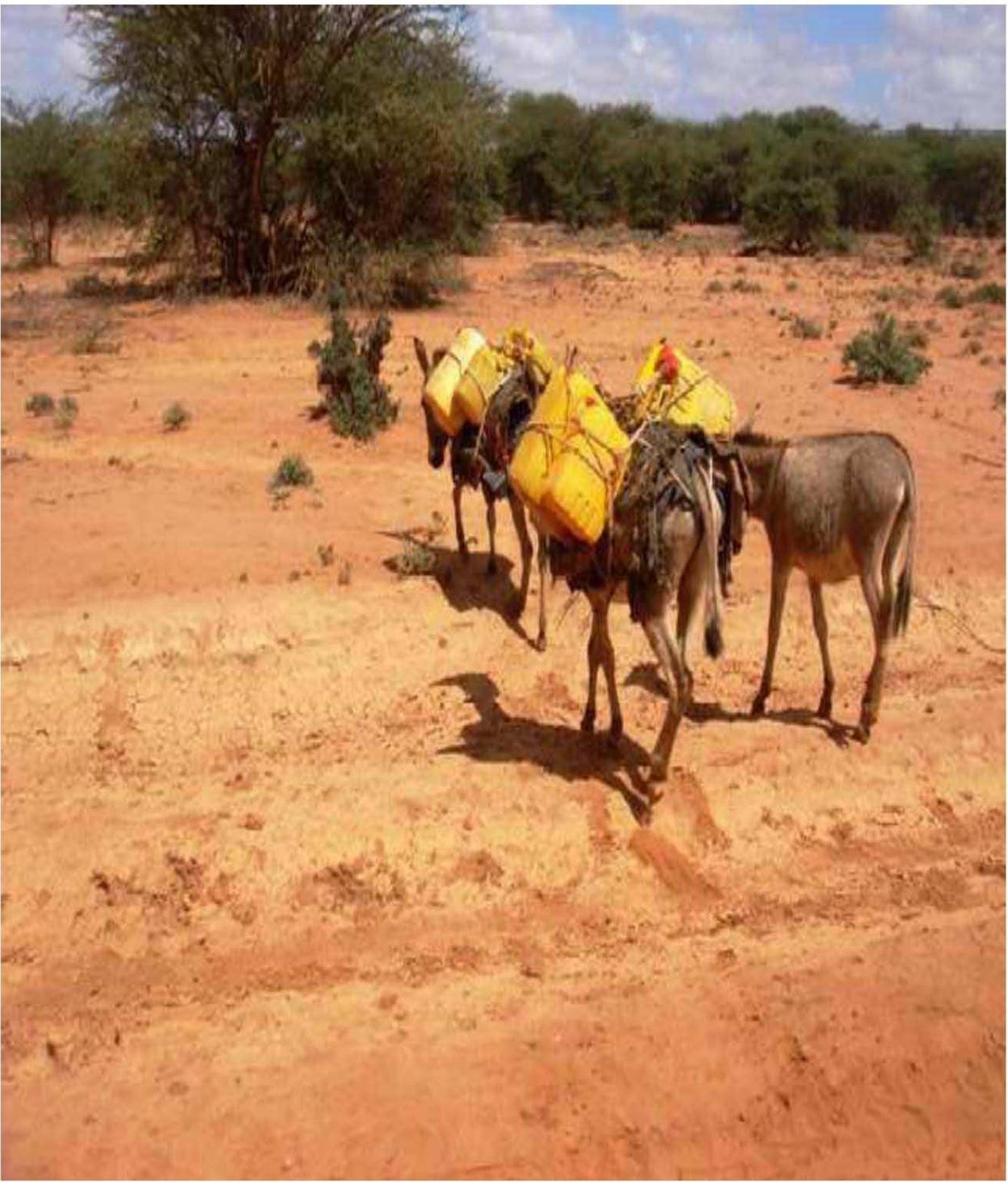




*Empowered lives.
Resilient nations.*

Millennium Development Goals Progress Report Somalia



SOMALIA

MILLENNIUM DEVELOPMENT GOALS PROGRESS REPORT

Transitional Federal Government
Mogadishu Somalia 2010

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Progress Towards Achieving the Millennium Development Goals Somalia

