

*Millennium Development Goals
Report for Somalia*

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Foreword

In the 1980s, Somalia was characterised by chronic political instability, followed by the total collapse of political, economic and social institutions in the early nineties. This left behind a trail of chaos, destruction and despair. During this time, society was highly militarised and beset by armed inter- and intra-clan warfare.

Set against this challenging background, poverty and hunger increased, risks to health increased, there was a reduction in access to education and to limited economic resources, thus preventing many households from maintaining a sustainable agricultural, pastoralist or urban livelihood. It also created a 'lost generation' of young men and women who missed out on formal schooling opportunities.

Following a UN Summit in 2000, The Millennium Declaration was accepted by all UN member states and mainstreamed a set of inter-connected and mutually reinforcing goals into the global development agenda.

In subsequent regional and global meetings, the United Nations, the Organization for Economic Cooperation Development, the World Bank and the International Monetary Fund elaborated on a framework for attaining this global agenda, through goals, targets and indicators which eventually constituted the MDGs.

The UN General Assembly mandated the Secretary General and the UN system with the task of supporting national governments in implementing the Millennium Declaration, and supporting the participation of all stakeholders, including the private sector and civil society in the achievement of the MDGs.

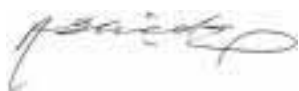
This first MDGs Report for Somalia reaffirms and highlights the country's commitment to reduce poverty and embrace progress towards achieving the global targets. Progress is

also being made in other areas towards the reintegration of internally displaced people — as well as the demobilisation and reintegration of ex-combatants. Meanwhile, constructive work has already begun to rebuild the country, involving the resurrection of government institutions in 2004 with the establishment of the Transitional Federal Institutions, progress towards the restoration of the rule of law and rehabilitation of the economic and social infrastructure.

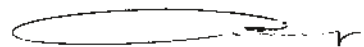
Information contained in this report is, however, dependant on the limited availability of data on Somalia. While sectoral reports on each of the MDGs have been prepared by national professionals in country, data available upto 2004 on the MDG indicators have been gathered from various sources — and then reviewed — taking into account quality of information and coverage.

This report presents general trends, the current opportunities and challenges to the attainment of the MDGs, and outlines the enabling factors that could pave way for further progress. It also represents an investment of time, analysis, dedication and leadership of Somalis from all walks of life — national and regional administrations, academics, NGOs, women and youth groups and the private sector — supported by international development partners and the UN Country Team for Somalia. As such, the report represents a joint commitment to ensure that Somalia achieves significant progress towards meeting the MDGs.

The Reconstruction and Development Framework, currently under formulation following the needs assessment jointly undertaken by Somali and international partners would provide a framework to guide the recovery and development of Somalia. We are hopeful and confident that with substantial technical and financial support, Somalia could accelerate its progress towards the realisation of the Millennium Development Goals.



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Eric Laroche
UN Humanitarian Coordinator and
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Not applicable/currently not relevant

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Not applicable/currently not relevant

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Executive Summary

The establishment of Somalia's Transitional Federal Institutions in 2004–2005 not only improved the prospects for the restoration of peace and stability throughout the country, but provided an opportunity for economic and political institution rebuilding, a prerequisite for the attainment of the Millennium Development Goals (MDGs).

Despite the civil war in the early 1990s, and the collapse of the Somali state, various structures of governance and authority emerged in parts of the country to fill the vacuum. These regional structures, where successful, have been an important basis for providing information and understanding the context and what needs to be done to reach the MDGs in Somalia. Over the past ten years, in Somaliland (Northwest), the degree of peace and stability obtained and the presence of viable administration have allowed a large number of UN agencies, international NGOs and local partners to work in a coordinated manner on both humanitarian and development programmes. Likewise, the region is moving towards political, economic and social recovery and reconstruction. The people of Puntland (Northeast) have also worked to obtain a degree of economic recovery and relative stability, which have also provided an environment allowing the unhindered delivery of humanitarian relief.

Despite the existence of a central government, most parts of Central South Somalia continue to experience sporadic armed conflict, widespread human rights abuses, endemic humanitarian needs, minimal access to social services, cycles of drought and flooding, dispute and limited economic recovery.

Somali livelihoods are broadly based on subsistence farming and pastoralism with limited opportunity to earn wages. Just under half of the population lives in extreme poverty on an income lower than a dollar a day per capita (in Purchasing Power Parity — PPP), while approximately two-thirds lives in poverty on an income of less than two dollars a day. Just over half the population survives below the minimum level of dietary energy consumption (1,600 Kcal/day).

One of the most vulnerable social groups in the country is the estimated 400,000 internally displaced persons (IDPs), comprising about 7% of Somalia's population, particularly IDP women and children, who as a result of their impoverished circumstances, are forced into exploitative work relationships and child labour as a survival mechanism.

Not only has the Somali environment been characterized by civil strife and insecurity over the last decade and a half, but it has also been affected by other natural and man-made disasters

such as drought, floods and tsunami — alongside the use of landmines, and the ban of livestock to Saudi Arabia since 1999. The constant threat of undetected unexploded ordnance endangers lives and affects movement of people.

Furthermore, just under one fifth of the population is literate (19.2%), and access to basic education remains extremely limited. The country has one of the lowest school enrolment rates in the world (18.8%). Most children are unable to access a school or to pay the fees particularly in the rural areas. Due to the civil war, an estimated one-and-a-half million 'youth' missed out on any kind of educational opportunities so were unable to develop their potentials for their own benefit, that of their societies or their country. In Central South Somalia, male youth without education, marketable skills and access to the labour markets have been enticed to make a living through the use of the gun by joining militias, even at a young age, not necessarily by choice but lack of other survival options. The low prevailing wage rates have also made guns-for-hire a more profitable enterprise.

Gender related disparities remain an area of major concern, especially in the field of education. More boys than girls are enrolled in primary, secondary and tertiary education. Moreover, there is a higher drop out rate for girls. The representation of women in parliament remains very low — despite the recent success including representation of women — in national (12%) governance structures.

Reproductive health is a major problem, with a maternal mortality rate of 1,600 per 100,000, that places Somali women among the high risk groups in the world. Malnutrition, haemorrhage, prolonged and obstructed labour and infections are the major causes of death at childbirth. Women also represent the largest illiterate group in the society, affecting their access to information on health issues. Infant and child mortality rates are amongst the highest in the world. Diarrhoeal diseases related to dehydration, respiratory infections and malaria are the main killers, together accounting for more than half of all child deaths. Health facilities are extremely limited, and clinics set up by communities or private medical services often exclude the poor from access due to fees. These are mainly concentrated in the urban areas and their surroundings — thereby limiting access by the rural populations. A study conducted by the World Health Organization (WHO) in northern Somalia found that only one of ten hospitals functioned adequately.

Conflicts and drought have had a catastrophic effect on the environment — forcing Somalis to fight over precious natural

resources with huge losses to tree and bush cover. For example, in 2004, during the peak of the four-year drought, many pastoralists resorted to chopping trees and burning wood to make charcoal — to acquire income. In the long term, such destructive activities undermine the environmental viability of their very own livelihood.

Lack of access to safe drinking water is a major underlying cause of child morbidity, where less than a quarter of the population has access to drinking water. This is due to the destruction and looting of water supply installations during the civil war, continuing insecurity, and a general lack of maintenance. The water situation is compounded by erratic rainfall patterns that lead to both drought and flooding. Competition for scarce water resources during the recurrent drought periods also leads to conflict.

Less than half the population has access to sanitation, and this is particularly felt in the cities, towns and large villages. Lack of garbage collection and the proliferation of plastic bags detrimentally impact on the urban environment and health.

Access to basic service facilities and markets remains limited, further constraining economic prosperity and development. In the absence of public institutions, the private sector, a major source of economic growth, local communities and civil society organisations have filled the gap, emerging as suppliers of public services and other basic needs. Such involvement has been instrumental in challenging the stereotype of Somalia as a 'hopeless case'.

Despite the destruction of the state and economy over the past fifteen years, Somalia, with the assistance of donors, has made some progress towards achieving some of the MDGs. A number of programmes and interventions have been implemented, allowing some progress in increasing enrolment of primary education, reducing child mortality, improving maternal health and in alleviating extreme poverty and hunger. In other areas, some monitoring indicators worsened, while others improved, and a number of indicators are not calculated at all due to lack of statistical information (see the summary table B — 'Can MDG targets be met by Somalia?').

In general, Somalia cannot reduce poverty and achieve the MDGs without accelerating economic growth. The development interventions must create employment for the poor and increase their assets sufficiently for them to produce or purchase adequate food and other basic needs.

Agriculture, livestock and fisheries constitute the backbone of the Somali economy and provide employment to more than two-thirds of the workforce. These sectors must be central to any poverty reduction strategy and receive an adequate share of funding and international aid. Equally important is to ensure an enabling environment for investment, particularly for small-scale

businesses, for generating employment and raising the incomes of the poorest. An essential factor which formed the base for economic growth in Somalia is the income remitted by Somali expatriates and emigrants working abroad.

Poverty increases the risk of civil war and insecurity and, therefore, poverty reduction efforts are not just desirable, but a necessity for the security of the country and the region. Empirical evidence shows that poor countries are more likely to experience violent conflict, and conflict-affected countries tend to exhibit higher levels of poverty; on average, a negative economic growth shock of five percentage points increases the risk of civil war by about 50%. In addition, countries that have emerged from conflict are more likely to revert to violence in five years if quick and concrete efforts are not made to stabilize the populations and provide viable income generation options.

From a global perspective, the MDGs represent the terms of a compact between the poorest countries and the rest of the international community. Somalia needs full partnership and cooperation with its neighbours and the wider donor community if she is to recover from the years of war and become a state that can provide for its citizens. This report highlights the need for greater efforts from all, to strengthen the positive foundation that has been laid thus far and ensure that Somalia never reverts to the chaos of the past again.

Box 1.1 Millennium Development Goals

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a global partnership for development



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List of Abbreviations and Acronyms

AFP	Acute Flaccid Paralysis
APRTC	Alliance for Restoration of Peace and Counter Terrorism
ART	Anti-Retroviral Treatment
BCG	Bacillus of Calmette and Guerin
CDR	Case Detection Rate
CECs	Community Education Committees
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CMC	Coordination Monitoring Committee
CSZ	Central South Zone
DAC	Development Assistance Committee
DfID	Department for International Cooperation
DOTS	Directly Observed Treatment Short Course
EC	European Commission
ECHO	European Community Humanitarian Office
EPI	Expanded Programme on Immunisation
FAO	Food and Agricultural Organization
FGM	Female Genital Mutilation
FSAU	Food Security Analysis Unit
GAVI	Global Alliance for Vaccine and Immunisation
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio/Gross Enrolment Rate
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP	Gross National Product
HDI	Human Development Index
HDR	Human Development Report
HIPC	Highly Indebted Poor Countries
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HF Radio	High Frequency Radio
ICRC	International Committee of the Red Cross
ICT	Information and Communication Technology
ICTDAR	Information and Communication Technology for Development in Arab Region
IDPs	Internally Displaced Persons
IGAD	Inter-Governmental Authority on Development
ILO	International Labour Organization
IMF	International Monetary Fund
INGO	International Non-Governmental Organisation
IPTCS	Integrated Prevention Treatment Care and Support
ITNs	Insecticide Treated Nets
KABP	Knowledge, Attitude, Beliefs and Practices
KCAL	Kilo Calories
LDC	Least Developed Country
LNGO	Local Non-Governmental Organisation
LICUS	Low Income Countries Under Stress
MCH	Maternal and Child Health
MDGs	Millennium Development Goals

MICS	Multiple Cluster Indicator Survey
MMR	Maternal Mortality Rate
NEZ	Northeast Zone
NGO	Non-Governmental Organisation
NWZ	Northwest Zone
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
OI	Opportunistic Infections
PLWHIV	People Living With HIV
PMAS	Poverty Monitoring and Analysis System
PPP	Purchasing Power Parity
PRER	Poverty Reduction and Economic Recovery
PSS	Primary School Survey
RBM	Roll Back Malaria
RDF	Reconstruction and Development Framework
RVF	Rift Valley Fever
SACB	Somalia Aid Coordination Body
SES	Socio-Economic Survey
SIAs	Supplementary Immunisation Activities
SICAD	Somali Institutional Capacity Development
SOMTA	Somalia Money Transfer Association
SOWC	The State of the World's Children
STA	Somalia Telecom Association
STIs	Sexually Transmitted Infections
SWB	Somalia Watching Brief
TB	Tuberculosis
TBA	Traditional Birth Attendant
TFG	Transitional Federal Government
TFP	Transitional Federal Parliament
TNG	Transitional National Government
ICU	Islamic Courts Union
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNOSOM	United Nations Operations in Somalia
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
US\$	United States Dollar
USA	United States of America
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
VSAT	Very Small Aperture Terminals

Somalia: Development Context

Over the past fifteen years, Somalia's chronic political instability, coupled with the collapse of government services has caused massive population movements. Up to one million Somalis fled the country following the outbreak of civil war and became refugees mostly in neighbouring countries. As a result, Somalia's skilled and professional human resource base was scattered, and has since depleted. When peace is restored, Somalis living overseas with professional qualifications will have to be enticed back to help rebuild the country. Displacement inside Somalia was the only option left for those who did not have the means to travel abroad — and currently an estimated 370,000-400,000 people remain internally displaced and extremely vulnerable.

Humanitarian access in Somalia remains critical to the country's most vulnerable populations in urgent need of humanitarian assistance and protection — particularly the large number who reside in Central South Somalia and are extremely food insecure or internally displaced. In recent years, lack of sustained humanitarian access due to insecurity and restricted operating space in Central South Somalia have been major factors limiting the operational capacity of aid organisations in the regions.

Remittances from the Somali Diaspora constitute the largest source of foreign exchange earnings in the country, estimated at US\$ 750 million to US\$ 1 billion annually. This has had an important impact on the economy, enabling the country to finance imports and meet other foreign exchange needs, as well as provide beneficiaries with improved food security and access to social services. Remittances trigger trade, and avert a worse humanitarian crisis. In comparison, international trade and aid represent a small contribution to the Somali economy.

Despite remittances and international assistance, there remains a wide gap between income generation opportunities and available services. The vast majority of the population continues to be dependent on international humanitarian assistance for basic social services. With approximately three quarters of the Somali population classified as poor, and a considerable

percentage of the population living in extreme poverty, the fifteen years of instability and conflict have had a massive impact on Somali livelihoods. Reduced access to farmlands has resulted in lower harvests and chronic food insecurity, which is sometimes made worse by drought, flooding or crop infestation. Livestock export forms the backbone of the economy but this sector has also been exposed to several shocks in recent years, including the livestock ban of 2000 by Gulf States, the main importers, due to outbreak of Rift Valley Fever in the region.

Employment rates (as a percentage of the economically active population) remain low with an estimated 38.5% in urban areas and 59.3% in rural/nomadic areas¹. The unemployment rate for the country is 47.4%.

Conflict has also affected the role of women, due to male members of the family dying and mental ill health caused by conflict-related trauma — although this is not always easily visible. This has forced women to broaden their traditional role of primary family care takers to become breadwinners in an insecure environment and in a society that had not previously recognised such a role for women.

Somalia's education system also faced disintegration. It was on the verge of collapsing in the late 80s, and a whole generation missed out on formal educational opportunities. Many schools remain in disrepair and are in urgent need of rehabilitation.



UNDP Somalia

¹UNDP Somalia/World Bank, Socio-Economic Survey, 2002

National institutions for statistics have been severely affected by the civil war, resulting in data gaps and the absence of comprehensive baseline statistics on the economy, thus making analysis difficult. Somalia needs to urgently improve its statistical capacity while developing a variety of appropriate quantitative and qualitative assessment tools.

In this challenging context, the UN has supported efforts to strengthen and enforce the rule of law; improve the administration of justice; as well as apply international human rights standards. Recently, this has been enhanced by the development of a protection and human rights framework focusing on the most vulnerable groups — women and children.

The fourteenth national peace and reconciliation conference for Somalia since the civil war was organized in Kenya during 2002-2004 and reached an agreement to form a Transitional Federal Government (TFG) for the next five years. A Transitional Parliament was established in June 2004. A President was elected by the Parliament in October 2004 and a Prime Minister was appointed by the President in January 2005. The Prime Minister then formed a Council of Ministers. The TFG has survived longer than any previous administration established out of any of the preceding peace processes. Despite several challenges, it is working towards internal reconciliation and recognition through setting up district administrations and is also participating in regional and international initiatives.

Although the expectation had been that these developments were a 'new dawn' for the war ravaged country, the outcome has been complex, with accompanying peace and stability still some way off. The Transitional Federal Institutions (TFIs), first established in Nairobi, were relocated to Jowhar in June 2005. Following further reconciliation, the TFIs moved to Baidoa in February 2006 where the first sitting of the Transitional Federal Parliament on Somali soil took place. The TFG is facing the expected challenges of establishing itself and reconciling the country, typical to any administration emerging from years of conflict. In August 2006, the Prime Minister reconstituted a smaller Council of Ministers to increase the efficiency of the government.

What initially appeared to be ad hoc inter-clan fighting for economic and commercial gains turned out to be bitter battles

between the Islamic Courts Union (ICU) and the warlords under the umbrella of Alliance for Restoration of Peace and Counter Terrorism (ARPCT). This resulted in the defeat of the APRTC and the expansion of ICU control in the Central South Somalia improving relative security in some areas. However, the tension between ICU and TFG has gradually increased, resulting in conflict, following which the TFG has taken control of Mogadishu and is in the process of relocating there.

The United Nations is playing a key role in supporting the TFG as the legitimate authority in Somalia, while at the same time supporting efforts being led by partners to resolve the impasse between the TFG and the ICU. The importance of a non-violent resolution to these internal differences at the earliest opportunity cannot be emphasised enough.

Along with Somali and international partners, the TFG has been very active in the Somali Joint Needs Assessment, the process of identifying the priority needs in the country for an initial period of five years. The resultant plan, the Reconstruction and Development Framework, serves as a critical opportunity for economic and social revival, and a better life for the Somali people.

The development of Somalia varies from region to region, meaning that the achievement of global MDG targets may not be feasible at the national level. More realistic targets can be set to attain the goals at sub-national levels, which are relatively peaceful and secure.

Box 1.2 MDGs in Somalia's Conflict and Crisis Situation

The limited progress towards the achievement of the MDG targets is attributable to the prevailing conflict situation manifested in lack of governance institutions and institutions of economic management, destroyed economic and social infrastructure, large displacement and stunted economic opportunities. These factors combined have sustained violent conflict and crisis. Peace and security is a pre-condition for achieving MDG targets, lack of which accentuates and sustains conflict.

(Extract from the MDG-cprp-net Global Discussion Crisis in Development, MDGs in Conflict and Disaster settings – 3rd July 2004)

MDGs in the Somali Context

Figure A below illustrates the regional distribution of per capita income, with the more prosperous regions largely representing the more peaceful regions. This reinforces the need for peace and stability — as an integral precondition for the attainment of the MDGs. Regional baseline information will be needed to monitor progress, while the monitoring of conflict in these areas will be crucial because of the impact it has on socio-economic development through competition for resources and economic gains.

The UNDP Somalia, in conjunction with other UN agencies and international partners, supported the discussions and compilation of this first MDG report on Somalia — in collaboration with local partners.

