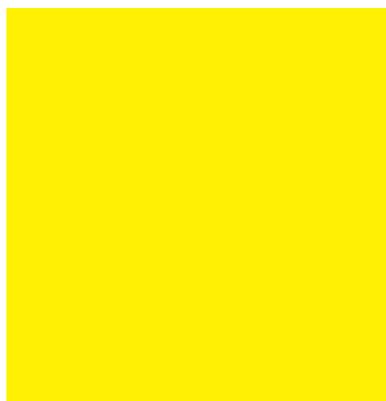
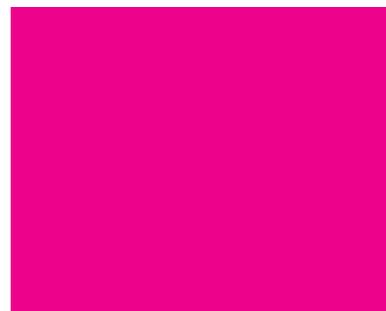
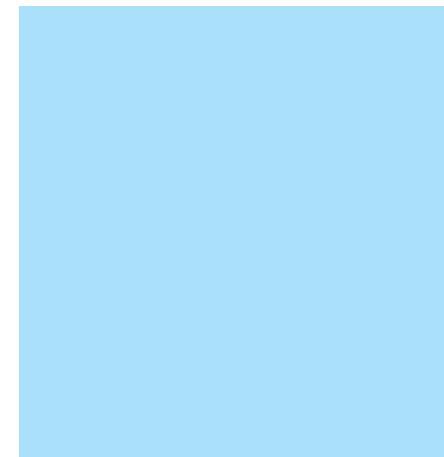


CHILDREN IN SOMALILAND

2011



United Nations Children's Fund (UNICEF)
Hargeisa Field Office - UNICEF Somalia, 2012
Cover Photos: © UNICEF/2011

Reporting period: January-December 2011, unless otherwise indicated.

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UNICEF IN SOMALILAND IN 2011

Children in Somaliland continued to enjoy relative stability in 2011, although challenges remain significant for those most vulnerable. After being voted into office in Somaliland's third consecutive peaceful transition in power, the new government elected in 2009 completed its second year in 2011 with firm and renewed commitments towards putting human development at the centre of its agenda, with a particular focus on accelerating progress towards the Millennium Development Goals (MDGs).

In 2011, Somaliland indeed saw the adoption of a National Development Plan for 2012-2016, with several important components placing children at the centre of development priorities. A number of initiatives were also rolled out, bringing direct benefits for women and children—including the government's decision to abolish school fees in an effort to move towards universal free education. Multiple policies—from supporting youth through to revisiting and improving systems in the health, nutrition and water sectors—were also adopted or carried forward over the year, with support from UN partners including UNICEF.

Seeing the impact of several years of failed rains on Somaliland's most vulnerable populations, the government, UN agencies and civil society partners banded together to review and improve disaster risk reduction and management frameworks.

This past year, children in Somaliland were hardly spared from the dramatic consequences of the prolonged drought which still continues to affect the Horn of Africa. The latter half of 2011 saw a surge in malnutrition rates—reaching particularly high levels among internally displaced (IDP) children—while the drought seriously weighed down on people's livelihoods, notably in remote and rural areas.



Although there are signs at the start of 2012 that the situation is improving in Somaliland, this latest crisis only further highlighted the need to invest in ensuring lasting change for children, and solidly anchor Somaliland on a path towards transition and development, with children at the centre of the agenda as

a matter of priority for today and tomorrow's generations.

Significant challenges remain in making sure basic services reach the hardest to reach and most vulnerable groups, including children and women from nomadic communities, the internally displaced, as well as women and children from migrant families, amongst others.

UNICEF'S WORK IN SOMALILAND

Present in Somaliland since 1972, and operating out of Hargeisa, with a logistics hub in the port town of Berbera, UNICEF continued its efforts over the past year, working alongside communities, civil society and government authorities to advance women and children's survival and development, and protect children's rights. UNICEF works with government and local civil society partners to advance development-oriented efforts, including building capacity of health and nutrition staff; expanding services; working to strengthen management of the Somaliland health system; and extending sustainable long-term access to safe water, with a particular focus on developing solutions for rural communities. UNICEF also worked to support capacity-building of government counterparts in the water sector, particularly at decentralised levels, and worked with partners to launch Community-Led Total Sanitation across different rural villages in Somaliland as a way to put communities in charge of improving and maintaining better and safer sanitation. Integrating efforts across sectors was another priority, with investments to improve water, sanitation and hygiene in Somaliland's schools, benefiting more than 90,000 children in 2011.

UNICEF also placed a strong focus on equity-driven approaches to programming with the aim of bringing services closer to home for women and children in isolated and remote areas. Efforts in 2011 included a scale-up of nutrition and health activities, with the admission of more than 13,000 severely malnourished children



into therapeutic feeding programmes over the year, combined with emergency water, sanitation and hygiene efforts reaching over 130,000 vulnerable and displaced people. High impact large-scale programmes including Child Health Days (CHDs)—an initiative which began in 2008 under the leadership of the Ministry of Health and in partnership with WHO—continued with a new round conducted in July 2011, reaching and protecting more than 300,000 children and 250,000 women from vaccine-preventable diseases.