GOAL/TARGET	Indicator	2015 Target	Will the target be met
Eradicate Extreme Poverty and Hunger	Proportion of population living below US\$1.00 per person per day	43.2%	Likely to be met
	Poverty Gap Ratio	5.6%	
	Poorest Quintile Share in National Consumption	56.4%	
	Prevalence of Underweight Children	36%	
	Proportion of population below minimum level of dietary energy consumption	71%	
Achieve Universal Primary Education	Net Enrolment in Primary	16.9%	Unlikely to be met
	Proportion of Pupils Starting Grade1 Reaching Grade 5	31%	
	Literacy Rate (15-24yrs)	24.7%	
Promote Gender Equality and Empower Women	Ratio of Girls to Boys in Primary Education	54%	Unlikely to be met
	Ratio of Literate Women to Men 15 – 24 Years Old	8.2%	
Reduce Child Mortality	Under-five mortality rate	142 per 1,000	Unlikely to be met
	Infant Mortality rate	88 per 1,000	
	Proportion of 1 year children immunized against measles	34	
Improve Maternal Health	Maternal mortality ratio	1044 per 100,000	Unlikely to be met
	Proportion of births attended to by skilled health personnel	33%	
Combat HIV and AIDS, Malaria and other diseases	HIV prevalence among 15 – 24 year old pregnant women	0.9%	Unlikely to be met
	Proportion of population (women) aged 15-24years with comprehensive correct knowledge of HIV/AIDS	4%	
	Ratio of orphans to non-orphans in school	0.9%	
	Deaths rates associated with Malaria	81	
	Access to Malaria Treatment	3%	
	Proportion of Household with at least one ITN	11%	
	Death rates associated with Tuberculosis	107	
Ensure Environmental Sustainability	Proportion of land covered by forest	11.4	Unlikely to be met
	Proportion of area protected to maintain biological diversity		
	Proportion of population using solid fuel	98%	
	Proportion of population with sustainable access to an improved water source	29.3	
	Proportion of population with access to improved sanitation	37%	
	Slum population as percentage of urban population	73.5	
Develop Global Partnership for Development	Net ODA as a percentage of Real Gross Domestic Product	384 Million \$	Unlikely to be met
	Unemployment of 15 – 24 year old (urban)	-	
	Telephone lines subscribers per 100 population	1.15	
	Cellular subscribers per 100 population	6.9	
	Internet users per 1,000 population	1.13	

**List of
Acronyms**

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral drugs
CBE	Complementary Basic Education
CBO	Community Based Organisation
DOTS	Direct Observable Treatment Short
EU	European Union
EPI	Expanded Programme for Immunization
FAO	Food and Agricultural Organization
HIPC	Highly Indebted Poor Countries
HIV	Human Immuno-deficiency Virus
ICT	Information Communication Technology
IHS	Integrated Household Survey
IMS	Information Management System
IRI	Interactive Radio Instruction
IT	Information Technology
ITN	Insecticide Treated Net
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MTEF	Medium Term Expenditure Framework
NER	Net Enrollment Rate
ODA	Overseas Development Assistance
RBM	Roll Back Malaria Programme
STDs	Sexually Transmitted Diseases
TB	Tuberculosis
UN	United Nations
UNICEF	United Nation Children's Fund
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population
UNEP	United Nations Environment Programme
UPE	Universal Primary Education

Preface

Background

Before collapse of the Central Government and eruption of the civil war in 1991, Somalia was already one of the poorest countries in Africa, income and human poverty was widespread mainly among the nomadic and rural population. There was a limited social services delivery in the nomadic and rural areas such as health, education and clean drinking water. While the social services that were availability in the urban centers were limited in coverage and quality and their access to the poor was restricted. There were few employment opportunities for the unskilled labourers and under-employment and redundancy was high in the formal sector that was controlled by the Government. The civil war had impacted devastation in terms of lost of human lives, destruction of social and economic institutional facilities and infrastructure in the country. As result, delivery of social services had collapsed. Most of the professionals and skilled personnel fled the country or became IDPs. South/Central suffered from a chronic shortage of social services in the past twenty years, which linked to insecurity and the absence of functional government structures. Primary schools are few and inadequate and mostly concentrated in the urban areas. School enrolment is very low, and enrolment of girls, is even lower. The quality and coverage of basic health services is also poor and with access is restricted by ability to pay. Health infrastructure is concentrated in urban areas and workforce is few and under-skilled.

