



Supporting Persons with Disabilities in Somalia

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Question

What are the available entry-points/opportunities for disability inclusion in development and humanitarian programming in Somalia? To the extent possible, identify/map institutions conducting work on disability issues in Somalia.

Contents

1. Overview
2. Organisations working on disability issues in Somalia
3. National and Local Government
4. Local Non-Governmental and Disabled Persons Organisations
5. International Non-Governmental Organisations
6. Bilateral and Multilateral Organisations
7. References
8. Appendix A: Recommendations from Somaliland National Disability Forum's Disability Research Report
9. Appendix B: Recommendations from the Age and Disability Consortium

The K4D helpdesk service provides brief summaries of current research, evidence, and lessons learned. Helpdesk reports are not rigorous or systematic reviews; they are intended to provide an introduction to the most important evidence related to a research question. They draw on a rapid desk-based review of published literature and consultation with subject specialists.

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1. Overview

In a country where violence has been ongoing since 1991, persons with disabilities face extreme hurdles in being recognised, accessing resources and feeling valued in their community. This is particularly true for children and women with disabilities¹. Persons with disabilities in Somalia are side-lined in every aspect of humanitarian responses and are being denied their economic, social and cultural rights². Reports show that persons with disabilities in Somalia are often denied access to water, food, sanitation and accommodation through lack of explicit inclusion³.

The purpose of this report is to identify how persons with disabilities can be included in humanitarian and development programmes in Somalia. There is little data on persons with disabilities in Somalia, therefore this report gains insights from organisations that are actively working in Somalia supporting persons with disabilities. Many organisations in Somalia do not have data or information available on persons with disabilities. This report details the recommendations of organisations that have data and information readily available.

A list of organisations identified as working on disability issues in Somalia and Somaliland is provided below. The report provides an overview of these active organisations to illustrate their activities and reports recommendations they have made on how donor operations can explicitly include persons with disabilities.

The main recommendations on how to include persons with disabilities in humanitarian and development programmes in Somalia are given below. These recommendations should be applied across various sectors, including but not limited to: water, sanitation and hygiene; food security and livelihoods; shelter and settlements; health care; education; security; and emergency responses.

- **Collect data:** Include data collection on persons with disabilities in all projects, covering prevalence and type of disability⁴.
- **Recognise the diversity of disability:** Recognise the diversity of disability and provide resources which include and meet the needs of people with different physical, mental, intellectual or sensory disabilities, as well as those with multiple disabilities.
- **Have disability indicators:** Ensure measures used in indicating success can identify improvements for persons with disabilities.
- **Encourage ratification:** Support the government to ratify the UN Convention on the Rights of Persons with Disabilities.

¹ For more information on persons with disability in Somalia please see companion report Rohwerder, B. (2018). *Disability in Somalia*. K4D Helpdesk Report 266. Brighton, UK: Institute of Development Studies.

² Mohamed Farah, Founder of Somaliland Disability Empowerment Network (SODEN)

³ CESVI and Handicap International (2012)

⁴ The UK's Department for International Development (DFID) advocate for the Washington Group Short Set of questions to be used to assess disability prevalence (DFID, 2015). The Washington Group on Disability Statistics (WG) aims to establish comparable population based measures of disability. See: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/554802/DFID-Disability-Framework-2015.pdf

- **Target the barriers faced by people with disabilities:** Consider and take measures to remove the attitudinal, environmental and institutional barriers that persons with disabilities in Somalia face when planning and delivering programmes.
- **Geographically tailor programmes:** Consider the variation in knowledge, attitudes and behaviours within Somaliland.
- **Tackle stigma and discrimination in the community:** Programmes in the community are needed to address discrimination and protect persons with disabilities. This should include training for traditional elders and cover sexual and gender based violence.
- **Raise disability awareness in the community:** Support campaigns that increase awareness of, and support the rights of persons with disabilities, and are culturally appropriate.
- **Train staff:** Provide training to staff in understanding the stigma and discrimination faced by persons with disabilities, and how to demonstrate a positive attitude towards persons with disabilities. Persons with disabilities could be consulted in this training.
- **Work with DPOs:** Collaborate with local DPOs and specialist NGOs to build capacity through training, knowledge and shared resources. Develop formal partnerships with key disability organisations and maintain an ongoing relationship throughout the programme. Within Somalia and Somaliland, Handicap International, Disability Action Network, Somaliland National Disability Forum, Disability Protection Association, Africa Education Trust and GRT are useful points of contact.
- **Employ persons with disabilities:** Employ qualified persons with disabilities in humanitarian positions.
- **Use a twin-track approach:** Target the delivery of services to persons with disabilities through specific allocation of resources, whilst also mainstreaming disability inclusion.
- **Make infrastructure accessible:** Design buildings and infrastructure to be accessible, such as using ramps, having wide corridors, providing adapted toilets.
- **Make communication accessible:** Provide disability-friendly resources, for example using braille and assistive technology where appropriate.
- **Reach out to persons with disabilities:** Have a community outreach component to access persons with disabilities.
- **Consider the families of persons with disabilities:** Support and include the families of persons with disabilities in training and socioeconomic development.
- **Consider those who may be more at risk:** Focus on the hardest to reach, including children and women with sensory and intellectual impairments. Extra support needs to be given to children, women and the elderly with disabilities. Extra support is also needed in internally displaced persons camps, particularly those outside Mogadishu.
- **Consult with specialists:** Specialists such as Speech and Language therapists, Physiotherapists, Occupational therapists, and Orthotists should be consulted in inclusive health care and rehabilitation.

2. Organisations working on disability issues in Somalia

List of active organisations working on disability issues in Somalia

- National and Local Government
 - Somalia National Disability Council [currently defunct]⁵
 - Somaliland Disability Department under the Minister of Education, Social and Family Affairs
- Local Non-Governmental and Disabled Persons Organisations
 - Somali Disability Empowerment Network (SODEN)
 - The Disability Action Network (DAN)
 - Somaliland National Disability Forum (SNDF)
 - Disability Protection Association (DPA)
- International Non-Governmental Organisations
 - Handicap International
 - Africa Education Trust (AET)
 - Gruppo per le Relazioni Transculturali/Group for Transcultural Relations (GRT)
 - Save the Children
 - Abilis
 - Amnesty International
 - Lutheran World Federation
 - Women's Refugee Commission
- Bilateral and Multilateral Organisations
 - DFID
 - USAID
 - UNDP
 - UNHCR
 - UNICEF
 - WHO

List of organisations mentioned as working on disability issues in Somalia⁶

- Local DPOs⁷
 - The Institute for Education of Disabled People in Somalia (IEDP)
 - Somali Association for Blind (SAB)
 - Somali National Association of the Deaf (SONAD)

⁵ The council is inactive and not in receipt of funding, see Sida (2014).

⁶ These organisations were mentioned as working on disability issues in Somalia but no description was given, so it is unclear how active they are and what they do.

⁷ United Nations Office of the High Commissioner (2015, pp.1-2).

- Somali Women Disability Association (SOWDA)
- Puntland Disability Organisation Network (PDON)
- Somali Deaf Centre (SDC)
- Disability Aid Association
- Somali Organization Disability Advocacy (SODO)
- Somali Union for Blind (SUB)
- Banadir Women Disability Organization (BAWDO)
- Hidig Disabled Women organization (HIDWO)
- Rajo Disability Organization (RADO)
- Alla-Magan Relief & Rehabilitation Disability People Organization
- Somali Organization Disabled Women Empowerment
- Hiran Disability Empowerment Organization
- Albasiir School for the Blind
- Empowerment Foundation
- International DPOs
 - Horn of Africa Disability forum (HADDF)
 - Horn of Africa Disability Organisation (HADO)
 - East Africa Disability Aid (EADA)
 - Central Region Disability Care Organization
 - Organization for The Care Disable Children
 - Aid the Disabled

List of organisations mentioned as working on disability issues in Somaliland⁸

- Hargeisa
 - HAN: Somaliland women and children with disability organization
 - Hargeisa School for deaf
 - AHA: Albustan Handicap association
 - NAHA: Naasa Hablood Handicap association
 - SHA: Somaliland handicap association
 - SASE: Somaliland association for special education
 - ANDP: Activities network for disabled people
 - DCA: Disabled children association
 - Gurodhig: Somaliland poverty reduction organization
 - HADYA: Hargeisa development youth association
 - SAMVA: Somaliland advocacy mine victim association
 - ADDA: Action on disability and development of Alaybaday
 - GDDO: Gabiley disability development organization

⁸ Handicap International Somaliland (2014, p.22).