Policy-level and upstream investment in building better systems also took place across all sectors—from efforts to review Somaliland's Health policy; supporting the adoption of Somaliland's National Youth Policy; developing a national Infant and Young Child Feeding (IYCF) Strategy; through to conducting a nationwide child protection systems mapping exercise, supporting Education Policy and Planning under the Integrated Capacity Development for Somali Education Administration (ICDSEA) programme, and upgrading Education Information Management Systems in a nationwide census of Somaliland's primary school system, with data currently being consolidated as of April 2012.

UNICEF also continued to work closely with government and United Nations partners under the Joint Programme on Local Governance (UN-JPLG), with efforts to lead and support community consultations. In addition, UNICEF continued chairing the Social Sector pillar of the UN Somali Assistance Strategy (UNSAS). Implementation of the Multi-Indicator Cluster

Survey (MICS) was a further large-scale undertaking, with results scheduled to help inform future programming, using disaggregated data to ensure further equity-driven approaches to reach those children and women most in need (more details below).

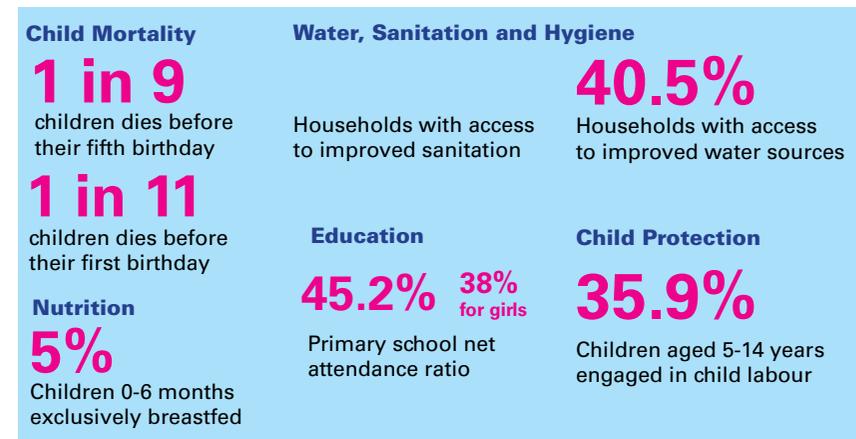
WORKING TOGETHER FOR CHILDREN

Partnerships for children have been, and continue to be, the cornerstone for all of UNICEF's efforts across Somaliland. Working with multiple central and decentralised government authorities deeply committed to development in a context with a lively, active and vibrant civil society, UNICEF has anchored its Somaliland programme on key principles of cooperation, alignment and support to national priorities for child survival, development and well being. UNICEF's partners include more than ten different ministries and central government offices, along with these ministries' regional and district offices in sectors including education, health and water, justice, and social affairs, among others. Direct partnerships also exist with six districts for community-level development through the Joint Programme on Local Governance and Service Delivery, and UNICEF also works with a number of municipal authorities across Somaliland.

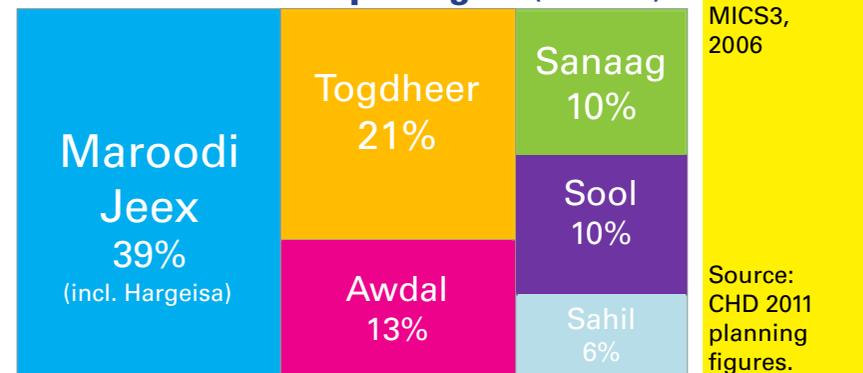
UNICEF's programmes also benefit from a network of close to forty non-governmental partners, the vast majority of which are local, Somaliland-based. Bringing together government and civil society partners, UNICEF also supports Ministries to coordinate actors in the key sectors of education, water and sanitation, as well as nutrition within the overall health sector. This effort also extends to the cluster system in place in Somaliland to respond to humanitarian needs. Working within government coordinated sector groups UNICEF notably continued to chair and lead the Nutrition, Education and WASH Clusters.

Meanwhile, more than twenty donors have been essential in achieving results for children in Somaliland in 2011, including bilateral government donors, inter-governmental donors and UNICEF National Committees. UNICEF is tremendously grateful for donors' contributions and for the efforts by all of its partners, and looks forward to expanded and future partnerships to continue advancing children's rights, development and well being.

SOMALILAND GENERAL PROFILE



Under five children per region (% of total)





NUTRITION

UNICEF SUPPORTED PROGRAMME

► Integrated Management of Acute Malnutrition (IMAM)

5
Stabilisation Centres

37
Outpatient Therapeutic Programme (OTP) static sites

250
OTP sites covered by 32 mobile teams

► Micronutrient Supplementation

78
Health facilities providing micronutrients for under-5 children and pregnant/lactating women

► Infant and Young Child Feeding

RESULTS

15,795



Children under-five admitted and received life-saving treatment for Severe Acute Malnutrition (SAM), Jan/Dec 2011. *

102 | Health workers trained on **Infant and Young Child Feeding**

73 | Health workers trained on Integrated Management of Acute Malnutrition



100,162



Pregnant and lactating women supplemented with multiple micronutrients (Jan/Dec 2011**)

47,693



School-going children reached with deworming tablets in 51 schools

* >90% partners reporting for December 2011. ** MoH HMIS Data.