The reporting and monitoring on progress made towards the MDGs is important as it will help renew political commitment on the goals, focus development debates on priorities, and promote the inclusion of MDGs within the country's development strategies.

Figure A: Regional Distribution of Annual Per Capita Household Income (US\$)

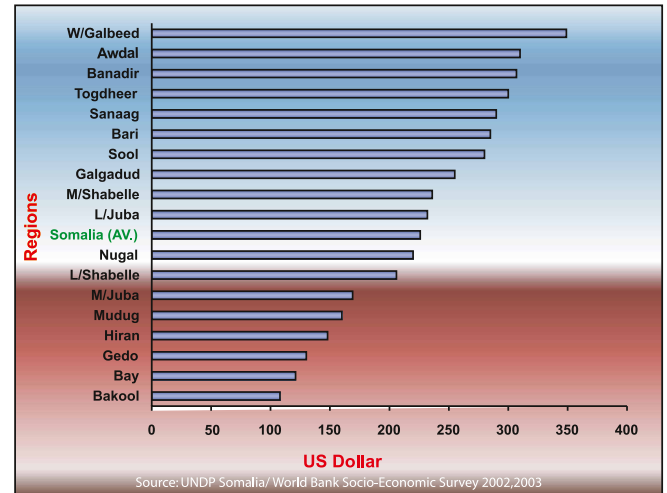


Table A : Somalia Key Socio-Economic Indicators

Indicator	Value	Year/ Latest Data Source
Share of population in extreme poverty (per capita income less than US\$ 1 PPP per day)	43.2%	(2002) UNDP Somalia/World Bank Socio Economic Survey
Share of population in general poverty (per capita income less than US\$ 2 PPP per day)	73.4%	(2002) UNDP Somalia/World Bank Socio Economic Survey
Share of the poorest quintile in national consumption	5.6%	(2002) UNDP Somalia/World Bank Socio Economic Survey
Share of underweight under-five children	26%	(2001) UNICEF MICS
Proportion of the population below minimum level of dietary energy consumption	71%	(2003) FAO State of the Food Insecurity in the World
Gross enrolment rate in primary education	18%	(2003/4) UNICEF PSS
Ratio of girls to boys in primary education	54%	(2003/4) UNICEF PSS
Adult literacy rate	19.2%	(2002) UNDP Somalia/World Bank Socio Economic Survey
Ratio of adult female literacy to male literacy	52.2%	(2002) UNDP Somalia/World Bank Socio Economic Survey
Proportion of women in parliamentary representation:		(2003) SACB Gender and Human Rights Strategy Paper
Somaliland Administration (Guurti-Council of Elders):	0/82	
Puntland Administration (Glaha Isimada- Council of Elders):	5/68	
Transitional Federal Government:	23/275	
Under-five mortality rate (per 1,000 live births)	224	(2001) UNICEF MICS
Infant mortality rate (per 1,000 live births)	132	(2001) UNICEF MICS
Proportion of 1-year olds immunized against measles	45%	(2004) UNICEF SOWC
Maternal mortality rate (per 100,000 live births)	1,100	(2003) UNICEF SOWC
Prevalence of HIV/AIDS in adult population aged 15-49	<1 %	(2002) UNAIDS/UNICEF
HIV prevalence amongst blood donors	0.8-1.1%	(2003) Strategic Framework for the Prevention and Control of HIV/AIDS and STI within Somali Populations
Malaria (number of laboratory confirmed cases)	1,851	(2002) WHO Somalia Annual Report
Case detection rate of TB	42%	(2003) WHO-Global Fund Proposal
Proportion of land area covered by forest	12%	(2003) UNDP HDR
Proportion of population using sold fuel	98.5%	(2002) UNDP Somalia/World Bank Socio Economic Survey
Population with access to safe drinking water supply	23%	(2001) UNICEF MICS
Proportion of population with access to improved sanitation	49.8%	(2002) UNDP Somalia/World Bank Socio Economic Survey
Telephone lines per 1,000 population	8.4	(2001) UNDP Somalia HDR
Cellular telephone subscribers per 1,000 population	14	(2005) STA Somalia Telecommunication Industry
Personal computers in use per 1,000 people	0.5	(2002) UNDP Somalia/World Bank Socio Economic Survey
Population	6.8 Million	(2002) UNDP Somalia/World Bank Socio Economic Survey
Life expectancy at birth (years)	47 Years	(2002) UNDP Somalia/World Bank Socio Economic Survey
Real GDP per capita (PPP US\$)	795	(2001) UNDP Somalia HDR
Human Development Index	0.299	(2002) UNDP Somalia/World Bank Socio Economic Survey

Table B: Can MDG targets be met by Somalia?

Goal	Target	Baseline (1990)	Latest data (2002-2004)	Target (2015)		Will the target be met (probably, potentially, unlikely, lack of data)	State of supportive environment (strong, fair, weak but improving, weak)
				Global	Somalia		
Goal 1: Eradicate extreme poverty and hunger	Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day (%)	No data	43.2	21.6	21.6	Potentially	Weak but improving
	Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	No data					
	Prevalence of underweight in children under-five years (%)	No data	26	13	13	Potentially	Weak but improving
	Proportion of population below minimum level of dietary energy consumption (1,600 Kcal/day) (%)	No data	71 (receiving only minimum level or below)	21.6	21.6	Potentially	Weak but improving
Goal 2: Achieve universal primary education	Target 3: Ensure that, by 2015, children everywhere boys and girls alike, will be able to complete a full course of primary schooling						
	Primary GER Grade 1-5 (%)	35	45	100	80	Potentially	Weak but improving
	Primary GER Grade 1-8 (%)	15	18	100	71	Potentially	Weak but improving
Goal 3: Promote gender equality and empower women	Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015						
	Female primary enrolment rate as a % of male rate	No data	54	100	100	Unlikely	Weak but improving
	Female secondary enrolment rate as a % of male rate	No data	27	100	100	Unlikely	Weak but improving
	Female tertiary enrolment rate as a % of male rate	22	18	100	100	Unlikely	Weak but improving
	Adult female literacy rate as a % of adult male literacy rate	38	52	100	100	Unlikely	Weak but improving
Goal 4: Reduce child mortality	Target 5: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate						
	Under-five mortality rate per 1,000 live births (child mortality)	275	224	92	92	Potentially	Weak but improving
	Infant mortality rate per 1,000 live births	152	132	51	51	Potentially	Weak but improving
	Proportion of one-year olds fully immunised against measles (%)	30	45	100	100	Unlikely	Weak but improving

Table B: Can MDG targets be met by Somalia? (contd.)

Goal	Target	Baseline (1990)	Latest data (2002-2004)	Target (2015)		Will the target be met (probably, potentially, unlikely, lack of data)	State of supportive environment (strong, fair, weak but improving, weak)
				Global	Somalia		
Goal 5: Improved maternal health	Target 6: Reduced by three quarters, between 1990 and 2015, maternal mortality ratio	1,600	1,100	400	400	Probably	Weak but improving
	Maternal Mortality Ratio per 100,000 live births	No data	25	100	100	Unlikely	Weak but improving
	Proportion of births attended by skilled health personnel (%)						
Goal 6: Combat HIV/AIDS, Malaria and other diseases	Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS						
	HIV prevalence among blood donors	No data	0.8-1.1				Weak but improving
	HIV prevalence among 15-24 year old pregnant women	No data	No data				Weak but improving
	Condom use rate/contraceptive prevalence rate	No data	No data				Weak
	Number of children orphaned by HIV/AIDS	No data	No data				Weak but improving
	Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases						
	Incidence of malaria per 100,000	No Data	Clinical cases - 205	0	0	Unlikely	Weak but improving
	Death rates associated with malaria per 100,000	No data	81 deaths	0	0	Unlikely	Weak but improving
	Proportion of under-fives in malaria-risk areas using effective prevention and treatment measures (%)	No data	16 sleeping under bed nets 0 sleeping under treated bed nets	100	100	Unlikely	Weak but improving
	Prevalence rate associated with TB per 100,000	No data	107	0	0	Unlikely	Weak but improving
Case Detection Rate (CDR) Proportion of TB cases detected under the Directly Observed Treatment Short Course (DOTS) (%)	No data	No data	0	0	Unlikely	Weak but improving	
Incidence rate of smear positive cases per 100,000	No data	162	0	0	Unlikely	Weak but improving	
Treatment Success Rate (%)	No data	80	100	100	Unlikely	Weak but improving	

Table B: Can MDG targets be met by Somalia? (contd.)

Goal	Target	Baseline (1990)	Latest data (2002-2004)	Target (2015)		Will the target be met (probably, potentially, unlikely, lack of data)	State of supportive environment (strong, fair, weak but improving, weak)
				Global	Somalia		
Goal 7: Ensure environmental sustainability	Target 9: Integrate the principles of sustainable development into the country policies and programmes and reverse the loss of environmental resources						
	Proportion of land area covered by forest (%)	13	No data	10			Weak
	Ratio of area protected to maintain biological diversity to surface area (%)	No data	0.01				Weak
	Carbon dioxide emissions (per capita) and consumption of ozone-depleting chlorofluorocarbons	No data	0				Weak
	Proportion of population using solid fuel (%)	No data	98.5				Weak
	Energy use per unit of DGP	No data	No data				Weak
	Target 10: Halve by 2015, the proportion of people without sustainable access to safe drinking water (%)	No data	77	38.5	38.5	Potentially	Weak but improving
	Halve by 2015, the proportion of people without access to improved sanitation (%)	No data	49.8	25	25	Potentially	Weak but improving
	Target 11: Have achieved, by 2015, significant improvement in the lives of at least 100 million slum dwellers (in the context of Somalia, the Internally Displaced People)						
	Proportion of people with access to secure tenure	No data	No data				
Goal 8: Develop a global partnership for development	Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system						
	Target 13: Address the special needs of the least developed countries						

Table B: Can MDG targets be met by Somalia? (contd.)

Goal	Target	Baseline (1990)	Latest data (2002-2004)	Target (2015)		Will the target be met (probably, potentially, unlikely, lack of data)	State of supportive environment (strong, fair, weak but improving, weak)	
				Global	Somalia			
Goal 8: Develop a global partnership for development	Net ODA, total and to LDCs, as a percentage of OECD/DAC donor's gross national income	No data/Not applicable	No data/Not applicable					
	Proportion of total bilateral, sectoral-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)	No data/Not applicable	No data/Not applicable				Weak but improving	
	Proportion of bilateral ODA of OECD/DAC donors that is united	Not applicable						
	Target 14: Address the special needs of landlocked developing countries and small island developing states	Not applicable						
	Target 15: Deal comprehensively with debt problems of developing countries through National and International Measures in order to make debt sustainable in the long term.							
	Debt service as a percentage of exports of goods and services	No data/Not applicable						
	Target 16: Develop and implement strategies for decent and productive work for youth	No strategy	No strategy			Strategy developed and implemented	Potentially	Weak but improving
	Unemployment rate of young people aged 15-24 years, each sex and total	No data						
	Target 17: In co-operation with pharmaceutical companies, provide access to affordable, essential drugs on a sustainable basis							
	Proportion of population with access to affordable essential drugs on a sustainable basis	No data						
	Target 18: In co-operation with the private sector, make available the benefits of new technologies, especially information and communication							
	Telephone lines per 1,000	2	8.4					Strong
	Cellular subscribers per 1,000	No Data	1.6					Strong
	Personal computers in use per 1,000 people	No Data	0.5					Fair
	Internet connections	Not Applicable	4,500					Fair

Goal 1:

Eradicate Extreme Poverty and Hunger



UNICEF/SOM96-18P/Prozi

Target 1:

Halve, between 1990 and 2015, the proportion of people whose income is less than US\$ 1 a day

Table 1.1: Income and Poverty Status at a Glance

Indicator	Baseline (1987-1990)	Latest Data (2000-2002)	2015 (MDG Goal)
EXTREME POVERTY Proportion of population below US\$ 1 (PPP) per day (%)	No Data	43.2 (53.4% — rural and nomadic and 23.5% urban)	21.6
GENERAL POVERTY Proportion of population below US\$ 2 (PPP) per day (%)	No Data	73.4 (79.9 — rural and nomadic and 60.7% urban)	36.7
Share of poorest quintile in national consumption (%)	No Data	5.6	8.4

Source: UNDP Somalia/World Bank, Socio- Economic Survey, 2002

Status and Trends

Somalia is the poorest country in sub-Saharan Africa, and one of the poorest countries in the world. Poverty is further reflected in the Human Development Index, which in 1992, placed Somalia 165 out of 173 countries. Somalia has not appeared in the Human Development global rankings over the past few years due to lack of data and the absence of a central government.

Poverty

The first MDG goal calls for halving the proportion of people living under extreme poverty by 2015 from the level prevailing in 1990. There are no estimates for extreme poverty in Somalia available for the baseline year (1990). However, in 2002, the total share of the population living in extreme poverty in Somalia below one US \$ per day was estimated at 43.2% or 2.94 million people. This figure will have to be reduced to 21.6% to achieve the millennium goal by 2015. The figure for the rural and nomadic population living in extreme poverty is estimated at 53.4% (2.4 million)², which also needs to come down to 26.7% if poverty is to be reduced uniformly in urban and non-urban areas.

Strengths

- The establishment of the Transitional Federal Institutions created the prospect of lasting peace and security.
- The existence of natural resources, which can be used to increase incomes and support livelihoods, including

unexploited/under-exploited land and mineral resources, as well as marine, livestock and forestry resources.

- The large sums of remittances from the Somali Diaspora providing opportunities for investment and boosting household income.
- The growing private sector with potential for income and employment generation. In the long term this could benefit the poor, provided that relevant pro-poor economic policies are adopted.
- Strong civil society institutions that play a crucial role in contributing to basic social services and shaping development.
- The efforts being made to integrate refugees and Internally Displaced Persons (IDPs); implement sustainable income generation programmes; and support IDPs' traditional coping systems.
- The potential of vocational training centres to promote skills development to meet the emerging market demand, and serve as a strategy to generate employment.
- Infrastructure development that could increase food productivity and reduce vulnerability.
- Development interventions by external agencies to assist the poor in the transition from relief towards sustainable human development.
- Increased international assistance that recognises links between relief assistance and long-term development needs and priorities.
- Ongoing efforts to study the multi-dimensional aspects of income and human poverty in Somalia, and the links

²UNDP Somalia/World Bank, Socio-Economic Survey, 2002



UNICEF Somalia

between poverty and conflict; as well as looking at how best pro-poor policies and strategies can be incorporated into rehabilitation and development efforts.

- The development of a monitoring and analysis system for poverty and vulnerability for Somalia.
- The formation of professional and private sector associations, such as the Somali Livestock Board that will establish a common system of certification for livestock products, thus increasing exports.

Challenges

- The lack of national reconciliation and comprehensive peace, preventing rehabilitation and reconstruction.
- The slow progress of establishing an effective federal government, rule of law, democracy and a broad-based participatory decision-making process.
- The lack of mechanisms for harmonising and reconciling traditional/clan governance structures with a modern democratic decentralised state.
- The weak institutional capacity and infrastructure for public administration and economic governance.

- Increased global trade competition, which is exacerbated by Somalia's limited access to outlet markets and the strong dependence on production and export of livestock.

Recommendations

The implementation of a large-scale, multi-sectoral reconstruction and development programme would reduce poverty in Somalia. It is also critical to undertake poverty mapping and support the establishment of poverty baselines at both the national and regional level consistent with prevailing conditions and constraints³.

Three additional strategic reinforcing policy interventions are also required:

- a) Economic development programme: To provide for the immediate and medium term needs of the poor group looking at priority needs such as food security projects enhancing people's capacity for food production (livestock and crop production).
- b) Capacity building and technical support: The creation of small-scale projects that promote self-employment and self-mobilisation amongst the vulnerable — poor women, pastoralists, subsistence farmers, the fishing community, youth and IDPs.
- c) Introduction of comprehensive safety nets and risk management systems to increase the coping abilities of the most vulnerable in the immediate term.

Other specific recommendations include:

- Rehabilitation of productive capacity, particularly crop and livestock infrastructure.
- Enhancement and regeneration of the livestock trade through development of policies on certification schemes and marketing schemes.
- Diversification of economic opportunities — including progressive processing of livestock locally and the export of livestock products and by-products, establishment of fishing cooperatives and boards, rehabilitation of storage equipment and other measures that would increase and sustain employment and income locally.
- Strengthened economic governance to benefit from ongoing globalisation in support of household livelihoods.
- Provision of micro-credit/financial services and supporting facilities for income-generating activities.

