ Co-ordinate efforts of the government & international agencies so as to make planned intervention successful and sustainable.
- ❖ The capacity building of the MOHLs of Somaliland should be strengthened in the fields of preparedness for shocks and in the fields of data collection/processing.

Goal 5: Improve Maternal Health



5.1. MATERNAL MORTALITY RATIO

Target

The first target of this goal aims a reduction by three quarters, between 1990 and 2015, the maternal mortality ratio.

This ratio is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births.

The second target of this goal requires universal access to reproductive health by the year 2015.

Status and Prospects

In Somaliland, according to available data, the maternal mortality rate has declined to 1044/100,000 in 1999 from about 1600/100,000 live births in 1990.

This stands for a substantial drop of 35% in nine years. Again the rate dropped further to 1013/100,000 in 2006. Improvement in maternal mortality could be related to access to better health facilities and professionals.

The target requires the maternal mortality rate to be reduced to 400/100,000 by the year 2015. Looking at projected data, it is clear Somaliland missed the target in 2006 when the desired rate was 832/100,000 where as the achieved rate was 1013.

From this fact we gather the target would not be realized by the deadline 2015.

Figure 8: Maternal Mortality Ratio per 100,000 Live Births
(Actual and Desired Trends for the year 1990-2015)

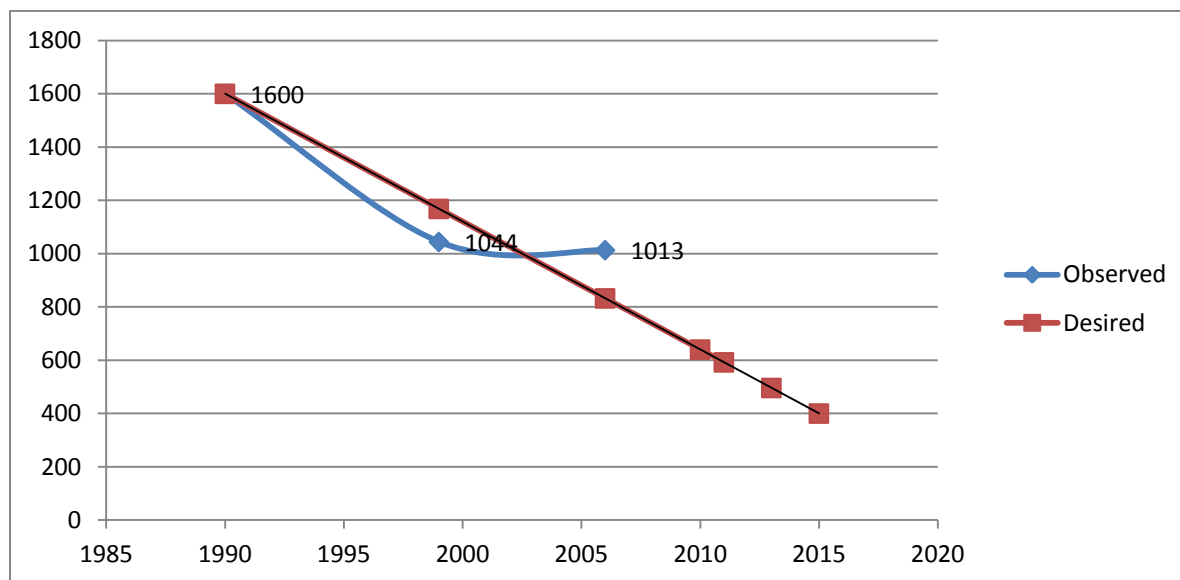


Table 10: Maternal Mortality Ratio per 100,000 Live Births

year	1990	1999	2006	2010	2011	2015
Observed	1600	1044	1013			
Desired	1600	1168	832	640	592	400

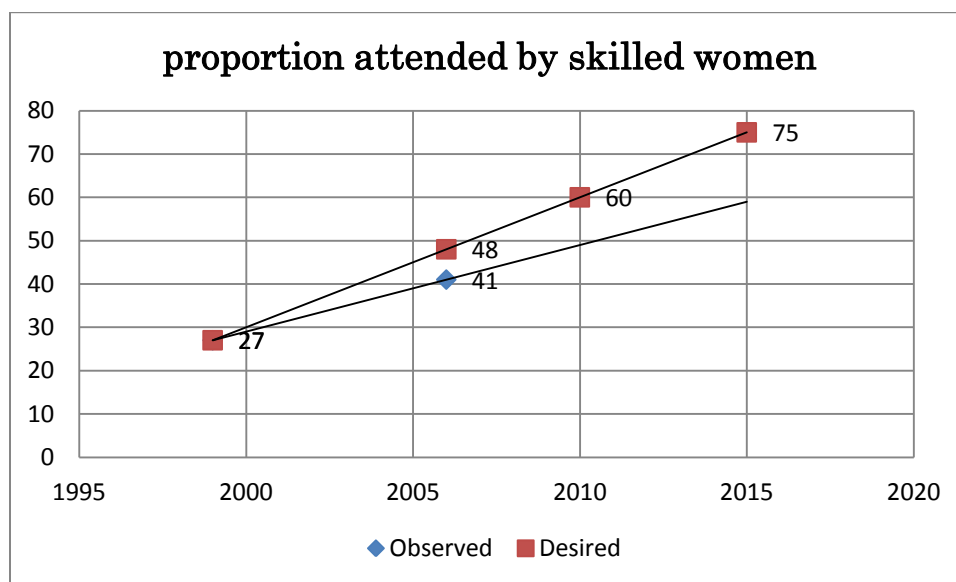
5.2. PROPORTION OF BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL

The proportion of births attended by skilled health personnel was 27.6% in 1999 and increased to 41.3% (Mics 2000&2006). According to MICS 2011, the number of births attended by skilled health personnel further increased by nearly 3% to 44% in 2011. World bank Survey 2012, reported the proportion rose to 78% in urban area and 29% in rural areas. Despite the disparity between the two areas, this signifies positive development to the right direction.

Assuming that this data is reliable, then Somaliland has already achieved the $\frac{3}{4}$ or 75% target for the year 2015.

The proportion of births attended by skilled health personnel is the percentage of deliveries attended by personnel trained to give the necessary supervision, care and advice to women during pregnancy, labor and the post-partum period; to conduct deliveries on their own; and to care for newborns.

Figure 9 : proportion of births attended by skilled health personnel



5.3 CONTRACEPTIVE PREVALENCE RATE

Contraceptive prevalence rate (CPR) is the proportion of women of reproductive age who are using (or whose partner is using) a contraceptive method at a given point in time.

According to MICS 2006, about 74.4% of women did not use any method of contraceptive method, be it traditional or modern. This implies that in Somaliland, only 25.6% use contraceptive method which was the highest when compared with the rest of Somalia. Of the married women aged 15 -49 years, only 9.8% use a contraceptive method (MICS 2011)

5.4 ADOLESCENT BIRTH RATE

No data are in hand for the adolescent birth rate, but MICS 2006 provides information on the Total Fertility Rate (TFR). This rate stands 5.9 per women aged 15 years and above. Moreover, rural women have their birth rate for whole Somalia than their urban counterparts.

5.5 ANTENATAL CARE COVERAGE (AT LEAST ONE VISIT AND AT LEAST FOUR VISITS)

Considering the data from the MICs surveys was accurate, there was insignificant increase (3%) in the number of women receiving antenatal care (ANC) during the seven years period between 1999 and 2006. The situation was worst in rural areas where ANC stood only 20% in 2006, which when compared with 1999 fell by 8%.

Table 11: Antenatal care coverage

	1999	2006	2010	2015
Observed	37	40		
Expected	37	79	100	100

There is however, another report that indicates ANC nationwide of 44% in 2002.

5.6 UNMET NEED FOR FAMILY PLANNING

The unmet need for family planning

The unmet need for family planning is defined as the number of women that are currently married that want to space their births or limit the number of children they have and that are not currently using contraception divided by total number of women interviewed that are currently married or in union. This number was 29.2% in 2006, which means about 70% who needed family planning did not actually have such opportunity. The unmet need for contraception was highest in the Somaliland when compared with Somalia. There appears little difference between rural and urban women in this respect. MICS 2011 reports that, the unmet need for contraception (for either spacing or limiting births), was 20.2 percent in the year 2011.

5.6 **CHALLENGES**

- High medical costs limit women's access to health services, particularly to antenatal, delivery and post-natal care.
- Shortage of qualified health professionals in the country and limited facilities to train health professionals.
- Lack of nutritious food endangers the health of expectant mothers.
- Unscientific traditional practices used in rural areas during pregnancy & delivery.
- Absence of laboratories at the MCH level to detect high risk pregnancies.
- Misperception about the validity of vaccines,

5.7 **WAYS FORWARD**

Improving maternal health requires a strong system which can only be built with concerted effort over time.

- ❖ Human resources and an enabling environment such as basic infrastructure and the necessary supporting system should be at the center of the maternal health strategy.
- ❖ The availability of basic infrastructures such as water, electricity, road connections, laboratories, blood banks, communication, and referral systems are crucial for improving maternal health.
- ❖ Efforts to reduce maternal mortality should definitively address cultural factors that influence their health and their access to health services.
- ❖ Facilitating rural, farming, pastoral and fishing communities increased access to skilled delivery care.