NUTRITION CLUSTER

20+

Local and international partners

POLICIES AND CAPACITY BUILDING

- Finalisation and endorsement of the Somaliland Nutrition Strategy.
- Development of a national Somaliland Infant & Young Child Feeding Strategy and Plan of Action.
- Institutional support to the Ministry of Health—Nutrition Unit
- Nutrition Capacity Mapping and Qualitative Assessments.

EMERGENCY RESPONSES

Further to the deteriorating drought situation, UNICEF triggered a scale-up of preventive, routine and emergency efforts to meet children's needs:

Expansion of Integrated Management of Acute Malnutrition

- +1** Stabilisation Centre - Sool Region
- +7** Static outpatient therapeutic programme sites
- +56** Mobile outreach outpatient therapeutic programme sites

Infant and Young Child Feeding (IYCF)

- Increased promotion of appropriate IYCF practice through accelerated roll-out of IYCF counselling training for health workers & volunteers
- Strengthened monitoring of all violations to the Somaliland breast milk substitute marketing code

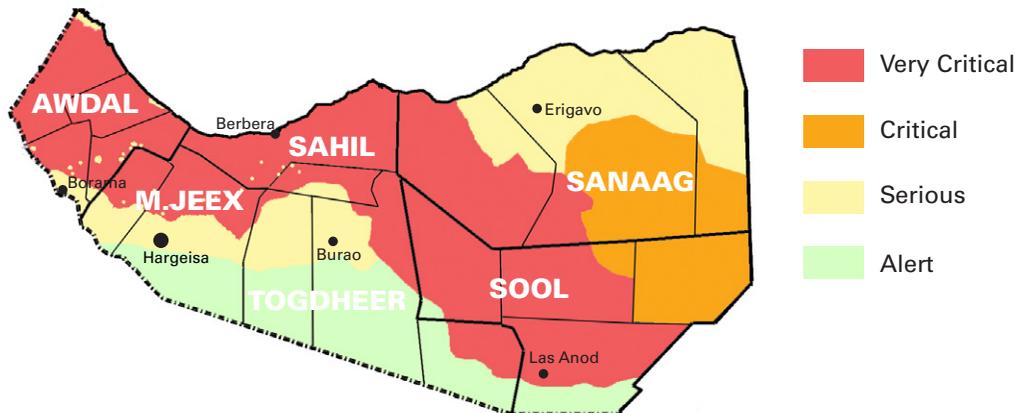
Micronutrients

- Scaled-up multiple micronutrients supplementation for U5 children, pregnant/lactating women alongside zinc supplementation for diarrhoea case management & increased deworming activities in primary schools

Monitoring and Surveillance

- Support for post-Deyr 2011/12 nutrition assessments

2011 DROUGHT CRISIS: NUTRITION SITUATION MAP



This map represents the nutrition situation at the height of the drought crisis in the second half of 2011. Most affected: Nugal Valley (Sool), West Golis/Guban (Berbera), Burao IDPs (Togdheer), Sool Plateau, Berbera IDPs, Coastal Sanaag.
Source: FSNAU as of 16 August 2011.

HEALTH

PRIMARY HEALTH CARE

80

Maternal and Child Health Centres

160

Health Posts

Supported with essential medicines, drugs and medical equipment.

CATCHMENT POPULATION

>760,000

ROUTINE IMMUNISATIONS

74,623

Children vaccinated against measles through routine EPI*.

22,991

Women receiving three doses of tetanus toxoid through routine EPI.

17

Districts supported to roll-out the Reach-Every District approach

6

Regional Cold Chains supported for vaccine storage

Source: HMIS Data - January-December 2011.
*EPI: Expanded Programme on Immunisations.



NATIONAL IMMUNISATION DAYS

404,634

Children reached with Oral-Polio Vaccine (Round 1 - April)

411,290

Children reached with Oral-Polio Vaccine (Round 2 - November)



**98-99%
COVERAGE**

POLICY, SYSTEMS & CAPACITY BUILDING

160

District-level Health-facility staff trained in Mid-Level Management

- Support in the on-going development of the Somaliland National Health Policy, provision of top-up incentives for health staff.
- Comprehensive assessment conducted of human, financial and material resources available across the Somaliland Health System, ahead of the roll-out of the Essential Package of Health Services (EPHS), planned for 2012.
- Continued support for the Somaliland Health Management Information Systems (HMIS).
- Establishment of a Communication Unit within the Ministry of Health to strengthen programme communication and Communication for Development (C4D) efforts.

REPRODUCTIVE HEALTH

7

Basic Emergency Obstetric and Newborn Care (BEmONC) facilities supported.

2

Comprehensive Emergency Obstetric and Newborn Care (CEmONC) facilities supported.

HMIS

- Efforts underway to improve linkage of HMIS data between health post, MCH and regional levels.
- Development, dissemination and distribution of HMIS reporting tools.
- Regular field supportive supervision.