- HARDO: Hab-wanaag Relief & Development Organization
- Burao
 - TWDN: Tog-Dheer women disability network
 - THO: Tog-Dheer handicap organization
 - TRO: Tog-Dheer relief organization
 - Burao deaf school
 - NADO: Najah disability Organization
 - Coodanle disability Organization
 - Daad madheedh disability Organization
 - EKO
 - Barwaaqo disability Organization
 - BDDO: Burao disability development organization
- Borama
 - BD&DS: Borama deaf and blind school
 - SOHURA
- Berbera
 - SHO: Sahil handicap organization
 - SOLDO: Somaliland disabilities development organization
- Erigavo
 - EHO: Erigavo handicap organization
 - LYMAD
- Las Anod
 - Lasanood Handicap Association

3. National and Local Government

Somalia

There is minimal support for persons with disabilities at the national level in Somalia⁹. The Constitution of Somalia states that persons with disabilities have equal rights and are protected against discrimination¹⁰. Within the Federal Government of Somalia, the Somalia National Disability Council represents persons with disabilities in Somalia at the National level. However, the Disability Council is inactive and it is reported that the council has not received any funding since 2015¹¹. At present, there appears to be no active representation of persons with disability at the national level in Somalia, although the Ministry of Labour and Social Affairs (MOLSA) is the lead ministry on disability¹².

⁹ See Rohwerder (2017).

¹⁰ The Federal Republic of Somalia (2012, p.3).

¹¹ Sida (2014, p.1) States that no funding was allocated for the 2015 budget.

¹² Sida (2014, p.2).

Somaliland

The Somaliland National Disability Policy established in May 2012¹³, and the Somaliland National Mental Health Policy established in October 2012¹⁴. Despite having this legislation, after reading reports and speaking with local NGOs and INGOs it is clear these policies are not being implemented. This is understandable, given the strain the government is facing.

On the 18th January 2018, the Republic of Somaliland appointed a Disability Department under the Minister of Education, Social and Family Affairs¹⁵. During the official ceremony in which this department was opened, it was stated that the priority is to have a unit for data collection on persons with disabilities in Somaliland¹⁶. The Government recognises the devastating impact of the ongoing conflict on persons with disabilities and the need for data to inform what provisions are required. The data collection will include prevalence and types of disabilities in the region. This information will be inform government programmes, NGOs, INGOs and multilateral organisations working in Somaliland on how they can meet the needs of the population.

Recommendations

Neither the Federal Government of Somalia nor the Republic of Somaliland have published guidance on how persons with disabilities can be included within humanitarian and development programmes.

4. Local Non-Governmental and Disabled Persons Organisations

Many of the local Non-Governmental Organisations (NGOs) are not registered as Disabled Persons Organisations (DPOs) despite qualifying as one. This section includes organisations registered as a local NGO or DPO.

Disability Action Network (DAN)

<http://www.dansomaliland.org/>

What they do – DAN is a local NGO in Somaliland that focuses on addressing the needs of persons with disabilities by providing access to quality rehabilitation services, training sessions and lobbying for disability mainstreaming, and improving the capacity of staff supporting persons

¹³ Republic of Somaliland (2012a)

¹⁴ Republic of Somaliland (2012b)

¹⁵ Republic of Somaliland appointment letters sent by Ali Jama Hasan, Managing Director at Disability Action Network (DAN).

¹⁶ Information gathered from Ali Jama Hasan, Managing Director at DAN and Wil Lindalo, Country Manager at Handicap International.

with disabilities. DAN was founded in 2002¹⁷, has built a wealth of experience and provides many vital services for persons with disabilities, as detailed below¹⁸.

- 5 Orthopaedic Workshops that produce aids to improve mobility for persons with a physical impairment including prostheses, orthoses, orthopaedic shoes, wheelchairs, and crutches.
- 4 Physiotherapy Departments to prevent, correct or reduce the severity of the impairments by means of therapeutic exercises, massage, heat and cold therapy as well as electrotherapy.
- A Community Based Rehabilitation (CBR) outreach service of one-to-one and group psychosocial counselling in Maroodi-Jeex, Togdheer and Sanaag.
- Parent Get-together Workshops for peer support and capacity building which involves counselling, medical expertise and advice on managing daily activities.
- Training Sessions for Medical Staff on how to prevent infant and child disabilities and early detection of disabilities for referral and intervention.

Recommendations –DAN strongly supports disability mainstreaming, or inclusion of persons with disabilities, in humanitarian and development programmes. In an interview, representatives of DAN and Handicap International Somaliland (which implements projects through DAN) gave practical recommendations on how to include persons with disabilities¹⁹. They gave recommendations for all humanitarian programmes, and some for inclusive sector specific programmes.

Recommendations across all programmes:

DAN and Handicap International Somaliland recommend adding a component of *data collection on persons with disabilities*, covering prevalence and type, to all programmes in Somalia. It is extremely difficult to plan, finance and develop programmes effectively to include and/or specifically support persons with disabilities without knowing vital information about the population. The Managing Director at DAN estimates that up to 25% of the population could have a disability, although this is speculative based on his experience. He also detailed the 3 *categories of disabilities* it is important to distinguish between, as they require different resources: physical disabilities (e.g. mobility impairment), sensory disabilities (e.g. blind, deaf), and psychosocial (including intellectual disabilities, mental health).

When planning an inclusive programme is it important to know the *barriers* that persons with disabilities face in accessing their community. These barriers are attitudinal, physical and institutional. Attitudinal barriers in Somalia are the negative attitudes and discrimination towards persons with disabilities that often pushes them into hiding. The physical barriers are the inaccessible buildings, roads and services which need to be adapted. The institutional barriers are the lack of explicit inclusion within the planning and delivery of policy, services and

¹⁷ DAN (n.d) See <http://www.dansomaliland.org/page/about-us>

¹⁸ DAN (n.d) See <http://www.dansomaliland.org/page/our-work>

¹⁹ Interview with Ali Jama Hasan, Managing Director at DAN and Wil Lindalo, Country Manager at Handicap International.

programmes. It is recommended that awareness of these barriers feed into the planning of inclusive humanitarian programmes in Somalia.

The cross-section of persons with disabilities and other vulnerable groups need to be given extra attention. In Somalia, *extra support needs to be given to children, women and the elderly with disabilities* as they are the most vulnerable and marginalised. The DAN representative noted the harsh conditions women with disabilities face in Somalia.

Recommendations for inclusive education:

- Teachers and those working in education need to be trained at identifying children with disabilities or who are at risk of becoming disabled. They should also know how to refer these children to appropriate services.
- Teachers should be trained by Special Educational Needs experts to ensure they can effectively teach all their students with disabilities. This should be an ongoing training.
- Ensure all aspects of the building are accessible.
- Ensure access to disability-friendly resources, such as braille documents.
- Offer human rights awareness sessions aimed at teachers, parent and all members of the community.

Recommendations on the infrastructure of public services

- Ensure all buildings are accessible with ramps, wide corridors and adapted toilets.
- A focus should be placed on providing adapted sanitation and hygiene facilities at internally displaced persons' camps.