- ❖ More awareness programs about the prevention common diseases and HIV/AIDS, about family planning should conducted in remote urban & rural areas

Goal 6: Combat HIV/AIDS Pandemic, Malaria and Other Diseases



6

COMBAT HIV/AIDS,
MALARIA AND OTHER
DISEASES

The targets

The first target of this goal aims at the halting **and** beginning reverse the spread of HIV/AIDS.

The second target of this goal states universal access to treatment for HIV/AIDS for all those who need it by 2010.

Status & prospects

6.1 HIV PREVALENCE AMONG POPULATION AGED 15-24 years

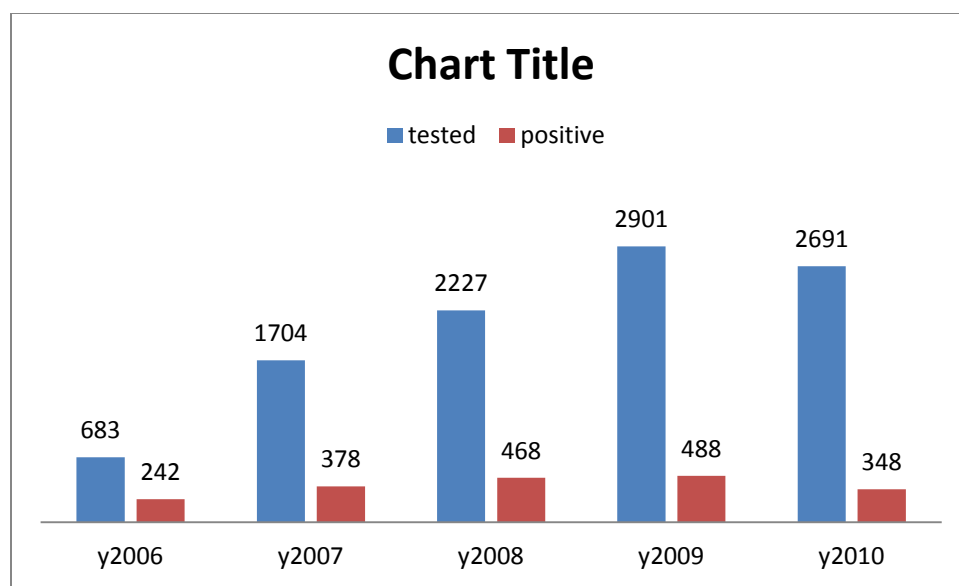
A trend analysis of HIV/AIDS prevalence rates shows that in Somaliland the rate was 1.7% in 2004(ANC surveillance done in 2004).

Available data on HIV epidemiology in Somaliland populations showed that the HIV epidemic is relatively higher in the port cities and lower in other towns. Female rates seem to be a little bit higher than those males. This is because women's risk of becoming infected with HIV during unprotected love-making is higher than that of men

A community based survey on HIV/AIDS and STIs conducted in Somaliland revealed a 0.9% HIV prevalence in the general population patients (UNICEF, 2003).

HIV/AIDS statistics for Somaliland is perceived to be much lower than the high prevalence of the pandemic in the surrounding countries like Djibouti 2.7% (2011)

Somaliland Aids Commission (SOLNAC) reported that during 2006 to 2010, the number of HIV/AIDS tested from volunteers was 10206 of whom 1924 became positive, which was 19%. It is important to note that the number infected with AIDS was decreasing progressively annually from 35% in 2006 to 13% in 2010. Region wise, there is high variance between them ranging from 27% to just 3%. See the chart below for details.

Chart showing number tested and number infected with AIDS during 2006-2010

6.2 CONDOM USE AT LAST HIGH RISK SEX

Condom use at last high-risk sex is the percentage of young people ages 15–24 reporting the use of a condom during love making with a non-regular sexual partner in the last 12 months.

It is calculated by The number of respondents aged 15–24 who reported having had a non-regular (non-marital and non-cohabiting) sexual partner in the last 12 months and using a condom the last time they had sex with this partner, as a share of the number of respondents ages 15–24 who reported having had a non-regular sexual partner in the last 12 months.

Due to the sensitive subject of condoms among Somalis, indicators of sexual behaviour like use of condoms and number of sexual partners at given time is hard to investigate.

Both MICS surveys report zero usage of condoms. This does not necessarily mean women do not use other methods. In fact, 21% of married women use traditional methods while 4.6% use modern methods in 2006. In respect to the difference between urban and rural, it is obvious that rural females less methods of prevention (13.4%).