PARTNERSHIP WITH THE GLOBAL FUND

As principal recipient for the Global Fund, UNICEF works in Somaliland with multiple government and civil society partners on roll-back malaria efforts, HIV/AIDS prevention and treatment, and health-systems strengthening, including improving health management information systems.

MALARIA PREVENTION

4,595

Households in 37 villages received 2 long-lasting insecticide treated nets.

4,625

Households benefited from Indoor Residual Spraying (IRS)

52

Health staff trained on malaria epidemic preparedness & response



HIV/AIDS

5,002

People accessed voluntary confidential counseling and testing

21

Health facilities providing Prevention of Mother-to-Child Transmission services

781

People benefiting from anti-retroviral therapy

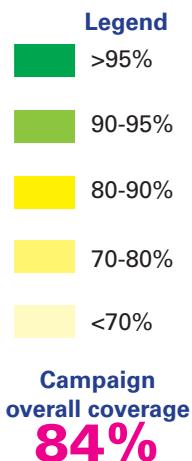
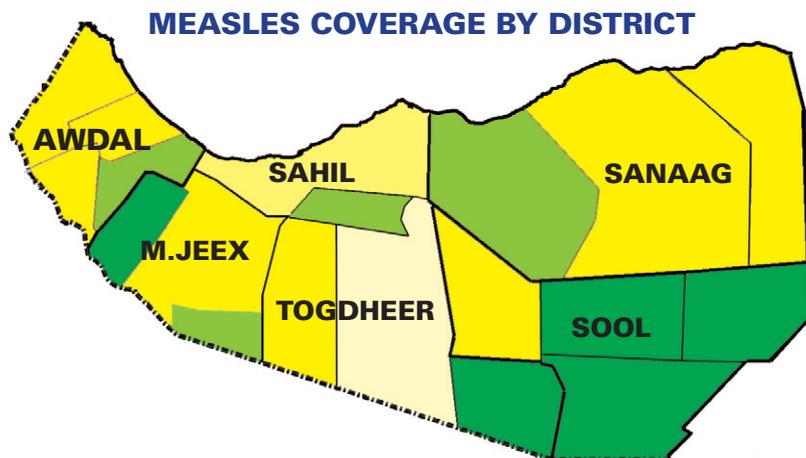
180

Youth trained as peer educators for life-skills HIV prevention/outreach

- New CD4-testing machine installed at Burao Hospital (Togdheer) and ten staff from across Somaliland trained on conducting CD4 tests.



CHILD HEALTH DAYS 2011



PARTNERSHIP FOR CHILD HEALTH

Child Health Days started in Somaliland in late 2008. Under the leadership of the Ministry of Health, the initiative was rolled out by the WHO and UNICEF. The objective is to reach every community with a package of essential services for children and women.

Child Health Days raise awareness on vaccinations, boost immunization rates, promote child and maternal health, and encourage people to take an active role in safeguarding children's right to quality care.

This first round for 2011—and 6th round since 2008—targeted more than 448,000 children under five and over 515,300 women of child-bearing age.

Coverage/districts' child population density
(% of child population reached by coverage level)



IMMUNISATIONS

POLIO
381,486
Children aged 0 to 59 months immunised
85% COVERAGE

DIPHTERIA, PERTUSSIS, TETANUS
66,840
Children aged 12 weeks to 23 months immunised
75% COVERAGE

MEASLES
323,986
Children aged 9 to 59 months immunised
85% COVERAGE

TETANUS TOXOID
259,412
Women of child-bearing age reached
50% COVERAGE

MICRONUTRIENTS

VITAMIN A
338,850
Children aged 6 to 59 months reached
84% COVERAGE

DEWORMING
271,870
Children aged 12 to 59 months reached
76% COVERAGE

NUTRITION SCREENING

309,106
Children screened using MUAC tape measurements

Severe	Mild	Normal
3,636	35,609	269,861

SAFE WATER

371,203
Children under five reached with distributions of water purification tablets.
83% COVERAGE

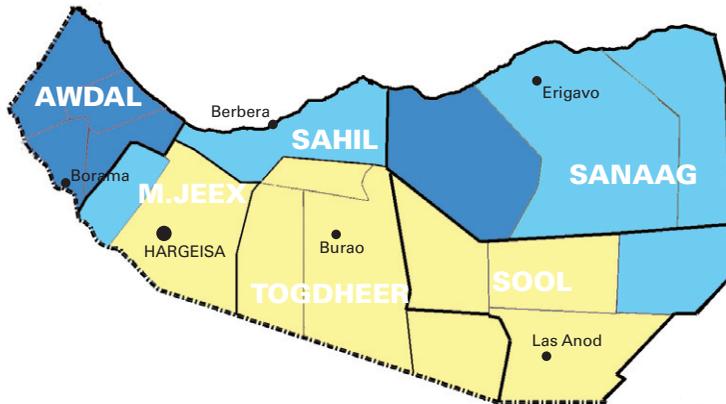
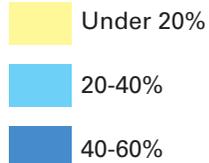
DIARRHOEA MANAGEMENT

379,780
Children under five reached with distributions of oral rehydration salts.
85% COVERAGE

Source: Ministry of Health, World Health Organization, UNICEF

WATER, SANITATION & HYGIENE

Population with access to protected water sources



Use of water sources

59.5%
UNIMPROVED

40.5%
IMPROVED

Source: Adapted from SWALIM.

