



What we do in Somalia/Somaliland

- We're supporting health clinics that have provided healthcare to 54,475 children
- We're reducing malnutrition among 20,160 vulnerable children
- We're educating 38,531 children in primary schools
- We've reached 20,500 people affected by increased fighting



Somalia is one of the poorest countries in the world. Life expectancy is just 47 years. Many of the country's 4 million children are malnourished, and many die from preventable illnesses such as malaria and diarrhoea. Infant, child and maternal mortality rates are still very high.

Since the collapse of the central government in 1991, healthcare and education services have been destroyed in Somalia/Somaliland. There's been no effective central government for the past 18 years, when the north-western part of the country declared itself the independent Republic of Somaliland. The north east – known as Puntland state of Somalia – has formed a regional autonomous government. Much of the rest of the country remains fragmented.

Increased fighting is making it even more difficult for aid agencies to work and inflation and rising food prices mean that many families can't afford food. Some 360,000 people have been forced to leave their homes and nearly half the population is in desperate need of economic and humanitarian support.

Save the Children in Somalia/Somaliland

We've been working in Somalia for more than 40 years. During this time we've focused on improving access to basic healthcare and education for the poorest and most vulnerable children and families and enabling them to get enough food. We work mainly in the Hiran region of central Somalia, the Karkaar region of Puntland, and Togdheer region of Somaliland. Last year, our education, health and nutrition work benefited more than 213,000 children.

We're improving children's health

More than half of all child deaths are due to diarrhoeal diseases, respiratory infections and malaria. The main underlying causes of diarrhoea are lack of access to clean water, inadequate diet and poor hygiene. Cholera claims hundreds of lives each year. Health posts and centres in rural areas are barely functioning or non-existent.

We're supporting health workers to better assess the needs of 54,475 children who have come to local clinics, referring them on for more treatment if necessary. We've helped build and renovate clinics and trained community health workers to staff them. We've developed a skills-based curriculum for community health workers, which has been adopted by the Somaliland government and are under consideration in Puntland. We've also helped the local health administrations to develop and implement a more effective system for managing health records.

We're working to reduce the number of children who die before they reach the age of five. We've provided access to healthcare for 10,000 children under 15. And we regularly provide medical supplies to 15 health facilities, including surgical kits and obstetric and blood screening equipment. We've trained 40 community health workers and supplement the salaries of medical staff, including two consultants – a gynaecologist and a surgeon. Both consultants provide on the job training for local staff.

We've also provided healthcare for 1,442 children and 214 pregnant women in pastoralist communities through 'child health days'. These involve promoting public health messages, and providing treatment (including immunisation) and preventive measures such as bed nets to protect against malaria. They've proved very successful in areas where services are non-existent, so we plan to organise more child health days in future.

We work with local authorities where possible, and have provided technical and financial support to the Regional Health Office. We're advocating with and on behalf of children to persuade the government to make healthcare affordable and accessible for all, especially the most vulnerable groups. And we support community health committees to promote public health messages, using local radio to reach as many people as possible.

We're improving children's food intake

In many areas, drought, floods or outbreaks of disease occur year after year, destroying crops and livelihoods, and limiting people's ability to grow enough food. The last two years have seen poor harvests and drought interspersed with floods, and children's malnutrition has reached critical levels. Rising food prices have made the situation worse. In some areas, the price of rice increased by 77% between January and September 2007.

We're helping vulnerable families get better, more regular access to food so that children's food intake is increased and fewer children are malnourished. Last year, in Karkar and Hiran, more than 30,000 children benefited from our food security and livelihoods programme.

We supported cash-for-work schemes in Karkaar as a way of enabling poor families to earn an income to meet their basic needs, while building infrastructure (eg, wells, bridges or roads) that benefit the whole community. And last year we made direct cash grants to 974 vulnerable households.

Over the next three years, we aim to reduce malnutrition for 162,000 children under five, and increase the number of children who have access to clean water in the areas where we work by 20%.

We're helping children get an education

Schools and education systems in Somalia/Somaliland were completely destroyed during the fighting and civil war that followed the 1991 coup. In 2006/07, only 30% of primary school-age children in Somalia and Somaliland were enrolled, and only 17% of adults are literate. Many teachers are poorly trained, low paid and unmotivated. There's a high drop-out rate for girls, who often miss out on school because they have to do other tasks at home.

We're working to ensure that more children have access to a good quality education. In the last year, our work has benefited nearly 110,000 children in Somaliland, Puntland and Hiran. We're renovating schools to improve facilities, including providing separate toilets for girls. We're distributing materials based on child-centred learning and curricula for teachers and students. We're also improving the quality of teaching by training 3,294 teachers (including 600 female teachers) in Somaliland and Puntland. In Somaliland, 1,952 teachers were able to sit their national exam in 2008, including 336 teachers in remote rural areas. And in Hiran, 203 teachers have enrolled for in-service training, including 40 women.

We're providing alternative education for children who don't go to mainstream school. We're making the curriculum more relevant, for example, by including agriculture and care of livestock for children from pastoral communities. And we're getting children and their communities more involved in running and managing schools by supporting 857 community education committees in 137 schools in Somaliland.

In Togdheer region, Somaliland, more than 70% of the population are pastoralists who move around with their livestock to find pasture and water. Their migratory lifestyle means that most children from pastoral communities don't go to school regularly. Our Alternative Approaches to Basic Education (AABE) programme delivers a better education for these and other out-of-school children. We've developed flexible school calendars and timetables to fit in with the way these communities make their livelihood. Working with the Ministry of Education and the Ministry of Pastoral Development, we've piloted mobile schools. They cater for children who migrate as well as those who stay behind. Some of the teachers move with the families that migrate so the children don't lose out on their schooling. Last year, 6,903 children benefited from 44 AABE schools in Togdheer, including 2,761 girls.

Over the next two years, we plan to provide a good quality basic education for more than 75,000 children in the areas where we work.

We're helping children and families affected by conflict

In 2007, increased fighting in south and central Somalia and in the capital, Mogadishu, forced many people to leave their homes. We provided plastic sheeting, blankets, mosquito nets, sleeping mats, cooking pots and other household equipment for 2,000 displaced families. We also built latrines with septic tanks to improve sanitation and reduce the risk of cholera and diarrhoea.



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