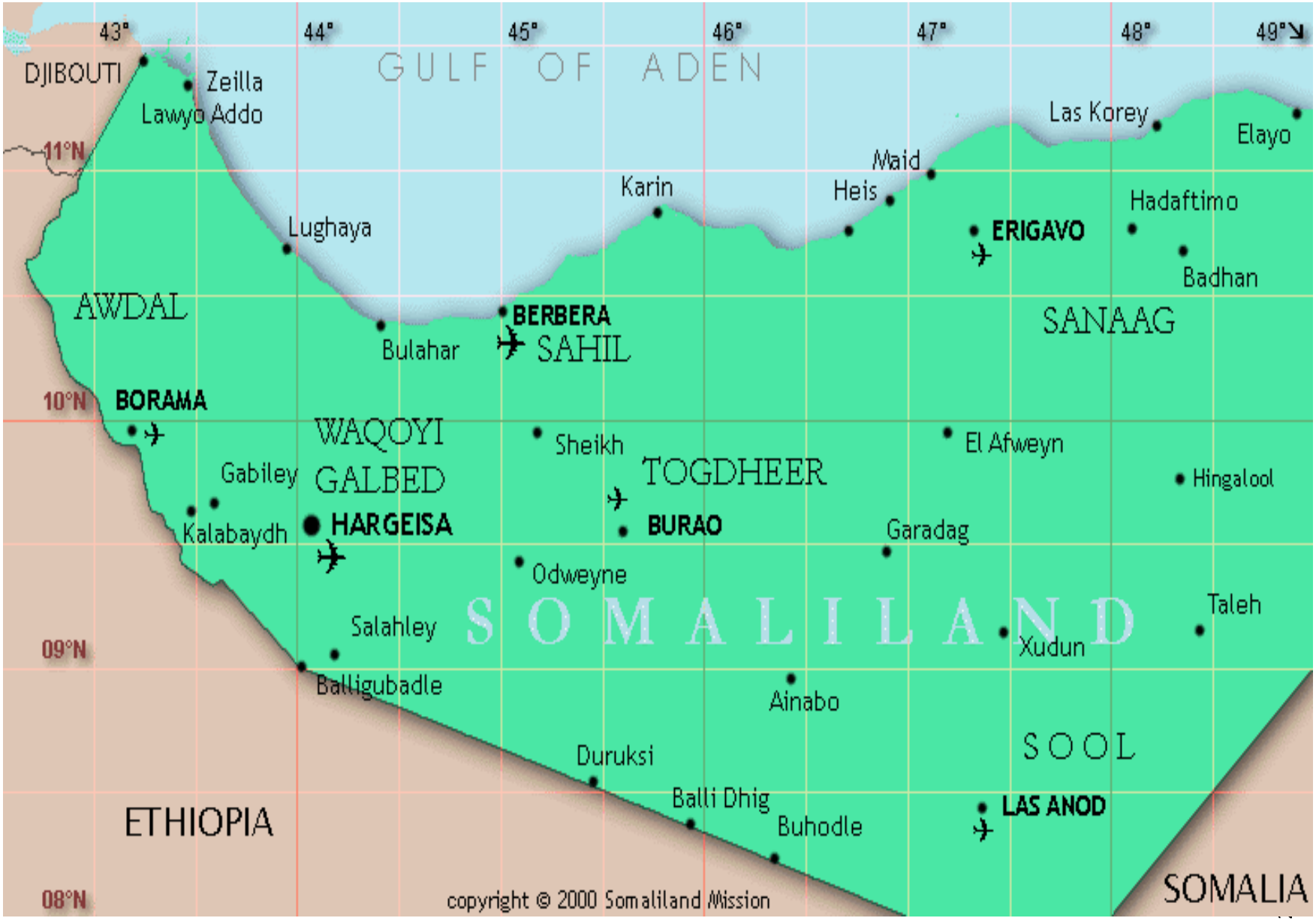
Somaliland MDG Report, 2010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SOMALIA

1.0 Introduction

1.1. Somaliland

The absolute location of the Republic of Somaliland is between latitudes of 8' North and 11' 27'' North; and longitudes 42 35' and 49 East; while in the relative location, Somaliland lies eastern Horn of Africa bordering Somalia in the East, Ethiopia in the South, Djibouti in the West; and Red Sea in the North. It has 850 KM of the Red Sea coast line.

Somaliland (northern part of the collapsed Somalia), the home of 3.5 million persons[1], was former British colony, which united with the Italian colony of Somalia to form the independent Republic of Somalia in 1960. When the Republic of Somalia disintegrated into fiefdoms in 1991, Somaliland set up its own government. Unlike, Southern Somalia, Somaliland was peaceful, and has moved toward political and economic development.

Since, the right to choose traditional leaders and hold them accountable hasn't been something new to this society; government leaders were elected by clan-based electoral colleges, which selected President and Vice President through a consensus during the *shirweynihii* (a community conference in Somali) in 1991.

Since then, the challenge has been how to develop the governing system from clan-based to a democracy to be compatible with the demands of modernity. The constitutional referendum, which took place in 2001, was the first step of a gradual democratization process. Then, the municipal election was held in 2002 as prerequisite condition to register three out of all possible competing political organization as the three official political parties as mandated by the constitution.

Then the first presidential and parliamentary elections were held in 2003 and 2005, respectively; where seventy-six international observers from dozens of countries reported in their overall assessment as free and fair elections have been hold in Somaliland, besides lack of enough resources and lower literacy level of the voters. The Second presidential election was held on June 26, 2010; where an opposition party won by slide victory of 50% of votes.

Further more; Somaliland became 144th country in the political rights and civil liberties out of 208 countries (193 recognized and 15 yet to be recognized countries)[2], which means that Somaliland has more political rights and civil liberties respect than 64 countries.

Contrary to the widespread deem of that 'Islam cannot get along the democracy'; Somaliland is the melting pot of the African tradition, Islamic faith, and the modern democracy.

[1] Somaliland Population Committee estimated the population 3.4 million in 2006, see annex 1 for different estimations, sources and dates.
[2] Freedom House

However, Somaliland is yet to achieve international diplomatic recognition; while most of the international community is dealing with it as sovereign state, and number of countries established their chancellor offices in Hargeisa[3], the capital city, which is unique diplomatic status.

1.2. Development Status

The Reconstruction and development Program (RDP), which is the current development framework, was prepared through participatory planning process by all stakeholders. The RDP is the product of the combination of the Interim Strategic Note, United Nations Transitional Plan (UNTP) for 2008-2010, and the EC and Norway Country Strategic Paper; and integrated with the local development inputs from the recommendations drawn by the national and international development experts[4].

The RDP development **vision** is deepening peace and poverty reduction; and has three development pillars, which further grouped into ten development sectors, namely- governance, education, health, water and sanitation, livelihoods, infrastructure, private sector, ICT, emergency and recovery, and religion.

However, the Somaliland development planning, funding, implementation, monitoring and evaluation are in unique situation as that of its diplomatic status, which created both opportunities and challenges.

In 2009, 93 million USD out of the planned 125 million USD, which is less than three quarters was actually committed; it was more than twice of the national budget. In addition, only 6.7% of the national budget was allocated to the development. Therefore, the Somaliland public development is totally depending on the international aid.

Due to the Somaliland diplomatic status; the prevailing international aid **direct implementation model** undermined the development coordination, which caused inappropriate prioritization, and increased the delivery cost.

The magnitude of aid fragmentation was measured by the Herfindahl-Hirschman Index (HHI) in Somaliland the HHI is 9, which could be interpreted as that the current Somaliland aid coordination is weak to the extent to which only 9% of the aid coordination is coordinated[5].

[3] Neighboring Ethiopia, Djibouti, and Yemen have chancellor offices in Hargeisa, the capital of Somaliland.

[5] HHI is a commonly accepted measure of market concentration is the sum of squared market shares of the competing firms in a market, ranges from close to zero to 10,000 (or 100 as the square root of 10,000). The closer of the index toward zero as a market is to being a monopoly, and the higher of the market concentration (and the lower of its competition). If, for example, there is a only one firm in an industry, that firm would have 100% market share, and the HHI would equal 10,000 (100^2), indicating a monopoly. At the contrary, if there are thousands of competing firms in the market, each firm would have nearly 0% market share, and the HHI would be close to zero, indicating nearly perfect competition. In the aid fragmentation; the mathematical concept

Since, Somaliland government has no control of the development aid management; and the five dozen international aid implementing institutions are not coordinating their aid implementation efforts, the aid become *like a rain, where no one has a say about when, where, and how much to rain*.

Usually, the development planning and budgeting takes the existing development expertise, available facts and figures, and the local beneficiaries' prioritization perception. At the contrary, the Somaliland development aid implementation takes none of these three factors into account.

Although, international stakeholders and local beneficiary **development expertise** based RDP planned that 34, 13, 8, 3, 26, 15, and 1 percent of the 2009 aid to be allocated for governance, education, health, water and sanitation, infrastructure, livelihoods, and private sectors; the actual allocation ended up by 16, 21, 29, 8, 1, and 4 percent of total committed development aid; respectively.