However, in Somaliland, 13% of men stated they have ever used condoms compared to only 3% of women according to KABP Survey 2003/4. Regardless of this low percentage, there is a rise of 3% in the proportion of men who have ever used condoms in four years from 1999. In contrast, proportion of women shows a substantial decline in ever use of condoms (from 7% in 1999 to 3% in 2003/2004). These apply to all respondents aged over 15 years.

6.3 PROPORTION OF POPULATION AGED 15 -24 YEARS WITH COMPREHENSIVE CORRECT KNOWLEDGE OF HIV/AIDS

This is the proportion of women and men aged 15–24 years who correctly identify the two major ways of preventing the sexual transmission of HIV.

Table12: Comprehensive HIV/Aid knowledge

	1999	2006
Total	2.2%	18.3%
Urban	3.2%	17.3%
Rural	1.2%	6%

The population is traditionally nomadic and have relatively less knowledge of HIV. The proportion of the age 15 -24, with knowledge of HIV in Somaliland was 2.2% in 1999 and rose to 18.3% in 2006. Rural communities had relatively low proportion which was 6% in 2006. However, the percentage that ever heard of HIV/AIDS was 56.6% in 1999 and increased to 82% in 2006.

According to MICS 2011, only 7 percent of young women aged 15-24 years had comprehensive knowledge about HIV prevention and 51.3 percent correctly identified all three means mother-to-child HIV transmission. A great majority (88.9%) of women have heard of AIDS.

In youth situational survey report release by SONYO in December 2010, most of youth had some knowledge about the HIV/AIDS. When asked about preventive mechanisms of HIV/AIDS, 86% of the respondents in the survey mentioned that being faithful was the only preventive mechanism. 12% stated that using condoms could prevent them from being infected.

The majority of youth, 86%, affirmed that they have received some kind of information on HIV/AIDS. Only 10% admitted that they knew their status. Stigma and discrimination against people with HIV among the participants stood at 76%.

6.4 RATIO OF SCHOOL ATTENDANCE OF ORPHANS TO SCHOOL ATTENDANCE OF NON-ORPHANS AGED 10-14 YEARS

Strictly defined, the number of children orphaned by HIV/AIDS is the estimated number of children who have lost their mother, father or both parents to AIDS before age 15. In practice, the impact of the AIDS epidemic on orphans is measured through the ratio of orphans to non-orphans who are in school.

According to Mics 2006, number of children without parents who attended primary school was 51.5% and the number of children with both parents who attended school was 54%. This indicates a ratio over 95%. This indicates to a ratio nearly of one to one. It proves that school attendance is not subject to the orphanage or non orphanage status of the child.

The ratio of orphans to non-orphans in school attendance was 1.16 (MICS 2011). In other words, the school attendance rate among children 10-14 years who have lost both their parents was 71.6 percent, whereas those whose parents were alive, and who lived with a least one parent, the rate was 61.9 percent.

6.5 PROPORTION OF POPULATION WITH ADVANCED HIV INFECTION WITH ACCESS TO ANTIRETROVIRAL DRUGS

By the end of 2007, an estimated dismal 3% of those in need of ART were on treatment, 0.4% received interventions for prevention of mother to child transmission of HIV. (Somaliland AIDS Commission (SOLNAC Feb 2010)

At the end of year two the number of people who received Anti-retroviral drugs in the IPTCS centre reached 135 of which 4 of them were children under 5 years. 2006- May 2007. (MOH annual report 2007)

6.7. Proportion of children under 5 sleeping under insecticide-treated bednets

The number of children sleeping under treated mosquito nets was 21.9% in the year 2011. This well below the desired progress.

6.8: Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs

Only 10.1% of the children who suffer from malaria are treated with appropriate ant-malaria drugs (Mics 2011)

CHALLENGES

- ✎ Undeveloped in non-health areas such as the education sector, workplace programs, and care and support to Orphans and Vulnerable Children (OVC).
- ✎ Stigma and discrimination against PLWHA

WAYS FORWARD

- ☐ To lessen stigma and discrimination against PLWHA, there is a need for enactment of HIV and human rights
- ☐ The prevention and care approaches in use should be further enhanced.
- ☐ A comprehensive national multi-sectoral HIV prevention road map should be developed at all levels to intensify HIV prevention efforts.

Malaria and TB

Target 6c: Halt and begin to reverse the incidence of malaria and other major diseases

6.8 INCIDENCE AND DEATH RATES ASSOCIATED WITH MALARIA

Prevalence of malaria is the number of cases of malaria per 100,000 people. Death rates associated with malaria refers to the number of deaths caused by malaria per 100,000 people.

The incidence and prevalence of malaria varies with the seasonal changes from region to region with estimated annual incidence rate of 2.5%. (Annual health report MOH 2007)

Annual malaria prevalence is under reported. However, malaria impact is a real health threat which require effective measures of prevention and control against Malaria epidemic as one of the major killer diseases of Somaliland

Official statistics for malaria deaths are not available and most cases are diagnosed without microscopic examination. In 2006, In Somaliland 1166 cases were observed, with 9% of them complicated (annual health report MOH 2007).