³UNDP Somalia/World Bank, Socio-Economic Survey, 2002

Figure I.1 Proportion of Population below US\$ 1 (PPP) per day

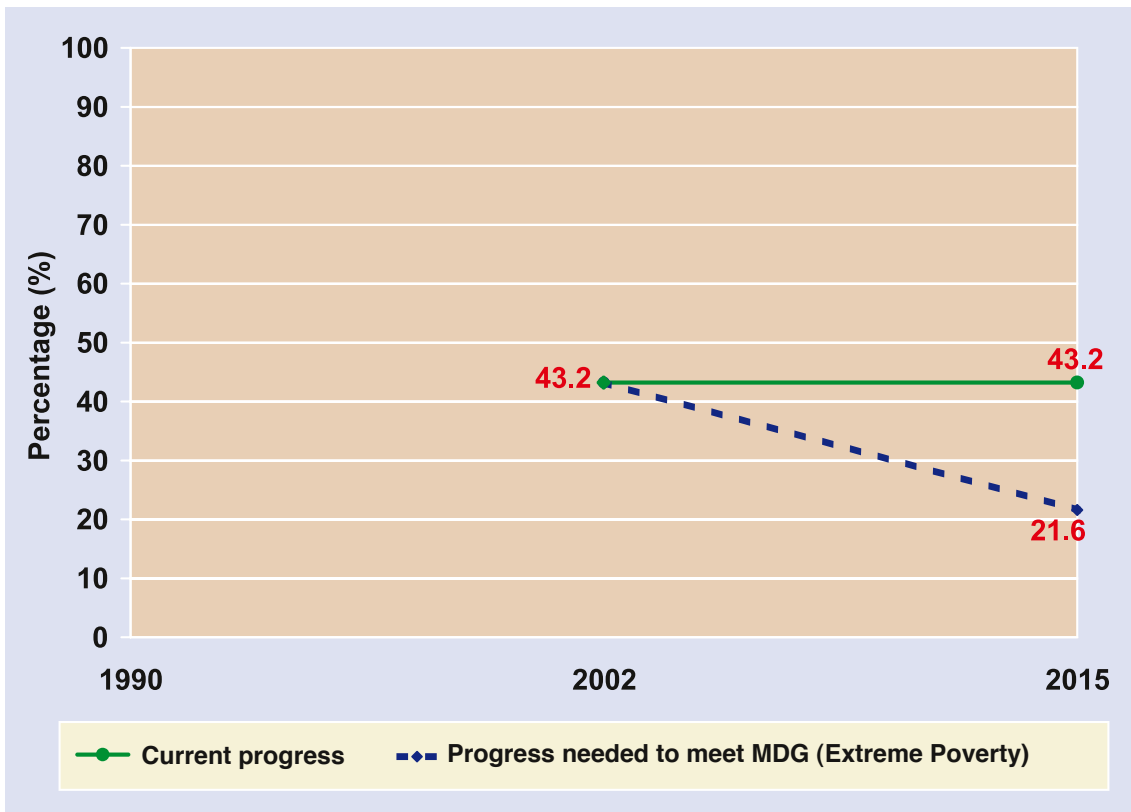
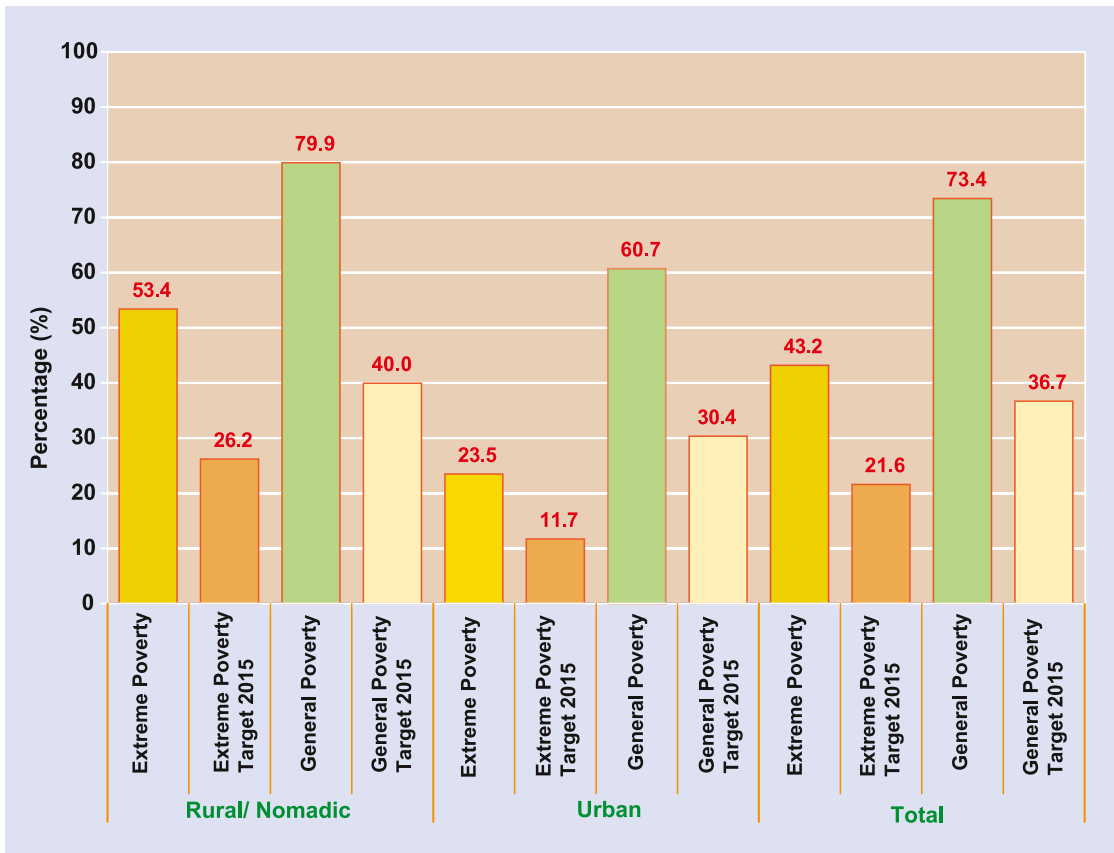


Figure I.2: Proportion of Population below US\$ 1 (PPP) and US\$ 2 (PPP) per day



Target 2:

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Table 1.2: Hunger Status at a Glance

Indicator	Baseline (1987-1990)	Latest Data (2000-2002)	2015 (MDG Goal)
Prevalence of underweight in children under five years (%)	No Data	26	13
Proportion of population below minimum level of dietary energy consumption (1,600 Kcal/day) (%)	No Data	71 (receiving only 1,600 Kcal or less per day)	21.6

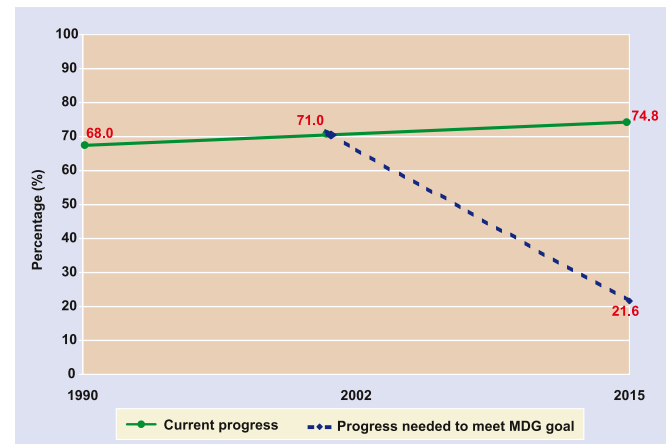
Sources: UNICEF Somalia, End Decade Multiple Indicator Cluster Survey, Full Technical Report for Somalia, 2001; FAO, State of Food Insecurity in the World, 2003

Nutrition

Chronic food insecurity and unacceptably high malnutrition levels persist in many parts of Somalia (particularly the south) for a variety of reasons, including inadequate food access, poor dietary diversity, lack of health facilities, insecurity, flooding and insufficient access to clean water. Such high malnutrition rates would trigger massive external emergency actions anywhere else in the world. Other countries in the region experience acute malnutrition rates under 10% (Weight for Height Z-scores: 2.00), whereas in Somalia they range from 5%–10% in the north and 15%–19.9%⁴ in the south (see Annex One). The above factors also help explain the high proportion of the population (71%)⁵ who receive less than the minimum level of required energy consumption. Setting the extreme poverty

line at US\$ 1/day will mean very little unless it is linked to satisfying basic nutritional needs — ideally both should reduce to 21.6% as Figure 1.3 below shows.

Figure 1.3: Percentage of Population below Minimum Dietary Energy Consumption



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Strengths

- The re-emergence of strong traditional family support mechanisms that could be used to support vulnerable populations.
- Intervention by international organisations to enhance the impact of humanitarian interventions and systems to provide early warnings of food emergencies (e.g. technical assistance by FAO, SACB and FEWS) alongside nutritional supplementary feeding programmes targeted at children.

⁴FSAU, Malnutrition Rates Refer to Acute Malnutrition, December 2004

⁵FAO, State of Food Insecurity In the World, 2003

- The use of Somalia's long coastline for exploiting fish as a food source — creating alternate livelihood opportunities.
- The development of a good quality nutrition information system covering the entire country, with coordination among different organisations, which results in crisis planning and adherence to standard guidelines.
- The strong network of UN agencies and INGOs to provide nutrition-based, labour-intensive, agricultural development initiatives. This is to be supported by improved communication networks towards finding potential product markets and pricing information. In addition, food contributions by the international community help to sustain lives of the most vulnerable.
- Continued efforts by UN agencies/INGOs and local communities to rehabilitate irrigation infrastructure.

Challenges

- Insecurity and low agricultural productivity.
- Small amounts of investment and poor economic infrastructure, coupled with limited food supplies for the poor.
- Lack of financial and human resources.
- Some areas have weak social support mechanisms, such as

the Riverine people of Jilib, with devastating consequences for the population in terms of malnutrition and mortality⁶.

- Unpredictable climatic conditions, such as drought and floods, affecting food productivity.

Recommendations

- Mobilise more resources to improve and increase supplementary food interventions; and address the needs of rural infrastructure, small-scale irrigation, rural and feeder roads to facilitate access to markets and water supplies.
- Improve technology to save water and reduce agricultural production costs; plant more drought resistant crops and improve cropping practices; and improve farm stock management and crop diversification.
- Re-establish early warning systems and improve community flood preparedness.
- Establish a local database and strengthen institutional capacity for collection of geographically and sex disaggregated data, particularly at district level.
- Establish effective early warning systems and coping mechanisms/welfare measures to assist recovery of communities affected by conflicts and natural shocks.

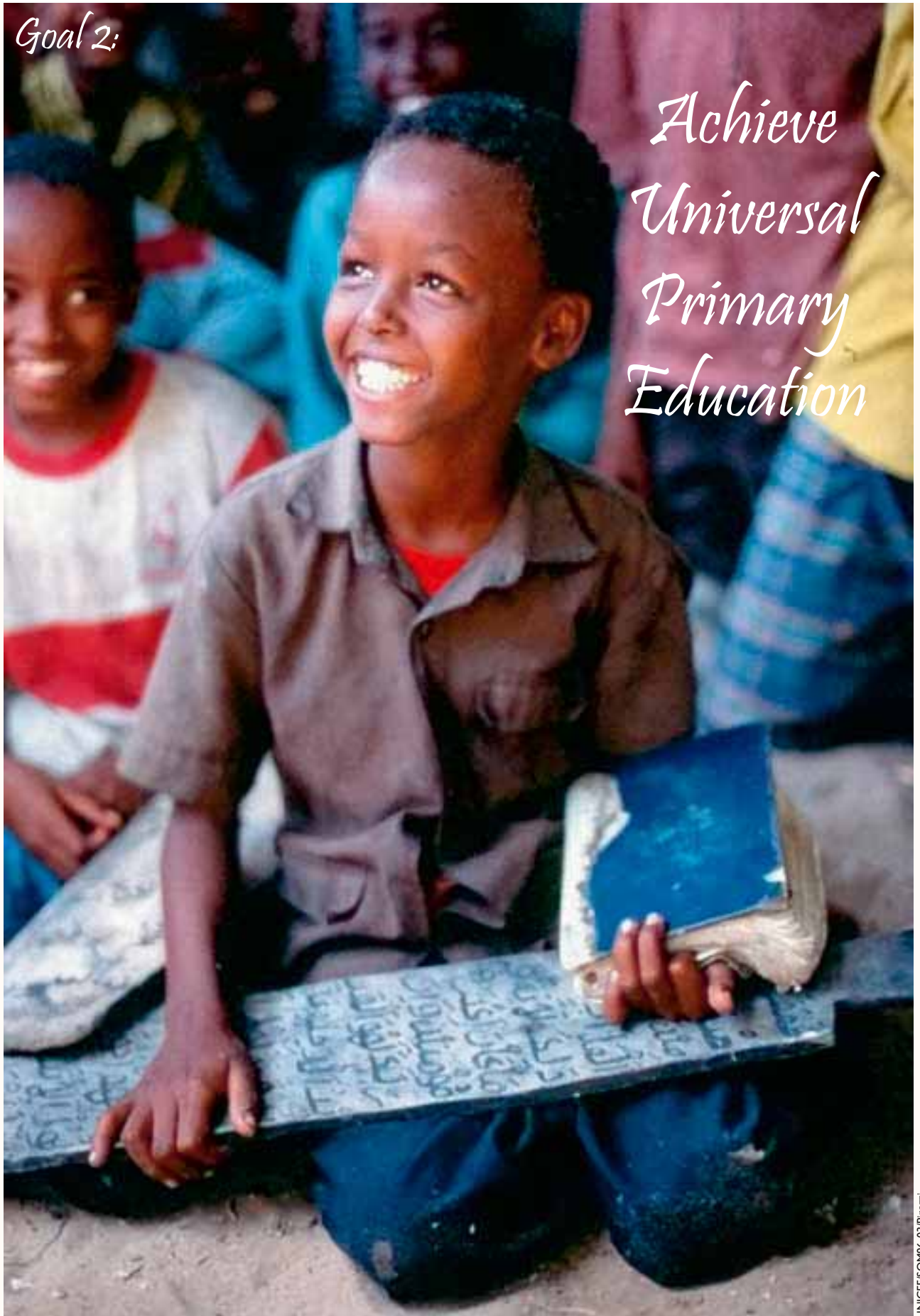


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⁶FSAU, Nutrition Update, June-July 2004

Goal 2:

*Achieve
Universal
Primary
Education*



Target 3:

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Status and Trends

The UNICEF Survey of Primary Schools in Somalia for 2003-2004 reports that there are 1,172 operational schools with a total enrolment of over 285,574 children, representing a 19.9% gross enrolment ratio (GER)⁷. Some districts in southern Somalia were not accessible at the time due to insecurity and flooding. These statistics place Somalia among the countries with the lowest enrolment rates in the world.

However, there have been substantial increases in the number of operational schools and in enrolment rates in recent years though considerable disparities still exist across the regions due to the socio-economic, cultural and political realities. Most existing schools are concentrated in and around urban areas and are mainly financed by fees or other forms of support from parents and communities, with some input from external aid agencies.

The administration's budgetary contribution to the education sector is insignificant. Physical facilities are mostly built or



UNDP Somalia

rehabilitated through funds provided by international organisations. Teachers receive salaries from the school fees contributed by parents, while text books are provided by UNICEF and in-service training for teachers is provided by UNESCO. The Somali diaspora contributions also help pay school fees.

Table 2.1: Schooling Status at a Glance

Indicators	Baseline (1990)			Current State (2003/2004)			2015	
							MDG Global Goal	Somalia Target
	M	F	Total	M	F	Total	Total	Total
Primary GER Grade 1-5 %	-	-	35	51	36	45	100	80
Primary GER Grade 1-8 %	20	10	15	24	13	18	100	71
Adult Literacy Rate %	36	14	24	25	13	19	100	50

Sources: UN Somalia, Draft Strategy Paper for the Theme Group on Education Proposed Strategic Framework for MDG 2004; UNICEF, State of the World's Children, 1994; UNICEF Somalia, Primary School Survey 2004; UNDP Somalia, Human Development Report 2001; UNDP Somalia/World Bank, Socio-Economic Survey, 2002.

⁷Since there is no data available on Net Enrolment Ratio For Somalia, Gross Enrolment Ratio is used

Gross Enrolment in Primary Education

From 1997 to 2004, Somalia recorded an approximate 90% increase in the enrolment of children in primary schools from some 151,085 to 285,574⁸ students enrolled in 2003/4. This is largely due to successful interventions from the international community to raise awareness and encourage school enrolment. However, while the gross enrolment rate has improved from the pre-war levels, it has only risen from 11.8% in 1997 to 19.9% in 2003/4 — in real terms — and still represents one of the lowest rates in the world⁹. Of the total number of pupils enrolled, 74% are enrolled in lower primary (grades 1-4) and only 26% in upper primary (grades 5-8).

Figure 2.1: Primary School Gross Enrolment Rates

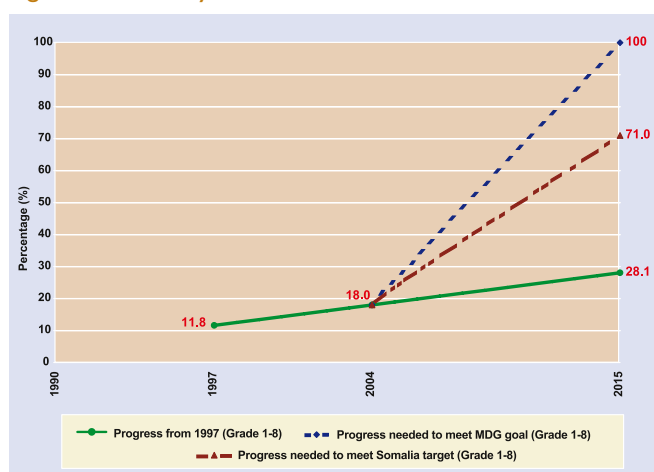
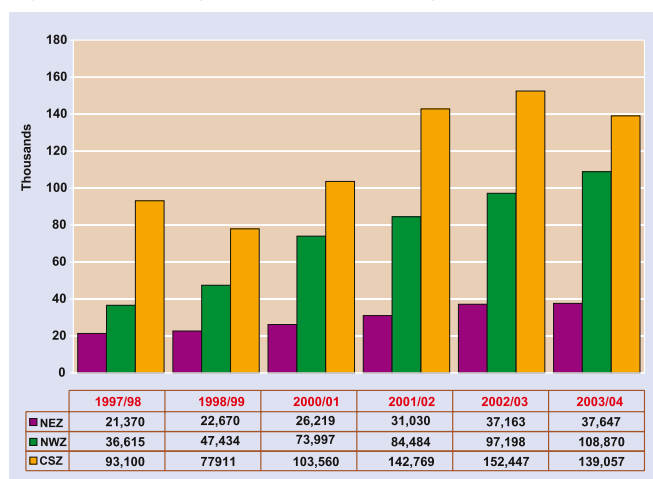


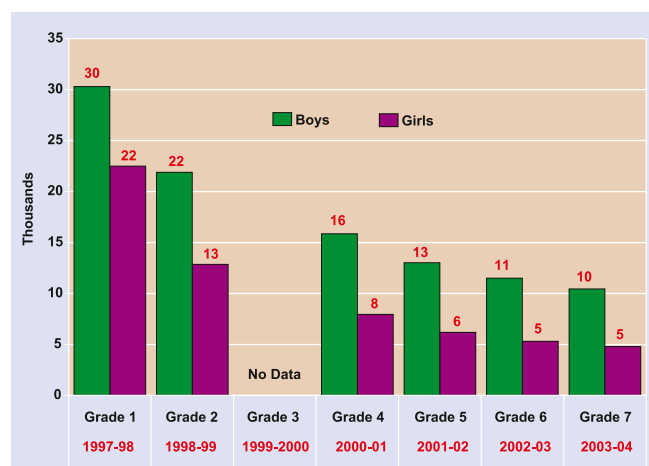
Figure 2.2: Primary School Enrolment by Zone



Proportion of Pupils who Reach Grade 5

It is estimated that of all the pupils who enrol in Grade 1, only 54% reach Grade 5. The trend shows that as pupils move into the upper grades, they drop out. Drop out rates in Arabic schools are relatively lower. Enrolment in schools is determined by a number of factors, namely available facility, access, affordability and security. Approximately 63% of households reported on availability of primary schools, compared to 15% reporting on availability of secondary schools. In addition, 58% of households reported affordability of private primary schools, compared to 14% reporting on affordability of secondary schools.

Figure 2.3: Retention Rates for Boys and Girls in the 1997 Cohort



Box 2.1 The Two Lost Generations

Somalia now faces the prospect of two “lost generations” with little or no education and training to take up productive roles and leadership in the future. The loss of this “human capital” has enormous costs both to individual households and to a society, especially while the country attempts to rebuild its shattered economy. It also poses an enormous challenge to local efforts to demobilise militiamen, whose lack of education makes it difficult to be absorbed into a peacetime economy. It is an impediment to the establishment of a viable, participatory political system and deprivation of the right to basic education and the opportunities it affords.

(UNDP Somalia, Human Development Report, 1998)

^{8,9}UNICEF Somalia, Primary School Survey, 2004

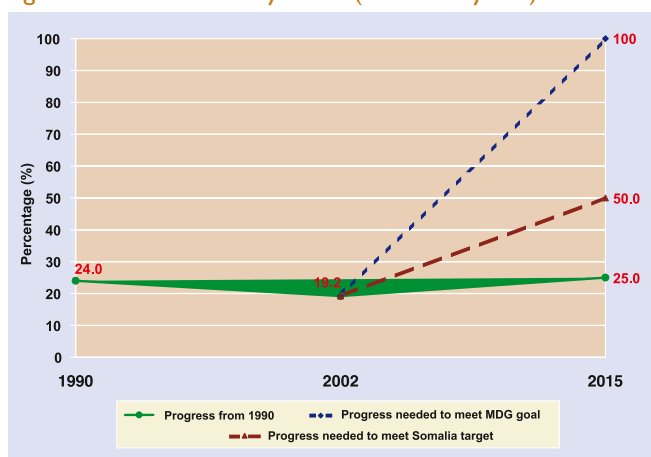
A school mapping system would be helpful to identify and address gaps and ensure that schools are set up throughout the country. There is also a need for a unified curriculum; language of instruction; set standards of certification; as well as the provision of an adequate supply of teaching materials, equipment, text books and printing facilities.