UNICEF PROGRAMME

SYSTEMS AND CAPACITY BUILDING

- Training and incentives for central Ministry of Water Staff
- Support to decentralised offices and water agencies in Burao and Borama.
- Support for Ministry of Water monitoring, planing and priority setting.
- Technical assistance for rural replication of water public-private partnership model

SUSTAINED SAFE WATER

120,000

People benefiting from sustained access to water through boreholes, wells, water networks and water sector public-private partnerships



SANITATION AND HYGIENE PROMOTION

121,350

People benefiting from the construction of latrines and hygiene awareness activities.



17

Rural communities supported to roll-out Community-Led Total Sanitation for a catchment population of 100,900 people (on-going).



WASH IN SCHOOLS

90,000

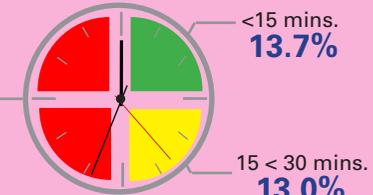
Children in 165 schools in Somaliland benefiting from upgraded WASH facilities in schools.

**Time to water source:
Percent distribution of households**

Water on premises: 17.2%

30 mins. < 1 hour: 23.7%

More than an hour: 31.3%



One in Three households is an hour or more away from their main source of drinking water.

Source: MICS3, 2006.

EMERGENCY RESPONSES IN 2011



134,400

People reached with emergency water trucking efforts during March/May early 2011 drought response



21,909

Households received water purification tablets in 45 villages of Sool, Sanaag and Togdheer (March-May 2011)



54,000

Rural households benefited from rehabilitation to wells, boreholes and springs for use during drought periods.



45,000

IDPs in Togdheer, Sool, Sanaag and Maroodi Jeex supported with hygiene promotion and latrines.

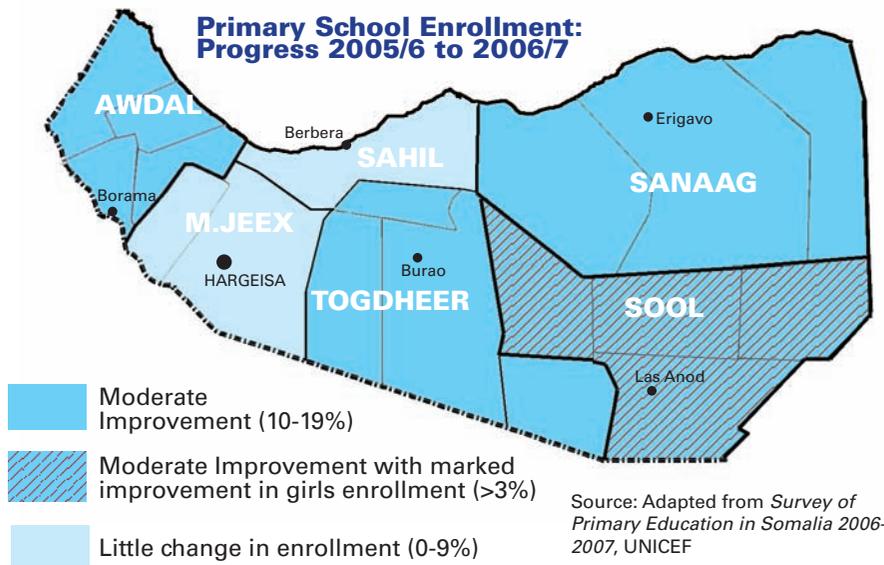
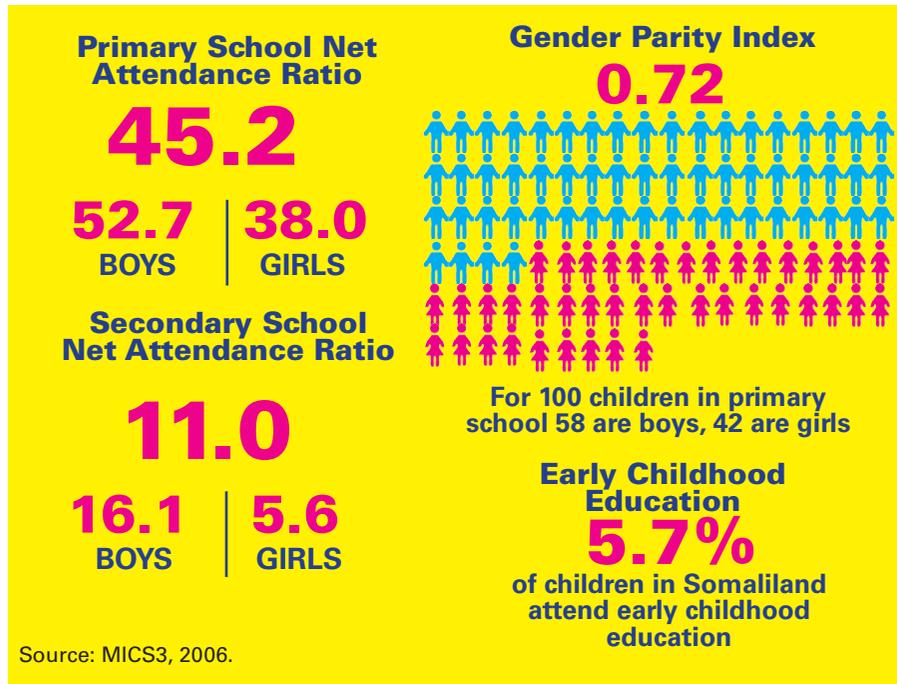
SOMALILAND WASH CLUSTER

20+

Local and international partners

- WASH Cluster reactivated in 2011
- Monthly Coordination meetings
- Co-Chaired by the Ministry of Mining, Energy and Water Resources and UNICEF

EDUCATION



UNICEF PROGRAMME

ACCESS TO EDUCATION

30,894

Newly enrolled children in 2011.