Although, the Somaliland development vision is deepening peace and poverty reduction, and the available **facts and figures** shown that the 63 and 58 percent of the households major source of food and income are from livestock, respectively[6]; the 2009 aid allocated only 3% of the total committed development aid to the livestock development.

When asked about their development priorities; the **local beneficiaries** perceived livestock, water, and motorable roads (infrastructure) as their first, second, and third development priorities; while the 2009 aid allocated only 3, 8, and 1 percent of the development aid to those priorities, respectively.

Therefore, achieving the MDGs development targets is demanding a different funding model, i.e. sectoral pooling funds, and strong coordination as well as local geographical distribution plan of the national budget and the development aid based on the population distribution and the development levels.

In addition, the 2009 reported aid data proved that the logical linkage of one third of the development initiatives and their intended development outputs were weak and irrelevant to the local context.

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is similar, but the interpretation is just the opposite of the market; which states as lower HHI value as severe aid fragmentation.

[6] Diriye, Ahmed Mohamed: Criteria based RDP Implementation, Research paper presented at the Somaliland RDP Midterm Review Meeting, 14-16 February, 2010; Ambassador Hotel, Hargeisa, Somaliland

For example, most of the international aid implementing institutions utilized the capital city concentrated media for their health, nutrition, gender, education, security, and democratization awareness raising programs implementation; while only 2 and 3 percent out of the Somaliland 1150 settlements reported that there is a news paper and TV at their settlement, respectively[7]; let alone household possession, watching behavior, and the perception to trust media.

Therefore, any awareness raising program through the media has the minimal impact. Therefore, other more effectiveness options should be identified. Religious scholars could be one of the appropriate source awareness raising programs through the Friday congregation speeches.

1.3. Millennium Development Goals (MDG)

The strategic development planning starts with agreeing the development vision; and then a broad **long term goals** should be identified to use as road map to achieve the vision. Furthermore, the goals are broken down into number of **medium term objectives (targets)**, and objectives into number of **short-term oriented** activities.

The second step is quantifying the expected **outcomes of the** agreed goals, objectives, and activities as benchmarks for monitoring the planned development's progress.

The Millennium Development Goals (MDGs) as United Nations (UN) initiative are eight international development goals that all 192 UN member states, and at least 23 international organizations have agreed in 2000 to achieve by the year 2015. The eight MDGs are disintegrated into 20 targets to achieve, and there are 60 target indicators to measure the MDGs targets progress.

Millennium Development Goals (MDGs)
Goal: 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

[7] Same as foot note 7

This report, which is the first of its kind in Somaliland, is produced in 2010, which is the tenth year out of the 15 years the MDGs target date of 2015 evaluated the MDG progress quantitatively to find out what was achieved (or not), and why (or not) by goal and target, where data is available or can be measured indirectly.

1.4. Data Availability

Due to the direct implementation funding model and lack of coordination of the international statistical organizations, where each organization collects a data relevant to their area of interest; even the available data utilized by this report suffered from coverage, comparability, sufficiency, timely, and validity problems.

For example, the UNICEF's biannual Multi-Indicator Cluster Survey (MICS), which is the major data source of this report suffered from under sampling the nomads- the major and least developed population segment..

Such nomad under sampling is based on the reality that one of the MICS' three questionnaires is for the reproductive age women; and locating the roaming nomad households to interview the reproductive age women is difficult.

Therefore, representative sample survey is crucial to obtain reliable valid statistical indicators, which could measure the reality on the ground.

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Goal 1: Eradicating Extreme Hunger and Poverty

Target 1.C: Decreasing the Proportion of People Who Suffer from Hunger by Half,

The MDG target of decreasing the proportion of people, who suffer from hunger by halve, between 1990 and 2015, which could be measured by prevalence of underweight children under-five years of age as sign of malnutrition is the only available indicator.

The proportion of children under five who are undernourished declined from 36% in 1999 to 21% in 2006, which demonstrated that Somaliland is the right path to achieve this target, if not to surpass. The prevailing peace and stability in Somaliland, and the recovery and development in 2000s as result caused this underweight rate sharp decrease.

Table 1: Underweight Prevalence Among Under 5 Children in Percent

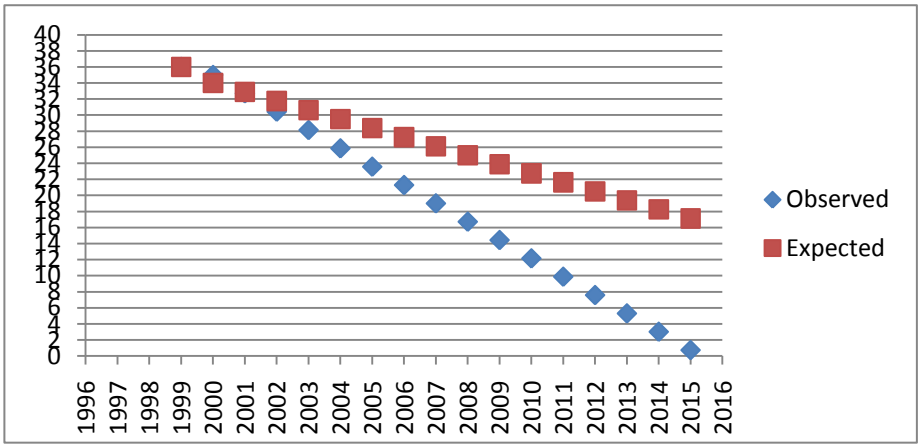
Value	Source	Year
36	MICS	1999
21	MICS	2006
12	Predicted	2010

Assuming that the rate of decrease remained constant from 2006 to 2010, the trend analysis on figure 1, predicted the underweight prevalence rate as 12%, which alerted that there are 61,320 malnourished under five years old children in Somaliland to be addressed by the development initiatives. Effective food security policy is also crucial to tackle the food shortage, and consequently raising food prices, where the too poor households cannot buy sufficient food and fall victims to severe hunger and malnutrition. Establishing coping mechanism is also required for quick fix for the underlying cause of the food crisis.

The major source of food and income in Somaliland is the livestock, where 63% and 57% of the Somaliland settlements reported the livestock as their major food and income sources respectively.

Although, the Somaliland people suffer from the decade long (1997-2007) livestock ban by Saudi Arabia, lifting of the livestock export increased the government's budget by 38% from 2007 to 2008.

Fig 1: Underweight Prevalence Among Under Five Children



Goal 2: Achieving Universal Primary Education

Target 2.A: Ensure that All Children Able to Complete Full Course of Primary Schooling

Universal access to basic education and the achievement of primary education by the world's children is one of the most important goals of the Millennium Development Goals. Education is a fundamentally important for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.
Net enrolment ratio in primary education, proportion of pupils starting grade 1 who reach last grade of primary, and the literacy rate of 15-24 year-olds, women and men, alike are three the indicators to measure the progress of MDG 2.

2.1 Primary Education Net Enrollment Ratio

Net enrolment ratio (NER) is the percent of the primary school age children who enrolled at primary school out of the total primary school age children, 6-13 years old in the case of Somaliland.

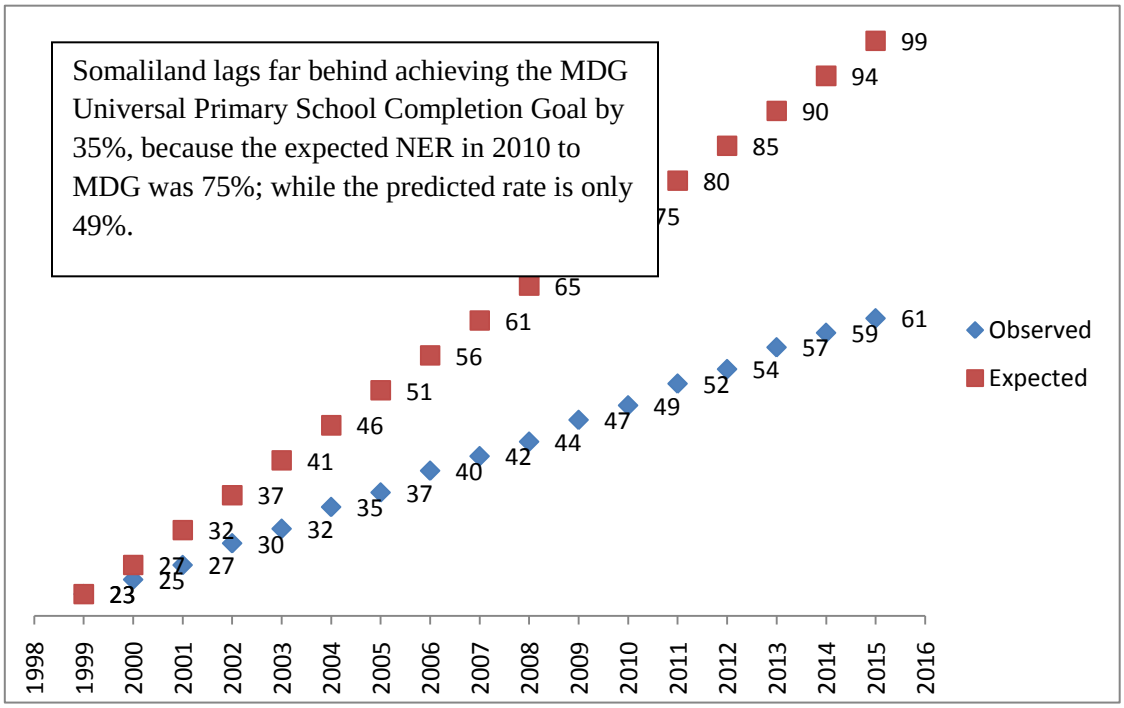
The net enrolment ratio increased from 23% in 1999 to 40% in 2006, which shows average annual increase of 2.4%. Using the 1999 NER of 23% as baseline, and the prevailed average annual increase as the rate of change, the trend analysis on figure 2 yielded a NER of only 49% in 2010, which means that 442,680 primary school age children are not currently attending school.