During the period of 1998-2006, there was economic and social recovery in the South/Central regions, despite the anarchy and a lack of governance that had prevailed. Many educational institutions facilities in the most of towns and mostly in Mogadishu: primary and secondary schools; universities; and schools for skill training. In health sub-sector hospital health clinics were established with qualified physicians and other trained personal. This was all done with investment by private people with some support from charity organizations and international agencies. Remittances from the large Somali community abroad become a major sources consumption and investment for many people in the country over the past 15 years. It has also greatly contributed to economic growth and expansion of social sector. However, this trend of progress has been reversed by the invasion of Ethiopian forces in South/Central Somalia in 2006. More than fifty percent of the social infrastructure as well as that of the economy either destroyed or made dysfunctional. Even after the withdrawal of the Ethiopian forces, the fighting and destruction of properties continued. A large of the population of Mogadishu, fled their home they in a shanty town outside the city with very limited schools and healthy facilities. It has been estimated that school enrolment could have been reduced up to 50%. A lack of baseline data is a major constraint facing Somalia for policy making and planning in the country general and in South/Central in particular. Over the

past 25 years neither national population census nor national demography and household income and expenditures survey were conducted due to political situation prevailing in the country. Some of statistical data on Somalia is currently collected and disseminated by a number international agencies and NGOs; such data collection is mostly guided by the needs and priorities of external actors linked to their areas of intervention rather than national needs and priorities. There are very limited statistical capacity in all three zones, in terms human, financial resources and institutional infrastructure. UNDP Somalia provides a modest support to statistical activities undertaken by Somali statistical agencies. Thus, there is a scarce baseline data which is short of the required data for monitoring, assessment and analysis of poverty and reporting progress towards achieving or failing to achieve the Millennium Development Goals. This report is the outcome of the Workshop on Capacity Building for MDG based Planning and Reporting, organized by HDEU/ UNDP Somalia and held on 30 May-10 June 2010, in Kampala, Uganda. The report is the first of its kind in Somalia. Despite

the deficit in the quality of the report that is inherent with the absence of adequate, accurate and up to baseline data on Somalia, it will contribute to the ongoing efforts towards assessment, analysis, monitoring of poverty and reporting on MDGs. It will also close the gap in statistical information on Somalia in the regional organizations and international agencies mainly that on the level of poverty and its multi-facet manifestations. This new initiative by HDEU/UNDP will further strengthen the partnership of Somali administrations with UNDP on planning and statistical capacity building and will make its support more action oriented and effective. The new initiative deserves appreciation from our part. The Millennium Development Goals came up from the Millennium Declaration of the 2000 UN Millennium summit, signed by 189 heads of State from all over the world including Somalia and commitment they made to set eight goals with time bounded targets envisaged to end income and human poverty worldwide by 2015". The policies and programmes that are required the achievement of MDGs within targeted time frame and beyond.

Goal 1: Eradicating Extreme Poverty



Extreme poverty is defined as the inability to first of the eight MDGs and two main targets meet basic minimum food requirements were set to achieve the goal by the year based on the monthly cost of the food basket. 2015.

Eradicating extreme poverty is the

Target 1: Halve between 1990 and 2015 the Proportion of People whose Income is less than one Dollar per day

Indicator 1: Proportion of people below the poverty line

Status at a glance

WILL THE GOAL OR TARGET BE MET? STATE OF NATIONAL SUPPORT

Indicator	1990	2002	2006	2015	Status	
					Unlikely	Weak
Proportion of population living in extreme poverty (%)	No data	43.2	No data	21.6		
Rural	No data	No data	No data	21.6		
Urban	No data	No data	No data	21.6		
Proportion of population living below US\$ 2 (PPP) per day (%)	No data	73.4	No data	No data	Rural	
	No data	No data	No data	36.7		
					Urban	
	No data	No data	No data	36.7		
Share of poorest quintile in national consumption (%)	No data	5.6	No data	No data		

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

Poverty in Somalia

Somalia has become a prominent and continuing affair. People in Somalia, have acclimatized to the consequences of poverty. Approximately, 43% of Somalia's population lives below the poverty line. Poverty in Somalia is more pronounced in the rural areas than in the urban regions. 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% which also needs to come down to 26.7% if poverty is to be reduced uniformly in urban and non-urban areas.