6.9 PROPORTION OF CHILDREN UNDER 5 SLEEPING UNDER INSECTICIDE-TREATED BEDNETS

The proportion of children under five sleeping under insecticide-treated bed has increased 7.3% from 1999 to 2006. In 2011, 22% of children under the age of five, and 20.1% of pregnant women, slept under ITNs. At least 35% of households have at least one insecticide treated net (Mics 2011). There is no significant difference between the two sexes in general. However, there is disparity between urban and rural communities. If however, we look at the percentage that slept under bed net (without treatment of insecticide), the situation is much better. In 2006, 24.5% of the children were sleeping under bed nets, without apparent difference between urban and rural populations. See the table below:-

Table 13: percentage Under 5 sleeping under insecticide-treated bed nets

Target Indicators	1999	2006
Observed	2.5	9.8
Male	2.2	11.5
Female	3.3	11.3
Urban	2	17.6
Rural	3.6	7.9
Desired	22%	51%

Despite this fact MOH report 2007, claims that significant strides have been taken in disseminating malaria knowledge and the provision and use of ITN over the past five years

6.10 PROPORTION OF CHILDREN UNDER 5 WITH FEVER WHO ARE TREATED WITH APPROPRIATE ANTI-MALARIAL DRUGS

The main symptom of malaria is fever and 7.5% of children under age five had fever in the two weeks preceding the Mics 2011 survey. Among these children 10.1 percent received ant malarial medicine. In rural areas, malaria treatment of children with fever was 6 percent compared to about 14 percent in urban areas. This shows an increase of 6.9% since 2006.

Regardless of that, the reported percentages are well below the desired ones, which imply that more work needs to be done to improve the situation and to meet the deadline.

6.11 INCIDENCE, PREVALENCE AND DEATH RATES ASSOCIATED WITH TUBERCULOSIS

Tuberculosis prevalence is the number of cases of tuberculosis per 100,000 people. Death rates associated with tuberculosis refers to the number of deaths caused by tuberculosis per 100,000 people.

A community based survey on HIV/AIDS and STIs conducted in Somaliland (NWZ) revealed 4.6% among tuberculosis patients (UNICEF, 2003)

With regard to TB control, data shows that the target of an 85% treatment success rate was almost achieved in 2008/09 and it now stands at 84%.

However, the case detection rate of 70% has not been achieved as it now stands at only 34%.

Tuberculosis death rate per 100,000 people has slightly declined from 94 in 2004 to 92 in 2007.9 Somaliland adopted the Directly Observed Treatment Short course (DOTS) system in 1991 and, according to the WHO, coverage has expanded to 95 percent of the population.

Somaliland has tremendously increased health service coverage to 89.6% in 2009/10 and recent data shows significant possible progress in relation to TB and malaria cases. TB case detection rate for 2007 is 3042 (MOH report 2007)

6.12 PROPORTION OF TUBERCULOSIS CASES DETECTED AND CURED UNDER DIRECTLY OBSERVED TREATMENT SHORT COURSE

The tuberculosis detection rate is the percentage of estimated new infectious tuberculosis cases detected under the internationally recommended tuberculosis control strategy DOTS.

The cure rate is the percentage of new, registered smear-positive (infectious) cases that were cured or in which a full course of DOTS was completed

The case detection rate is the ratio of smear positive case notifications in a given year to the estimated number of new smear-positive cases arising in that year.

The table below provides summary of cases treated with DOTS

Table 15: No of TB cases treated in major towns during 2006

TB center	Quarter	Type of Patient	Cured	Completed	Died	Failure	Default	Transferred	Total
	/year								
S/LAND	G/TO	N	1060	47	31	13	34	50	1235
	T	R	97	4	9	3	5	4	122

6.13 CHALLENGES

- ✧ Only small number of women in areas has access to malaria mosquito nets as methods of prevention.
- ✧ A gap in diagnostic capacity for tuberculosis and weak partnership coordinating mechanisms to Stop TB,
- ✧ On the other hand, climate shocks have often caused outbreaks of disease and hence their recurrence could pose serious constraints on the achievement of health related MDGs targets.
- ✧ Inadequate and poorly trained of laboratory/clinical technicians in most health facilities.
- ✧ Lack of community participation and confidence build-up.
- ✧ Lack of emergency preparedness plan at all levels.
- ✧ Questionable sustainability of the programme without the donation of the international community
- ✧ Lack of protocols and guidelines for TB/HIV coexistence

6.14 WAYS FORWARD

- ◆ General malaria education is an essential tool of preempting outbreaks of malaria epidemics.
- ◆ With regard to Tuberculosis, the effort to increase the Case Detection Rate (CDR) through the training of staff and coordination of implementing agencies has to be strengthened in the fight against tuberculosis
- ◆ Set-up laboratory with basic equipment in all health facilities.