This fact is sufficient to conclude that that Somaliland lags far behind the expected NER of 75% in 2010 to achieve the MDG target of 100% by 2015.

Table 2: Primary School Enrolment Rate in Percent

Indicator	Type of Indicator	Unit	1999	2006	2010	2015
Primary School Net Enrolment Ratio	Observed	Percent	23	40	49	61
	Expected		23	56	75	100
Proportion from g1st to 8th grade	Observed		50	60	96	100 (by 2011)
	Expected		50	56	86	100

Fig 2: Predicted Trend of Primary School Enrolment Rate 1999-2015



Among the regions, Maroodi Jeeh of the capital city of Hargeisa claimed the highest net primary school enrolment (NER) of 52% followed by Tog-dheer region by 29%. The NER is as low as only 25% in Awdal region located at the west of the country, which borders with Djibouti Republic, and the two eastern regions of Sanaag and Sool at the border with Puntland Somali State. Over sampling of urban centers of Maroodi Jeeh can cause such high NER of this region.

Table 2.1: Primary Education Regional Disparity by Net Enrolment Rate in Percent

Region	Net Enrolment Rate
Awdal	25
Maroodi Jeeh[8]	52
Sahil[9]	--
T/dheer[10]	29
Sanaag	25
Sool	25

Source: MICS 2006

In addition to lack of enough schools, another of the main causes of the low primary school enrolment is that the existing school system is not suitable to the roaming lifestyle of the nomads, which made 60% of the Somaliland population. Therefore, introducing mobile schools for nomads could boost the school enrolment. At the urban areas, distance to school and the cost of education are possible barriers.

Lack of sectoral education development coordination is major barrier for achieving the MDG primary education targets. For instance, the RDP planned 16 million US dollar of development aid to the education sector in 2009, but the sector received 21 million US dollars out of the 96 million US dollars Somaliland total development aid.

Unfortunately, only 20 out of the planned 60 new primary schools were built in 2009[11], none of planned mobile schools for nomads were built, none of the planned 5 technical vocational education training centers were built, and only 6% of the existing primary schools were renovated, while the plan was to renovate 15%.

Although, rural and nomads comprises around two third of the population, table 2.1 showed that there is only one rural student for every three urban students primary schools in 2006.Comparing the lifestyles, the Maroodi Jeeh children are the most disadvantageous rural children, where one rural student was enrolled along every 5 urban students.

[8] Including Berbera district, which is currently under the new Sahil region

[9] Since, the UN system recognizes only the 18 regions existing at the fall of Siyad Barre regime, one of the two districts of the current Sahil region was under the current Maroodi Jeeh (formerly known as Waqooyi Galbeed) region and the other under was under the Togdheer region

[10] Including Sheikh district, which is currently under the new Sahil region

[11] Aid Implementing Institution reported their output as number of new built classes, and the Aid Data Task Force converted to number of schools by dividing the number of the reported new classes by 6, which is the average classes per school in Somaliland, but it was not clear whether these classes were built in existing school or not.

Togdheer is the least developed region measured by class student ratio, Maroodi Jeeh is demanding more teachers. Although, Sool region experienced the lowest class student ratio, is not necessarily an indication of sufficient schools, instead it could be low education demand.

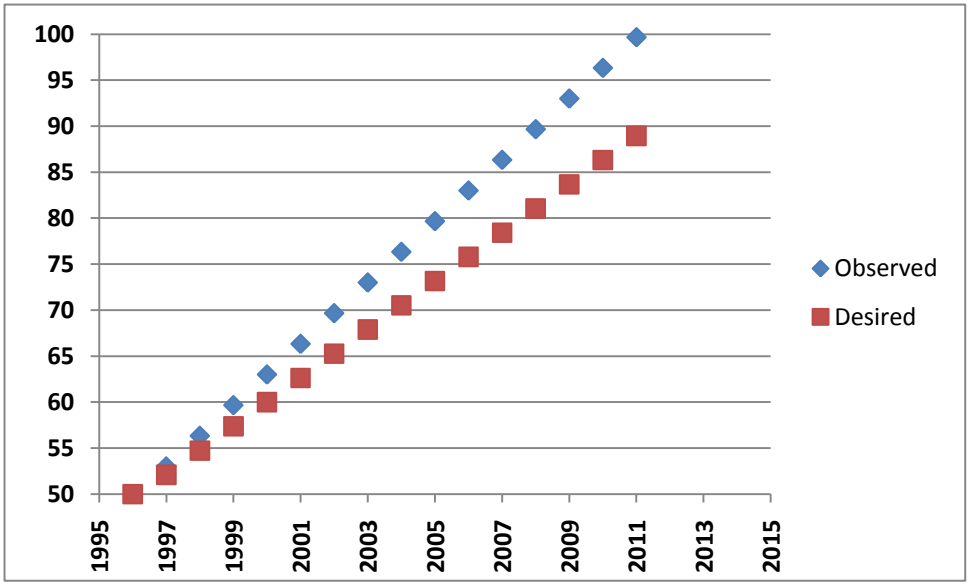
Table 2.1: Educational Disparity Among the Region and Different Lifestyles

Region	Ratios		
	Rural to urban	Class to Student	Teacher to student
Awdal	3.7	39	35
M. Jeex	4.5	45	37
Sahil	1.1	37	30
Togdheer	1.9	60	36
Sool	1.2	24	36
Sanaag	1.5	31	24
Total	**2.7**	**42**	**35**

2.2. Proportion of 1st Graders Reached to 8th Grade

In 1996 only 50 percent of grade primary school enrolled students reached 8th grade, and after 3 years the proportion increased to 60%. As can be seen on figure 2.2; Somaliland will achieve to promote all primary 1st grade enrolled students to 8th grade by 2011, if the trend remains constant.

Fig 2.2: Primary School Promotion Rate Trend, 1996-2015



2.3 Literacy rate of 15-24 year-olds, women and men

'*Literacy rate is the percent of adults, who can read any language'.*

According to table 2.3, the literacy rate of the population aged 15 years and above was only 26.9% in 1999, which means that there were 507,469 illiterate persons in Somaliland. This high illiteracy rate will hinder all the development initiatives to achieve the MDGS. The female literacy is half of the male literacy, which proved the exiting development disparity among gender in Somaliland. Unfortunately, there is no data to compare to this 1999 data to assess the progress towards the MDG target.

Table 2.3: Literacy rate of 15 year-old and elder by gender in 1999

Gender	Percent
Male	54.8
Female	25.4
Total	26.9

Source: MICS 1999

Goal 3: Promote Gender Equality and Empower Women

Target 3.A: Eliminate Gender Disparity

The MDG goal three target of eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015 has three indicators to measure the progress- namely; ratios of girls to boys in primary, secondary and tertiary education; share of women in wage employment in the non-agricultural sector; and proportion of seats held by women in national parliament.

3.1 Ratios of girls to boys in primary, secondary and tertiary education

The gender parity index (GPI), which is the ratio of female to male primary and secondary net attendance ratios is plausible indicator to measure the gender disparity. According to the 2006 MICS, the Somaliland GPI was 0.7 in 2006, which means that 70 female students were enrolled along every 100 male students in 2006.

However, the student census data contained by the 2008 Somaliland In Figures showed GPI of 0.6; which is another support to the claim of the fragility of the MICS data validity.

Table 3.10: Primary School Enrolment Gender Disparity

Gender	NER	Source
Male	46.3	MICS 2006
Female	33.3	MICS 2006
GPI	0.7	MICS 2006

Although, the proportions on table 3.11 has shown a gender disparity index decrease at all levels of education; the trend analysis on figure 3.11 indicated that Somaliland is yet to achieve the desired GPI of 0.9 in 2010, instead the current GPI was predicted as 0.7. It is obvious that Somaliland will achieve none of the MDG gender disparity elimination targets by 2015 due to the cultural barriers, and the current development initiatives, which use Western World suitable initiatives to eliminate gender disparity from the conservative Islamic society. These differences created a minimal acceptability of the local beneficiaries, which perceive these development initiatives as outlawing of their culture to imposing a foreign culture.