Two specific regions of Somalia; Somaliland, located in the North West and Puntland, located in the north east, experience more stability with regard to socio economic conditions. Stability in the two areas may be

attributed to the fact that, Somaliland and Puntland have independent governing bodies. On the contrary, the southern part of Somalia is comparatively poorer and suffers from unstable economic conditions. The southern part of Somalia, where conflict and confusions reign supreme, is subjected to food shortage. Somalia economy suffers from lack of proper infrastructure.

Causes of Poverty in Somalia:

Poverty in Somalia can be attributed to a number of factors. The prominent ones being absence of an active central government, civil disputes, natural calamities like floods and droughts. Poverty in Somalia has increased manifold since 1990.

Somalia, witnessed many inhibiting factors like downfall of the government, outbreak of the civil war, which further aggravated the problem of poverty in Somalia.

Effects of poverty in Somalia:

Malnutrition prevails throughout Somalia. Majority of women in Somalia are uneducated. Somalia lacks enough family planning and health awareness programs. Maternal mortality rates are among the highest in Somalia. Studies reveal that pregnancy and childbirth are two factors, due to which as many as 45 women die everyday

Challenges

There are several challenges that the country is facing with respect to eradicating extreme poverty and hunger, some of which include the following:

- Lack of peace and drought are main challenges of eradicating extreme poverty and hunger in Somalia.
- high illiteracy rates that limit the adoption of new agricultural technologies
- shortage of capacity and skills in many institutions that are involved in the delivery of development programmes
- inadequate knowledge and skills on agriculture and farming.

in Somalia. Poverty in Somalia is far flung. People are dying due to hunger and illness is steeply on the rise. The comparatively stronger section of the population have dominated the less privileged and confiscated their agricultural lands. Illness and famine are reigning supreme in Somalia. For this reason, many people of Somali have shifted their base and moved away to adjoining nations.

Recommendations

In an effort to reduce extreme poverty and hunger the government is implementing a number of strategies, which include the following: initiation of a number of agriculture programmes

- To get agriculture development fund rehabilitation of abandoned irrigation schemes for smallholder agriculture production for maize, rice and vegetables
- Promotion of advocacy for proper storage of food crops

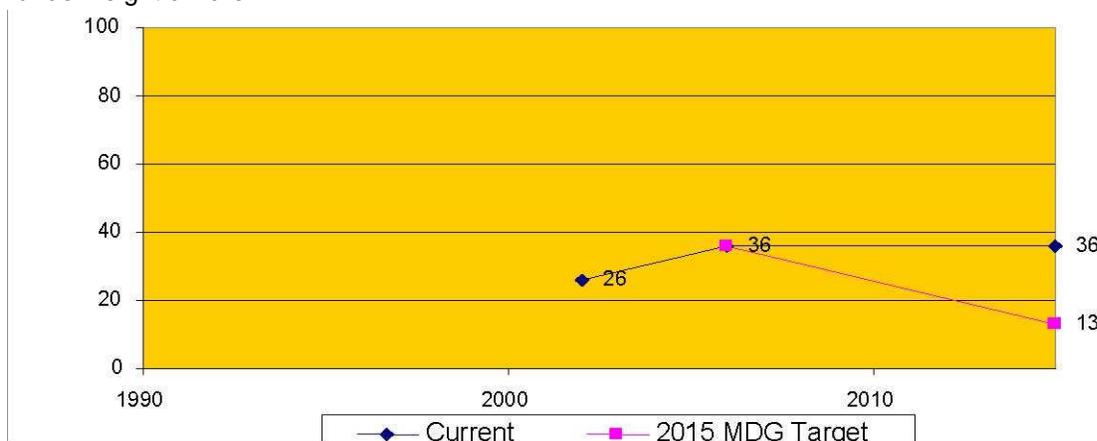
Target 2: Halve, between 1990 and 2015, the Proportion of People who suffer from Hunger

Indicator 1: Prevalence of underweight children (under five years of age)

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral drugs
CBE	Complementary Basic Education
CBO	Community Based Organisation
DOTS	Direct Observable Treatment Short

Source: UNICEF **Figure 2: Percentage underweight children**



Indicator of proportion of population that is undernourished. Food intake for undernourished

Malnutrition remains a serious challenge globally and the single biggest contributor mortality. Children's nutritional status is a reflection of their overall health and development. The nutritional wellbeing of young children is therefore a sign of the household, community and national investment in family health. Prevalence of underweight children is taken as a

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
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Somalia underweight children prevalence was 26 in 2002. However, underweight prevalence has slightly increased to 10% between 2002 and 2006.