The average distance to secondary schools is almost double that for primary schools (1.5km and 0.8km respectively)¹⁰. Insecurity, particularly in Central South regions, hinders developments¹¹. School facilities are lacking particularly in rural and nomadic areas.

Adult Literacy Rates (Above 15 years)

Somalia has one of the lowest literacy rates (19.2%) in the world. Adult literacy is lower in rural and nomadic areas – female literacy is as low as 6.7%.

Figure 2.4: Adult Literacy Rates (Above 15 years)



Strengths

- There has been significant infrastructure development in the education sector by the international community and improved standardisation of the primary school curriculum, textbooks and examinations — alongside in-service training of teachers.
- Prior to the establishment of a central government, Somali communities set up Community Education Committees (CECs) but unfortunately they lack resources.

Challenges

- Insecurity has resulted in limited access to education, and there remains a lack of educational facilities — both buildings and equipment.

- The high gender disparity, with higher drop out rates for girls is a concern.
- There is a lack of qualified primary school teachers, and those who are employed receive very low pay.

Recommendations

- Develop a national policy framework to unify and integrate current education systems while ensuring quality. This will require political commitment as well as technical and professional expertise and capital. The national policy framework should also include a mechanism for sustainable financing of the education sector, which is currently highly dependent on international assistance. Introduction of a better developed revenue system; the allocation of a higher budget; and cost-sharing on a sliding scale would enable the country to gradually increase access to education.
- Increase supplies of text books and school equipment.
- Increase teacher training programmes, with an emphasis on increasing the number of qualified female teachers. UNICEF Somalia reported in their Primary School Survey (2004) that only 11.6% teachers have a secondary school education and only 4.7% have graduate degrees.
- Increase innovative programmes to attract more females into the teaching profession.
- Raise awareness within communities to promote the importance of education.
- Promote gender-balance in education; incentives for girls' education should be a policy priority.
- Implement school feeding programmes to encourage enrolment of primary school students.
- Develop a special curriculum for children from pastoral and rural communities to suit their environment and needs.
- Offer alternative channels to out-of-school children to promote other opportunities such as literacy education, and simple vocational skills for training over-aged primary school children. Vocational training for youth and militias in urban centres and promotion of literacy education for women and adults in general would enhance peace, democracy and stability, and opportunities for employment in the informal sector.

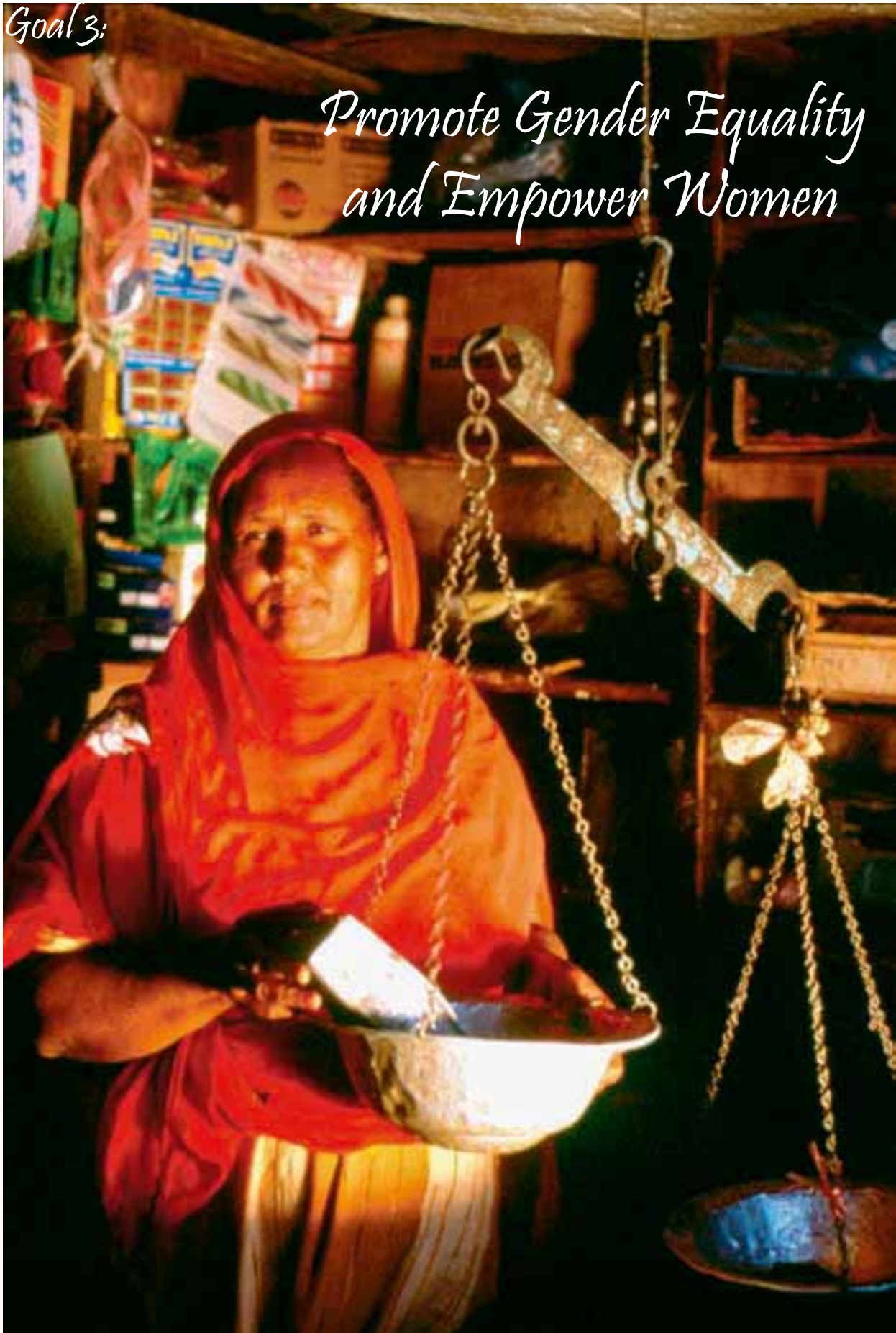
It is unlikely that the global target for universal primary education will be achieved by the year 2015 in Somalia. A closer target of 71% enrolment is potentially possible, but this will depend on increased international aid and the availability of sufficient resources estimated at US \$300-350 million¹². This would provide for physical infrastructure, teacher training and text book supply costs.

^{10,11}UNDP Somalia/World Bank, Socio-Economic Survey, 2002

¹²UN Somalia, Theme Group on Education, 2004

Goal 3:

*Promote Gender Equality
and Empower Women*



UNICEF/SOM/01-14/Pirozzi

Target 4:

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education by 2015

Status and Trends

Gender segregation is deeply rooted in traditional Somali socio-cultural structures and remains a formidable barrier to women's participation in decision-making processes and access to — and control of — resources. Female marginalisation is also a result of lack of education and self-reliance, thus the need for improving women's education is a must.

Women's participation in governance and respect for human rights in Somalia fall short of those expressed in internationally recognised instruments such as the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)¹³ and the Beijing Declaration and Platform for Action¹⁴.

The MDGs are a step towards ensuring gender empowerment in Somalia. In this context, it is important that ending gender disparities be linked to national development strategy and poverty reduction policies.

Ratio of Girls and Boys in Primary, Secondary and Tertiary Education

Currently, girls are poorly represented in enrolment rates throughout Somalia. Moreover, the proportion of girls declines



UNICEF Somalia

with successive grades, where female enrolment is 38% in Grade 1 (41% in Arabic schools), compared to 26% in Grade 8 (32% in Arabic schools). Overall, only 31% of pupils in upper primary education are females, compared with 37% in lower primary education (2004).

Gender disparity rapidly increases in higher grades. Early marriage, timing of classes, and economic constraints force many girls to leave school early, leading to higher girl dropout rates. Whereas secondary and tertiary enrolment ratios are very low, gender specific data is not readily available.

Table 3.1: Gender Status at a Glance

Indicator	Data					
	Baseline (1987-1990) %	Latest Data (2002-2003) %	2005 Target		2015 Target	
			MDG Global	Somalia	MDG Global	Somalia
Female primary enrolment rate as a % of male rate	No Data	54	100	60	100	100
Female secondary enrolment rate as a % of male rate	No Data	27	100	30	100	100
Female tertiary enrolment rate as a % of male rate	22	18	-	-	100	100
Adult female literacy rate as a % of adult male literacy rate	38	52	-	-	100	100

Sources: UNDP, Human Development Report, 2001; Somaliland in Figures, 2004; Puntland Facts and Figures, 2005; Central South Somalia Facts and Figures, 2005; UNDP Somalia/World Bank, Socio-Economic Survey, 2002

¹³Adopted in 1979 by the UN General Assembly

¹⁴Fourth World Conference on Women held in September 1995

Box 3.1 Literacy of Women

Literacy and basic education amongst women will enable them to engage in more productive economic activities, be less vulnerable to exploitation and play a more active role in conflict resolution.

(Extract from the MDG-cprp-net Global Discussion, Crisis in Development, MDGs in Conflict and Disaster settings – 3 July 2004)

Ratio of Literate Females to Males (15 years and above)

Literacy rates for females have seen a decline since before the pre-war era from 14% to 13%¹⁵ in 2002. Although an increasing number of girls and women in rural areas and minority groups now have access to non-formal education and literacy programmes, female adult literacy remains low, particularly in rural areas, where it is 6.7%.



UNICEF/SOM01-110/Taylor

Share of Women in Wage Employment

Many women are forced to take up informal and menial employment due to their low educational attainment, which further marginalises them from professional employment opportunities. For example, women mostly control the khat retail businesses found in markets.

There is also a notable absence of women in the higher levels of government at the Director General (DG) and Head of Department levels, which also directly impacts the ability of women to participate in and influence decision-making. This is largely due to the low levels of technical and professional skills among women, as well as gender discrimination.

¹⁵ UNICEF Somalia, Primary School Survey, 2004

¹⁶ The Traditional Charter of the Somali Republic, February 2004

Parliamentary Representation

Traditionally, women's representation in any form of political structure in Somalia has been negligible. Slow progress is being made in improving their involvement in policy decision-making process¹⁶. For the first time in the Somaliland administration, two women ministers and a female DG were appointed — backed by the administration's firm commitment to greater involvement by women. Civil society, particularly women's networks, also play a vital role in campaigning for greater political participation for women and the protection of their human rights.

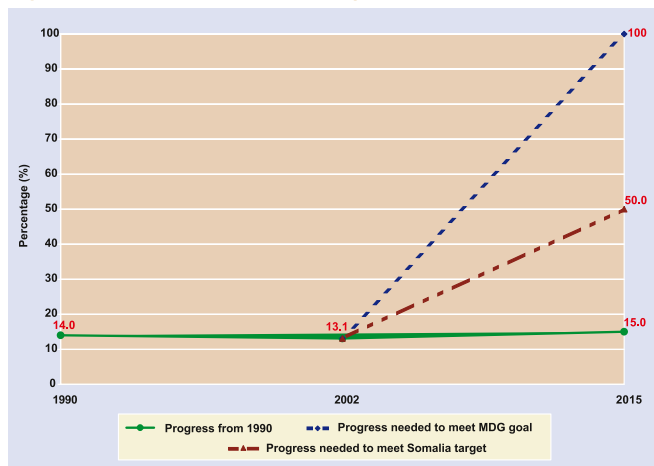
Strengths

- Women have taken over the role of primary producers, particularly in rural areas, managing to create a living through the market place.
- Women's decision-making on household expenditure has also increased their financial responsibility and changed social perspectives on gender roles in society, recognising women as productive partners of men. Through the formation of peace and human rights networks, political advocacy groups, women's NGOs and women's organisations, there is also an increased awareness and participation of women in the national recovery (and political) process. An example is the formation of community-based micro-finance groups that offer financial assistance to women to start their own businesses or run household expenses.
- There has also been a surge in advocacy for women to obtain political rights and gain seats, both in parliament and the judiciary.
- The international community is making concerted efforts to encourage school enrolment of girl children, through an incentive-based approach. WFP has initiated a pilot school-feeding activity with the objective to improve gender equity and access to completion of basic education, especially for girls. UNDP and UNIFEM continue to support gender empowerment activities, raising awareness on women's human rights issues and advocating for their inclusion in governance and economic growth.
- In 2006, a female student graduated from the Faculty of Law at the University of Hargeisa in Somaliland, raising the number of female lawyers to two.

Challenges

- The socio-cultural context discriminates against women, especially in light of the lack of a regulatory and legal framework to protect their rights. This is exacerbated

Figure 3.1: Adult Female Literacy Rate



by the submissiveness of women within the household family structure, despite their increasing financial independence.

- Women have limited control over family resources, particularly ownership of land, and therefore, limited access to collateral for investment and larger business enterprises.
- There remains a lack of educational opportunities for girls and women with low literacy. There are also limited facilities for non-formal educational opportunities.
- Violence against women is rife. In addition, female genital mutilation (FGM) continues.
- Insecurity affects women's economic and entrepreneurial opportunities.
- There is limited gender-disaggregated data on literacy levels, which hinders gender analysis.



UNICEF/SOM96-13/Pirozzi

Recommendations

There is need for a national policy focusing on gender equality and empowerment of women that will mainstream gender into all government policies and programmes by adopting gender-sensitive legislative actions.

Specifically, the following recommendations are cited:

- Revise and amend laws that impact negatively on the protection and development of the girl child and women.
- Promote new cultural norms for gender equality.
- Encourage the development of a gender sensitive media and Information and Communication Technology (ICT) strategy towards increasing women's access to and visibility in the media.
- Bridge the educational gap between men and women.
- Enhance women's participation in planning and management of resources at community, district, regional and national level.
- Use a rights-based approach to programming to systematically address prevailing gender inequities.
- Enhance existing women NGOs' and networks' ability, performance, coordination, and collaboration; and set a policy for women's full participation in development.
- Prevent violence against women, particularly at the domestic level, through access to gender-sensitive law enforcement structures, e.g. the two women and children's desks currently being implemented by UNDP, in two police stations in Hargeisa. An effective policy is needed to protect girls against FGM.
- Develop institutional mechanisms and technical capacities to collect and monitor gender disaggregated data and analysis, to integrate gender equality into national and sector development programmes.
- Promote confidence building and motivation.

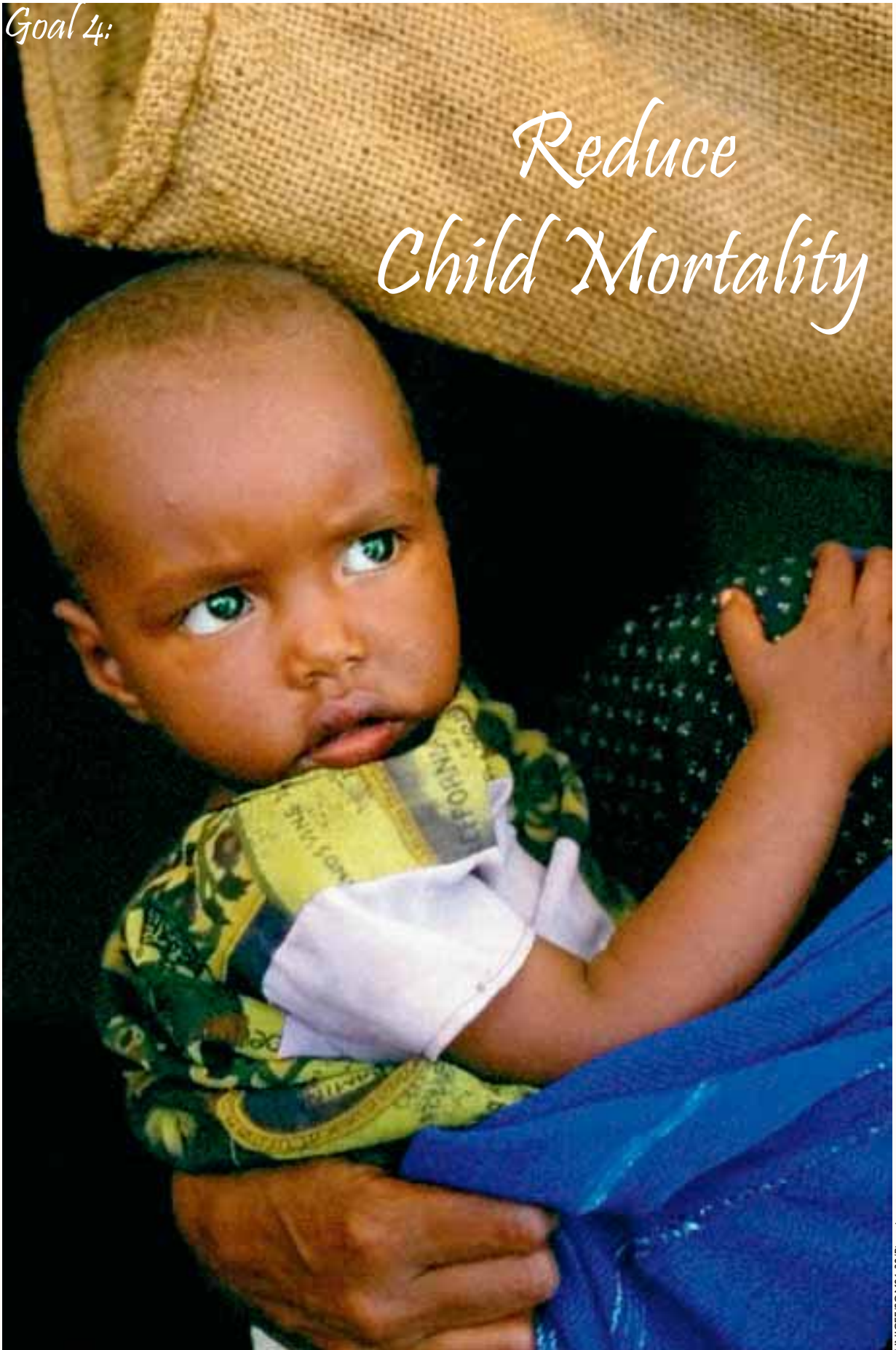
Figure 3.2: Women's Participation in Social-Economic Activities in 2002



Source: UNDP Somalia/World Bank Socio-Economic Survey, 2002.

Goal 4:

Reduce Child Mortality



UNICEF/SOM/96-32/Pirozzi

Target 5:

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Status and Trends

The rates of child morbidity and mortality in Somalia are among the highest in the world.

Infant and Child Mortality

A survey undertaken by UNICEF in 2000, the Multiple Indicator Cluster Survey (MICS), estimates the infant mortality rate (IMR) at 132 per 1,000, and under-five child mortality rate (U-5MR) at 224 per 1,000 (one in five children dying before reaching the age of five). In Somalia, current indicators relating to children and women's welfare almost universally demonstrate a deterioration of their status — as measured before the war period.

Over a quarter of all deaths occur within the first week of life, due to complications related to pregnancy and/or delivery and the lack of health care facilities. Infant mortality is also directly

linked to maternal health. This situation is further compounded by the poor environment, particularly inadequate hygiene and sanitation. In rural areas, there is also lack of access to vaccines and immunisation services against childhood killer diseases.