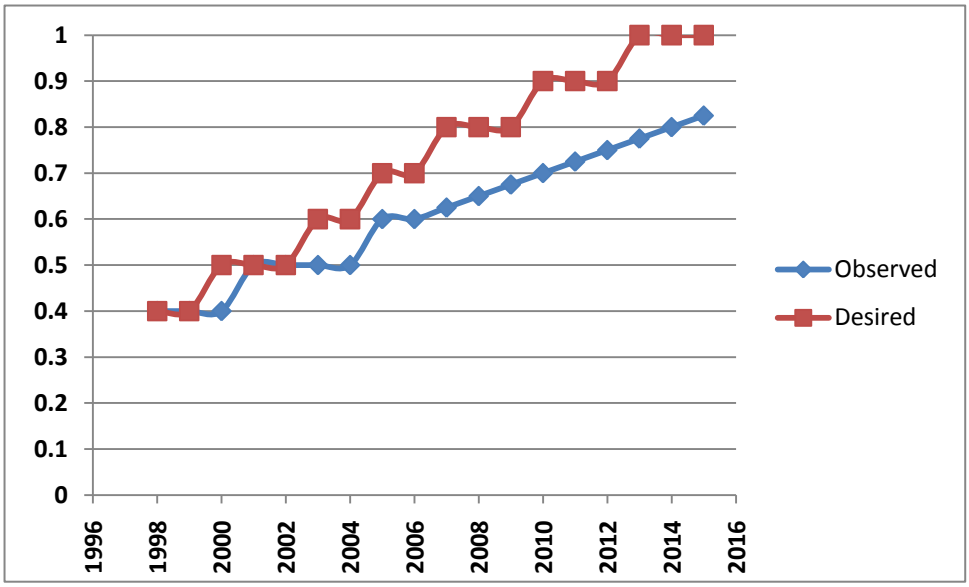
The most difficult challenge faced the gender disparity elimination initiatives in Somaliland, is the intermingling of remnants of the strongly male dominated orient culture and the teachings of the Islamic religion, where people, specifically uneducated mistakenly understood that even – mentioning gender equality as breaching of the Islamic religion teachings. Therefore, religious activities, such as awareness raising through the Friday congregation preaching could be more effective initiatives. Therefore, Somaliland is far behind achieving the target of the MDG, which is eliminating gender disparity all levels of education. Female enrolment encouraging development initiatives are in due. Fund for female enrolment and food for girl enrolment are the possible initiatives.

Table 3.11: School Enrolment Gender Disparity

Year	**Female to Male Ratio**		
	Primary	Secondary	Tertiary[12]
1998	0.4	0.2	
1999	0.4	0.2	
2000	0.4	0.2	
2001	0.5	0.2	
2002	0.5	0.2	
2003	0.5	0.3	
2004	0.5	0.3	0.4
2005	0.6	0.3	0.3
2006	0.6	0.3	0.3

[12] Based on graduation at Amoud and Hargeisa universities because the enrolment data by sex is yet to obtain

Fig 3.11: Primary School Enrolment Gender Disparity Index Trend



Among the regions, girls living in Togdheer region are the most advantageous in primary school enrolment by GPI of 0.7 in 2006; while all other regions experienced GPI of 0.6. This finding is not unusual because Togdheer region has been more responsiveness to female education for long time, including the prestigious 'Burao Girls Boarding School', which was started in 1959, first of its kind in Somaliland. In addition, it is important to mention that first Somali cabinet member[13] was from Togdheer region, which is a result of the region's least female discrimination educational culture.

Table 3.12: Primary Educational Gender Disparity by Region in 2006

Region	**GPI**
Awdal	0.6
Maroodi Jeeh	0.6
Sahil	0.6
Togdheer	0.7
Sanag	0.6
Sool	0.6
Somaliland	0.6

At the contrary, girls living in Awdal region experienced the highest discrimination in primary education.

[13] Drs. Raqia Haji Duale was the Deputy Health Minister during the Siyad Barre erra.

Also, Maroodi Jeeh and Awdal regions maintained the highest female discrimination educational culture at the tertiary level as that of the primary education level; where 310 and 300 male students enrolled per 100 female students, respectively; in the academic year of 2006/2007.

3.2. Share of Women in Wage Employment in the Non-agricultural Sector

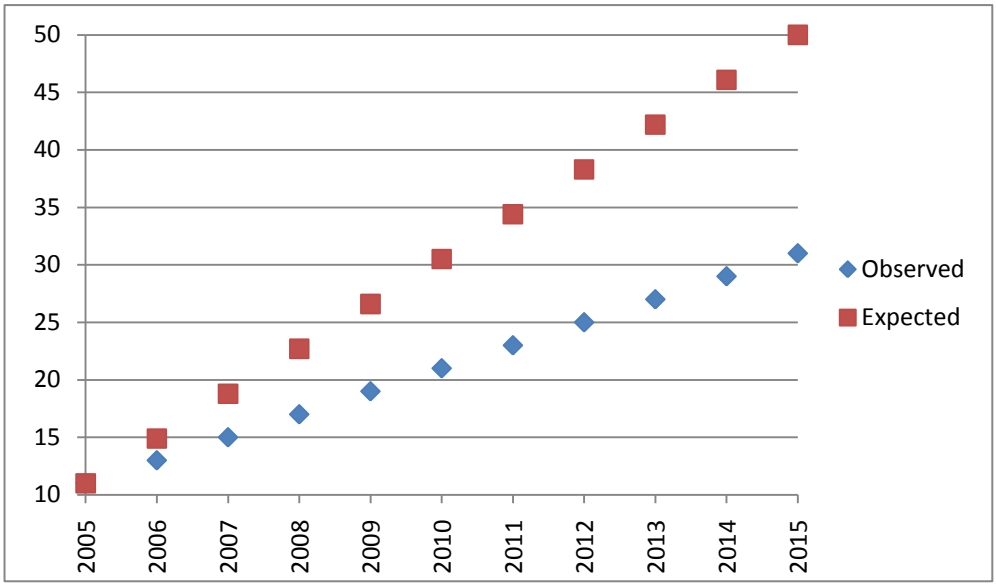
Percent of women in the non-agricultural sector wage employment is the third indicator to measure the progress of alleviating gender disparity. Since, there is no data to compile this indicator; the share of women in the government employees will be used.

As can be seen on table 3.2, there is one female out of five Somaliland government employees in 2010. On figure 3.21, it is obvious that Somaliland women's share in the Somaliland national government employees is predicted to be 31% in 2015, which is below the MDG target of 50%.

Table 3.20: Share of Women among the Public Employees

Value	Source	Year
21	Civil Service Commission	2010
31[14]	Predicted	2015

Fig. 3.21: Share of Women in Governmental Employees Trend 2005-2010



It is important to pronounce that the share of women in the cabinet has increased from 2% during the last two decades to 12% in 2010. In the multiparty Somaliland governing system, the role of

[14] The prediction is based on the 10 percentage points of the Primary school teachers female share of 10%, and the Ministry of Education's employees female share of 21% in 2010

KULMIYE party's women's wing to convince the supporters to vote for this party was one of the underlining reasons led the KULMIYE to landslide victory, and in turn empowered the women's role in the party's decision making, including nominating the cabinet members caused this tremendous increase of the women's representation in the cabinet.

3.3 Proportion of Seats Held by Women in National Parliament

There are only 3 females out of the 164 members of the bicameral Somaliland national legislation body. Only two were females out of the 82 elected members of the lower House of Representatives in 2005; while all the 82 members of the upper *Guurti* House were males, until the wife of deceased member, which was slaughtered in the suicide car explosions in October, 2008 replaced here husband.

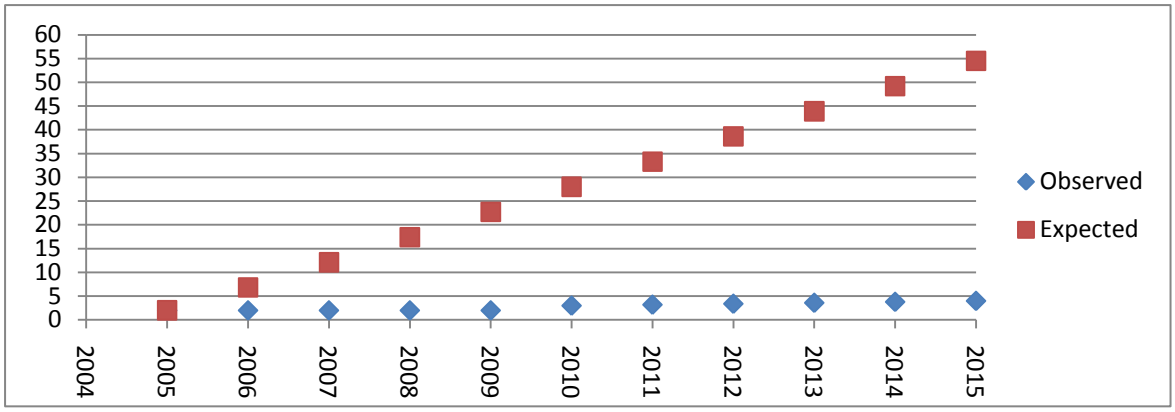
If the current trend remains constant, there could be only 4 female members in 2015, which is 18 times shorter than the minimum MDG target of 55 females by the year of 2015.The strongly male dominated culture is preventing both the women to have the courage to seek legislative body seat, and the voters to elect a woman. In 2008, after spending large amount of aid budget and efforts, the *Guurti* House declined a law passed by the lower house, which was to allocate quotient of city council members to women and minority clans. Arguably, even the constitution is prohibiting the women to be member of the upper *Guurti* House, at least in the literal meaning because the name of this house is *Aqalka Odayaasha* (Male Traditional Elders in Somali).