Recommendations for Health Care and Rehabilitation

- Persons with disabilities should be consulted in the planning of health care programmes.
- Health care and rehabilitation needs to be community based in order to reach persons with disabilities.
- Rehabilitation services need to have a sustainable method of supplying aids such as prostheses.
- It is vital to build capacity of health care specialists, such as Speech and Language therapists, Physiotherapists, Occupational therapists, and Orthotists.
- A documented network of health care and rehabilitation services is needed to ensure efficiency and effective support.

Recommendations for inclusive Mental Health Services

- Awareness campaigns are needed to decrease stigma, and reach vulnerable people in the community who are often hidden away. Mental health is a highly-stigmatised issue in Somalia and should be dealt with in a sensitive but firm manner.
- Specialised support is needed for persons with disabilities, victims of war and child soldiers, many of which are in internally displaced persons camps.

Somali Disability Empowerment Network (SODEN)

<http://www.somalidisability.org/>

What they do –SODEN supports ‘mobility challenged individuals’ through human rights advocacy, skill training, and representation²⁰. The founder is proactive in arranging meetings with senior development professionals such as DFID and UNSON. SODEN supports capacity building and economic empowerment of persons with disabilities through educational scholarships, access to mobility equipment, and working with local business to create employment opportunities. They also offer tailored training programmes to support persons with disabilities, food distribution projects (funded by the Somali Federal Government), and effectively coordinates a large network of DPOs and disability related organisations in Somalia.²¹

Recommendations – The founder of SODEN, Mohamed Farah, offered recommendations on how persons with disabilities can be included in DFID programmes;

Humanitarian programmes: Have specific allocations for persons with disabilities, including food, water, accessible accommodation and accessible toilets. The founder explains persons with disabilities in Internally Displaced Persons camps outside of Mogadishu are in desperate need of humanitarian aid as they are unable to access basic needs such as food, water, accommodation and sanitation.

Economic development programmes: Include livelihood programmes that enable persons with disabilities to cope with and recover from shocks, such as income generation and micro-finance programmes. It is vital to ensure these programmes reach women and girls with disabilities as they are extremely vulnerable.

Human development programmes: Provide training and capacity building programmes for DPOs to enhance their organisational capacity and improve their outreach. To have programmes within the community raising awareness of persons with disabilities and eradicate negative attitudes through education and inclusive social integration.

Somaliland National Disability Forum (SNDF)

What they do – SNDF coordinates a network of Disabled Persons Organisations and service providers from all regions in Somaliland. SNDF focuses on the empowerment of persons with disabilities, advocacy for the rights of persons with disabilities, and effective representation of persons with disabilities to the government and the community.²²

²⁰ SODEN (2013, p.3).

²¹ SODEN (n.d), see: <http://www.somalidisability.org/soden-advocates-such-these-steps/>

²² SNDF (n.d), p.5.

Recommendations – SNDF published a report on the ‘Disability Situation in Somalia’²³ in 2014 which provided a comprehensive list of recommendations on how to support persons with disabilities in Somalia. These recommendations are included in Appendix A of this report, and cover prevention, early intervention, awareness creation, rehabilitation, education, health, accessibility, training and employment, and cross-cutting considerations such as gender. The recommendations emphasise what information is needed at the community level, how to build the capacity of service infrastructure, and how to create supportive legislation. The report also describes the environmental, institutional and attitudinal barriers persons with disabilities face which needs to be considered in relation to humanitarian programmes²⁴. The environmental barriers include lack of accessible buildings, markets, and basic services in health, education, social care, and transport is not accessible to persons with varying disabilities. The institutional barriers in Somalia include the lack of data, and lack of disability provisions at the systematic level across sectors. The attitudinal barriers include the social stigma associated with disabilities that force persons with disabilities to be excluded from the public. The report explains that persons with disabilities in Somalia are often treated as second-class citizens, marginalised from society. Due to the negative attitudes, persons with disabilities can only rely on their families and this feeds into a system of dependency that hinders both the individual with disabilities and their family from socioeconomic development. Therefore, based on the research by SNDF it is recommended that humanitarian and development programmes need to be inclusive in terms of service provision, having a positive attitude towards persons with disabilities, and to support the families of persons with disabilities.

Disability Protection Association (DPA)

What they do – DPA aims to empower persons with disabilities in Somalia, maximise their potential, and improve their standard of living. The organisation improves the accessibility of services for persons with disabilities, provides vocational training for persons with disabilities, training for teachers, human rights advocacy, and conflict resolution support.²⁵

- **Accessibility to services:** Health care services are made more accessible through a community resource centre, home based care, running assessments and specialised medical treatments. DPA has also improved physical access to service buildings including schools, water sources, public offices and hospitals.
- **Vocational training:** DPA runs vocational training at mainstream technical institutes in Somaliland in tailoring, carpentry and joinery, salon, computer and secretarial work, electronic, shoe-making, and catering. The training takes an applied approach, covering life and business skills.
- **Training for teachers:** They currently train teachers in how to educate children with disabilities. DPA are also looking to establish a special needs primary school.
- **Human rights advocacy:** The program targets policy makers at regional and district levels, and presents research on political, economic, social and cultural aspects of persons with disabilities.

²³ SNDF (2014, pp.6-17), see Appendix A

²⁴ SNDF (2014, pp.3-5).

²⁵ Peace Insight (2016), see <https://www.peaceinsight.org/conflicts/somalia/peacebuilding-organisations/disability-protection-association-dpa/>

- Conflict resolution: DPA conducts public awareness on the importance of peace, and capacity building in communities on conflict resolution, conflict mitigation and peacebuilding.

Recommendations – DPA has not published specific recommendations on how to improve disability inclusion, although the nature of their projects demonstrates the organisation’s own priorities.

5. International Non-Governmental Organisations

Handicap International

<http://www.handicap-international.us/>

What they do – Handicap International (HI) currently work in Somaliland and Puntland²⁶, collaborating with Disability Action Network (DAN) to implementing various projects. HI brings international expertise and DAN brings specialist disability expertise and local knowledge to the projects. Their current project on Disability Rights is funded by DFID, and recent projects on Rehabilitation and Road Safety were funded by DFID and the Federal Foreign Office of Germany.²⁷

Disability Rights project. Aims to promote civic and political rights of persons with disabilities and strengthen their participation in electoral and political process in Somaliland. This was achieved by having disabled persons organisations as key stakeholders in representing persons with disabilities, data collection, distributing guidelines for inclusion, meeting with political actors and delivering training, awareness raising, and the production of accessible election documents. This project aims to reach 185,000 persons with disabilities.²⁸ Further information on the project details the use of a twin track approach, in which the project has aspects that are disability specific and other aspects that involve disability mainstreaming.²⁹

Rehabilitation: HI works with DAN in Somaliland to improve the quality, accessibility, and durability of rehabilitation services for victims of armed conflicts. This project focused on training DAN leadership and management skills, providing financial support for education, and supporting advocacy campaigns for inclusion. They report that 12,000 persons with disabilities benefited from this project each year.³⁰

Recommendations – HI have not published any explicit recommendations on how to include persons with disabilities in Somalia, although such recommendations were gathered through a meeting with HI and Disabled Action Network (DAN); please see the recommendations detailed under DAN as they also represent those of HI.

²⁶ Handicap International (n.d), see <http://www.handicap-international.us/somalia>

²⁷ Handicap International (n.d), see <http://www.handicap-international.us/somalia>

²⁸ Handicap International (2015, p.2).

²⁹ Handicap International (2014, p.7).

³⁰ Handicap International (n.d), see <http://www.handicap-international.us/somalia>

Handicap International are one of seven agencies that work with the Age and Disability Consortium, and this consortium has produced a recent report (funded by DFID and USAID) on how to cater to the needs of the aged and disabled in humanitarian work.³¹ The report details recommendation for delivering inclusive projects across a range of sectors including protection; water, sanitation and hygiene; food security and livelihoods; nutrition; shelter, settlements and non-food items health; and emergency education. Please see Appendix B for a table detailing the proposed key standards of inclusion and actions in which they can be implemented.