Malnutrition is a chronic problem for children in Somalia, with 25 per cent of them underweight (moderate and severe). Poor availability of and accessibility to food, mainly due to successive droughts and conflicts, quality of dietary intake, infant feeding practices, and inadequate home management practices contribute to the poor nutritional status of children. For the most vulnerable groups, such as the internally displaced, essential foods such as fruit, vegetables and milk are scarce and imported products simply too expensive to buy.

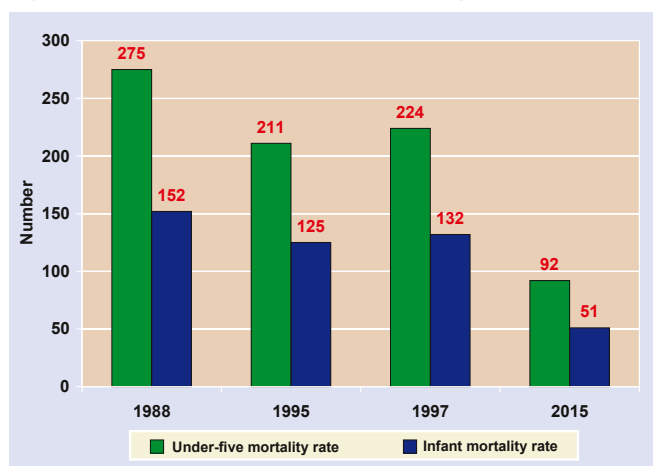
When families are engaged in a struggle for survival, childcare responsibilities are sometimes transferred to siblings, who have little knowledge or skills in proper childcare.

Table 4.1: Child Survival at a Glance

Indicator	Data			
	Baseline (1987-1990)	1995	Latest Data (1997-2002)	2015 (MDG Goal)
Under-five mortality rate/1,000 live births (child mortality)	275	211	224	92
Infant mortality rate/1,000 live births	152	125	132	51
Proportion of one-year olds fully immunized against measles (%)	30	No Data	45	100

Sources: UNICEF Somalia, *An Analysis of the Situation of Children and Women in Somalia, 1991*; UNICEF, *State of the World's Children, 2004*; UNICEF Somalia, *End Decade Multiple Indicator Cluster Survey, Full Technical Report for Somalia, 2001*; UNDP Somalia, *Human Development Report, 2001*

Figure 4.1: Infant and Under-Five Mortality Rates



Box 4.1 “Mother Care is Child Care”

Children under five years of age are 100% dependent on their mothers. Achievement of universal primary education and gender equality and the empowerment of women are critical to reducing child mortality.

Immunisation of One-year Olds against Measles

WHO and UNICEF carry out annual immunisation for children, mostly in urban areas, and collect data on epidemics and other communicable diseases such as tuberculosis, HIV/AIDS, cholera and typhoid. Since 1997, WHO and UNICEF have vaccinated at least 1.3 million children against polio annually, and have administered Vitamin A supplements twice a year under the Supplementary Immunisation Activities (SIAs) and Acute Flaccid Paralysis (AFP) surveillance programmes.

Strengths

- Public awareness has been raised on health issues, and despite wide-spread poverty, parents are increasingly willing to pay medical fees to have their children treated.
- International assistance programmes have been implemented to provide food assistance, material assistance, and Vitamin A supplements to improve nutritional status of vulnerable groups and combat malnutrition in children.
- In 2002, two rounds of Expanded Programme on Immunisation (EPI) acceleration campaigns were implemented in Somalia’s major towns, which received

support from the Global Alliance for Vaccine and Immunisation (GAVI).

- During 2006, aid agencies were able to continue conducting vaccination campaigns in Mogadishu due to improved security.

Challenges

- High cost and low availability of drugs, which are critical impediments to improving child health care.
- High child mortality among nomadic communities, as they are not easily accessed or monitored for malnutrition.
- General lack of skilled staff at health facilities.
- Insufficient coordination where training exists.
- Insufficient awareness on the need for immunisation.

Recommendations

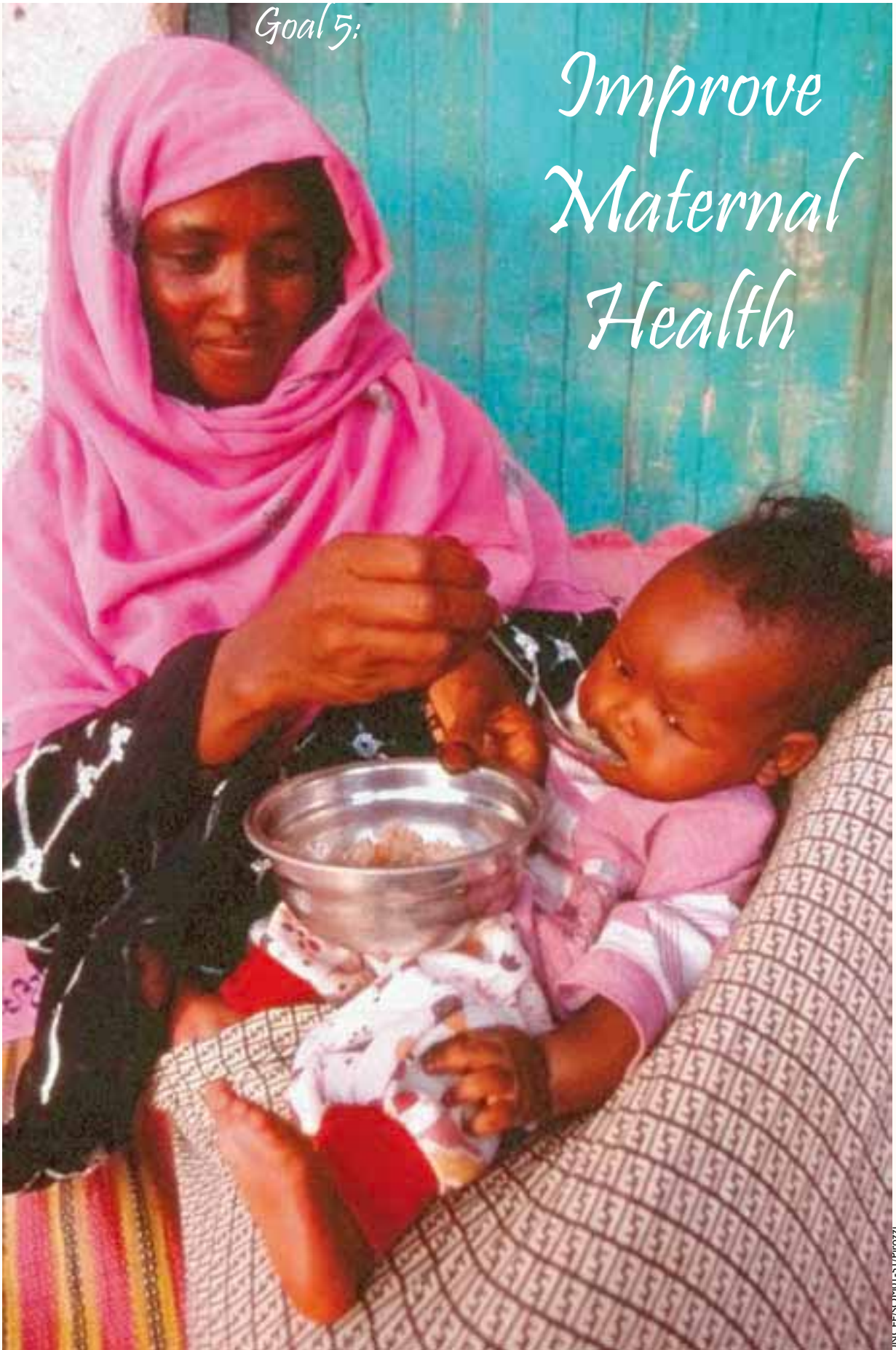
- Elaborate on a strategy to reduce child mortality, improve maternal health, improve hygiene and sanitation, and combat HIV/AIDS, malaria and other diseases, if Somalia is to achieve MDGs.
- Improve outreach and accessibility by women to Mother and Child Health (MCH) clinics, and increase emphasis on the design of an integrated mother and child health and nutrition service at the community level.
- Plan interventions aimed at decreasing gender discrimination in access to health.
- Improve coverage of immunisation campaigns.
- Improve access to safe drinking water.
- Implement nutrition campaigns for mothers and care-takers to improve childcare practices.
- Increase supplementary food interventions.
- Expand training of health workers, and health education to communities living in pastoral areas and along coastlines.
- Develop good and democratic governance to cater for the health concerns of the public.

Box 4.2 Polio

As of October 2002, Somalia achieved the remarkable goal of having no wild polio virus cases. Unfortunately, however, an outbreak — imported from Yemen — erupted in Banadir in July 2005. Since then, extensive immunisation campaigns have been conducted by WHO and UNICEF in an attempt to eradicate the virus.

Goal 5:

Improve Maternal Health



UNICEF/SO/WJ/ST/PIROZZI

Target 6:

Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

Status and Trends

Somalia's Maternal Mortality Rate (MMR) is estimated at 1,600 per 100,000, placing Somali women among the top high-risk groups in the world. Haemorrhage, prolonged and obstructed labour, infection and eclampsia are the major causes of death at childbirth. Anaemia and female genital mutilation have a direct impact on, and aggravate, these conditions. Poor antenatal and postnatal care, with the almost complete lack of emergency obstetric referral care for birth complications, further contribute to these high rates of mortality and disability. This translates into the deaths of over ten women per day on average, as a result of pregnancy and childbirth complications¹⁷.

Furthermore, childbirth frequently takes place without adequate medical facilities, where only 25% of all deliveries are attended by skilled staff¹⁸. An overwhelming 88% of children (95% in non-urban areas and 77% in urban areas) continue to be born at home, thereby limiting medical expertise to deal with complications. Only 9% of births take place in hospitals or other health facilities.

The vast majority of childbirths take place with the help of Traditional Birth Attendants (TBAs). Conversely, only 2% of deliveries are handled by medical doctors, 19% are assisted by family members, and 23% are done with the help of nurses and midwives.

Strengths

- Advocacy campaigns by international agencies and local community groups have raised awareness on the detrimental impact FGM has on reproductive health.
- The trend of early marriage (which puts young mothers



UNFPA Somalia

under great nutritional and metabolic stresses when pregnant and lactating) is beginning to be reversed.

- Recent trends show a rise in female age at first marriage.
- There are emerging private medical training institutions. In Bossaso, Puntland, there is a nursing school in operation since 2000, teaching disciplines such as midwifery, pharmacology and hygiene inspection. In total, 102 students have graduated from the institution.
- People are willing to pay for health treatment despite wide-spread poverty.
- The first class of medical doctors to qualify in decades is expected to graduate from Amoud University in 2007.

Challenges

- A lack of public health policy, specifically for MCHs, and a lack of foreseeable investment in the future.
- Extreme poverty continues to limit access to health services, particularly to antenatal, delivery and post-natal care, and among women in non-urban areas.
- Lack of qualified health professionals in the country¹⁹ and

Table 5.1: Maternal Health Status at a Glance

Indicator	Data		
	Baseline (1987-1990)	Latest Data (2000-2002)	2015 (MDG Goal)
Maternal Mortality Ratio per 100,000 live births	1,600	1,100	400
Proportion of births attended by skilled health personnel (%)	No Data	25	100

Sources: UNDP, Human Development Report, 2001; UNICEF, State of the World's Children, 2004; UNDP Somalia/World Bank, Socio-Economic Survey, 2002

¹⁷Prendville, N. Maternal Health Services in Somalia, 1999

¹⁸UNDP Somalia/World Bank, Socio-Economic Survey, 2002

¹⁹UNICEF Somalia, HIV/AIDS Sectoral Report



UNDP Somalia

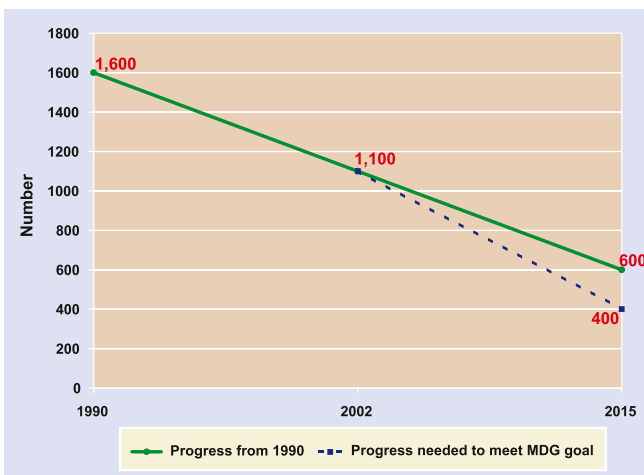
limited facilities to train health professionals.

- Low literacy levels among women prevents an understanding of medical prescriptions and knowledge.
- Poor diet further compromises the health of expectant mothers.
- Antenatal care check-ups during the first few months of pregnancy are just as critical to both child and maternal health as check-ups after childbirth.
- Customary use of dangerous traditional medical practices.

Recommendations

- A health policy needs to be developed; buildings with adequate supplies of water, as well as power need to be constructed; and mobile health clinics need to be increased for the rural farming, pastoral and fishing communities.
- Training of health care providers — both pre-service and in-service — as well as the supervision of health workers need to be increased to enhance clinical, supervisory and

Figure 5.1: Maternal Mortality Ratio per 100,000 Live Births



Box 5.1 Female Genital Mutilation

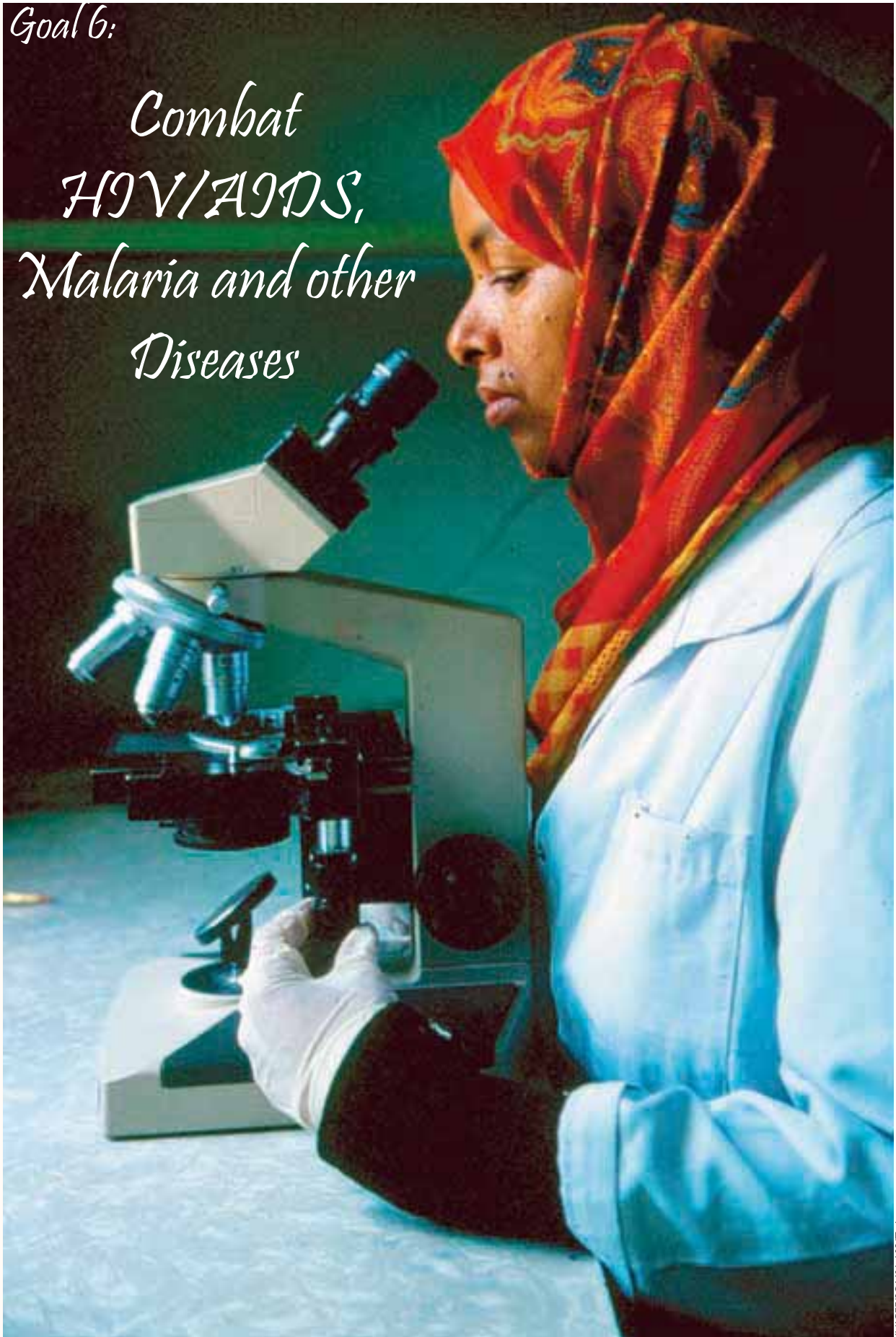
Female Genital Mutilation (FGM) is a great challenge to better health in Somalia and clearly a hindering factor to progress. It has a prevalence rate of about 99% and is mostly performed on girls from ages 4-11 years. FGM practised in its crude form and widespread throughout Somalia adversely affects the physical, mental, and psychosocial well-being of women. The result of FGM on young women in particular, often leads to medical complications or even death. The main causes of maternal morbidity and mortality are bleeding after childbirth, prolonged and obstructed labour often as a result of FGM. FGM is known to increase mortality and morbidity of young girls and women due to infection and haemorrhage at the time of the procedure. The consequences of FGM on maternal health, both immediate and life long, are becoming well-known due to local and international advocacy campaigns.

management skills.

- The capacity of TBAs needs to be strengthened — both to provide services directly to expectant mothers and the ability to recognise conditions which indicate that the mother should be referred to health facilities.
- Service provider teams should set the standard for service delivery, management and supervision, in collaboration with specialised agencies, government counterparts and training institutes. This will ensure that deliveries take place according to certain procedures and guidelines. In addition, protocols should be followed for the provision of routine maternal care and for management of obstetric complications.
- The decentralisation of good quality health care services for delivery through community-based models should be considered as one alternative to increase accessibility of women to these services, particularly in rural areas.
- Effective referral systems need to be developed to reinforce the linkages between women's homes, and community health service and regional hospitals.
- Information needs to be availed for both literate and non-literate women on safe motherhood, disease prevention, nutrition, HIV/AIDS and family planning.
- Advocacy to promote quality reproductive health services as essential human rights for women needs to be increased.
- Interventions are needed to recognise and include men's roles in women's reproductive health, as men are often the decision-makers and are instrumental in women's health decisions.