- ◆ Develop effective coordination between MOHL and Malaria supporting groups.
- ◆ Raise community awareness campaigns through IEC/health education activities.
- ◆ Improve Hospital utilities, such as, working environment, sanitary facilities, water supplies etc to become more conducive for health-seekers to rely on Public Hospitals for treatment and care.

Goal 7: Ensure Environmental Sustainability



ENVIRONMENT
SUSTAINABILITY
GOAL 7

Targets

The first target requires the integration of the principles of sustainable development into country policies and programs and reverse the loss of environmental resources

The third target requires that the proportion of people without sustainable access to safe drinking water and basic sanitation is halved by 2015.

Status & prospects

7.1 PROPORTION OF LAND AREA COVERED BY FOREST

Proportion of land area covered by forest is forest areas as a share of total land area, where land area is the total surface area of the country less the area covered by inland waters, like major rivers and lakes.

Sustainable development entails ensuring environmental sustainability to meet the needs of the present generations without compromising the needs of future generations, thereby offering improved quality of life for everyone.

There is no precise figure for area covered by forest in Somaliland. But available data show that only 11.37% of the area of Somalia is covered by forest. This implies that the proportion for Somaliland is smaller than that of Somalia.

Unfortunately, the forest in Somaliland is under threat of depletion, which is going on at unprecedented rate.

The main reason for depletion of the forest could be attributed to Increased demand for charcoal as the population size is growing and thus became a lucrative business. Forest is also destroyed for fencing & for of building construction material. There is no precise data showing the extent of deforestation in the country, but all facts point to alarming situation.

7.2 CO₂ EMISSIONS, TOTAL, PER CAPITA AND PER \$1 GDP (PPP)

There is no information available on this indicator.

7.3 CONSUMPTION OF OZONE –DEPLETING SUBSTANCES

There is no information available on this indicator. But ozone-depleting substances are not used in Somaliland, because the country is not industrialized.

7.4 PROPORTION OF FISH STOCKS WITHIN SAFE BIOLOGICAL LIMITS

Although there is no precise data on this indicator, however it is safe to state that fish stocks in Somaliland waters are in safe biological limits. There is no sign of pollution along the coast.

7.5 TRENDS IN ACCESS TO IMPROVED WATER SOURCES, AND SANITATION

Access to improved Water: By 2015, according to the MDGs, 64.5 percent of the population must be able to access an improved water source, and 62.5 percent must be able to have access to improved sanitation (MDG Somalia 2005).

Progress on improved water has not been encouraging. In 2000, more than 70 percent of the Somali population was without access to improved water sources. (JNA Report). The table below summarizes percentage with access to clean water

Table 16: %access to improved water source.

Access to “safe” drinking water	(UNICEF, Multiple Indicator Cluster Survey (MICS))		
	Somaliland	Puntland	South/Central
1999	31%	26%	18%
2006	40.6%	25%	25.5

National development plan recently released state that the percentage of households using improved drinking water increased from 34% in 1999 to 41% in 2006,

Rural population with access to improved drinking water source was 10% in 2006 according to Environment Statistics Country Snapshot: Somalia, United Nations Statistics Division.



. Access to Basic Sanitation:

The percentage of households using improved sanitation facilities increased from 37% in 1999 to 40% in 2006. In this regard, Somaliland has made significant progress in the last decade, but has still a long way to go to achieve millennium development goals

The MICS reports that a total of 47.4 percent had access to sanitary means of excreta disposal in 1999, while that rate dropped to 40% in 2006.

Table 17: % with access to sanitation

Access to Basic Sanitation	(UNICEF, Multiple Indicator Cluster Survey (MICS))		
	Somaliland	Puntland	South/Central
1999	47.4%	41.5%	50.8%

2006	40.0%	43.7%	35.3%
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CHALLENGES

- ❖ As indicated above, one of the most significant challenges in the water sector is the apparent lack of reliable, up to date information on coverage, access and use.
- ❖ Most importantly, there is a considerable funding gap to achieve full coverage;
- ❖ Limited amount of rainfall received
- ❖ Frequent droughts
- ❖ Increasing salinity of ground water
- ❖ Increasing demand from growing urban population, livestock and industries
- ❖ Lack of reservoirs and proper water harvesting strategy
- ❖ Wells and reservoirs in disrepair

WAYS FORWARD

More has to be invested in developing sector capacity through strengthening institutional structures especially at regional, district and community levels.