Handicap International also provide recommendations on how to support children with disabilities in Somaliland in a report with CESVI, these recommendations include:³²

- Geographically tailored programming due to the variation in knowledge, attitudes and behaviours across Somaliland.
- Skills training for parents in how to support their children with disabilities.
- Create options and facilitates for children with disabilities to play with their peers.
- Community behaviour change programmes are needed to reduce discrimination and protect persons with disabilities. This should include training for traditional elders and cover sexual and gender based violence.
- Strengthen the police system through knowledge in how to behave towards survivors.
- Ensure facilities are suitable to include persons with disabilities.

Africa Education Trust (AET)

<https://africaeducationaltrust.org/>

What they do – AET delivers inclusive education in Somalia. They provide tailored education to meet the needs of persons with disabilities, and deliver a programme to challenge the negative attitudes they face. Their work has reached almost 3000 persons living with disabilities in Somalia³³. The education project works with existing government schools where they identify children who need assistance, improve physical access to school, hold extra tutorials and produce disability friendly learning materials. AET also provide transport vouchers for those who need assistance in getting to a specialist school. Additionally, they have a community outreach component in which they deliver classes outside the school in basic literacy, numeracy, life skills, vocational courses. The stigma awareness component involves actively advocating for the rights of persons with disabilities and working with local organisations and regional governments collaboratively to improve the accessibility of services and address social obstacles to inclusive education.

³¹ Age and Disability Consortium (2016, p.6).

³² CESVI and Handicap International (2012, pp.40-41).

³³ Africa Educational Trust (n.d), see <https://africaeducationaltrust.org/disability-inclusion/>

Recommendations – AET do not provide any publically available specific recommendations, however, their projects demonstrate a priority on capacity building, ensuring resources reach persons with disabilities, using disability-friendly materials, and addressing stigma³⁴.

Gruppo per le Relazioni Transculturali/Group for Transcultural Relations (GRT)

<http://www.gritalia.org/en>

What they do – GRT have several projects in Somalia, such as gender-based-violence programmes in Somalia and Puntland, girls' education challenge³⁵, support to refugees, and a mental health project³⁶. The mental health project is funded by the European Commission and aims to improve the mental health service delivery in Somalia. The project's activities include capacity building at the policy level and on the ground in private mental health centres over South Central Somalia, Somaliland and Puntland. In Hargeisa Hospital Mental Health ward, one of the four main public mental health wards in which persons with psychosocial disabilities had been founded chained³⁷, GRT provide technical support, offer incentives and monitor activities. The project has reached almost 5,000 persons affected by mental health problems, and significantly improved the quality of mental health service delivery by providing psychotropic drugs and building managerial and technical capacities in 30 centres across Somaliland and Puntland. Another aspect of the project is an awareness campaign, which successfully informed members of the community on the human rights of persons affected by mental health disorders³⁸.

Recommendations – GRT do not have publically available recommendations on how to support persons with disabilities.

Save the Children

<https://www.savethechildren.net/>

What they do – Save the Children Denmark are active on the ground in Somalia, whereas Save the Children Norway and UK have been involved in conducting research.

Save the Children Denmark have provided inclusive basic education in towns and rural areas, and inclusive skills training in the larger cities³⁹. The inclusive education project provided primary level education to almost 18,000 children, including children with physical disabilities. The skills training reached 4,500 youths are aged 16-25, whereby priority was given to those internally

³⁴ Africa Educational Trust (n.d), see <https://africaeducationaltrust.org/disability-inclusion/>

³⁵ DFID funds this project, see <http://www.gritalia.org/en/project/childprotection/somalia/gec>

³⁶ GRT (n.d), see <http://www.gritalia.org/en/project/-/somalia>

³⁷ Flood, Z (2015), see <http://www.aljazeera.com/indepth/inpictures/2015/10/chained-somaliland-inadequate-mental-health-system-151027114429934.html>

³⁸ GRT (n.d), see <http://www.gritalia.org/en/project/traditionalmedicine/somalia/hargeysamental>

³⁹ Save the Children Denmark (2010, p.7).

displaced, returnees, minorities, youth with a disability, and girls. The training covered vocational skills in the following sectors: construction, electricity, mechanics, mobile phone repair, office administration, computer soft and hardware, food and nutrition, garments and tailoring, beauty therapy, communication, tanneries and the health sector. Save the Children Denmark also provided an employment promotion service to more than 5,000 youths covering CV skills and how negotiate the labour market.

More recently, Save the Children Norway wrote a report in 2015 reviewing how they can support the rights of children with disabilities in Somaliland. This report involved informal meeting with Save the Children staff, semi-structured interviews and focus group discussions with local organisations.⁴⁰ Relevant recommendations from this report are given in the following section.

Prior to that report, Save the Children UK published a report in 2008 on Making Schools Inclusive in which included Somalia.⁴¹ The case study in Somalia did not cover children with disabilities, as it focused on including girls in education. However, the report gives some practical recommendations on how to support persons with disabilities in inclusive education which is detailed in the following section.

Recommendations – The report from Save the Children Norway states that humanitarian programmes need to focus on what can be done practically to include children with disabilities rather than theorising what should be done. Practical recommendations given are⁴²:

- All projects could include simple actions for how they will identify and support children with disabilities.
- Revise education programmes integrating disability friendly methods and materials. Furthermore, staff from special educational needs schools/departments could be invited to work in training and advisory roles in the education programmes.
- All emergency preparedness strategies/plans need to be adapted to ensure that they include strategies for keeping persons with disabilities safe.
- Review community income-generating activities and grant schemes to see how they can proactively identify and reach families with children or parents who are disabled.
- Staff should receive disability awareness training, ideally with local disability organisations and disabled role models to develop and deliver the training and provide ongoing advice.
- Encourage children/adults with disabilities to join all community groups.
- Focus on the hardest to reach children with sensory and intellectual impairments, and on girls with disabilities.

From Save the Children UK, additional recommendations include⁴³:

⁴⁰ Mills (2015)

⁴¹ Save the Children UK (2008)

⁴² Mills (2015, pp.7-8).

⁴³ Save the Children UK, (2008, pp.57-58).

- Review the measures used in indicating success are inclusive of identifying improvements for persons with disabilities.
- Identify the barriers to education for persons with disabilities to inform improvements to be made, and monitor the ongoing progress.
- Train the most committed teachers as a means of effectiveness.
- Training should focus on practical ideas but also cover attitudes and behaviours that are most helpful in providing an inclusive education.

Abilis

<http://www.abilis.fi/en/>

What they do – Abilis is a foundation that provides small grants to persons with disabilities implementing their own projects. The foundation funds projects that promote human rights, participation, independent living, education and employment of persons with disabilities in developing countries⁴⁴. There are 5 projects listed in Somalia and 3 in Somaliland. These projects are:

- “Skills for Mental Recovery Patients”, with Hab-wanaay Relief and Development Organization (HARDO);
- “Training PWDs access to Food and Water in 7 villages and Hunger camps”, with DAN;
- “Support of Disabled People during drought”, with Alla-Magan Relief & Rehabilitation DPO;
- “Food supporting Drought Affected Disabled People in Buuhoodle”, with Horn of Africa Disability Organisation;
- “Food Distribution to Drought Displaced Disability People in IDP’s camp”, with Disability Aid Association;
- “Emergency Food Aid for Persons with Disabilities living in Afgoye Area Displacements”, with Somali Organization Disabled Women Empowerment;
- “Promoting the Active Participation of Women with Disability in Handcrafts in Beledweyne District”, with Hiran Disability Empowerment Organization; and
- “Disabled People Advancy Somalia”, with Somalia National Disability Council.⁴⁵

Recommendations – At present, Abilis do not provide any recommendations on how to include persons with disabilities in humanitarian and development programmes.