1,980

Children benefited from construction of eleven new permanent schools in remote hard-to-reach areas of Sool and Sanaag.

QUALITY EDUCATION

128,500

Children benefiting from textbooks distributed in **130 schools** by the Ministry of Education, UNICEF and UNESCO.

651

Community Education Community Members trained in **93 schools** on school management & supervision.

60

Teachers trained in Alternative Basic Education for nomadic children.

GIRLS' EDUCATION

268

Girls to benefit from scholarships for Accelerated Female Participation in Education.

SYSTEMS AND CAPACITY BUILDING

- Primary Education Survey and set-up of Education Management Information Systems (EMIS)
- Mainstreaming Flexible & Appropriate Basic Education for nomadic children.
- Standard setting for child-friendly schools and Education Sector planning.
- Five technical advisors recruited in the Ministry of Education under the Integrated Capacity Development for Somali Education Administrations (ICD-SEA) programme, led by the Ministry with UNICEF and EU support.

SOMALILAND EDUCATION SECTOR/CLUSTER

20+
Local and international partners

- Emergency water voucher scheme for 855 children in 9 schools (UNICEF)
- Education in Emergencies Working Group activated in July 2011
- Education Sector Policy Support



CHILD PROTECTION

KEY DATA

● Child Labour (% of children 5-14 years)	35.9%
● Child Birth Registration (% of children aged 0-59 months)	6.6%
● Early Marriage (% girls married before age 18)	27.8%
● Female Genital Mutilation/ Cutting (% women had any form of FGM/C)	94.8%

Source: MICS 2006.

GENDER-BASED VIOLENCE

2,934 GBV Survivors identified and assisted.

1,951 GBV Survivors referred to medical services, provided with legal assistance, and/or psychosocial support services.

16,334

People mobilised for prevention and response to Gender-Based Violence across 87 communities in Hargeisa, Burao, Borama and Sanaag.

115

Police, health workers, court/judicial staff, and elders trained on GBV prevention and response

IDP SATELLITE DESKS

7,044 | **4,016** GIRLS
3,028 BOYS

Displaced children referred to basic services and protected from violence, abuse and exploitation

109

Awareness-raising sessions conducted in IDP settlements on child protection issues.

COMMUNITY-BASED CHILD PROTECTION

11,390 | **6,369** GIRLS
5,021 BOYS

Children referred to basic services by Child Protection Committees, including health, nutrition, education, protection from FGM, release from detention, reunification of street children.

448

Child Protection Committees trained

936

322 BOYS | **614** GIRLS

Children with immediate child protection concerns referred to appropriate medical, legal and psychosocial services

FGM/C ABANDONMENT

83 Religious leaders signed declaration renouncing all forms of Female Genital Mutilation/Cutting.

6 Regional religious networks established against FGM/C and six religious & youth dialogues on abandonment conducted.

- Development of an inter-ministerial decree on FGM/C abandonment for government endorsement.
- National & international religious leaders' conferences held to share lessons learned and best practices to advance efforts for FGM/C abandonment.

4,480

People participating and reached by community dialogues on FGM/C abandonment.

357

Community Management Committee members trained on advocacy and awareness-raising for FGM/C abandonment.

JUSTICE

Development of a national plan of action for the implementation of the Somaliland Juvenile Justice Law.

SYSTEMS

A child protection systems mapping effort took place over 2011 across the six regions to assess community, regional and national structures for child protection and suggest ways to develop links to build the capacity of duty bearers at all levels to better protect children's right and ensure a safe, friendly and protective environment for all children in Somaliland.

YOUTH

UNICEF facilitated the adoption of the Somaliland National Youth Policy and supported a network of youth centres across Somaliland's six regions, working also with UNDP and ILO in support of 350 youth at risk in Burao, Togdheer.

All figures reported for the 2011 UNICEF programme (January-December), as of December 2011.

CROSS-CUTTING PRIORITIES AND COORDINATION

MULTI-INDICATOR CLUSTER SURVEY

Monitoring the situation of women and children is also part of UNICEF's global commitments. The Multiple Indicator Cluster Survey (MICS) initiative, which started in the mid-1990s forms one of the key sources of data to fulfill this commitment. MICS enables countries across the world to produce statistically sound and internationally comparable estimates of a range of indicators in the areas of health, nutrition, education, WASH, child development, child protection and HIV/AIDS. The first of these surveys conducted in Somaliland took place in 1995 with MICS1, and was followed by MICS2 in 1999 and MICS3 in 2006. Preparations for the fourth Multi-Indicator Cluster Survey in Somaliland started in late 2010 as part of the global effort with MICS4 to accelerate the frequency of data collection (aiming for every three years instead of five) to better capture changes and trends on key indicators, particularly against the MDGs.