The way forward is well addressed in the National development report, which recommends

- Implementation of national water policy
- Build strategically distributed deep-bore wells as part of drought mitigation in all regions
- Coordinate and integrate efforts to foster environmentally sustainable water resource development, conservation, and management
- Strengthen municipal water development agencies to improve urban water supply and distribution

- Develop models for the distribution of water services in both urban and rural areas
- Establish meteorological services to support the early warning system
- Survey and develop underground water resources
- Promote inter-regional cooperation on drought mitigation with neighboring countries.

7.6 PROPORTION OF TERRESTRIAL AND MARINE AREAS PROTECTED

Second target of this is to reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss.

Five areas have been declared as regional marine protected areas. These are Sa'adin, Aibat, & Mait islands and Khoreshora & Duftanle mangrove sites. The combined area of the five sites does not exceed 10 sq km.

As for the terrestrial protected areas, there are few at the present time.

7.7 PROPORTION OF SPECIES THREATENED WITH EXTINCTION

Number of threatened species 123 in 2008 (snap shot)

7.8 PROPORTION OF POPULATION USING AN IMPROVED DRINKING WATER SOURCE

Percentage of the population using an improved drinking water was 40.5 in 2006. A little improvement has been made since 2011 when the population using improved drinking water reached 41.9% (Mics 2011). Again, World bank survey reported further improvement of the situation. The percentage using improved drinking water reached 43% in urban areas in 2012. However, the survey reported that only 3% of rural people used improved water. This figure is well below and contradicts the figures reported by earlier surveys and requires to be verified.

7.9 PROPORTION OF POPULATION USING AN IMPROVED SANITATION FACILITY

Proportion of the population using an improved sanitation facility was 40% in 2006. Urban population with access to improved sanitation facility was 77.5%, whereas the access of rural communities was relatively very low (12.6%). Since 2011, the situation improved, but the sanitation indicator shows the existence of disparities. only 25.8% of household members in rural areas used an improved sanitation facility, while in urban areas 86.5% used an improved facility. Overall, 58.3% of household members use an improved sanitation facility. This stands for an increase of 18.3% since 2006.

7.10 PROPORTION OF URBAN POPULATION LIVING IN SLUMS

The last target requires the achievement of a significant improvement in the lives of at least 100 million slum dwellers by 2020

CHALLENGES

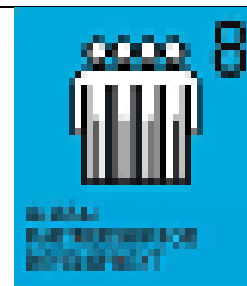
- ◆ Soil erosion
- ◆ Natural resource depletion, including forests, rangelands, and fisheries
- ◆ Lack of alternative sources of energy
- ◆ Absence of effective environmental regulations and policies
- ◆ Wildlife habitat degradation
- ◆ Loss of marine habitats
- ◆ Loss of biodiversity and the extinction of indigenous plants and animals
- ◆ Lack range management
- ◆ Creation of unplanned water points
- ◆ Establishment of unauthorized settlements and villages
- ◆ Illegal enclosures of large tracks of grazing land
- ◆ Erosive floods
- ◆ Plastic bags pollution
- ◆ Invasion of foreign

WAY FORWARD

- ❖ Reduction of charcoal use and introduction of alternative sources of fuel and energy, such as gas, coal, solar and wind
- ❖ Improvement of rangelands
- ❖ Environmental conservation and proper resource utilization
- ❖ Improvement of watershed areas

- ❖ Conducting a thorough field-based State of the Environment report to assess the status of natural resources and to guide future resource management and development decisions
- ❖ Investigation of alleged toxic waste sites on land and at sea
- ❖ Building institutional capacity to manage public policy on sustainable use of natural resources
- ❖ Establishment of game parks and forest reserves
- ❖ Domestication, cultivation and commercialization of indigenous plants
- ❖ Development of reforestation programs
- ❖ Development of strong research and extension program on environment and rural development

Goal 8: Develop a Global Partnership for Development



Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. Includes a commitment to good governance, development and poverty reduction - both nationally and internationally

Target 8.B: Address the special needs of the least developed countries

Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)