Amnesty International

<https://www.amnesty.org/en/>

What they do – Amnesty International conducted a research report on persons with disabilities in Somalia in 2015. This involved meeting persons with disabilities in internally displaced persons camps, interviewing 26 persons with disabilities in Mogadishu, 7 representatives of DPOs, and

⁴⁴ Abilis (n.d), see <http://www.abilis.fi/en/>

⁴⁵ Abilis (n.d), see <http://www.abilis.fi/en/projects/>

speaking to representatives of two communities on behalf of 390 families who live with disabilities in Mogadishu.⁴⁶

Recommendations – The report detailed recommendations to the international and humanitarian community on how to include persons with disabilities in their efforts. Regarding the international community, they recommend⁴⁷:

- Working alongside the Somali Federal Government to take steps towards ratifying the Convention on the Rights of Persons with Disabilities;
- Supporting the Somali Federal Government in developing a national legal and policy framework to ensure promotion and the respect for the equal rights of persons with disabilities;
- Facilitating disabled persons' organisations to actively engage with the Somali Federal Government, and in decision making processes, particularly those that affect them, for example, the development of laws, policies, service provision and government approaches regarding persons with disabilities.

For the humanitarian community, the report recommends⁴⁸:

- Ensure that humanitarian services are equally accessible to men and women, boys and girls with different types of disabilities, and rehabilitation related assistance is provided to those in need of it;
- Support the Somali Federal Government's capacity development on disabilities;
- Ensure equal protection of persons with disabilities from harm or violence.

Lutheran World Federation

<https://www.lutheranworld.org/>

What they do – The Lutheran World Federation is an international Christian based organisation that runs over 14 programmes in 25 countries⁴⁹. These projects range from disaster management, to sustainable livelihoods. The organisation recently conducted a situational analysis on inclusive education in 19 schools in Jubaland⁵⁰. The report highlights a lack of resources, special educational needs training, and mechanisms to raise awareness of disability mainstreaming. Negative attitudes from the teachers, and community members towards persons with disabilities was noted as a main challenge. Although interviews with children were conducted as part of the analysis, and it was found that children with disabilities enjoyed learning together with peers without disabilities, but also children without disabilities enjoyed learning together with their peers with disabilities⁵¹.

⁴⁶ Amnesty International (2015, p.4).

⁴⁷ Amnesty International (2015, p.21).

⁴⁸ Amnesty International (2015, p.21).

⁴⁹ Lutheran World Federation (n.d), see <https://www.lutheranworld.org/content/where-we-work>

⁵⁰ Shikuku and Omar (2017).

⁵¹ Shikuku and Omar (2017, p.16).

Recommendations – The report details recommendations on inclusive education, which are⁵²:

- Sensitize parents, teachers and learners on disability issues at school and in the village community.
- Increase mobility services to support persons with disabilities in getting to school.
- Collect data collection to inform interventions.
- Inform local administrators and school heads on how to be inclusive.
- Train teachers on how best to education persons with disabilities and provide the resources necessary.
- Develop early interventions and establish educational assessments.
- Support persons with disabilities in transitioning from education to adult working life and ensure their curriculum includes life skills.

Women’s Refugee Commission

<https://www.womensrefugeecommission.org/>

What they do – Women’s Refugee Commission support Somali persons with disabilities outside of Somalia. They gathered information from displaced persons with disabilities and humanitarian field workers to produce a report on how to make humanitarian programmes more accessible to persons with disabilities⁵³. This research included Somali persons with disabilities that took refuge in India, Uganda and Ethiopia.

Recommendations – The report gives recommendations on disability inclusion to humanitarian actors, and to donor organisations. The recommendations to humanitarian actors include⁵⁴:

- Strengthen understanding of discrimination and the factors that contribute to discrimination among staff and community leaders.
- Employ qualified persons with disabilities in humanitarian positions. Persons with disabilities have a wide breadth of experience, which is valuable to all sectors and programs. Their daily interactions with colleagues, partners and the community will promote greater awareness and more comprehensive understanding of disability and inclusion.
- Disability inclusion is an ongoing process, not a one-time event. Meet regularly with persons with disabilities to ask their opinions, collect their ideas and contributions, and update them on actions that your organizations have taken to promote disability inclusion.
- Monitor disability inclusion with data that can easily be collected with minor adaptations to participant sheets and monthly reports, and by clarifying with staff the definition of persons with disabilities.

⁵² Shikuku and Omar (2017, pp.24-25).

⁵³ Women’s Refugee Commission (2014, pp.10-12).

⁵⁴ Women’s Refugee Commission (2014, pp.32-33).

The recommendations to donor organisations include⁵⁵:

- Support agencies with technical expertise and build capacity through training and mentoring a cadre of staff available for deployment.
- Fund efforts to research, map and document positive practices in disability inclusion from different humanitarian operations, programs and phases.
- Promote positive practices with partners, and hold them accountable for inclusion through in monitoring and reporting processes.

6. Bilateral and Multilateral Organisations

DFID

<https://www.gov.uk/government/organisations/department-for-international-development>

What they do – DFID currently have 14 active projects in Somalia covering South Central, Puntland and Somaliland⁵⁶. The projects cover a range of sectors including governance, economic development and humanitarian programmes. At present, none of the projects take an active focus on persons with disabilities, although DFID has provided funding to organisations supporting persons with disabilities in Somalia, such as Handicap International Somalia.

Recommendations – At present there are no direct recommendations on how to include persons with disabilities in humanitarian efforts in Somalia, as this report attempt to address this need.

The DFID Disability Framework⁵⁷ on disability inclusion in humanitarian action recommends:

- Using the internal guidance note on ageing and disability in Humanitarian Response.
- Supporting partners to deliver on our commitment to include disaggregated data on age and disability as part of our requirements for funding humanitarian proposals.
- Advocating for the use of the Minimum Standards on Ageing and Disability Inclusion⁵⁸ with humanitarian partners to improve the mainstreaming of the principles of inclusion.
- Improving the understanding of policy makers and practitioners about how to design or adapt existing social protection policies, programmes and systems to maximise benefits for people with disabilities.
- Ensuring that infrastructure we directly fund is accessible for people with disabilities.

USAID

<https://www.usaid.gov/>

⁵⁵ Women's Refugee Commission (2014, pp.34-35).

⁵⁶ DFID (n.d), see <https://devtracker.dfid.gov.uk/countries/SO>

⁵⁷ DFID (2015)

⁵⁸ Age and Disability Consortium (2016)

What they do – Within Somalia, USAID work on a range of projects, although do not explicitly state how they include persons with disabilities.⁵⁹ They have funded project with a disability focus in Somalia such as the Africa Education Trust.

Recommendations – USAID have general guidelines on how to advance disability-inclusive development, which include the following⁶⁰:

- Improve the quality and accessibility of education for students with disabilities through the promotion of sign language, braille, assistive technology and other inclusive practices
- Increase the participation of persons with disabilities in political processes through national awareness campaigns, accessible polling stations, disability friendly voter materials, and an open exchange between disability communities and politicians to rewrite election laws to be more inclusive and compliant with the UN Convention on the Rights of Persons with Disabilities.
- Strengthen organisations run by and for persons with disabilities to advocate on their own behalf, design and implement development programs and access direct funding.
- Support the economic independence of women with disabilities through microcredit programs that provide seed grants to women to invest in their families and start new businesses.
- Integrate youth and adults with disabilities into the competitive workforce by facilitating job training, internship opportunities and educating employers on best practices for hiring persons with disabilities.
- Ensure community health care providers and disaster response experts include persons with disabilities in their programs by employing the principles of universal design.

UNDP

<http://www.undp.org/content/undp/en/home.html>

What they do – In Somalia, UNDP cover a range of projects on inclusive politics, security, economics, services, and cross cutting capacity development. Regarding persons with disabilities, the inclusive politics project made an explicit effort to reach persons with disabilities in the community.⁶¹ They also completed a report on Human Development in Somalia in 2012.