Goal 2: Achieve Universal Primary Education



Target 3: Ensure that by 2015, all Boys and Girls should be able to complete a Full Course of Primary Schooling Indicator 1: Net Enrolment Rate (NER) in primary education

Status at a glance

WILL THE GOAL OR TARGET BE MET? STATE OF NATIONAL SUPPORT

Unlikely Weak

Indicator 1990 2004 2008 2015

Primary school gross enrollment ratio% 9.6 18.8 20.7 100 Female 6.6 14.0 15.4 100

Male 12.7 23.7 26.0 100

Adult Literacy Rate % 24 19 24 100 Female 14 13 100 100 Male 36 25 100 100

Figure3: Gross School Enrollment Ratio**Source:UNICEF**

Net enrolment rate in primary education is defined as the extent to which the school going age (6-13) is enrolled in schools. This is a percentage calculated by dividing the number of school going age children enrolled in schools with the total number of the same age in the population. Somalia has one of the lowest enrolment ratios in primary education in the world. Persistent insecurity, economic collapse and lack of governance, especially in the southern regions, have greatly hampered the development of the education sector in Somalia. However, there have been substantial increases in the number of operational schools and in enrolment rates in recent years. Figure 3 shows that primary school gross enrollment has increased from 10 percent in 1990 to 21 percent

in 2008. Assuming the recent rate of change continues, by 2015 the net enrolment rate will reach around 24 percent. Hence, Somalia is not on track to achieve universal primary enrolment by 2015. Although this remains one of the lowest enrolment ratios in the world, incremental progress is being made each year to draw more children into school and to improve the quality of education, in line with the Education for the MDG goals of achieving universal primary education.

This is largely due to successful interventions from the local community organizations and international community to raise awareness and encourage school enrolment.

Challenges

Somali education presents many challenges, Insecurity of peace and stability has resulted in limited access to education. These challenges include the improving of access to and enhancing the quality of education and training by: Improving the capacity of education authorities to plan, manage, finance and supervise education and training and to forge an education system accommodating Somali, Arabic and

- English medium schools under one common curriculum.
- Improving the quality and motivation of teachers.
- Rehabilitating and constructing classroom facilities together with the more intensive use of existing facilities through a double-shift system. This would also include upgrading of the quality of school environments, child-friendly, girl-friendly and supportive of both the formal curriculum and co-curricular activities.

Goal 3: Promote Gender Equality and Empower



Somali women MPs discuss the Rules of Procedure of the Women's Caucus (SOWPA), before its formal establishment.

Target 4: Eliminate Gender Disparity in Primary and Secondary Education, preferably by 2005, and in all Levels of Education no later than 2015. Indicator 1: Ratio of girls to boys in primary education.

Status at a glance

WILL THE GOAL OR TARGET BE MET? STATE OF NATIONAL SUPPORT

Unlikely Weak

Indicator 1990 2002 2007 2015 Target Female Primary school enrollment rate% No Data 54 31 100

Female Secondary school and Tertiary enrollment rate% 22 18 31 100

Proportion of seats held by Women in the national parliament% No Data No Data 8 100

Source: UNICEF

Currently, girls are poorly represented in enrolment rates throughout Somalia. Proportion of girl's declines from 2005/2006 to 2006/2007 primary enrollment respectively. Overall, only 30% of pupils in upper primary education are females, compared with 30% in lower Primary education (2006/2007). 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. Secondary and tertiary enrolment ratios are very low, gender specific data is not readily available. Many women are forced to take up informal and menial employment due to their low educational attainment, which further marginalizes them from professional employment opportunities.

Challenges

These are some of the challenges faced in promoting gender equality and women empowerment. Limited capacity in terms of human and material resources to facilitate adult literacy and continuing education. Socio-cultural factors that make people believe that men should be leaders while women are followers; and early marriage learning environment which resulted high drop out rate girls in primary and secondary schools.

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. 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 and campaigning for greater political participation for women and the protection of their human rights.

Recommendations

- Encourage girls to pursue education in fields that have traditionally been dominated by men;
- Introducing equitable selection policy at secondary schools and higher education institutions for girls and boys to share 50 percent of places;
- Construction and expansion of girls boarding facilities in secondary schools and teacher training institutions;
- To increase number of women in decision making positions in the public and private sectors.