Extensive training of enumerators and supervisors started in May 2011 and lasted until June, with data collection taking place over June and July, followed by the data entry phase between June and September 2011, ahead of on-going data analysis. The MICS used a multi-stage stratified cluster sampling methodology, and a target sample size for Somaliland was calculated as 5,179 households, with a cluster size of 18 households, and 288 clusters to be covered. Three set of tools were used to collect data:

- o Household questionnaire
- o Individual Women questionnaire
- o Children Under-five questionnaire

Somaliland's Ministry of National Planning & Development took on full leadership of the MICS process and throughout the effort

UNICEF worked to build the capacity of its ministry counterparts, including by placing consultants within the ministry to support the data entry process, train ministry staff and provide hands on experience.

UN JOINT PROGRAMME ON LOCAL GOVERNANCE

The Joint Programme on Local Governance and Service Delivery (UN-JPLG) is a joint endeavor started in 2008 by UNDP, UN-HABITAT, UNICEF, the UN Capital Development Fund and ILO, in partnership with government authorities in Somaliland to deepen peace and establish good governance by investing in people and improved social services. Its aim is to render local governments credible basic service providers and strengthen civic awareness and citizen participation in decision making. Within the JPLG, UNICEF's role is to ensure participation of communities in understanding their rights, defining development priorities with district councils and contribute to policy and sector reforms.

In 2011, UNICEF continued working in the six target districts of Hargeisa, Borama, Berbera, Sheikh, Odweine and Burao with training on participatory integrated community development, support to community planning and monitoring efforts as well as civic education. Wide community consultations took place on developing district plans, with support from facilitators trained by UNICEF partner STIPA. This was followed by community validation workshops, with an average 60 community members taking part, including representatives from community development committees, village councils, women and youth. To monitor implementation of these plans, UNICEF supported the establishment of 14 community monitoring groups, with 59 members (16 women) trained on participatory impact monitoring. This led to

the holding of public meetings to strengthen civic engagement and review progress of district plans. Some 1,700 people took part in the review meetings, including more than 150 children and youth, with forty per cent of participants women.

Among efforts by all JPLG partners, UNCDF helped set-up the Local Development Fund mechanism, a predictable performance-based fiscal transfer modality to ensure sustainable financing for local development, while ILO supported policy discussions on land management, municipal finance policies and budgeting and public private partnership in local service delivery (among others). Simultaneous efforts were led by UNDP on decentralisation options and public expenditure management while UN-HABITAT also worked to build the capacity of district offices, with rehabilitation and expansion to infrastructure and help in the establishment of an Association of Local Government Authorities in Somaliland - more details on the scope of JPLG efforts and achievements in 2011 are available at www.jplg.org.

UNICEF meanwhile worked on raising citizen awareness through radio and television broadcasts, and also deployed a mobile caravan composed of artists, poets and community dialogue facilitators performing live drama performances on civic issues, citizen participation, rights and responsibilities and ownership in local development. An estimated 46,000 people were reached—particularly in rural areas—through mobile theatres, while radio programmes broadcast in Hargeisa reached over 190,000 people, and television broadcast across Somaliland reached an estimated 350,000. UNICEF/JPLG also supported the implementation of sector studies for WASH, Health and Education in coordination with the Ministries of Interior, Planning and other line Ministries. The studies analysed current service delivery practices, capacities and

implications of existing sectoral arrangements and policies with recommendations made on revised functional assignments, and potential improved service delivery models.

UN SOMALI ASSISTANCE STRATEGY CHAIRING OF THE SOCIAL SERVICES OUTCOME

In line with its role as lead for UNSAS Outcome One on delivery of Social Services, UNICEF ensured that UN agencies, funds and programmes present in Somaliland optimised coordination, information sharing and joint planning to ensure more attention is placed on people's longer term needs in the social sector. The overall objective of the Outcome is to ensure that people have equitable access to basic services—health, education, shelter, water and sanitation—and that vulnerable people in crisis receive humanitarian assistance, while the government also creates an enabling environment where affordable, good quality and equitable basic services are provided by accountable partners.

During 2011, the UN agencies met every quarter to coordinate activities, and reported back to the UNSAS Task Force. Whilst there was a strong focus on meeting immediate humanitarian needs during the drought, agencies also sought to continue early recovery / development work by supporting public institutions to manage and regulate social services, improving access to quality basic services. Additional steps were taken with the Resident Coordinator's Office to improve reporting structures and systems, to better capture results achieved. UNICEF also ensured that local government and civil society were involved in the process of discussing and agreeing upon milestones for the Social Services outcome, in reaching agreement around priorities for 2011, in aligning efforts with the National Development Plan, and later for the reporting on developments under Outcome One.

SUPPLIES FOR CHILDREN SUPPLY/LOGISTICS EFFORTS

KEY SAMPLE DATA

180

Cargo containers received through Berbera seaport between January and December 2011.



14

Air cargo rotations (incl. 2 full charters) in 2011 to Somaliland



1,542,000

Text-books received and dispatched to schools across Somaliland.

672,000

Doses of vaccines distributed to support routine EPI efforts.

221.4

Tons of Ready-to-Use Therapeutic Foods to treat children with severe acute malnutrition (SAM).



14

Tons of soap distributed.