Recommendations – In the UNDP Somalia Human Development Report in 2012, it is stated that extra effort must be made to include persons with disabilities particularly in economic empowerment, education, and health services but does not propose recommendation on how this is to be implemented⁶².

⁵⁹ USAID (n.d), see <http://www.so.undp.org/content/somalia/en/home/operations/projects/overview.html>

⁶⁰ USAID (n.d), see <https://www.usaid.gov/what-we-do/democracy-human-rights-and-governance/protecting-human-rights/disability>

⁶¹ UNDP (n.d), see <http://www.so.undp.org/content/somalia/en/home/operations/projects/overview.html>

⁶² UNDP Somalia (2012, p.115).

UNHCR

<http://www.unhcr.org/>

What they do – The UNHCR have many programmes in Somalia, focusing on refugees, reintegration and internally displaced persons⁶³. Recently in 2016, the UNHCR completed a comprehensive review of the culture, context and mental health of refugees. This report documents many aspects of the lives of refugees with mental health concerns in Somalia and provides information for those working in mental health and psychosocial support programmes⁶⁴.

Recommendations – The report on the mental health of refugees in Somalia does not give any recommendations on inclusive humanitarian and development programmes. The UNHCR does have a guidance document on working with persons with disabilities in forced displacement in which recommendations include⁶⁵:

- Include a rights-based programming approach to planning.
- Have a twin-tracked approach when planning responses to disability so that persons with disabilities are mainstreamed but also targeted.
- Support the identification and registration of persons with disabilities in all programmes.
- Raise awareness through campaigns that are culturally appropriate and provide a supportive environment for persons with disabilities.
- Prevent sexual and gender based violence and other forms of exploitation and abuse towards persons with disabilities.
- Ensure persons with disabilities access resources and services by including them in the programme design and implementation stages.

UNICEF

<https://www.unicef.org/>

What they do – For persons with disabilities in Somalia, UNICEF provided funding to Disability Action Network (DAN) in 2013 for a community based rehabilitation project⁶⁶. They have also conducted a general report on children with disabilities that provides some guidance on how to be inclusive in development programmes, although is not specific to Somalia⁶⁷.

Recommendations – In their report on children with disabilities, some of the key points UNICEF recommend are that humanitarian and development programmes should⁶⁸:

- Fight discrimination and enhance the awareness of disability.

⁶³ UNHCR (2017), see <http://reporting.unhcr.org/node/2550>

⁶⁴ Cavallera et al., (2016)

⁶⁵ UNHCR (2011, pp.8-19).

⁶⁶ UNICEF Somalia, (n.d), see https://www.unicef.org/somalia/cpp_12823.html

⁶⁷ UNICEF (2013)

⁶⁸ UNICEF (2013, p.59).

- Dismantle barriers to inclusion.
- Coordinate services across all sectors.
- Involve children and adolescents with disabilities in making decisions as agents of change.
- Promote family based care and community-based rehabilitation.
- Support families so they can meet the higher costs of living and lost opportunities to earn income associated with caring for children with disabilities.
- Promote a concerted global research agenda on disability to generate the reliable and comparable data needed to guide planning and resource allocation.

WHO

<http://www.who.int/en/>

What they do – WHO work in Somalia to strengthen the health services and works with the Ministry of Health⁶⁹. They have also been active in supporting persons with mental health disorders. In 2012, they conducted a report with GRT to create a manual on the best practice for mental health in Somalia. The report details the activities of WHO in Somalia⁷⁰. WHO organised a 3-month training course for mental health practitioners in various regions in Somalia in 2005, and a refresher course in 2011 with GRT. They also supported the ‘chain-free initiative’ through increasing awareness of how persons with mental health disorders have been chained. The initiative began with chain-free hospitals, then chain-free homes, in which psycho-education was provided through home visits, and then chain-free environment, which called for the removal of the invisible chains such as stigma. They also conducted a disability situation analysis in 2010 and suggested that 1 in 3 Somalis have been affected by mental illness. In 2011, WHO supported 5 mental health facilities with medicines, then in 2012 WHO organised a training workshop for 18 mental health professionals.

Recommendations – There are no recommendations on how to include persons with disabilities in mainstream programmes in Somalia.

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⁶⁹ WHO (n.d), see <http://www.emro.who.int/som/who-presence-in-somalia/>

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8. Appendix A: Recommendations from Somaliland National Disability Forum's Disability Research Report⁷¹

Section 7. Key recommendations for future actions

7.1. Prevention

To prevent occurrence of disability and disabling conditions, we recommend the following actions:

- Integrate prevention into poverty reduction policies and ensure that linkage is understood broadly among policy makers across the sectors;
- Ministry of Health (MoH) to develop a policy and integrated response to prevention of disability with following components in close linkage with other health related and public policies to use synergies. This may include below aspects but is not exclusive to:
- Increase the quality level and coverage of antenatal care and post-natal care services including the development of health education sessions on women health and pregnancy;
- Pupils' medical check-up will be ensured at enrolment of primary and other educational levels for disability early detection;
- Community will be made aware about the risks of close relatives' marriage that may lead to children's disability;
- Training and awareness will be provided to upgrade the knowledge and skills of midwives and Traditional Birth Attendants (TBAs) for disability prevention;
- Attention will be paid towards improving awareness of nutrition, health care and sanitation with focus on adolescent girls, expectant mothers and women in the reproductive period. Awareness programmes for prevention will be built in at the school level and at the level of teacher's training courses;
- Programmes will be undertaken for screening of children to identify at risk cases;
- MoH to improve the quality of obstetric services within the hospitals;
- "Front line" health and education personnel keep accurate and confidential data on children with disability and other "at risk" children, from birth and ensures a referral is set up and functioning;
- Education of medical staff including disability awareness should be part of all medical and paramedical education;
- Expand immunization against preventable diseases that lead to disability;
- Enforce road traffic and other types of legislation such as occupational safety to prevent road, mine and UXO and other accidents, and injuries;
- Educate the public on good nutrition and environmental management;
- Improve the medical infrastructure and facilities in the country

7.2. Early Identification and Intervention for early identification and intervention, we recommend the following actions:

- MOH and other key ministries from work, social welfare and economic to take a lead role for the development and implementation of a strategy for early identification and intervention, in close link with the prevention policy above. This is to address all

⁷¹ Somaliland National Disability Forum, (2014, pp.6-17)

impairments, those with physical, visual, hearing, speech, mental and intellectual impairments:

- Medical and para-medical personnel will be adequately trained and equipped for early screening, detection and referral of disability amongst children and other population groups at risk;
- Facilitate the development of appropriate screening assessment tools for the early identification of persons with disabilities;
- Training modules and facilities in disability screening, early detection and intervention will be developed for medical and para-medical health personnel;
- Human resource development institutions will ensure that the personnel needed to provide support services such as education, psychology, neurology, physiotherapy, occupational therapy, audiology, speech therapy, vocational counselling & training and social work are developed on the long term and available in adequate numbers;
- Create the necessary facilities and services and strengthen the existing ones for early identification and intervention, including referral.

7.3. Awareness Creation. To eradicate misconceptions and related attitudinal barriers about disability through increased awareness and inclusive actions, we recommend:

- Ensure that persons with disabilities actively participate in changing attitudinal barriers into facilitators and raising awareness on disability;
- Carry out research and identify attitudinal barriers and innovative facilitators faced by PWDs so that suitable programs will be planned effectively and efficiently targeting key attitudinal barriers;
- Develop strategies for changing attitudinal barriers into facilitators including but not exclusively via public awareness in collaboration with Disabled People's Organisations and other key agents of change;
- Work actively with organizations of PWDs to initiate and promote programmes aimed at raising their own level of awareness on their rights and potentials
- Encourage media's participation in diversity of population and non-discrimination, including the portrayal of persons with disabilities' as role models of success;
- Make awareness raising and inclusive action, to break down attitudinal barriers, part of the education of all children at pre-school and primary education level; and add a component in the training curriculum of all education professionals;
- Address invisibility of disability and misperception about the value of persons with disabilities via awareness raising about disability mainstreaming towards local and national policy makers, Non-governmental organisations including UN agencies, Government Ministries, Traditional leaders and other stakeholders.