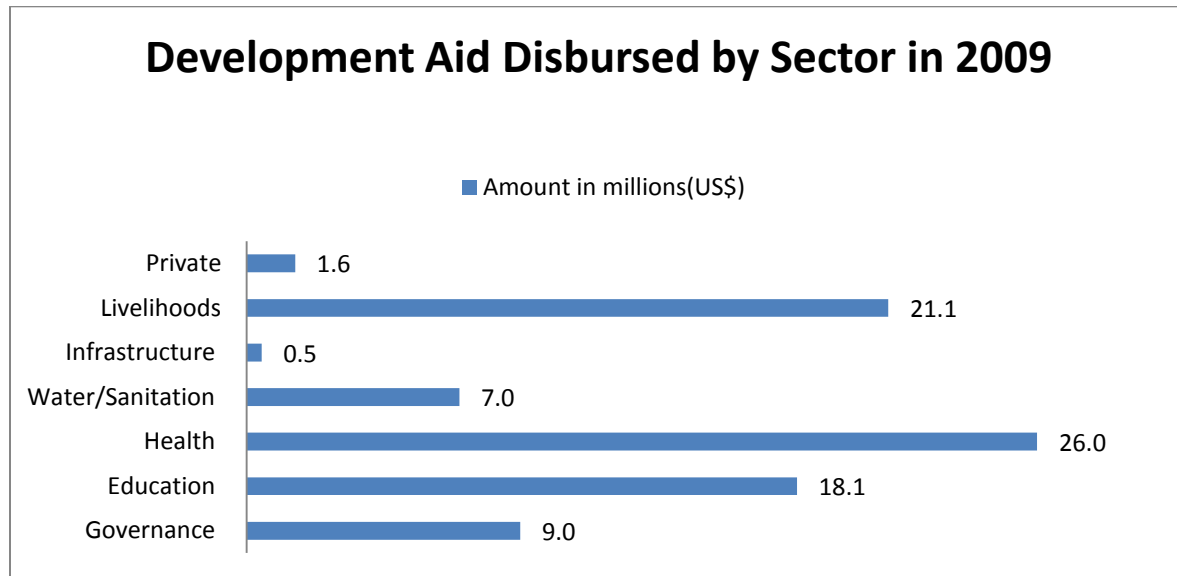
Official development assistance (ODA)

8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income.

Donor's gross national income could not be known

8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)

According to the MNP&D, In 2008, the amount of donor assistance received was US\$119,808,869, out of which \$70,731,769 (59%) was spent presumably in the country. The total assistance that the country needed for 2008 was estimated to be US\$ 165,812,408. Of this amount 72.2% was pledged. It is not clear why 41% of the pledged money was not spent. In total Somaliland received only 43% of it needed for that year. In 2009, the total amount of donor assistance disbursed was \$83,300,000, of which one-third went to the health sector. See the figure below for breakdown:



8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied

8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes

This does not apply Somaliland, because Somaliland has a coast of 850km

8.5 ODA received in Small Island developing States as a proportion of their gross national incomes

This does not apply Somaliland

Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Market access

8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty

No information

8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries

No information

8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product

No data are available

8.9 Proportion of ODA provided to help build trade capacity

None at all

Debt sustainability

8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)

No information

8.11 Debt relief committed under HIPC and MDRI Initiatives

No debt to be relieved.

8.12 Debt service as a percentage of exports of goods and services

No debt

Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

8.13 Proportion of population with access to affordable essential drugs on a sustainable basis

This could be measured from the poverty level in the country. It is stated in the first target of goal one.

Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

8.14 Telephone lines per 100 inhabitants

8.15 Cellular subscriptions per 100 inhabitants

8.16 Internet users per 100 inhabitants

Goals/Indicators	Availability of data in MICS 2011
Goal 1	
All indicators	No data
Goal 2	
Indicator 2.1: Net enrollment ratio in primary education	Updated
Indicator 2.3 Literacy rate of 15-24 year-olds, women and men	Updated
Missing: indicator 2.2: the proportion of pupils starting grade 1 who reach last grade of primary	No data
Goal 3	
Indicator 3.1: Ratios of girls to boys in primary, secondary and tertiary education (primary)	Updated
Indicator 3.2: share of women in wage employment in the non-agricultural sector	No data
Indicator 3.3: proportion of seats held by women in national parliament	Updated
Goal 4	
Data were available for all Indicators of this goal	Updated
Goal 5	
Indicator 5.2: Proportion of births attended by skilled health personnel	Updated
Indicator 5.3: Contraceptive prevalence rate	Updated
Indicator 5.6: Unmet need for family planning	Partially yes
indicators 5.1, 5.4, 5.5	No data
Goal 6	
Indicator 6.3: Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	No data
Indicator 6.4: Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	Updated
Indicator 6.7: Proportion of children under 5 sleeping under insecticide-treated bednets	Updated
Indicator 6.8: Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs	Updated
Goal 7	
Indicator 7.8: Proportion of population using an improved drinking water source	Updated
Indicator 7.9: Proportion of population using an improved	Updated

sanitation facility	
Indicators : 7.1,7.2,7.3,7.4,7.5, 7.6	No data
Goal 8	
All indicators	No data

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