Goal 6:

*Combat
HIV/AIDS,
Malaria and other
Diseases*



UNICEF/SOM01-103/Taylor

Target 7:

Have halted by 2015 and began to reverse the spread of HIV/AIDS

Somalia HIV Context

HIV has emerged as a key development issue in Somali society. WHO's 2004 HIV and Sexually Transmitted Infections (STI) sero-surveillance survey showed a mean HIV prevalence of 0.9% in the three Somali zones. Of these, Central South Somalia had the lowest prevalence of 0.6%; Puntland had 0.9%; and Somaliland had 1.4%. The HIV prevalence among STI and TB patients was 4.3% and 4.5% respectively. KAPB surveys²⁰ have demonstrated a serious lack of understanding and awareness of basic information on HIV within the Somali population, including mechanisms for prevention. Other factors that increase HIV vulnerability include the ongoing complex emergency, widespread stigma and discrimination relating to HIV status, unsafe cultural practices such as FGM, transfusion of unsafe blood, and widespread use of khat, commercial sex, long distance truck drivers and transporters²¹.

Somalia Response Overview

In Somalia, there is an ongoing emergency and humanitarian crisis, in which the HIV response is set. This response has no choice but to deal with three Somali entities: Somaliland, where a measure of stability has ensued since the early 90s, Puntland, and the Central South Somalia, which is governed by the TFG. Most of the response is set in Phases four and five security situations, which severely limit UN and other humanitarian access.

Somalia produced a strategic Framework for the Prevention and Control of HIV/AIDS and STIs amongst Somali populations in 2003. Based on this, Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) resources were mobilised to help implement the framework. UN and SACB partners (greatly assisted by DfID support to UNAIDS Somalia) developed an Integrated Prevention Treatment Care and Support Plan (IPTCS) and a UN Implementation Support Plan, to guide the planning, implementation, monitoring and evaluation of the GFATM, UN, and other resources. Both of these instruments are currently being revised to better reflect progress and impediments to

scaling up the response towards Universal Access by 2010.

Whilst there is still ongoing political instability within Somalia, the HIV/AIDS response has been the first sector to bring the three Somali entities together in a common struggle to avert a major epidemic through the establishment of AIDS commissions and secretariats in Somaliland, Puntland and Central South Somalia. A roadmap is being developed to scale up the work of the Somali commissions and establish one Somali HIV/AIDS Coordination Authority, with one agreed strategic framework, one integrated prevention treatment care and support plan and one monitoring and evaluation framework. The statutory existence of the three AIDS commissions serves to focus on technical management, coordination, and information exchange for the response. The joint UN programming to support the HIV response is facilitated through the UN Implementation Support Plan (UNISP), which will be reviewed alongside the IPTCS plan. It is also seen as a building block in reconciliation, which elevates a development response to a technical level and above politics.

Strengths

Significant resources have been earmarked by the GFATM for the HIV/AIDS response, and planning is underway for the implementation of year two of the GFATM. By late 2006, just under 100% of the funds were disbursed, and the bulk of the programmes are on schedule. Along with the GFATM, previous DfID funds, and the UN regular budget, funding has assisted in providing a significant step forward in both the understanding of the situation within Somalia, as well as clearly defining the most urgent needs for the response. This improved understanding of the dynamics now allows for a more defined, and targeted, strategic direction. The efforts over the previous one to two years have now built the foundation for the development of a comprehensive IPTCS plan for Somalia. Universal access targets have also been finalised. A coordination roadmap has also been completed. Service delivery scale-up efforts are at advanced stage, in order to provide integrated prevention, treatment, care and support services to all those who need them.

Table 6.1: HIV/AIDS Status at a Glance

Indicator	Data	
	Baseline (1987-1990)	Latest Data (2000-2002)
HIV prevalence among blood donors	No data	0.8-1.1

Source: UNICEF Somalia, 2003-2008 Strategic Framework for the Prevention of HIV/AIDS and STIs, 2003

²⁰UNICEF, 2004.

²¹Somali Joint Needs Assessment: Social Services and Protection of Vulnerable Groups Cluster, HIV/AIDS Sub Cluster (Draft) 2006



Weaknesses

Of key concern is the need to develop governance components of the response; targeted programmes for the most vulnerable and at risk, including orphans, youth, women, uniformed services, mobile populations, IDPs and refugees; improved access to strategic information on these groups; and programmes for people living with HIV.

Challenges

- There are gaps in the Strategic Framework that do not focus on pertinent sectors, such as labour, transport, military, women and girls, IDPs, refugees and returnees. This implies that issues of vulnerability, multiple vulnerabilities of women and girls, humanitarian response and protection did not receive adequate attention, whereas they are important in a situation such as in Somalia. There is a need to include intervention areas related to HIV impact mitigation, reduction of gender inequalities, human rights and HIV, uniformed services, reduction of income inequalities, and multiple vulnerability issues of women and girls. The operational plan requires a review of its programme goals. There is minimal information on condom promotion and distribution; breastfeeding; and mitigation. The framework does not address issues related to interventions and monitoring of high risk population groups.
- There is a general collapse in the health care delivery system across the country. This has made it impossible

- to implement effective interventions related to the health sector, due to the lack of conducive space and infrastructure. There are no effective and reliable laboratory services.
- Due to the migration of Somalis during the war, and the resulting brain drain, there is a dearth of sufficiently trained health and technical workers in the country to manage specific components of the HIV/AIDS interventions.
- Somalia does not have any functional supply management systems, and hence, is absolutely dependent on donor support.
- There are three coordination structures in Somalia to coordinate HIV issues. This makes it difficult to implement the 'Three Ones' initiative of one coordination body, one strategic framework, and one monitoring and evaluation system.
- The political insecurity in some parts of Somalia contributes to the high cost of programming, and access to existing services remains difficult for those who need it.
- There is persistent stigma, and discrimination against People Living with HIV (PLWHIV). This reduces the access to services by PLWHIV in Somalia.
- Intervention services available on treatment are rarely owned and directly managed by local institutions, such as the Ministry of Health, thereby leading to a donor-driven vertical programme.

Recommendations

There will be a need to intervene in the following areas if Somalia is to achieve the MDGs using the Universal Access targets:

- Address the human capacity crisis.
- Bring religious leaders on board with the response to control HIV/AIDS in a strategic and regionally specific manner.
- Recognise the Somali private sector in the response.
- Ensure humanitarian and emergency access to all parts of Somalia.
- Support the sustainability of the Anti-retroviral Treatment (ART), STI, Opportunistic Infections (OI) and other drug prices; procure and monitor resistance; and reduce the price of second line ARV regimens.
- Support interventions focusing on vulnerable grounds.

Box 6.1 Africa 2015 Pledge

“To protect myself and to protect others under all circumstances from catching or passing on the AIDS virus”.

Target 8a:

Have halted and began to reverse the incidence of Malaria by 2015

Status and Trends

Malaria is a major health concern in Somalia. The prevalence of the disease is highest along the rivers and settlements in southern Somalia, with artificial water reservoirs, where there is year-round transmission. About 80 percent of malaria cases in Somalia occur in the Shabelle and Juba River basins. Outside of the malaria endemic areas, it is estimated that 87 percent of Somalis are at risk of being exposed to malaria epidemics²².

Strengths

- Since 1999, WHO and UNICEF have been providing Insecticide Treated Nets (ITNs) to local communities.
- Larvivorous fish (feeding on mosquito larvae) have been introduced in some parts of the country in an effort to increase vector control. Some of the fish ponds have been rehabilitated for this purpose²³.
- Essential drugs and basic medical equipment are also being supplied to over 400 health, including hospitals, MCHs and health posts all over Somalia.

Challenges

Limited health facilities, and chronic poverty, and anti-malaria drug resistance.

Recommendations

- Improve diagnosis and effective treatment of all malaria cases, through an expanded health care system.

- Improve health information systems for better, and more accurate data collection.
- Improve the use of Insecticide Treated Nets.
- Increase resources to research on anti-malarial drug resistance and alternatives in the prevention of malaria.
- Adopt and implement the Anti-Malaria drug policy.
- Establish Central Malaria Units in the major towns of Somalia.
- Expand larvivorous fish distribution to specific areas of the country, such as wells, dams and berkads.



UNICEF/HQ00-0500/Chalasanani

Target 8b:

Have halted and began to reverse the incidence of Tuberculosis by 2015

Status and Trends

Though data is lacking, Somalia is among countries with the highest incidence of tuberculosis in the world. Overcrowded conditions in camps where many displaced people are living; lack of

Table 6.2: Malaria Status at a Glance

Indicator	Data		2015 (MDG Goal) %
	Baseline (1987-1990)	Latest Data (2000-2002)	
Incidence of malaria per 100,000	No Data	Clinical cases - 205	0
Death rates associated with malaria per 100,000	No Data	81 deaths	0
Proportion of under-fives in malaria-risk areas using effective prevention and treatment measures	No Data	16% sleeping under bed nets 0% sleeping under treated bed nets	100

Sources: UNDP, Human Development Report, 2003; UNICEF State of the World Children, 2003

²²WHO Somalia, Global Fund for Malaria and TB Control in Chronic and Complex Emergency, 2003-2005

²³WHO Somalia, Annual Report, 2002

treatment facilities; poor quality of drugs; and malnutrition attribute to tuberculosis being one of the country's main killer diseases.

One in 270 people is estimated to be infected by TB, and an average of 25,000 cases are reported annually.

Strengths

- The TB programme was revitalised in 1995. Presently, 18 international NGOs and two local authorities manage 31 TB centres in all 18 regions of Somalia²⁴.
- Since January 2003, due to collaborative efforts with WFP, all TB centres have been receiving food support.
- Laboratory services have been updated to provide more effective testing services. The TB vaccination campaigns, as well as local community initiatives, have also had a positive impact.

Challenges

- The expansion of the DOTS treatment programme is dependent on peace and stability, but the volatile security situation in the country hampers access to and expansion of these services.
- There is little control and regularisation over private health practitioners and TB treatment is haphazard and indiscriminate.
- The quality of drugs available is not regularised.
- TB projects are often managed by NGOs that are subject to irregular funding, and subsequently forced to curtail control activities.
- The actual control of infected TB patients is difficult and involves a long duration, which is not always possible to complete in conflict situations.

Recommendations

- Increase the number of TB centres in Somalia and upgrade the existing facilities.
- Increase DOTS facilities and BCG (TB) immunisation for all newborn babies included.
- Strengthen partnerships at all levels in order to ensure the continuous provision of TB services in clinics country-wide.
- Partner with the private health clinics to limit the misuse of anti-TB drugs, and manage the risk of insurgence of drug-resistant TB strains.
- Develop national TB standards and guidelines.
- Strengthen the managerial and technical capacity of local authorities, ensuring that INGOs work in close collaboration with the existing and emerging local health authorities to facilitate the government's progressive involvement and ownership of the TB control programme.
- Continue health education about TB at village and community levels.

It is evident that the TB programme in Somalia is approaching or has indeed reached its maximum capacity, given the resources currently available. Whilst WHO is predicting a two-fold increase in the present level of services by 2008, the target for 2015 seems unattainable.

The provision of TB services to an expanded number of people and the achievement of set targets can only be reached through the expansion of the intake capacity of existing centres and the opening of new ones, which require additional resources in terms of manpower, infrastructure, equipment and supplies.

Table 6.3: Tuberculosis Status at a Glance

Indicator	Data			
	Baseline (1987-1990)	Latest Data (2000-2002)	2015 (MDG Goal) %	Somalia Target %
Prevalence rate associated with TB	No Data	107	0	
Case Detection Rate (CDR) Proportion of TB cases detected under the Directly Observed Treatment short course (DOTS) (%)	No Data	Overall - 42 Northwest zone - 87 Northeast zone - 29 Central zone - 27 South zone - 50	100	70
Incidence rate of smear positive cases/100,000	No Data	162	0	139 by 2008 (reduce incidence by 3% per annum)
Treatment Success Rate (%)	No Data	80	100	90

Source: WHO Somalia, Annual Report 2002; WHO Somalia, Global Fund Proposal for Malaria and TB Control in Chronic and Complex Emergency in Somalia, 2003-2005 Proposal

²⁴WHO Somalia, Annual Report, 2002

Goal 7:



*Ensure
Environmental Sustainability*

UNICEF/HQ00-0503/Chalasan

Target 9:

Integrate the principles of sustainable development into country policies and programmes and reverse the losses of environmental resources

Environmental Resources

Status and Trends

Somalia covers an area of 637,657 km² and has 3,300 km of coastline. Due to the civil war and ensuing political instability, resulting in Somalia's humanitarian emergency, sustainable development has not been included in national policy. To make this situation worse, Somalia has also been subject to natural and man-made hazards, such as drought and floods (resulting in crop and livestock losses), which also contribute to rapid environmental degradation. Earthquakes and tsunami, although uncommon, are still a risk as Somalia is in a seismic zone. The Indian Ocean tsunami hit the coast of Somalia in the last week of December 2004. Northeastern Somalia was worst affected, particularly a stretch of about 650 kilometres between Hafun and Garacad. The tsunami further exacerbated the humanitarian situation in Puntland, which had already been hit by a series of shocks, including three years of drought, floods, freezing rains, the continuing livestock bans and civil tensions. The tsunami affected an estimated 44,000 people (including IDPs and returnees), resulting in a shift in wealth groups, loss of life, destruction of infrastructure, damage to water sources, and loss of livelihood assets.

Deforestation

Somalia's forest cover has been reduced in the last few years and natural forest regeneration is slow due to the arid climate. Specifically, the cutting down of acacia trees for charcoal production has had a detrimental impact on the sustainability of the pastoralist livelihood — but the activity is likely to continue as long as an alternative source of energy for cooking is not found and individuals economically engaged in charcoal

production are unable to find alternative economic activities to engage in. In the northern regions of Somalia, the export of charcoal overseas has been reduced to negligible levels, but large scale domestic charcoal consumption continues. In the south, following the imposition of the livestock ban by Gulf states in 2000, an increased number of bags of charcoal being exported were reported. In 2001, an estimated 700,000 to 1.2 million bags went through Kismayo port in southern Somalia. As of late 2006, the export of charcoal has been banned in ICU-controlled areas of Central South Somalia.



UNDP Somalia

Maritime Zone

Although Somalia's maritime zone is large and rich in fish stocks, effective management of the resources is required to protect the marine ecosystem from exploitation and provide opportunities for poverty reduction. According to the UN Food and Agricultural Organization (FAO), there is an abundance of fish in national waters, estimated at 200,000 tonnes, and a maximum sustained yield of 40,000 tonnes annually could be harvested without endangering the stocks.

Table 7.1: Environmental Status at a Glance

Indicator	Data	
	Baseline (1985 - 1990)	Latest Data (1999 - 2003)
Proportion of land area covered by forest (%)	13	12
Ratio of area protected to maintain biological diversity to surface area (%)	No Data	0.01
Carbon dioxide emissions (per capita) and consumption of ozone-depleting chlorofluorocarbons	No Data	0
Proportion of population using solid fuel (%)	No Data	98.5

Source: UNDP, Human Development Report, 2003.

Box 7.1 Key Environmental Problems

- *Absence of an institutional and policy framework to assume responsibility and authority over the quality and performance of Somalia's environmental resources*
- *Due to prevailing conflicts, human security is threatened, causing massive human and livestock displacement and fierce competition for resources, such as water and land for grazing, cultivation, and settlements, forcing environmental degradation through population stress and encroachments on range lands*
- *Absence of the technical capacity to assess environmental conditions and trends, and inform sound environmental management decisions*
- *Threat of water scarcity and continued land-based environmental degradation brought on by overgrazing and drought*
- *Somalia's exclusion from, and inability to represent its interest within, global arenas*
- *The livestock ban has caused an increase in tree cutting for charcoal production, thereby reducing the sustainability of natural resources*

Urbanisation

Rapid urbanisation is taking place in parts of Somalia fuelled by rural-urban migration and a large number of returnees that have chosen to settle in urban areas. Drought has also impacted rapid urbanisation in certain regions, such as Puntland, where as a result of drought, which peaked in 2004, pastoralists who lost their livestock settled around urban towns and in nearby villages. The coping strategies to deal with the burgeoning urban environmental problems, such as rubbish collection and sanitation, are inadequate.



UNDP Somalia

Grazing and Cultivation Pressure

There has been an increase in human settlements springing up around water sources, leading to over-cultivation and creating erosion of soil and nutrients. Rangelands that were traditionally not used during certain seasons, due to lack of water, are now being used year round, which has also prevented the recovery of the vegetation used for survival.

Strengths

There have been some positive initiatives put in place to protect the environment. In 2000, the Puntland administration banned the export of charcoal, which led to 80% reduction in exports and promoted the use of solar cookers. In Somaliland, there was an enactment of a forestry law²⁵ to protect natural forest reserves and create seasonal grazing reserves, drought reserves, and rotational pastoral reserves, while the Transitional Federal Government established a Ministry of Environment. The ILO is creating employment through supporting rubbish clearance activities in Mogadishu and Baidoa.

Challenges

- The preservation of the environment has not been a priority, as the primary concern for most of the population is how to acquire sufficient food to feed the household. Alternative energy sources will be difficult to introduce, as they are perceived as expensive and not readily available.
- The limited capacities of the central government have constrained its ability to control the damage emanating from mismanagement, hunting, natural habitat destruction and inappropriate and uncontrolled use of resources. This is particularly true of illegal fishing off the Somali coast by international offshore companies. The surge in piracy off the Somali coast makes policing even more difficult.
- The level of awareness on environment protection is very low, and there is a lack of early warning systems in place for natural disasters, such as river floods, torrential rains, tsunamis and droughts.

²⁵IUCN, *An Ecological Assessment of the Coastal Plains of Northwest Somalia*

- The use of plastic bags for carrying goods is widespread throughout the country. However, there is no proper disposal method, hence they are strewn around the urban towns and countryside causing environmental damage.

Recommendations

- Apply a holistic approach to sustainable natural resource management, biodiversity, conservation, reforestation and habitat development, considering the socio-political and economic situation of the Somali population.
- Ensure that the approach considers the development of alternative sources of food and income generation. This will help reduce livelihood dependency levels on charcoal production.
- Build awareness and strengthen capacity to develop and implement projects that involve women and children in planning for resource use and implementation.
- Conduct a coastal marine survey to estimate the potential for fisheries. In addition, deploy marine guards to patrol the Somali Sea.
- Involve the private sector in fisheries through cooperatives and business ventures.
- Explore use of alternate energy sources, such as the utilisation of animal residues for making biogas, and solar and wind energy for lighting and water pumping.
- Establish tree nurseries in different regions. At least a short-term reforestation plan is required.
- Map chemical waste matter dumped in the national sea.



UNICEF/HQ00-0492/Chalasanani

Target 10:

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Access to Safe Water and Sanitation

Safe Water

Access to water is limited to an average 23% of the population in Somalia, but varies according to regions. In the Northwest there is 31% access, compared to 26% in the Northeast, and 18% in Central South Somalia. As the population has increased, so has contamination of surface water supplies. About one-third of the population has access to piped water in urban areas, compared to 3.8% in non urban areas.

Box 7.2 Water Scarcity

Using a per capita water scarcity limit of 1,000 m³ per year, water availability in 1990 was classified as “stressed” at just over 1,000 m³ per capita. Projections show that by 2025 water availability will be “scarce” at approximately 500 m³ per capita. This has been largely attributed to increasing population pressure and climate changes due to declining changes in precipitation.

UNEP Vital Climate Graphics Africa – The Impacts of Climate Change, 2002, 17 (source: UNECA – Global Environment Outlook 2000)

UNICEF’s Water Supply and Hygiene and Environmental Sanitation projects help to address the problems of waterborne diseases such as cholera. They help to build sustainable water supply and distribution systems in urban and rural areas, while ensuring access for the most vulnerable and poor members of communities. In community schools, specific social mobilisation campaigns are carried out through hygiene education. Students learn improved handwashing techniques and how to safely store household water. UNICEF works closely with local communities, water authorities and water boards, local self-help groups, the private sector, community-based organisations and non-governmental organisations in all water and environmental sanitation activities.