7.4. Rehabilitation. Ensure sufficient rehabilitation services are available for persons with all different rehabilitation needs and those at risk to develop an impairment with the aim to ensure their highest attainable social, professional and individual functionality and quality of life, we recommend:

- MoH in collaboration with SNDF and its member organizations, to develop a comprehensive national rehabilitation policy and service system that targets all disabled people and their families as well as those at risk, inclusive of yet not restricted to:
- Strengthen the capacity of the institution-based rehabilitation service providers for specialist service provision and referral;

- Encourage and facilitate the training of Rehabilitation professionals including community based and outreach workers and related structures;
- Ensure financial allocation of part of the government's budgets to none-governmental services providers and support institutional fundraising of none-governmental service providers to ensure sufficient resources base is available;
- Encourage and facilitate the creation of community based and outreach rehabilitation programmes that can reach and support persons at home and in remote rural areas';
- Ensure availability and accessibility of assistive devices and other types of aids to PWDs as soon as possible;
- Ensure that the services users, persons with disabilities and their families participate in the design, monitoring and organization of rehabilitation services;
- Increase public awareness and understanding of the need for and benefit of mobility devices and physiotherapy.

7.5. Education. To facilitate equal access of disabled people to education and ensure equity in education provisions at all levels, we recommend:

- Planning for special education and integrated/inclusive education for disabled children young people and adults should be included as an integral part of the whole education planning/policy process for Somaliland at this time.
- Promote the implementation of the education policy for children with disabilities integrated increasingly with the mainstream education provision towards inclusive education through below provisions:
- Make all schools accessible and barrier-free to all children irrespective of their disabilities;
- Promote early childhood development and stimulation within an inclusive environment as the cornerstone for an inclusive society;
- Provide accommodation of the special educational needs for all children with disabilities paying specific attention to the girl-child;
- Ensure that inclusive Education includes support in the form of: life skills and independence training; assistive devices and specialised equipment; and access to the curriculum through, for example, Sign Language, Braille instruction and adapted learning materials;
- Retrain teachers in regular schools to provide for children with special educational needs;
- Intensify monitoring, supervision and quality standards in all schools to ensure that children with special educational needs are provided support;
- Policy for inclusive education needs should be endorsed and supported by Cabinet;
- Ministry of Education (MOE) integrates inclusive education into national budget;
- MOE develop strategy for Education for All (EFA) with officers appointed to encourage the inclusion of disabled children into regular schools as well as reporting on disability issues to MOLSA;
- Ensure that there is a need for close cooperation between the ministries of Education, Health and Family Affairs & Social Development for better services for the disabled population with disabled themselves being part of this process;
- The MoE to promote collaboration of various stakeholders, for example, teachers, therapists, psychologists, parents and disabled activists who all play important roles in responding to special needs in education;

- A department of “Education for children with disabilities” should exist and function actively within the Ministry of Education in collaboration with the Ministry of Health and Ministry of Labour and Social Affairs;
- MoE should employ equally disabled teachers in schools as well as in department of education for children with disabilities;
- On-going in-service training programs should be developed by MOE in coordination and cooperation with Non-governmental organizations, Universities and teachers training colleges – curriculum should include Paralympics components.

7.6. Health. Promote equal and equitable access to health services (care, treatment, information and prevention) for all persons with disabilities, we recommend:

- MOH in close collaboration with DPOs, MoLSA and the rehabilitation stakeholders ensure Somaliland health policies and programs address the following generally overlooked aspects on the short, mid – and long term:
- The health information system to start collect and disseminate disaggregated data on persons with different impairments’ health situation;
- The basic health programs and public education should be strengthened, with emphasis on ante-natal and post natal care;
- Ensure that persons with disabilities, particularly infants and children, are provided with the same level of medical care available to other members of society;
- Ensure that all medical and paramedical personnel are adequately trained and equipped to give medical care to persons with disabilities;
- Ensure that persons with disabilities are provided with regular treatment and medicines to preserve or improve their level of functioning;
- Educate persons with disabilities on their own conditions to enable them make informed decisions about their health;
- Promote safer reproductive health practices among persons with disabilities;
- Ensure information and health communication materials are available in Braille and avail sign language interpreters and other suitable means of communication for persons with disabilities;
- Hygiene will be improved at the community level;
- Harmful Traditional Medicine will be controlled;
- Ensure persons with disabilities and their families are aware of the available healthcare facilities in Somaliland.
- Public buildings and transport amenities including roads, and pavements, ports, airports, modes of transports (bus, plane and waterways), playgrounds, open space etc. will be made accessible;
- Use of sign language, Braille and other forms of alternative communication are offered in all public functions and public campaigns, including election campaigns and information;
- Modification of Curriculum of Architects and Civil engineers will be undertaken to include issues relating to construction of barrier-free buildings. In service training will be provided on these issues to the government architects and engineers;

7.7. Accessibility. Creation of barrier-free environment for people with disabilities to access public buildings, transport and information, we recommend:

- Communication needs of the persons with disabilities will be met by making information service and public documents accessible. Braille, tape-service, large print and other

appropriate technologies will be used to provide information for the persons with visual disability;

- All the buildings, which are for public use, will be audited for its accessibility to persons with disability. There may be a need to develop professionally recognized access auditors whose services would be utilized for the purpose.
- Full adoption of comprehensive building byelaws and space standards for barrier-free built environment of buildings shall be ensured;
- Effort will be made to ensure adoption of the byelaws and space standards by all the construction companies, municipal bodies and
- Ministry of Public Works and Housing in the country. These authorities will ensure that all newly constructed buildings for public use are barrier-free;
- The Government will ensure that Industrial establishments, offices, public utilities both in public and private sector provide disabled friendly work place for their employees. Safety standards will be developed and strictly enforced.
- Banking system in public and private will be encouraged to meet the needs of the persons with disabilities.

7.7. Training and Employment

- Amendments should be incorporated in the Somaliland Labour Code in order to introduce important changes in the area of employment of people with disabilities;
- The Government should seek to introduce legislation that ensures the access of persons with disabilities to mainstream training and employment support opportunities, remove all legal barriers to participation of disabled people in the open labour market, and protect the rights of disabled people in employment;
- Related existing policies and programs on vocational training, employment and livelihood for youths and adults with disabilities should be made fully inclusive for addressing inclusion needs of persons with different impairment, by the MoE and Department of Vocational Educations, and other key stakeholders;
- Inclusive Vocational Training and livelihood programs should be equally accessible to persons with all different impairments via development assistance programming by the MOE in cooperation with other ministries and development stakeholders;
- Provide for a minimum of 5% reservation in employment in the establishments of Government of Somaliland and in private sector employers for the qualified persons with disabilities;
- Positive discrimination aimed at effective equality of opportunity and treatment between disabled workers and other workers shall not be regarded as discriminating against other workers without disabilities;
- Concerned Ministries must liaise closely with NGOs and Private Sector agencies to increase access of disabled people to mainstream training and employment opportunities;
- Promote self-employment of persons with disabilities through vocational education and management training

7.8. Cross-cutting considerations for groups in vulnerable situations

- This policy considers the following groups as priority groups that need to be prioritised in service delivery across the sectors, responding the below recommendations.

7.8.1. Women with Disabilities:

- Ensure existing programs and policies on gender equality and mainstreaming consider:
- Analysis of gender and disability intersections and the impact on women with disabilities in Somaliland;
- Provide protection against exploitation, neglect, abuse and all forms of violence equally to women with disabilities;
- Encourage inclusion of women with disabilities in mainstream women empowerment and development programmes;
- Focus of awareness raising programmes on women with disabilities and their special cases including rights for marriage;
- Ensure programmes and policies on education, employment and provision of rehabilitation services address disability and gender intersections and are equally beneficial for women with disabilities.