Therefore, localizing this MDG target indicator, and culturally relevant measures are in demand. An alternative is mandating that at least one third of the employees be females by the year of 2015, where the government could offer tax exemption to the public and private employers who developed and practice gender employment polices leading toward the target.

Table 3.3: Proportion of Seats Held by Women in the National Parliament

Number of females	Total number of members	Year
2	164	2005
3	164	2010

Fig 3.3: The Trend of Proportion of Seats Held by Women in the National Parliament



GOAL 4: REDUCE CHILD MORTALITY

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

Child Mortality Rate in Somaliland, which was 275 in 1990 decreased to 188 in 1999, then to 166 in 2006; which signifies very high decrease, when compared to the world standards. These remarkable achievements could be attributed to many factors including improved nutrition status & raised public awareness on health matters.

Using the Crude Birth Rate of 35 new born babies per 1000 persons annually[15], estimated population of 3.5 million, and the 166 under five mortality rate in 2006 signifies that one under five child dies every seven minutes in Somaliland, which is very high.

As can be seen on figure 4.1; maintaining the current trend will achieve a child mortality rate of 27 by 2015, which is a drop of more than ten times from 275 in 1990, rather than the target of three times, which planned to result a rate of 92.

One strong support of the possibility decreased fallacy is the low complete vaccination rate of only 10% in 2006; and the low level mother education, which are the major determinants of child mortality.

Table 4: Infant and Child Mortality Rates Trend

Target Indicators		**Unit**	**1990**	**1999**	**2006**	**2010**	**2015**
4.1 Under-five mortality rate	Observed	Per 1000	275	188	116	77	27
	Desired	Per 1000	275	209	158	129	92
4.2 Infant mortality rate	Observed	Per 1000	152	113	73	53	29
	Desired	Per 1000	152	116	87	71	51
4.3. Children with measles vaccination	Observed	Percent	na	27.3	41[16]	49	59
	Desired	Percent	na	41.0	48	61	76

Source: Multi-indicator Cluster Surveys (MICS), UNICEF

On the other hand, infant mortality rate, which is the number of deaths per 1000 cohort live born babies before the first birth day decreased from 152 in 1990 to 113 in 199, and down to 73 in 2006 in Somaliland. Using these observed figures and the trend analysis; it is predicted that the

[15] Compiled from the 2006 MICS Raw Data

[16] Under one year, measles vaccination indicators were available for both Somaliland and whole Somalia in 1999, but available only for whole Somalia in 2006. Therefore, the Somaliland 2006 measles indicator was estimated by extrapolation from the figures of 1999

Infant Mortality rate is 53 in 2010, and will decrease down to 29 in 2015; which is decrease of five times from the 152 of 1990, rather than the MDG target of two third by 2015, which supposed to result Infant Mortality rate of 51.

Fig 4.1: Under Five Mortality Rate Trend

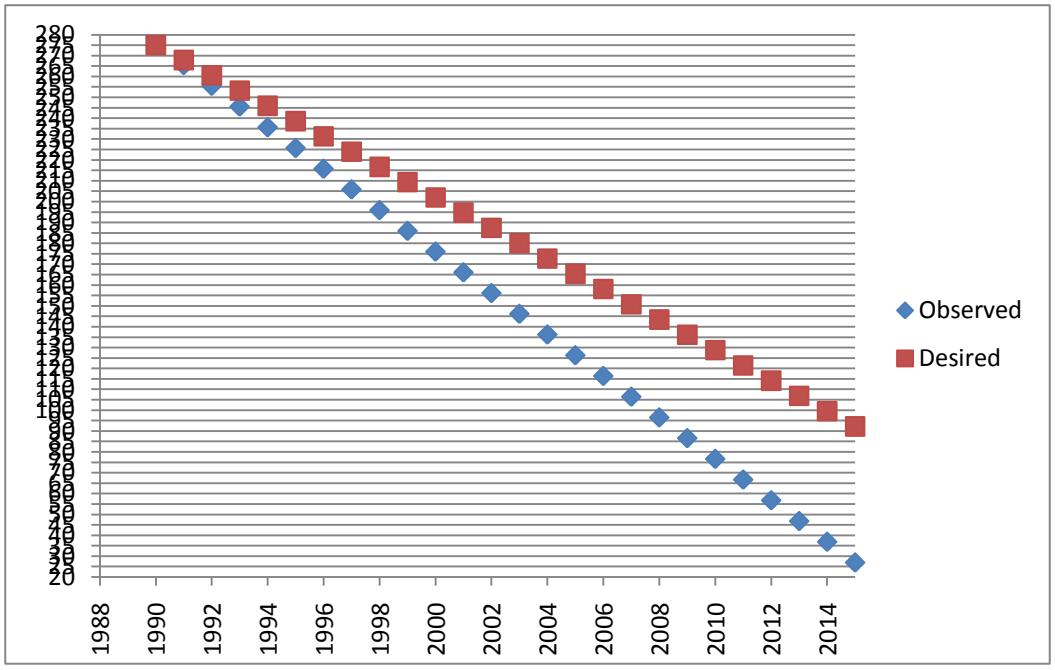
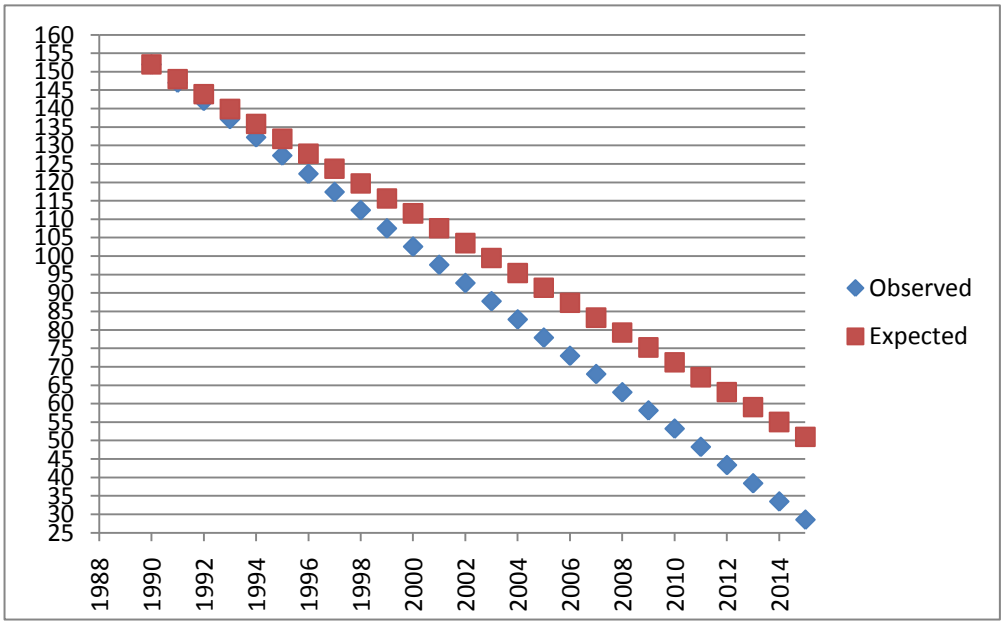
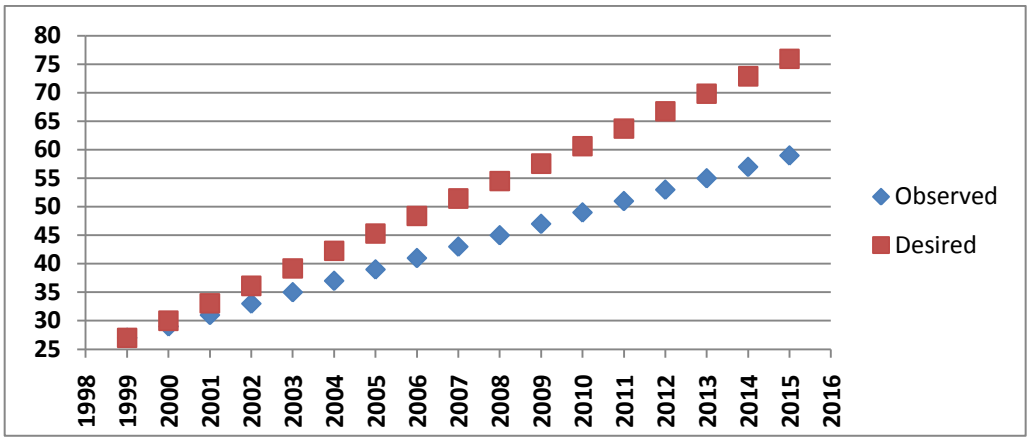


Fig 4.2: Observed and desired Infant Mortality Rate Trend



Although, as can be seen on figures 4.3, the proportion of children received vaccination against measles increased from 27.3% in 1999 to 41 in 2006; Somaliland is far beyond achieving the MDG target of increasing the proportion of children received vaccination against measles by two third in the year of 2015. Using the two available figures of 1999 and 2000 as baseline; the 2010 predicted rate was 49%, while the desired figure was 61%. If the current trend remains unchanged, only 59% of the Somaliland children will receive vaccination against measles by the year of 2015, while the desired MDG was 76%.