Goal 4: Reduce Child Mortality



Target 5: Reduce by Two Thirds the Mortality Rate among Children**Under-five****Indicator 1: Under-five mortality rate****List of
Acronyms**

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral drugs

**List of
Acronyms**

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral drugs
CBE	Complementary Basic Education
CBO	Community Based Organisation

Figure 4: Under 5 mortality rate/1000 live births

Figure 5: Infant mortality rate**List of
Acronyms**

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral drugs
CBE	Complementary Basic Education
CBO	Community Based Organisation
DOTS	Direct Observable Treatment Short
EU	European Union
EPI	Expanded Programme for Immunization
FAO	Food and Agricultural Organization
HIPC	Highly Indebted Poor Countries
HIV	Human Immuno-deficiency Virus
ICT	Information Communication Technology

Goal 5: Improve Maternal Health



List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral drugs
CBE	Complementary Basic Education
CBO	Community Based Organisation
DOTS	Direct Observable Treatment Short
EU	European Union
EPI	Expanded Programme for Immunization
FAO	Food and Agricultural Organization
HIPC	Highly Indebted Poor Countries
HIV	Human Immuno-deficiency Virus

Maternal mortality is defined as the death of a woman from pregnancy-related causes, when pregnant or within 42 days of termination of pregnancy. The maternal mortality ratio is the number of maternal deaths per 100,000 live births. The complications of pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries. It is estimated worldwide that around 529,000 women die each year from maternal causes. The level of maternal mortality in Somalia is extremely high.

Challenges

- critical insufficiency of human resources; □ poor access to essential health care services;
- inadequate and poorly equipped health facilities with stock-out and pilferage of basic essential drugs;
- Cultural practices which encourage early marriages and discourage use of modern contraceptives and delivery with the assistance of a skilled health worker.

UNICEF (MICS) survey 2006, the maternal mortality ratio is estimated to be around 1044 per 100,000 live births (or alternatively 10 deaths per 1000 live births). The single most critical intervention for safe motherhood is to ensure a competent health worker with midwifery skills is present at every birth. In Somalia the vast majority of childbirths take place with the help of Traditional Birth Attendants (TBA) 55.9%. Conversely, only 3.4% of deliveries are handled by medical doctors, 9.4% are assisted by family members, and 25.4% are done with the help of nurses and midwives. Overall 30% were delivered by skilled health personnel.

Recommendations

- increasing the availability and accessibility of antenatal services;
- utilization of skilled health personnel during pregnancy, childbirth and postnatal period at all levels of the health system;
- strengthening the capacity of individuals and institutions to improve maternal and neonatal health;
- increasing the number of medical personnel;
- constructing and upgrading health facilities to offer essential health services particularly focusing on rural areas;

Goal 6: Combat HIV and AIDS, Malaria and other diseases

The HIV/AIDS pandemic has aggravated and causes prevalence of these diseases has grossly affected the a big challenge in attaining a healthy nation and human capital development, wellbeing and health seriously impedes development efforts. The high service delivery system.

Target 7: Halt and begin to Reverse the Spread of HIV and AIDS

Indicator 1: HIV prevalence among population aged 15 to 49 year old.

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral drugs
CBE	Complementary Basic Education

List of Acronyms

- AIDS** Acquired Immune Deficiency Syndrome
- ARV** Anti-Retroviral drugs
- CBE** Complementary Basic Education

HIV has emerged as a key development issue in Somali society. WHO 2004 HIV and Sexually Transmitted Infections (STI) zero-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 were 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 transporters. UNICEF 2007 estimated adult HIV prevalence rate (aged 15–49), in Somalia 0.7. CSZ has the lowest prevalence rate of 0.5. Prevention among young people (Female) (aged 15– 24); HIV/AIDS prevalence rate is 0.3. Correct information is the first step toward raising awareness and giving young people the tools to protect them from infection. In Somalia just 4 percent of young women have comprehensive correct knowledge of HIV/AIDS.

Target 8: Halt and begin to Reverse the Incidence of Malaria and other Major Diseases.

Malaria is endemic in 100, mostly tropical, countries with 90% of cases and the majority of 1.5-2.5 million estimated annual deaths occurring in sub-Saharan Africa.

Indicator 1: Death Rates associated with Malaria

Malaria remains the most common cause of illness and death among under five children and pregnant women in Somalia, especially South-Central Somalia.