7.8.2. Children with Disabilities:

- Facilitate and encourage the provision of early intervention, socialization and recreational opportunities for children with disabilities;
- Ensure right to care, protection and security for children with disabilities;
- Ensure the right to development with dignity and equality creating an enabling environment where children can exercise their rights, enjoy equal opportunities and full participation in accordance with various statutes;
- Ensure inclusion and effective access to education, health, vocational training along with specific rehabilitation services to children with disabilities;
- Ensure the right to development as well as recognition of specific needs and of care, and protection of children with severe disabilities;
- Ensure that the opinions of children with disabilities are considered whenever they can express themselves.

7.8.3. Elderly people with disabilities:

- Ensure that elderly persons with disabilities are considered as a priority group for rehabilitation and development programmes and that national and service related data collection is disaggregated for monitoring their access to services;
- Ensure that outreach services are developed and rehabilitation is provided at home and within the community settings to elderly persons with disabilities.
- Promote support of home based care to families and households with elderly persons and provisions for those elderly persons without families or households to look after them

7.8.4. People with multiple disabilities:

- Ensure that the future development and implementation of social protection and safety programs focus on the needs of households with members with multiple and severe impairments, who are more likely to live in poverty;
- Ensure health service providers are equipped to provide sufficient support;
- Ensure health and rehabilitation professionals are trained sufficiently to provide support to persons with multiple and severe impairments, as well as to their families;
- Consideration should be paid on how to set up a community based system taking care of elderly persons and persons with multiple impairments, who are without family support; and to prevent such situations through timely support to families in their care work.

7.8.5. HIV/AIDS and Disability

- Ensure the inclusion of disability into the national response and policy programs on HIV/AIDS and reproductive health programs integration;
- Ensure all testing and treatment programs and structures are accessible through training of staff on disability and equality;
- A mechanism shall be put in place to ensure that awareness creation programmes on HIV/AIDS are accessible to all people with disabilities

7.8.6. Human Rights and Laws

- As stipulated by the Convention on the Rights of Persons with Disabilities, the needs of persons with will be considered as Human Rights rather than as charity;
- Ensure that the Convention on The Rights of Persons with Disabilities is signed and ratified and adopted by the Somaliland Government;
- Make sure that the human rights of people with disabilities are included in all policies and programs;
- Make sure that people with disabilities enjoy the same rights as all people;
- Promote training programs that will help people be aware of rights of people with disabilities;
- Take action to stop individuals, organizations or businesses from discriminating because of a person's disability;
- Promote trainings about the rights in this Agreement for those who work with people with disabilities to make sure they can work better with people with disabilities;
- Ensure measures that persons with disabilities enjoy same citizenship rights as other citizens and can freely participate in civic participation (elections, being voted, etc.);
- Ensure that staff of law enforcement agencies is trained on disability and the need for accommodating their needs into the justice system;
- Provide free legal aid in access to justice for persons with disabilities who proven to be unable to afford the costs.

9. Appendix B: Recommendations from the Age and Disability Consortium

Recommendations from the Age and Disability Consortium on how to include persons with disabilities affected by crisis in humanitarian programmes; key standards and actions in which they can be met.

Key Inclusion Standard for People with disabilities affected by crisis	Actions to meet the standard
<p>To be recognised to ensure they receive assistance that is appropriate and relevant to their needs.</p>	<p>Systematically include people with disabilities in data collection, registration and all assessments. Use this data to support the design, implementation, monitoring and evaluation of inclusive humanitarian responses.</p> <p>Ensure assessments include direct and meaningful consultation with people with disabilities, and their carers, to identify and address specific risks and barriers that affect them, and their capacity to participate in the response.</p>
<p>To have access to the humanitarian assistance they need.</p>	<p>Design all humanitarian responses to maximise accessibility of services and inclusion of people with disabilities.</p> <p>Adapt budgets to include costs for accessible services according to the needs of the community.</p> <p>Routinely identify, monitor and address barriers affecting participation and access to services for people with disabilities.</p> <p>Encourage and support outreach services, community members, groups and organisations representing people with disabilities to identify those who are not accessing services. Identify barriers and potential solutions to discrimination or exclusion, applying a gender analysis</p>
<p>To not be negatively affected and be more prepared, resilient and less at-risk as a result of humanitarian action.</p>	<p>Systematically monitor humanitarian programmes to ensure that people with disabilities are not exposed to additional risks or harm as a consequence of humanitarian action</p> <p>Ensure that people with disabilities and their carers, are informed of their relief entitlements, the targeting criteria being used and the mechanisms through which they will receive assistance.</p> <p>Be sensitive to protection risks that could arise from measures to facilitate access to assistance for people with disabilities (e.g. prioritising them for assistance may increase stigma and the risk of theft or even violence). Consider the impact of such measures, ensuring they do not increase risks for particular individuals or groups (take account of gender roles and social and cultural contexts).</p>

To know their rights and entitlements, have access to information and participate in decisions that affect them on an equal basis with others.

Ensure people with disabilities can access all important information and accommodate for people with vision, hearing, communication, mobility and literacy limitations and/or difficulties with processing information. Use a variety of communication methods, media types and information channels.

Ensure people with disabilities and their carers, participate directly in needs assessments, consultation and feedback mechanisms to inform programming

Take measures to include and consult 'hard-to-reach' people with disabilities and their carers, including those who cannot leave their homes or shelters. Use community outreach and/or partner with representative or specialised age and disability organisations.

To have access to safe and responsive mechanisms to handle complaints on an equal basis with others.

Consult people with disabilities on the design, implementation and monitoring of complaints-handling processes.

Ensure processes for making complaints and seeking redress are accessible for people with disabilities.

Ensure complaints are handled within an organisational culture that listens to and acts on complaints and respects the dignity, rights and capacities of people with disabilities.

To receive and participate in coordinated, complementary assistance on an equal basis with others.

Include the needs of people with disabilities in the agendas of sector/cluster meetings and other coordination mechanisms as a matter of routine. Ensure that disability-sensitive programming is systematically addressed by all sectors and integrated into coordination mechanisms to ensure a holistic approach to inclusion (e.g. addressing interrelated shelter, water, sanitation and hygiene (WASH), psychosocial and protection needs).

Develop partnerships between mainstream humanitarian actors and age- and disability-specialised organisations, including disabled people's organisations. Ensure that disabled people's organisations participate effectively in the humanitarian response by making appropriate use of their expertise, capacities and resources.

To expect improved assistance and inclusion as organisations learn from experience and reflection.

Aim to continuously improve the accessibility and quality of assistance and protection for people with disabilities. This can be achieved by: Learning from experience with routine monitoring. Consulting specialised organisations representing people with disabilities and older people. Consulting directly with individuals and families.

Include people with disabilities and older people in monitoring and evaluation. Include groups that may be overlooked in routine monitoring, such as children and adolescents with multiple disabilities (and their carers) and people with mental or intellectual disabilities.

Share learning, good practice and innovation related to the inclusion of people with disabilities within your

organisation and with other stakeholders, such as partners, national organisations and authorities.

To receive the assistance they require from competent and well-managed staff and volunteers who are skilled and equipped to include them in humanitarian responses, and they have equal opportunities for employment and volunteering in humanitarian organisations.

Train staff at all levels to deliver impartial assistance that recognises gender, age and disability, and to assist in recognising these factors as a source of potential vulnerability or reduced capacity.

Ensure humanitarian staff are aware that people with disabilities are not homogeneous groups, and that they understand people's individual specific needs, capacities and vulnerabilities.

Make all partners and staff aware of the rights of people with disabilities and the importance of including them in humanitarian response.

Appoint staff at appropriate (including senior) levels within the organisation to support and monitor cross-organisation and partner awareness to deliver disability inclusive response.

Source: Age and Disability Consortium. (2016, p.6-15).