Fig 4.3: The Trend of the Proportion of Children Received Measles Vaccination



Logistic regress annlaysis hsowed that the mother'd education, type of drinking water, and mother's hand-washing behavuior are the major determinanat of child child mortality in Somaliland. Although, the number cases in the different educational categories is not enough to rely the result, it shows that the mother's education has U-shapped effect, where the mother's with the lowest and the highest educational categories has higher child mortality than secondary school graduate; and that was the main reason the study applied curvelinear regression analaysis to avoid the compernesate effect of the two extremes.

Goal 5: Improve Maternal Health.

Target 5A: ***Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate.***

Maternal mortality is defined as death of a woman from pregnancy related causes, when pregnant or within 42 days of termination of pregnancy; and the measuring unit is the maternal mortality ratio, which is the number of maternal deaths per 100,000 live births.

The complications of pregnancy and childbirth are the major causes of death and disability among women of reproductive age in developing countries. The most common fatal complication is post-partum haemorrhage, sepsis, prolonged or obstructed labour, and the hypertensive disorders of pregnancy, especially eclampsia, claim further lives[17].

These complications, which can occur at any time during pregnancy and childbirth without forewarning, require prompt access to quality obstetric services equipped to provide lifesaving drugs, antibiotics and transfusions and to perform the caesarean sections and other surgical interventions that prevent deaths from obstructed labour, eclampsia and intractable haemorrhage.

Therefore, the MDG 5 target is to reduce the maternal mortality ratio by three quarters, between 1990 and 2015.

Table 5.1: Maternal Mortality Ratio and Skilled Birth Attendant Trend

Target Indicators		**Unit**	**1999**	**2006**	**2010**	**2015**
5.1 Maternal Mortality Ratio	Observed	Per 100,000	1044	1013	995	937
	Expected		1044	777	581	337
5.2 Delivery Assisted by Skilled Attendant	Observed	Percent	27	41	49	59
	Expected		27	48	61	76

Source: Multi-indicator Cluster Surveys (MICS), UNICEF

The maternal mortality in Somaliland was 1,044 per 100,000 in 1999, which listed Somaliland women among the top high-risk groups in the world, and the rate dropped to 1013[18] in the year of 2006

Figure 5.1.; predicted the Somaliland maternal mortality ratio 995 in 2010 and 937 by 2015, which lags three times to achieve the MDG target of 337 by 2015. The predicted maternal mortality ratio of 995/100,000 in 2010 resulted that 1219 mothers die for child bearing and pregnancy related causes; which means one maternal death in every seven hours.

[17] MICS Preliminary Report, Somalia, 2007

[18] This figure is for whole of the collapsed Somalia

The estimated worldwide 529,000 women death each year from maternal causes, which yielded that one maternal death occur in Somaliland in every 434 maternal deaths worldwide. In addition, for every woman who dies, approximately 20 more suffer injuries, infection and disabilities in pregnancy or childbirth. This means that another 24,378 women experienced this type of damage, annually.

Fig 5.1: Maternal Mortality Ratio Trend

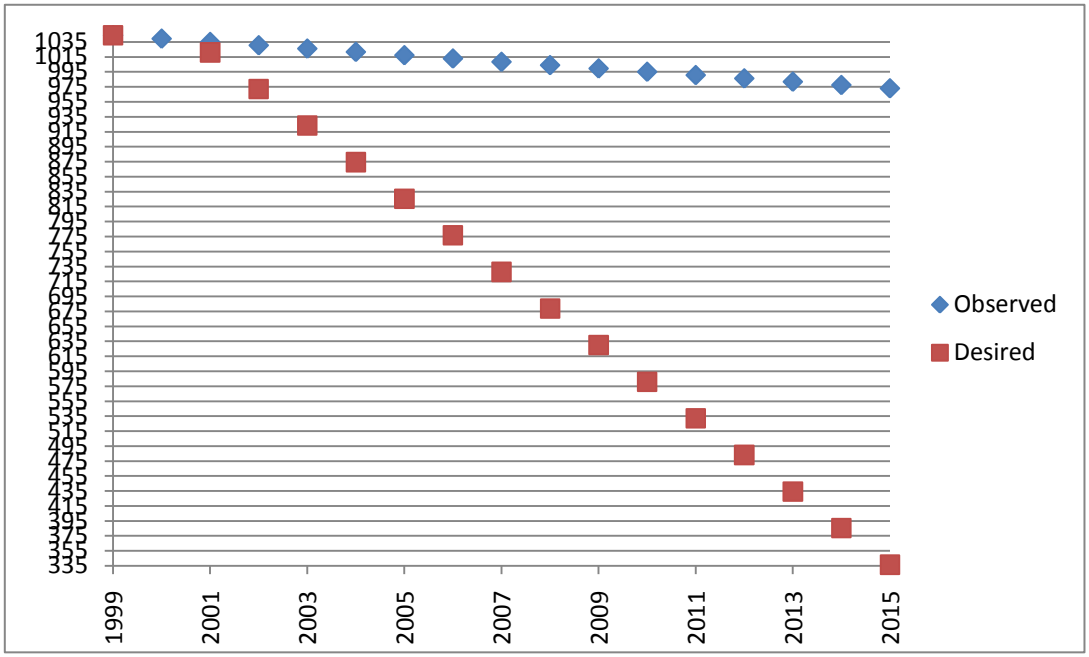
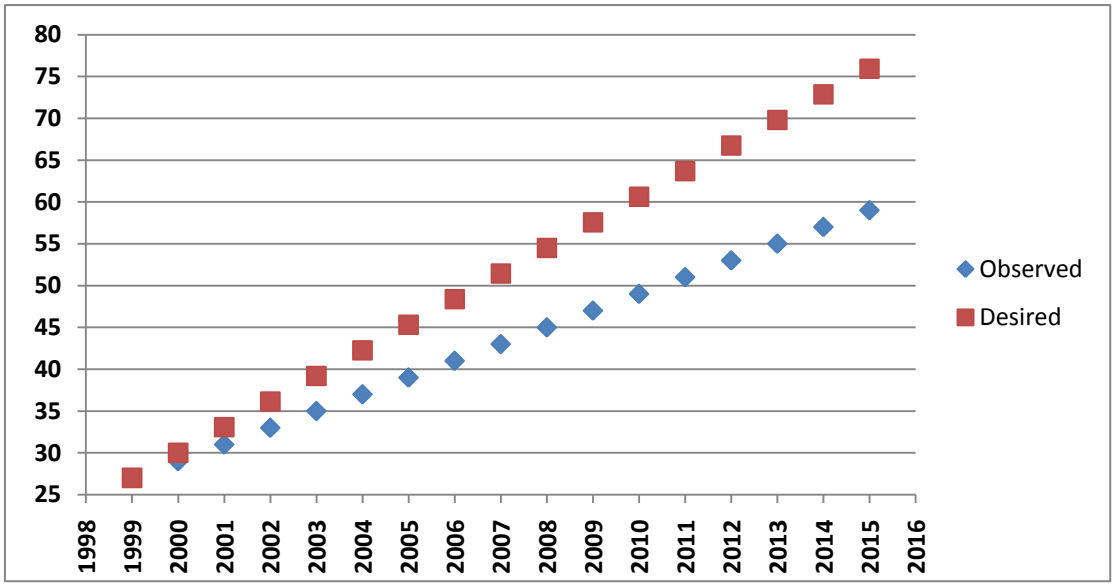


Fig 5.2: Observed and the Desired Trends of Mothers Assist by Skilled Attendant in Percent



The Somaliland perceived equipped and staffed MCH as the major bottleneck of women's development status, and set as the first development priority, which supported by the available facts and figures of that the Somaliland median distance to MCH was 26KM in 2006.

Among the regions, the women living in Sool region suffered the farthest MCH distance of 43km followed by Togdheer by 40km, let alone effectiveness status. At the contrary, Awdal region claimed the shortest median distance to MCH of only 14km followed by 20km of Maroodi Jeeh region.

Table 5.11: Somaliland MCH Median Distance in KM

Region	MCH[19]
Sool	43
Sanaag	36
Togdheer	40
Sahil	22
M. Jeeh	20
Awdal	14
Somaliland	26

Target 5.A; which is reducing the maternal mortality ratio by three quarters, between 1990 and 2015; the data of the contraceptive prevalence rate, and antenatal care coverage (at least one visit and at least four visits) rate are the two available indicators to measure the progress; while the adolescent birth rate, and the family planning unmet need rate are not available.

Contraceptive is any modern or traditional method that prevents conception or pregnancy; while contraceptive prevalence rate (CPR) is the proportion of women of reproductive age who are using (or whose partner is using) a contraceptive method at a given point in time.

The rationality of use is that contraceptive prevalence rate is an indicator of health, population, development and women's empowerment as well as a proxy measure of access to reproductive health services that are essential for meeting the Millennium Development Goals of maternal health.