The Zayed Foundation, based in the United Arab Emirates (UAE), donated US\$ 2 million to improve Somalia's water resources. This has helped to address immediate water needs and contributed towards intensifying the coordination of various stakeholders, local NGOs and public-private partnerships. It has also contributed towards building the capacities of local communities to ensure sustainable water management systems and enhancing their ownership.

Basic Sanitation Needs

Less than 50% of the population of Somalia lives in households with sanitary means of excreta disposal. In addition, water prices are unregulated, and there is a general lack of permanent water sources due to geographical and climatic conditions.

Recommendations

- There is a clear link between the water and sanitation problems, the deteriorating health conditions, and spread of diseases in Somalia. Therefore, there is a need to ensure effective management systems, pricing policies and regulatory mechanisms to ensure water sustainability and to remove the current inequities affecting the poorer section of the population.
- There is a need to formulate 'Environmental Impact Assessment' planning tools for water projects to foresee the long-term effects on the environment.
- There is a need to encourage people to recycle rubbish.
- There is a need to develop a sanitation and hygiene education curriculum.
- There is a need to introduce water harvesting practices and to involve the private sector in the provision of water (within a regulatory framework to ensure this does not create more inequality).

Figure 7.1: Percentage of the Population with Access to Improved Water Source

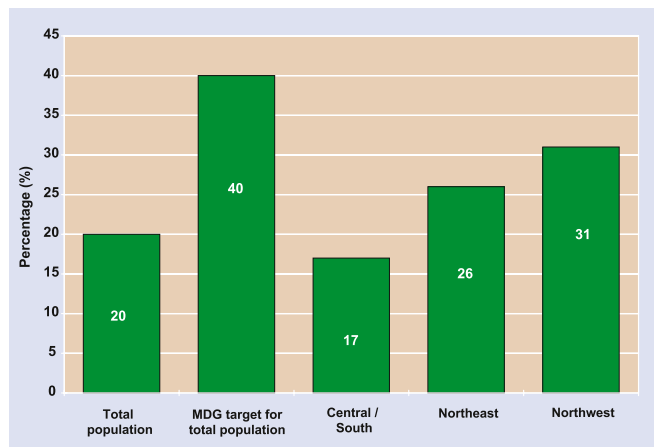
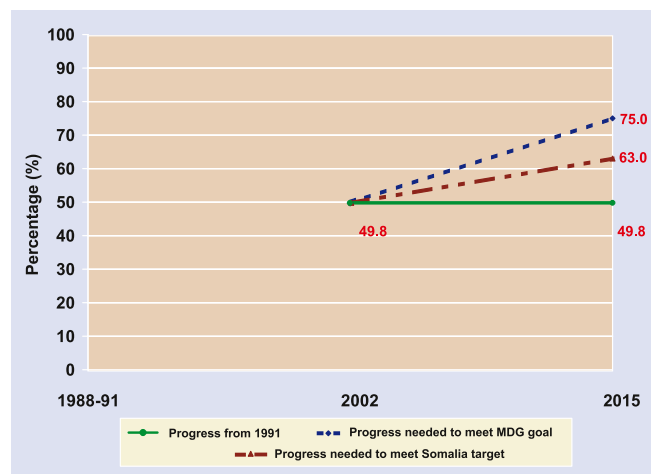


Figure 7.2: Percentage of the Population with Access to Improved Sanitation



Box 7.3 Impact of Drought

Four years of consecutive drought in northern Somalia in late 2003/2004 led to massive livestock deaths, further impoverishing about 200,000 pastoralist families who are dependent on the sale of animals and milk for income. Food and water prices increased to an extent that most households could not afford to purchase these necessities.

Target II:

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Table 7.2: Dwelling Status at a Glance

Indicator	Data	
	Baseline (1990 - 1996)	Latest Data (2000 - 2002)
Proportion of households living in permanent structures (%)	No Data	24.1 (60.3 urban; 6.0 rural)
Proportion of households who own a house (%)	No Data	80.4 (58.3 urban; 91.5 rural)
Proportion of households who rent homes (%)	No Data	10.4 (23.6 urban; 3.8 rural)
Proportion of households who live in a public owned house (%)	No Data	1.3 (2.6 urban; 0.6 rural)
Proportion of households who live in rent-free houses (%)	No Data	5.8 (9.6 urban; 3.9 rural)
Proportion of households who live in vacant houses (%)	No Data	2.1 (5.8 urban; 0.2 rural)

Source: UNDP Somalia/World Bank, Socio-Economic Survey, 2002



UNICEF/SOM96-19/Pirozzi

Dwellings

In Somalia, the shelter situation prevailing in IDP camps is unacceptable. Rudimentary shelters are made of scavenged materials (plastic cartons, scrap metal and branches), and the lack of adequate sanitary facilities increases the incidence of communicable diseases.

Meanwhile, only 24% of the general population has access to permanent housing (60% in urban and 6% in rural areas).

In addition, lack of secure land or housing tenure means that

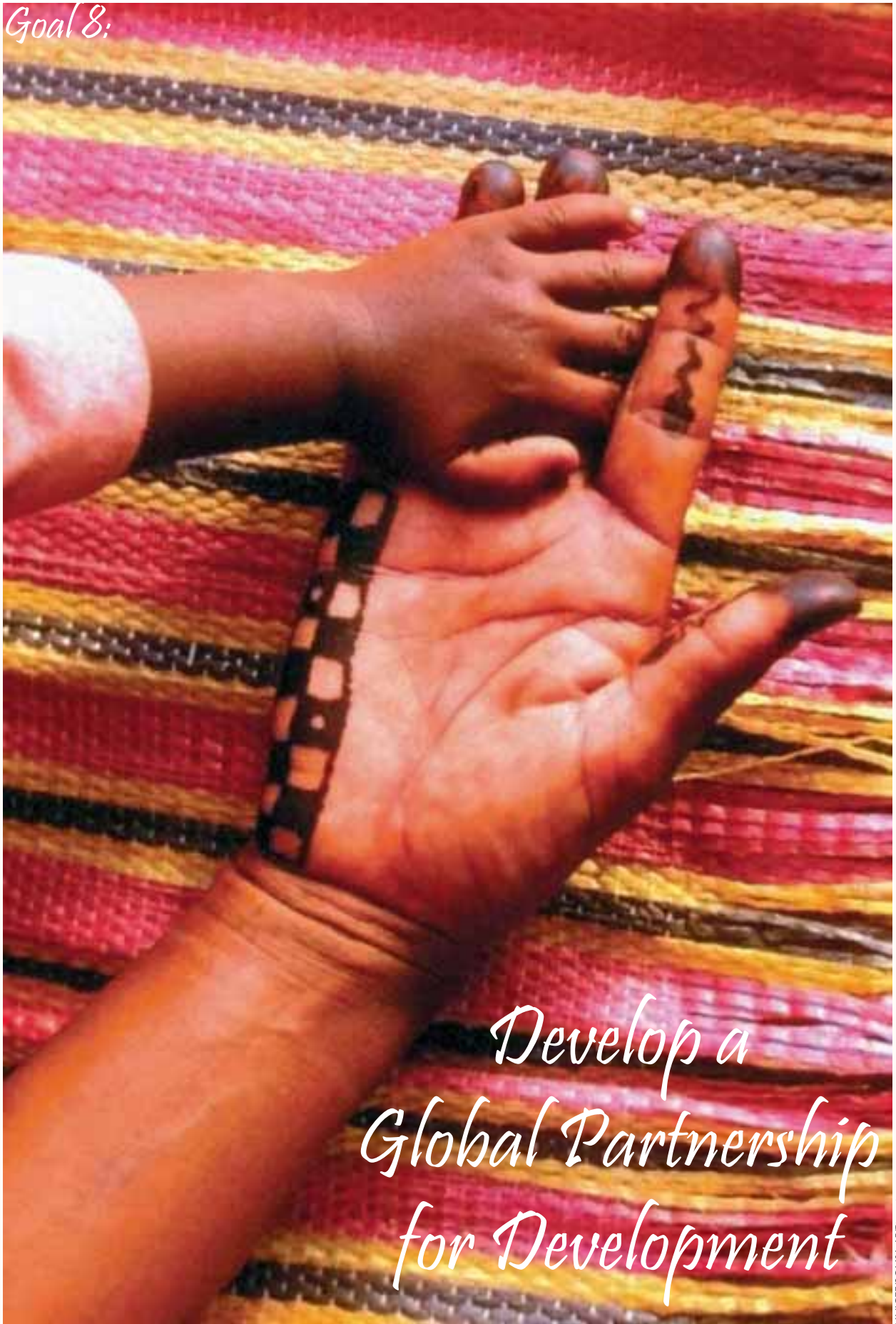
IDPs or returnees often return to their villages and find their houses occupied or destroyed and are forced to go back to camps. The poor live without any security of tenure, under the constant threat of eviction, and therefore their motivation or interest to invest in improving homes and neighbourhoods is minimal.

Recommendations

- Introduce social housing projects and innovative types of tenure that are affordable to the poor.
- Implement transparent land administration and management systems in city-wide slums and IDP camps.
- Integrate gender aspects to protect women's land rights.
- Support existing land rights and carry out sensitisation campaigns at national and sub-national levels about people's land rights.

A joint partnership among the state, the private sector, and civil society, along with continued support from the international community, is a prerequisite to initiating a sustainable development process, which will determine Somalia's economic evolution and progress towards the achievement of the MDGs.

Goal 8:



*Develop a
Global Partnership
for Development*

UNICEF/SOM/01-15/Pirozzi

Partnership for Development

Status and Trends

In order to provide for a Reconstruction and Development Framework (RDF) for Somalia, a Joint Needs Assessment was begun in 2005, to assess the priority needs for the country, co-led by the UN and the World Bank with key participation of Somali diaspora and partners. The RDF — which will be finalised in late 2006 — will be the framework document for all donors, civil society and international organisations to engage in a partnership for development. An interim support fund has been set up by the UN to build the capacity of the state and non state actors for the implementation of the RDF and to support further peace building and reconciliation as the first priority.

Following a meeting between the TFG and the international community in Stockholm in 2004, the Coordination Monitoring Committee (CMC) was established, in February 2005, to facilitate, harmonise, coordinate and monitor international support for the implementation of the Transitional Federal Charter and the effective functioning of the TFIs. The CMC will be jointly chaired by the TFG and the UN, and will be the central forum for policy coordination, with both policy and programme tiers. It is the task of the CMC to promote a coordinated international response to key needs and challenges in the Somali transitional process. Due to the prevailing situation in Somalia, however, the CMC is yet to become fully functional.

The UNDP Somalia Institutional Support Project (SISP) maintains a donor-supported ‘Global Re-engagement Fund’ that enables the TFIs to participate in global forums and state visits in an effort to raise international awareness and funding for Somalia. In this context, the TFG signed a Memorandum of Understanding (MOU) with the European Commission in March 2006. After the signing, the President of the European Union, Jose Manuel Barroso, assured the Somali authorities of “moral, political and material support”, and said that the Commission would soon urge the EU states to release a further 70 million euros (US\$ 84 million) in assistance to Somalia, in addition to the 200 million euros it has already granted, mainly through the UN agencies.

In addition, the fund has facilitated, *inter alia*, the attendance of

a Somali delegation to the 60th Session of the UN General Assembly in September 2005; the Speaker’s attendance at the ‘Second World Conference of Speakers of Parliament’ in New York, USA; missions to the League of Arab States to further strengthen relations between Somalia and the Arab States, as well as to address possible funding opportunities; and the TFI participation in the IMF and the World Bank Annual Meeting of 2005.

At a regional level, the TFG has already signed bilateral agreements on economic issues with Djibouti, Ethiopia and Kenya, while also being an active member of the African Union, the Intergovernmental Authority on Development (IGAD) and the League of Arab States. The country is also participating for the first time in a number of fora of regional concern, such as on fisheries and early warning systems for tsunamis.

There are more than one million Somalis living abroad on almost every continent, some of whom were involved in the Joint Needs Assessment to formulate the RDF. There is a significant role for the diaspora to play in the reconstruction of Somalia. If harnessed well, the human and economic resources of the Somali diaspora could hasten the return of Somalia to the global stage as a key player, and even surpass expectations in post-conflict recovery.

Target 12:

Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Trading and Financial System

In the Somali context, the private sector has shaped the economy, and “sustained Somalia for the last fourteen years in the absence of a functional central government”²⁶.

Since the onset of the civil war, most public services such as education, health care and telecommunications were controlled by the private sector without any functional, regulatory bodies. These entities ensured that basic market

²⁶UNDP Somalia, Press Release, 2004

needs within the country were met despite a lack of banking systems and foreign investment policies. As mentioned previously, financial remittances from the Somali diaspora also played an important role in supporting the Somali economy during the fifteen years of turmoil.

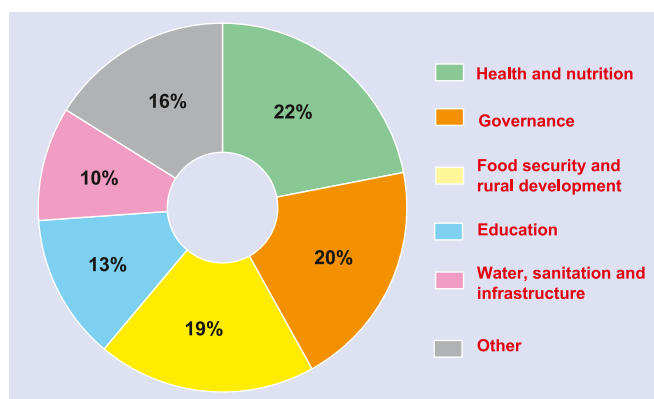
However, there has been an impressive generation of wealth created by entrepreneurs since the early 1990s, albeit unevenly distributed. There is a great deal of economic differentiation between the north and south, the urban and the rural groups and within socio-economic groups²⁷.

Compared to the value of trade and annual remittances, international aid constitutes a small contribution to the Somali economy. In 2004, Somalia's total Official Development Assistance (ODA) amounted to US\$ 222 million, of which US\$ 142 million came from bilateral donors, a steady increase from its US\$ 99.2 million level in 2001.

The Somali diaspora transfers about US\$ 1 billion into Somalia annually. This financial lifeline supports basic household needs, while also stimulating local and international trade. In the absence of formal banking and financial institutions in the country, a self-regulating Somali Money Transmitters Association is strengthening the industry and supporting individual companies. Similar associations exist for telecommunications, livestock and meat trade.

Donors adopted a 'peace dividend' approach in the late 1990s, making aid conditional on security and good governance. Hence, a larger proportion of aid was provided in the more politically stable northern areas, compared to Central South Somalia.

Figure 8.1: Priority Areas for Donor Assistance-2003



Target 15:

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

Somalia's External Debt

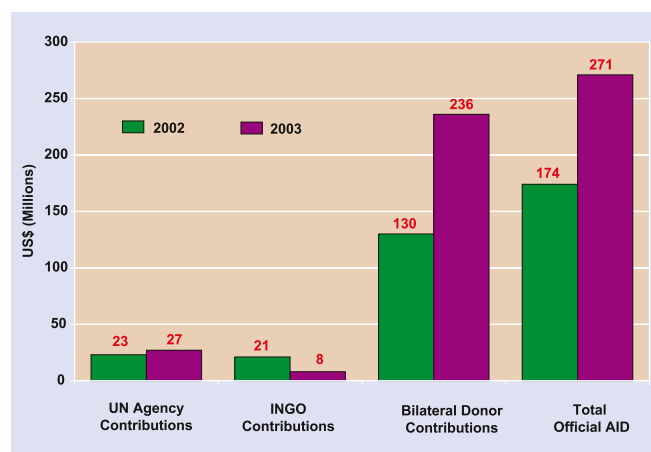
Somalia's external debt has risen from US\$ 2.4 billion during pre-war times to US\$ 2.6 billion in the post war period. Only an overarching strategy to deal with this debt will enable Somalia to get back on its feet. The strategy may include the freezing of debt repayment with minimum interest rates or, with time, swapping debt totally or cancelling it. The benefits from these measures should go towards supporting the achievement of MDGs.

In addition, a generous financial aid package for developing natural resources — livestock, fishing and agriculture and minerals — would also assist Somalia to meet its international financial commitments.

Box 8.1 Achieving the MDGs

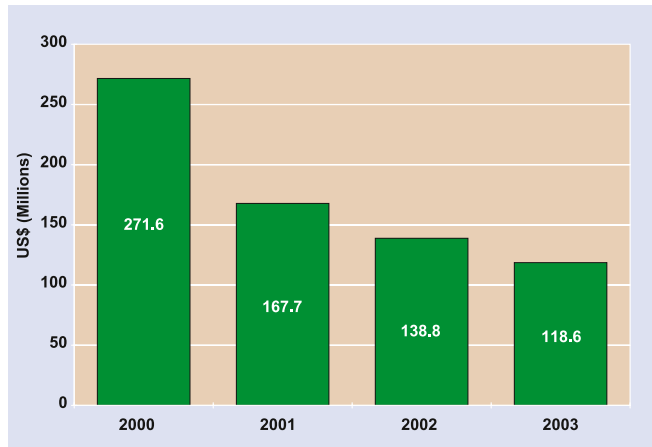
The Millennium Development Goals are achievable by 2015, but only if rich and poor countries alike follow through on their shared commitments to put in place the necessary policies, institutions and resources.

Figure 8.2: Donor Contributions in US\$ Millions for 2002/2003



²⁷UNDP Somalia, Human Development Report, 2001

Figure 8.3: Bilateral Donor Contributions from 2000-2003 (US\$ Millions)



Target 16:

In cooperation with developing countries, develop and implement strategies for decent and productive work for youth

Before the civil war, free education, availability of employment in the public sector, the implementation of externally funded projects, and an active agriculture and livestock sector all provided jobs. However, with the collapse of government and the outbreak of the civil war, income and employment opportunities diminished.

Now, there are also structural constraints to generating productive employment for youth, including their low level of skills, the low percentage among them who have had formal schooling due to civil war and forced displacement. Such factors have forced the majority of youth to be idle or take up casual jobs in the informal sector.

UNICEF has embarked on youth leadership and organisational development projects to strengthen youth groups using non-formal education. These interventions should prepare youth in life skills, culture and sports, economic development, peace building and conflict resolution. In addition, UNICEF's youth broadcasting initiative engaged over 200 youth groups to voice their concerns in the production and broadcast of radio programmes and videos. The ILO has embarked on employing intensive

infrastructure projects to help conflict-affected communities through the creation of immediate employment opportunities and income generation, guaranteeing equal access to work for both males and females at all levels of project implementation²⁸. UNDP has been supporting vocational training to meet the emerging demand for skills by the private sector and public agencies such as port authorities.

The importance of disarming militias must not be underestimated as an urgent prerequisite for peace, stability, security and development. The re-integration of youth into society requires external assistance to create vocational training centres and income generating projects. Somalia's youth need re-orientation and re-organisation in preparation for the re-building and development of their country.

Box 8.2 Work for the Youth

Decent and productive work for the youth is vital for sustaining peace. It will provide skills and opportunities to engage the youth, thus discouraging them from becoming militia, and involving them in the reconstruction of their economy, giving them a vested interest towards sustaining peace.