List of Acronyms

- AIDS** Acquired Immune Deficiency Syndrome
- ARV** Anti-Retroviral drugs
- CBE** Complementary Basic Education
- CBO** Community Based Organisation

List of Acronyms

AIDS Acquired Immune Deficiency

Malaria remains the most common cause of illness and death among under five children and pregnant women in Somalia. Proportion of children with access to malaria treatment has reached 8% 2006. Insecticides Treated Nets (ITNs) is one of the key strategies to control malaria especially among under-five children and expectant women. In Somalia 11% of children sleeping under insecticide treated nets (MICS 2006). During 2008, the Malaria Programme initiated activities to ensure early diagnosis and prompt

Treatment of malaria, improve response to outbreaks and reduce malaria vector density in Somalia. In 2008, suspected malaria cases have significantly reduced by 33%: Malaria cases have decreased from 36,060 cases in 2007 to 24,140 cases in 2008. This was achieved through the introduction by health partners of the ant malarial combination treatment and rapid diagnostic tests. Vector surveillance was implemented in the 3 zones and reporting from sentinel sites increased to a rate of 80%. Over 100 health workers were trained on malaria treatment.

Indicator 4: Death Rates Associated with Tuberculosis

List of Acronyms

AIDS Acquired Immune Deficiency Syndrome
ARV Anti-Retroviral drugs

List of Acronyms

AIDS Acquired Immune Deficiency Syndrome

Tuberculosis is alarming and the impact is particularly adverse among the poor due to poverty and poor nutrition. This situation has been worsened with the advent of HIV infection. This accelerates the progression from infection with the bacterium to TB disease thereby resulting in an increase in the number of TB cases. Through its national TB Control Programs WHO is striving to reduce the burden of communicable diseases like tuberculosis (TB) in Somalia? The TB case detection in Somalia rose from 73% in 2007 to 77% in 2008. A total of 12,481 cases of TB were reported in 2008 across the country.

Of the total number of people suffering from TB in 2007, the percentage of patients who finished treatment successfully was 88%. Patients who died during this period were 4% while those who did not successfully respond to treatment were 2%. 4% discontinued treatment and 3% were transferred to continue with treatment elsewhere. In March 2008, a mission from the Global TB Drug Facility to monitor and evaluate the use of anti-TB drugs in the country was conducted. One of the mission's findings was that TB facilities in Somalia had adequate medicines in stock.

Challenges

- Lack of comprehensive knowledge of HIV/AIDS
- Socio-cultural attitudes towards abstinence and safe sex
- shortages of essential commodities e.g. ITNs, drugs and supplies;
- poor water sanitation and floods leading to water logging thereby increasing malaria incidences; and,

Recommendations

- Negative impact of hunger and poverty on TB cure rate.
- improving peoples' access to comprehensive and correct knowledge on HIV prevention and transmission; HIV counseling and testing; and behavioral change;

- distribution and use of ITNs to high risk □ Strengthening collaboration between the groups, particularly the poor; national TB control programme and HIV and
- involvement of stakeholders in the provision AIDS programme to ensure better screening of universal access to TB diagnosis, of TB and HIV. monitoring and evaluation of TB trends; and

Goal 7: Ensure Environmental Sustainability



Target 9: Integrate the Principles of Sustainable Development into Country Policies and Programmes; Reverse Loss of Environmental Resources

Indicator 1: Proportion of land area covered by forest

Status at a glance	
WILL THE GOAL OR TARGET BE MET?	STATE OF NATIONAL SUPPORT
<i>Potentially</i>	<i>Weak</i>

List of Acronyms

AIDS Acquired Immune Deficiency Syndrome

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. Proportion of land area covered by forest declined from 12 percent in 2000 to 11.4 percent in 2005.

Indicator 2: Proportion of population with sustainable access to an improved Water Source

Status at a glance	
WILL THE GOAL OR TARGET BE MET?	STATE OF NATIONAL SUPPORT
<i>Potentially</i>	<i>Weak</i>

Status at a glance	
WILL THE GOAL OR TARGET BE MET?	STATE OF NATIONAL SUPPORT
<i>Potentially</i>	<i>Weak</i>

Status at a glance

The MDG goal is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. Overall, 29 percent of the population is using an improved source of drinking water – 58 percent in urban areas. Only 25 percent of the population in the

Puntland and Central South gets their drinking water from an improved source (MICS 2006). There has been a significance increase of 8 per cent in access to safe water from 21 percent in 2000 to 29.3 percent in 2006. However, Somalia is not on track to achieve access to improved water source target.