In Somaliland, the CPR has increased from only 9% in 1999 to 26% in 2006. It was predicted the 2010 and 2015 CPR as 35 and 47 percent; respectively; while the desired MDG target indicators were 50 and 60 percent, respectively.

The major barrier is the widely believed superstitions of that birth control as a way toward potency, and violation of the Islamic religion obligations. Therefore, awareness rising through

[19] Compiled from the 2006 UNDP Settlement Survey Electronic Raw data

appropriate methods is crucial. One good example is translating the UNFPA published book-Family Planning in the Legacy of Islam into Somali.

Table 5.2: contraceptive prevalence, adolescent birth, antenatal care, and unmet need rates

Target Indicators		**Unit**	**1999**	**2006**	**2010**	**2015**
5.3 Contraceptive Prevalence Rate (Any method)	Observed	Percent	9	26	35	47
	Expected	Percent	9	35	50	69
5.5 Antenatal Care Coverage Rate by any one	Observed	Percent	37	83	100	100
	Expected	Percent	37	79	100	100

Source: MICS 1999 and 2006

Figure 5.2 indicated that Somaliland is on the line to achieve the MDG target indicators of the antenatal care coverage rate of 100 by 2015. However, the data comparability, even between the data collected one survey in different years. For example, in one survey, the antenatal care question was focused on child, while it was focused on pregnant women on another survey.

Fig 5.2: Observed and Desired Contraceptive Prevalence Rate Trend 1999-2015

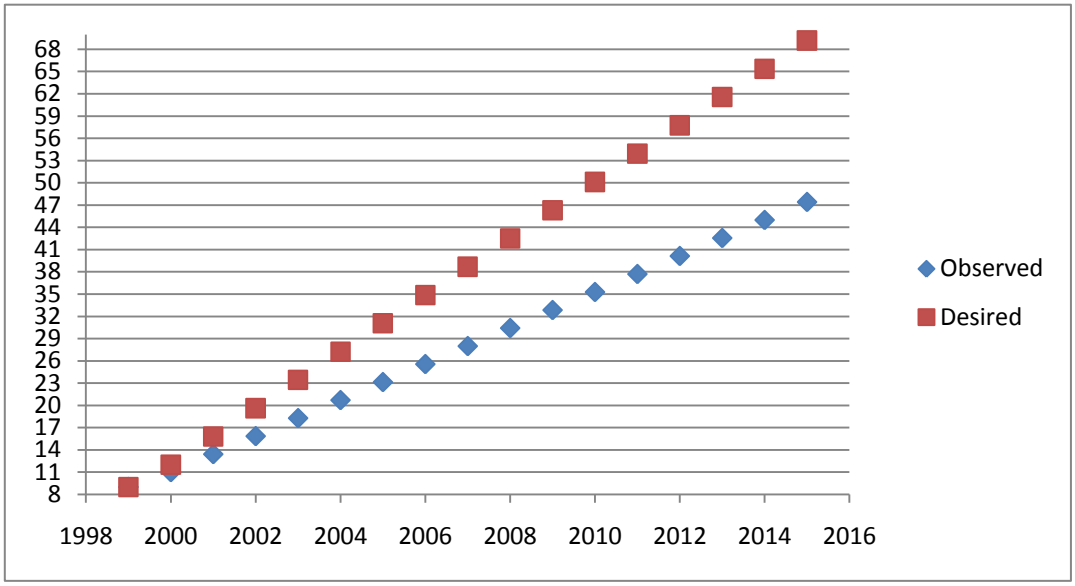
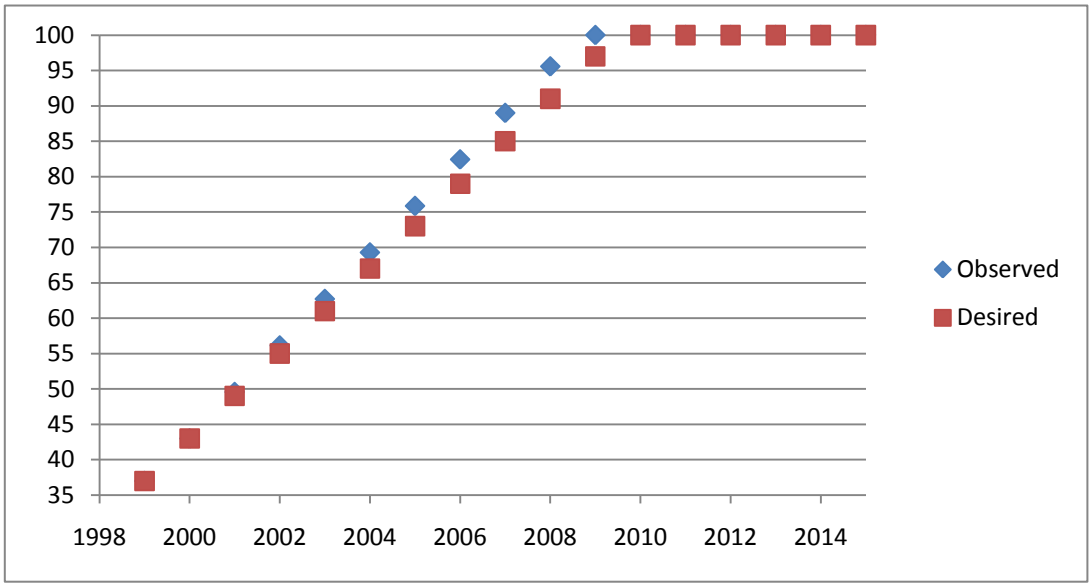


Fig 5.3: Antenatal Care Coverage Trend, 1999-2015



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

The three targets to be achieved by this goal are Have halted by 2015 and begun to reverse the spread of HIV/AIDS; achieve by 2010, universal access to treatment for HIV/AIDS for all those who need it; and have halted by 2015 and begun to reverse the incidence of malaria and other major diseases; and each target has its own indicators.

The ratio of school attendance of orphans to school attendance of non-orphans; percent of adult population who have comprehensive HIV/Aid knowledge, proportion of children under 5 sleeping under insecticide-treated bed nets; and the proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs are the available four target indicators to measure the progress of this goal.

According to table 6, Somaliland has already achieved ratio of orphan non orphan primary school attendance of 1, which means that there is no school attendance difference between the orphan and non orphan children.

However, Somaliland has the minimal progress, if not zero of halting and reversing the comprehensive HIV/AIDS knowledge; under five children using to sleep under insecticide treated bed net as malaria prevention, malaria prevalence, and malaria treatment.

The major reason of lack of progress is lack of awareness, where the fatalistic culture and the low educational level are the roots. Therefore, awareness rising through the local context based methods, such as religious preaches and the Somali literature are potential plausible mechanisms.

Specifically, the nomad and sedentary population are suffered the fatalistic culture and low education more than urban areas; where even religious preachers are scarce. Therefore, dispatching local roaming awareness raising teams could reach the distant and disadvantageous population segments.

In addition, the rural population produces more than 90% of the Somaliland households' food and income. Therefore, low health and educational development can jeopardize the national food scarcity, and deter poverty reduction efforts.

Since, the nomad life is cross border; their backwardness can cause exploitation by weapon smugglers and anti peace outlawed groups.

Table 6: Percent of children with malaria and received treatment, adults with comprehensive HIV/Aid knowledge, and orphan to non orphan primary school attendance

Target Indicators		**Unit**	**1999**	**2006**	**2010**	**2015**
Orphans to non-orphans school attendance	Observed	Ratio		1	1	1
	Expected	Ratio		1	1	1
Comprehensive HIV/Aid knowledge	Observed	Percent	4	5	7	9
	Expected	Percent	4	45	68	96
Under 5 sleeping under insecticide-treated bed nets	Observed	Percent	22	25	27	29
	Expected	Percent	22	51	67	88
Malaria prevalence by under 5 with fever two weeks before survey	Observed	Percent	9	9	10	11
	Expected	Percent	9	44	65	91
Under 5 with fever treated with appropriate anti-malarial drugs	Observed	Percent		1.6		
	Expected	Percent		1.6		98.4

Goal 7: Ensure Environmental Sustainability

Safe drinking water is prerequisite for good health because unsafe drinking water can be a significant transporter of diseases such as trachoma, cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical and physical contaminants with harmful effects on human health. *Improved drinking water* sources are the water supplied by pipes, borehole, tube well, protected well, protected spring or rainwater.

Similarly, inadequate disposal of human excreta is related with a variety of diseases including diarrhoeal and polio. *Improved sanitation facilities* include: flush toilets connected to sewage systems, septic tanks or pit latrines, ventilated improved pit latrines and pit latrines with slabs.

Therefore, the MDG goal 7 of ensuring environmental sustainability set target **7C as decreasing the proportion of people without sustainable access to safe drinking water, basic sanitation, and slums by half from 2000 to 2015.**

The indicators of this target are the proportion of population using an improved drinking water source; and the proportion of population using an improved sanitation facility. As can bee seen on table 7; the percent of households using improved drinking water increased from 34 in 1999 to 41 in 2006; while the percent of households using improved sanitation facility increased from 37 to 40 in 1999 and 2006; respectively.