WAREHOUSE CAPACITY

Berbera

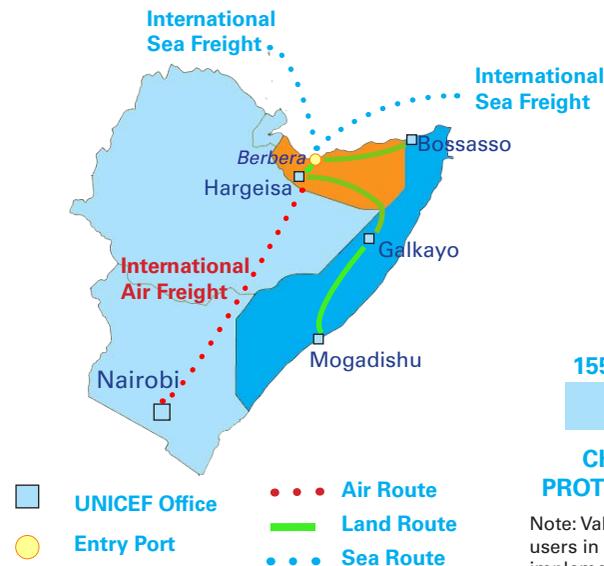
4272 MT
8900 m²

Government donated space.

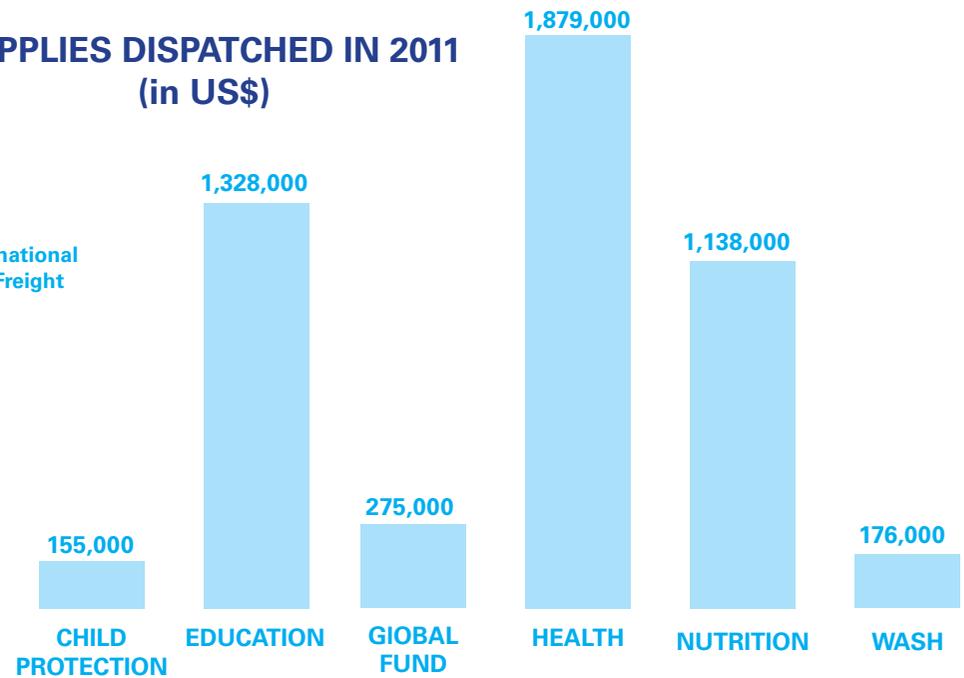
Hargeisa

1296 MT
2700 m²

LOGISTICS MAP



SUPPLIES DISPATCHED IN 2011 (in US\$)



Note: Values have been rounded to the nearest thousand. Data reflects supplies dispatched in 2011 reaching end-users in Somaliland. Intra-office supply movements from UNICEF Hargeisa and Berbera to UNICEF Offices and implementing partners in North East and Central South Zone are not reflected.

Acronyms

CHD	Child Health Days	MICS	Multi-Indicator Cluster Survey
CSZ	Central South Zone	MoH	Ministry of Health
EMIS	Education Management Information Systems	MUAC	Mid-Upper Arm Circumference
FSNAU	FAO Food Security and Nutrition Analysis Unit	NEZ	North East Zone
FGM/C	Female Genital Mutilation/Cutting	NWZ	North West Zone
GAM	Global Acute Malnutrition	OTP	Outpatient Therapeutic Feeding Programme
GBV	Gender-Based Violence	SAM	Severe Acute Malnutrition
HMIS	Health Management Information Systems	SWALIM	FAO Somalia Water and Land Information Management
IDP	Internally Displaced Persons	UNICEF	United Nations Children's Fund
ILO	International Labour Organization	UNESCO	United Nations Educational, Scientific and Cultural Organization
IYCF	Infant and Young Child Feeding	WASH	Water, Sanitation and Hygiene
MAM	Moderate Acute Malnutrition	WFP	World Food Programme
MDGs	Millennium Development Goals	WHO	World Health Organization

Partners

Somaliland Government

Ministry of Health, Ministry of Education and Higher Studies, Ministry of Minerals, Energy and Water Resources, Ministry of Labour and Social Affairs, Ministry of Justice, Ministry of Interior, Ministry of National Planning and Development, Ministry of Youth and Culture, Ministry of Sports, National Environment Research and Disaster Preparedness and Management Authority (NERAD), Hargeisa Town Council, Burao - Odweine - Berbera - Sheikh - Borama - Hargeisa Districts.

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