(Extract from the MDG Global Discussion - Crisis in Development, MDGs in Conflict and Disaster settings - 3 July 2004)

Target 17:

In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Access to Essential Drugs

Even prior to the civil war, drug supplies to Somalia have been dependant on foreign aid. Currently, supplies of drugs come through the ICRC/SRCS, UNICEF and WHO. Drug facilities are within 1.3 km for 95% of the urban population and within 2.4 km for about 60% of the rural population²⁹.

²⁸ILO, 2003 *Employment For Peace In Somalia Booklet*

²⁹UNDP Somalia/World Bank, *Socio-Economic Survey, 2002*

As half of Somalia's population lives in poverty, drug affordability is a key concern. The quality of drugs is also a huge worry, since health facilities are not subject to drug control or license requirements. Private pharmacies have been known to sell expired medicine to illiterate patients as well as re-label drug tags.

Table 8.1: Drug Affordability Status at a Glance

Indicator	Data	
	Baseline (1987-1990)	Latest Data (1999)
Proportion of population with access to affordable, essential drugs on a sustainable basis (%)	No Data	Very low

Source: UNDP, Human Development Report, 2003



UNICEF/HQ00-0512/Chalasan

Target 18:

In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Information and Communication Technology

ICT infrastructure in Somalia has been completely destroyed by war after many years without a government. After fifteen years of conflict and stalled investment, the entire ICT sector needs to be re-established through a policy and regulatory framework to create an enabling environment. Somalia will not be able to rebuild an ICT sector-enabling environment without assistance from the international community and development partners.

Effective Somali ICT infrastructure is an enabling tool for social, human and economic development that will help stimulate economic growth and raise living standards. ICT has

the potential to lay the foundation for a stable, vibrant and productive Somalia. Most of the Somali ICT services are in the hands of private sector that emerged to take advantage of the telecommunication boom, in particular mobile telephony and Internet cafes. ICT is the backbone of most of the other services, such as aviation, remittance, and trade as the main means for communication.

Somalia's government and the international community are increasingly becoming aware of the need to develop proper ICT policy and e-strategies, with UNDP currently leading the initiative. UNDP intervention will provide an understanding of the importance of ICT policy-making process, fast track the reconstruction process, and attract additional ICT investment. In 2004, UNDP Somalia, in collaboration with the World Bank under the LICUS initiative, started online distance learning programmes in six tertiary institutions in Somaliland, Puntland and Central South Somalia since 2004, via VSAT solutions, an initiative under e-education that will proceed under the UNDP Somali Institutional Capacity Development (SICAD) project, which would also incorporate civil service training using ICT assisted methodologies.

Table 8.2: Information and Communications Status at a Glance

Indicator	Data	
	Baseline (1987-1990)	Latest Data (2002-2004)
Telephone lines per 1,000	2	8.4
Cellular subscribers per 1,000	No Data	14
Personal computers in use per 1,000 people	No Data	1.4 urban; 0.5 Somalia
Internet users per 1,000	Not Applicable	97.3

Sources: UNDP Somalia/World Bank, Socio-Economic Survey, 2002; Somalia Telecom Association, 2005

The development of a national ICT policy will “leapfrog” economic development and provide high-quality employment opportunities. The ICT policy initiative will also identify priority issues regarding the sequencing strategy for post-conflict situations, including clear roles for Public, Private Partnership (PPP), government, private sector, civil society, and academia. A study conducted by the Information and Communication Technology for Development in the Arab region (ICTDAR) in 2004 showed that remittance tripled in 1995, when telephone service became widely available. Later, a study also showed that when the subscriber number increased by 10% the remittance increased by 18%, confirming that remittances and ICTs are interlinked and grow together.

Supportive Framework Required to Develop a Global Partnership for Development

The established TFIs are a positive step towards providing an enabling environment for reconstruction efforts in Somalia through bilateral and multilateral relations.

The Somali Business Council needs to strengthen the links between the private sector and the international community, bringing the priority needs and challenges to the attention of the international community. The Council should include professionals who have the knowledge and managerial capacity required for the recovery process, and must be free of government interference, open, and transparent in all its dealings.

Commitment is needed from the Somali Business Council to create an independent Chamber of Commerce and Industry that will support the new Somali government through a united voice and action of business as well as foster networks with the regions and globally to promote investment. The Chamber of Commerce and Industry needs to be an independent agency.

Strengths

- The Somali Telecom Association (STA), which partners with UNDP and the International Telecommunications Union, provides technical expertise, training, and acts as a self-regulatory body for telecommunications.
- The establishment of the Somali Money Transmitters Association, serving as a self-regulatory body for Somali remittance companies, committed to networking, training and compliance with international financial regulations on behalf of the sector and its members.
- The use of regional and religious historical links to the Gulf has played a large role in assisting Somalis build links with other business communities around the world.



UNICEF/SOM01-126/Taylor

Challenges

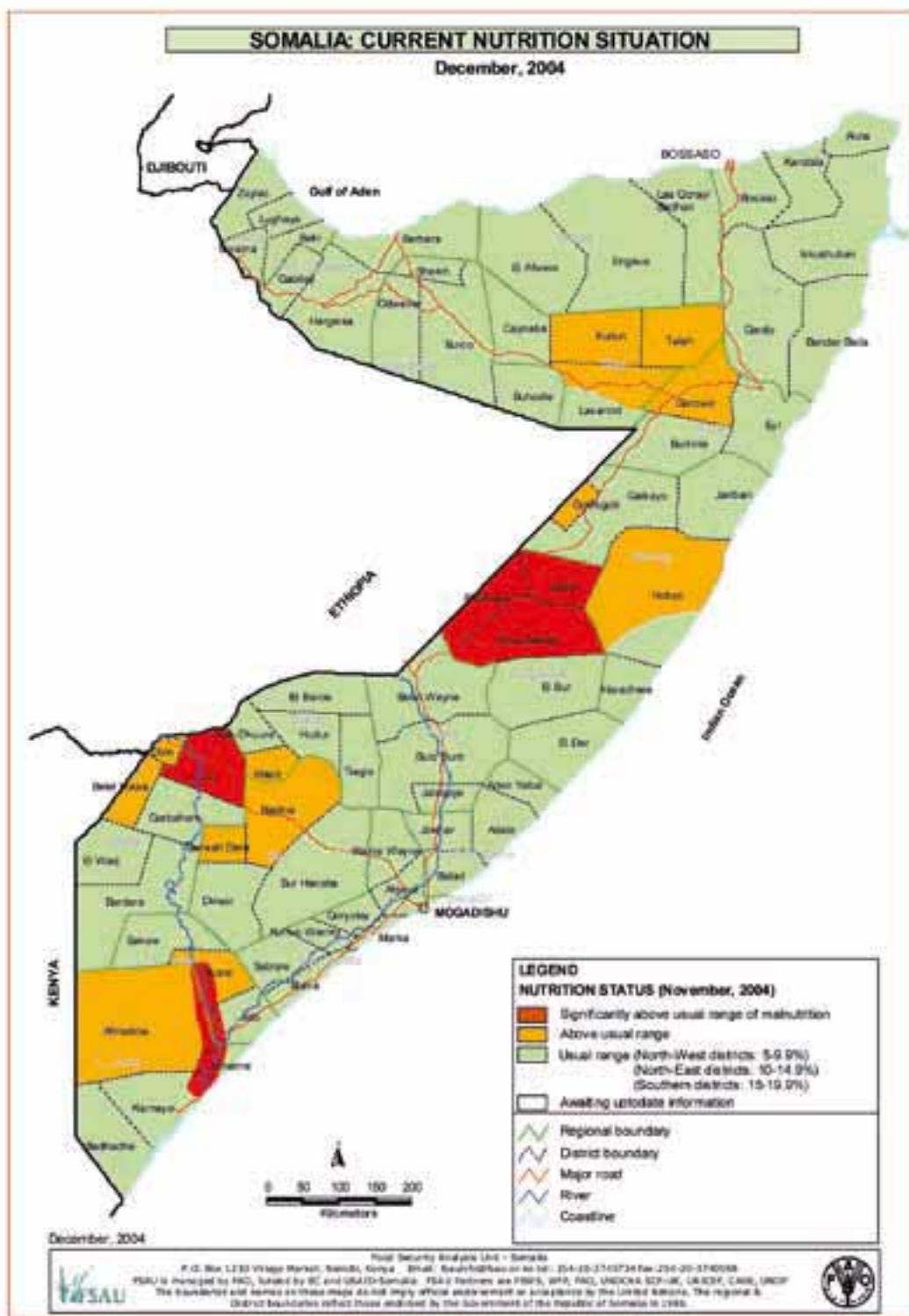
- Poor physical infrastructure roads, airports and ports that hinder economic and business productivity.
- Weak institutional, regulatory and legal frameworks.
- Inadequate taxation systems that prevent adequate revenues from accruing to the state, thereby placing enormous dependency on external aid for development.
- Lack of information on markets is also a problem. Traders purchase third-hand commodities and goods, instead of directly purchasing from producers and manufacturers. In addition, country exports are sold to middle brokers and not directly to consuming markets. Furthermore, insurance companies refuse to insure shipping lines operating in security risk zones such as Somalia.
- Lack of bank guarantee and Letter of Credit (LC) trading facilities due to the unavailability of a banking system.
- Most of the economy is based on a system of family enterprises and sole traders, all of whom are small and dispersed. The lack of transition from family owned systems to corporate business prolongs the small-scale production and petty trade engagements, denying accessibility to modern management skills and resource mobilisation.
- The exchange rates are dynamic, with severe variations often rendering the value of the national currency volatile and eroding the purchasing power of poorer households.
- Lack of a skilled and trained workforce.

Recommendations

- Reform the remittance sector in order to regularise it.
- Establish an effective authority to print, control and regulate currency supply.
- Exploit and explore more profitable markets and improve quality and quantity of country products.
- Channel money towards investment for sustainable development in natural resources.
- Introduce efficient markets that could raise capital by selling stock share and bonds, and encourage the utilisation of idle savings when conditions permit.
- Promote private investment by encouraging an enabling environment and partnerships.
- Establish a Chamber of Commerce.
- Formulate policies that attract foreign investment and joint foreign ownership.
- Carry out e-readiness assessment and evaluation.
- Initiate institutional capacity building.
- Establish computer literacy programmes through training centres.
- Establish a country code top-level domain for Somalia and provide the related system services.

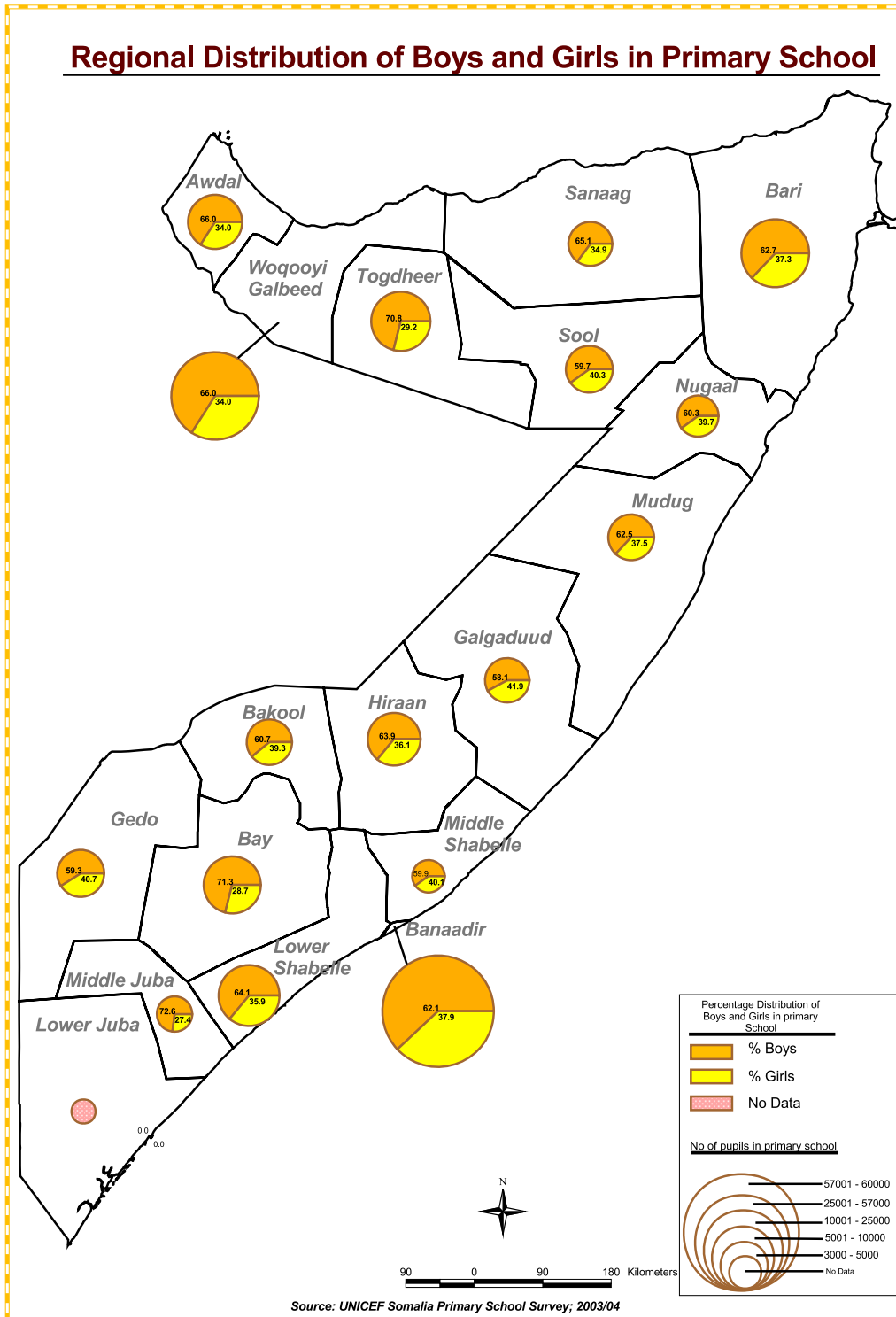
Annex 1:

Nutrition Surveys in Somalia (1999-2004)



Annex 2:

Regional Distribution of Boys and Girls in Primary Schools 2003/2004



Annex 3:

National/Regional Capacity for Monitoring and Reporting on MDG Progress

MDG	Goal	Data collection Coverage and regularity			Statistical Data Processing and Analysis			Quality and Reliability			Relevant Statistics for Elaboration of Policies			Reporting and Dissemination		
		strong	fair	weak	strong	fair	weak	strong	fair	weak	strong	fair	weak	strong	fair	weak
MDG 1	Poverty and Hunger			**			**			**						**
MDG 2	Universal Primary Education			**			**			**						**
MDG 3	Gender Equality			**			**			**						**
MDG 4	Child Mortality			**			**			**						**
MDG 5	Maternal Mortality			**			**			**						**
MDG 6	Water and Sanitation			**			**			**						**
MDG 7	HIV/AIDS			**			**			**						**
MDG 8	Environmental sustainability			**			**			**						**

Glossary

Adult literacy

Percentage of people aged 15 and above who can, with understanding, both read and write a short, simple statement related to their everyday life.

Absolute Poverty

Is a level of poverty at which minimum standards such as nutrition, health and shelter cannot be met.

Carbon dioxide emissions

Anthropogenic CO₂ emissions stemming from burning fuel fossils, gas flaring and the production of cement.

Community Education Committees

Committees set up to construct, manage, maintain, mobilise resources, recruit teachers and monitor the learning progress in schools.

Extreme Poverty

MDGs define extreme poverty in reference to the population living at less than of US\$ 1 Purchasing Power Parity (PPP) per capita per day.

Female Genital Mutilation (FGM)

Comprises all surgical procedures involving partial or total removal of the external genitalia or other injuries to the female genital organs for cultural or non-therapeutic reasons. Also known as Female Genital Cutting.

Gross Domestic Product (GDP)

Total outputs of goods and services for the final use produced by an economy by both residents and non-residents, regardless of allocation to domestic or foreign claims.

Gross Enrolment Rate

The number of students at primary, secondary and tertiary levels as a percentage of the population of the official school age of these levels.

Gross National Income (GNI)

Sum of the value added by all resident producers in the economy plus any product taxes (less subsidies) not included in any valuation of output plus net receipts of primary income (compensation of employees plus property income) from abroad.

Gross National Product (GNP)

Comprises GDP and net factor income from abroad, which is the income received from abroad for factor services, less similar payments made to non-residents who contribute to the domestic economy.

Human Development Index (HDI)

Is the composite index used by UNDP in the Human Development Report to assess the status of development and ranking countries. The HDI is computed as the average of life expectancy index, educational attainment index and the adjusted GDP per capita index.

Infant Mortality Rate/1,000 Live Births

Probability of a child dying before birth and exactly at one year of age; expressed per 1,000 live births.

Internally Displaced Persons (IDPs)

People who were not inhabitants of the settlement but were displaced within Somalia whether between regions or districts of the same region or between settlements of the same districts. They come from different parts of Somalia in search mainly for peace and stability.

Life Expectancy at Birth

Number of years a newborn infant would live if prevailing patterns of mortality at the time of birth were to remain the same throughout the child's life.

Maternal Mortality Ratio/100,000 Live Births

Annual number of deaths of women from pregnancy related causes per 100,000 live births.

Millennium Development Goals (MDGs)

Embody the aspiration for human betterment, expressed in a limited set of numerical and time-bound targets. They include halving income poverty and hunger; achieving universal primary education and gender equality; reducing under-five mortality by two-thirds and maternal mortality by three-quarters; reversing the spread of HIV/AIDS; and halving the proportion of people without access to safe water by 2015 from their level in 1990.

National Poverty Line

Poverty line deemed appropriate for the country by its authorities. It is calculated according to a variety of standard methodologies usually based on household surveys.

Nomadic

People who live in mobile makeshift houses known as 'aqal' mostly outside the villages and towns. They are scattered since each family needs a vast land and water for their animals to graze and drink.

ODA

Total value of grants/loans that are undertaken by official sector with the promotion of economic development and welfare as the main objective, on concessional financial terms.

Poverty Gap Ratio

The mean distance below the poverty line (US\$ 1 a day in the case of MDGs), expressed as a percentage of the poverty line. The measure reflects the depth of poverty.

Purchasing Power Parity (PPP)

A rate of exchange that accounts for the price differences across countries, allowing international comparisons of real output and incomes.

Rangelands

Land on which indigenous vegetation is predominantly grass, forbs and shrubs, includes natural grasslands, savannas, shrub-lands, deserts, marshes and meadows.

Under-nourishment (severe/moderate)

In a well-nourished population, there is a standard distribution of height and weight of children under age five. Under-nourishment in a population is determined by comparing children to this standard distribution. Weight for age is a measure of acute and chronic malnutrition.

Under-five Mortality/1,000 Live Births

The probability of a child dying between birth and exactly five years of age; expressed per 1,000 live births.

Underweight for age

Children whose weight for age is more than two standard deviations below the median of the reference population are considered as moderately or severely underweight. Those whose weight is more than three standard deviations below the median are classified as severely underweight.

Unemployment

All people aged 15-64 (economic activity age) who are neither in paid employment nor self employed, but are available for work and have taken specific steps to seek paid employment or self employment.

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