Indicator 2: Proportion of population with access to improved sanitation

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhea diseases and polio. Improved sanitation facilities include: flush toilets connected to sewerage systems

There has been decline of 23 per cent in access to safe water from 49.8 percent in 2000 to 37 percent in 2006. Somalia has not done well in ensuring that basic sanitation is accessible to all.

Indicator 3: Slum population as a percentage of urban population

A slum household is a family in an urban area that lack one or more of the following five amenities: durable housing, sufficient living area, access to improved water, access to sanitation and secure land tenure. Rapid urbanizations are 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 urbanization in Somalia.

In 2005 Percent of urban population living in slums were 73.5%.

Challenges

With respect to sustainability of the environment, there are a number of challenges that the sector is facing. Some of which include:

- increased deforestation due to increased demand for arable land and failure to enforce measures to curb problems of deforestation;
- lack of community participation in environment and natural resources management;
- Lack of borehole maintenance and environmental degradation which in turn results in low water table.
- poor quality of surface and ground water; and □ Inequitable promotion of improved sanitation facilities.

Recommendations

- promotion of community participation in environmental and natural resources management;
- implementation of a tree planting season to address deforestation;
- improvement of access to safe water and sanitation by strengthening and building capacity for common water resources management, monitoring systems, rehabilitation and construction of small community earth dams;
- prioritization of climate change, natural resources and environmental management as one of the nine key priority areas in the MGDS;

Goal 8: Develop Global Partnership for Development

Indicator 1: Net ODA as a percentage of real Gross Domestic Products

ODA stands for Official Development Assistance. Simply stated, it is official financing or other forms of assistance, given by governments to developing countries to promote and implement development. The net ODA received Somalia increased from US\$ 222 million in 2004 to US\$ 384 million in 2007. Somalia is one of the poorest countries in the world. The main source of revenue for a majority of the population is agriculture with livestock being the most important segment. In recent years, in spite of civil unrest and unstable government, the service sector has grown substantially, particularly in the areas of

trade, commerce, transport, remittance and telecommunications.

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.

Target 18: In Cooperation with the Private Sector, make available the benefits of New Technologies, especially Information and Communications

Status at a glance	
WILL THE GOAL OR TARGET BE MET?	STATE OF NATIONAL SUPPORT
<i>Potentially</i>	<i>Weak</i>
Status at a glance	
WILL THE GOAL OR TARGET BE MET?	STATE OF NATIONAL SUPPORT
<i>Potentially</i>	<i>Weak</i>
Status at a glance	

Telecommunication plays a vital role in economic development and poverty reduction. Somalia has been without a government for many years, despite

Cell phone Subscribers:

There was a significant increase in the number of cell phone subscribers at 600%, from 1.14 per 100 populations in 2000 to about 6.9 per 100 populations in 2007.

Landline Subscribers:

There has been an increase in the number of subscribers for fixed landlines from about 0.36 per 100 populations in 2000 to around 1.92 per 100 populations in 2002. However, there has been a

these telecommunication facilities such as mobile phones and landlines has been increasing over the years.

This rapid increase could be attributed to availability of cheap cell phone handsets and increased demand for faster communication in Somalia.

decrease in the number of landline subscribers between 2002 and 2007 from 1.92 to 1.15 subscribers per 100 populations.

Conclusion

There is insufficient data to plot progress of them. With the current political instability in Somalia's MDGs, but the country is unlikely that Somalia will reverse this predicted to be seriously off track in meeting pattern in the near future.

References

UNICEF Somalia MICS, 2000 UNICEF Somalia MICS, 2006
WHO Somalia Annual Report 2008 UNICEF Statistics 2007
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Global Fund to Fight AIDS, Tuberculosis (TB) and Malaria.

Suool

Hadi ng marga Naysu 679

se melanda kaku

432 misu

679

432

297

Say Lada Scomali Lada

$$\begin{array}{r} 1 \\ 2 \\ \hline 453 \\ + 423 \\ \hline \end{array}$$

15m = 10mm

45m = 8 x 10mm

3m

m = 100 Sm

3 x 10m = 300 Sm

30 Sm

m = 1m

3 Sm

3m

3m

50 mm Sm

15 mm = 0

50 mm =

= 6 Sm

6 Sm

6 Sm