Table 7: The Trend of Population Using Improved Drinking Water and Sanitation in Percent

Indicator	Residence	1999	2005	2006	2007
Water	Urban		38.5	43.6	46.0
	Rural		28.0	38.0	42.0
	Total	34		41	
Sanitation	Urban				
	Rural				
	Total	37		40	

Sources: MICS 1999 and 2006[20]

As can be seen on figure 7, using the 1999 and 2006 figures, the trend analysis predicted that 46% of the Somaliland households have accessibility to safe drinking water in 2010, which lags far behind the desired rate of 57%. Consequently, it could be achieved that only 51% of the

[20] Total Figures are from MICS, and the disintegrated (urban and rural) figures were collected by the Department of Statistics of the Somaliland Ministry of Planning from the Ministry of Mineral Resources and Water for Harvard University's 2008 African Governance Index data for Mo Ibrahim African Good Governance Presidential Award.

Somaliland households to access safe drinking water by 2015, rather than the desired target of 67%. Similarly, in its current development status quoi, Somaliland could achieve that only 44% of its households to be access to improved sanitation facility by the year of 2015, rather than the desired target of 69%.

Courageous development intervention initiatives are in demand, including but not limiting to set building completion certificate, where the local government staff can observe the type of the sanitation facility; and also setting mandatory public toilet facilities for rural areas.

Figure 7: The Trend of the Desired and the Actual Percent of Population Access to Drinking Water

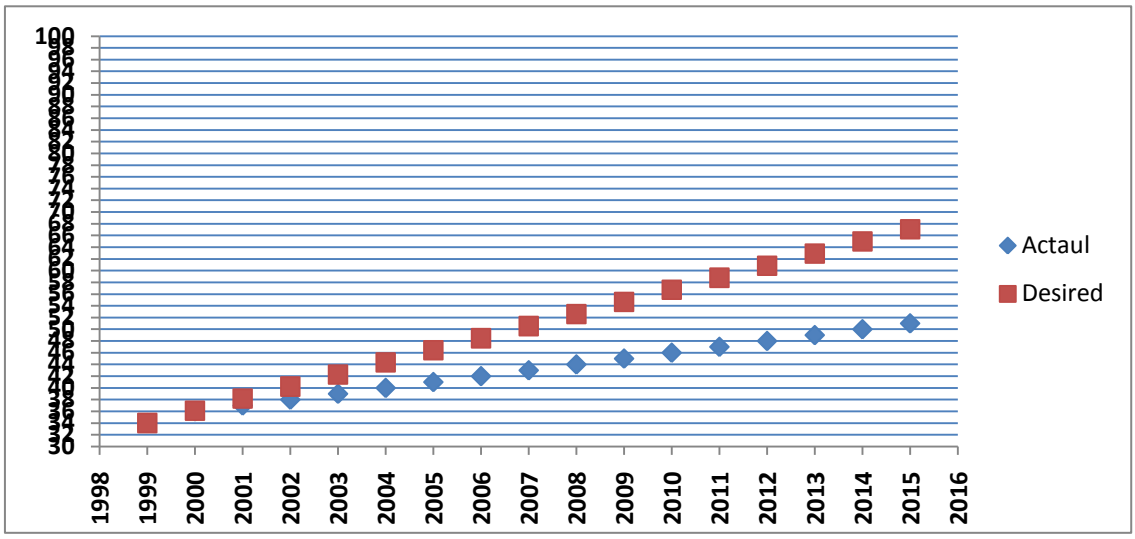
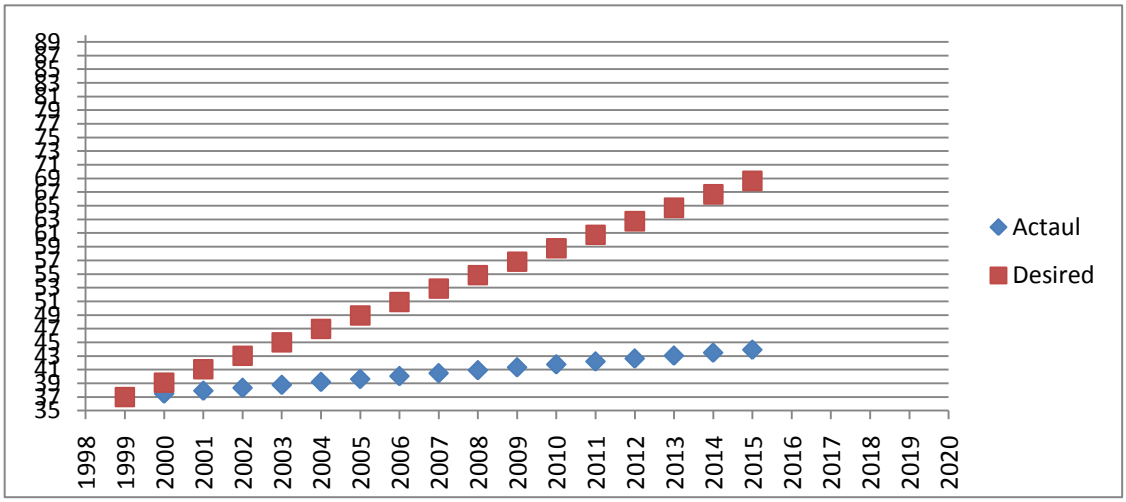


Fig 7.1: Desired and Actual Percent of Households with Improved Sanitation Facility

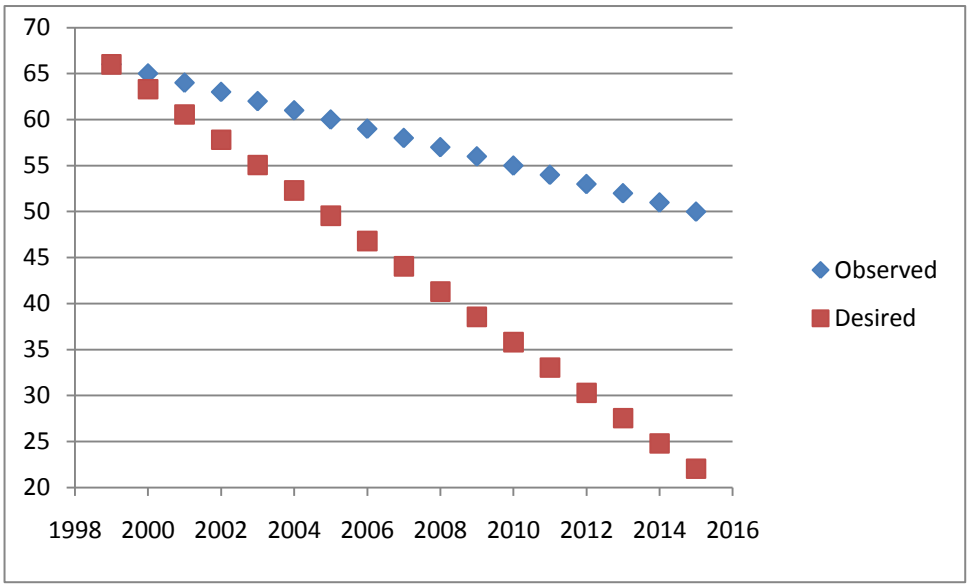


Using the percent of households without safe drinking water as a measure of slums; table and figure 7.3 showed that slums are decreasing; but that Somaliland slums are 55% in 2010 and will be 50% by 2015; while the desired figures are 36 and 22 percent in those years, respectively; which proved that it lags behind achieving the MDH by more than half.

Table 7.3: Decreasing of Slums

Target Indicators		**Unit**	**1999**	**2006**	**2010**	**2015**
Slum decrease	Observed	Percent	**66**	59	55	50
	Expected	Percent	66	47	36	22

Fig 7.3: Observed and desired slums trend



Annex 1: Official list of MDG indicators

Millennium Development Goals (MDGs)	
Goals and Targets	Indicators for monitoring progress
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below $1 (PPP) per day 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below $1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary 2.3 Literacy rate of 15-24 year-olds, women and men
Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunized against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate

	5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7: Ensure environmental sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.1 Proportion of land area covered by forest 7.2 CO2 emissions, total, per capita and per $1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used 7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slumsb
Goal 8: Develop a global partnership for development	

Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system Includes a commitment to good governance, development and poverty reduction - both nationally and internationally Target 8.B: Address the special needs of the least developed countries Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly) Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States. Official development assistance (ODA) 8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income 8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) 8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied 8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes 8.5 ODA received in small island developing States as a proportion of their gross national incomes Market access 8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty 8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries 8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product 8.9 Proportion of ODA provided to help build trade capacity Debt sustainability 8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) 8.11 Debt relief committed under HIPC and MDRI Initiatives 8.12 Debt service as a percentage of exports of goods and services
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13 Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14 Telephone lines per 100 population 8.15 Cellular subscribers per 100 population 8.16 Internet users per 100 population

The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of State and Government, in September 2000 (http://www.un.org/millennium/declaration/ares552e.htm) and from further agreement by member states at the 2005 World Summit (Resolution adopted by the General Assembly - A/RES/60/1, http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/60/1). The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries "to create an environment - at the national and global levels alike - which is conducive to development and the elimination of poverty".

A For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.