



Disability in Somalia

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Question

What are the experiences of people with disabilities living in Somalia (covering their prevalence, attitudes towards them, the barriers and challenges they face, and their responses to these challenges)? Where possible identify evidence gaps.

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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

People with disabilities have been identified as a particularly marginalised and at risk group within Somali society as a result of the numerous attitudinal, environmental, and institutional barriers they face, and the lack of concerted efforts to include them¹. This rapid review identifies available evidence on the experiences of people with disabilities living in Somalia. There is ample anecdotal evidence and acknowledgements that the negative experiences of people with disabilities is a pressing issue across Somalia, as well as a very small number of research reports looking at disability in Somalia. As a result there are still numerous evidence gaps in relation to the experiences of people with disabilities living in Somalia. Even research reports which have been conducted on disability in Somalia acknowledge that little research has been produced and further research is needed (CEVSI & HI, 2012, p. 6). The small number of studies which have carried out research in Somalia have focused on mainly on children with disabilities and on people with psychosocial disabilities (mental health conditions). Much of this research has had a focus on Somaliland rather than the whole of Somalia. Further research with people with different types of disabilities and in different areas of Somalia is needed to more fully understand the experiences of people with disabilities living in Somalia, the barriers and challenges they face, and how they and their families have responded to them, including in relation to livelihoods.

The main findings include:

- Statistics or comprehensive information on the number and situation of people with disabilities in Somalia is lacking. However most estimates suggest that it is likely to be higher than the global estimate of 15% as a result of the long period of conflict, poverty, and lack of access to health care. One study in Somaliland found figures as high as 42% of households having at least one member with a disability (CEVSI & HI, 2012, p. 4).
- Lack of data on disability in Somalia has contributed to limited awareness of disability issues among policy makers, planners, community leaders, services providers and the general public.
- There is no specific national legal or policy framework regarding persons with disabilities and Somalia has not ratified the UN Convention on the Rights of Persons with Disabilities which has negative consequences for recognition of the rights of persons with disabilities in Somalia. Somaliland and Puntland have progressed a little further in their own efforts to recognise the rights of persons with disabilities.
- The provisional federal constitution provides equal rights before the law for persons with disabilities and prohibits the state from discriminating against them, although authorities have not enforced these provisions.
- People with disabilities experience stigma in Somali society and disability is considered a very shameful and sensitive topic. Disability is generally associated with physical impairments rather than other types of disabilities, and intellectual disabilities are especially taboo.

¹ Further information on disability inclusion and development and humanitarian response more generally can be found in the Disability Inclusion Topic Guide (2015): <https://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/7174/DisabilityInclusion.pdf?sequence=1>

- Adults and children with disabilities in Somalia have been found to be subject to various forms of verbal, physical and sexual abuse at higher levels than their non-disabled peers. Women and girls with disabilities faced an increased risk of sexual violence, often with impunity.
- Children with disabilities are invisible in Somali society and face many barriers to inclusion including the inaccessible physical environment, lack of awareness in the communities, insufficient teaching skills, negative attitudes and stigma, poverty, and a severe shortage of assistive devices and mobility aids.
- Girls with disabilities are particularly vulnerable, as boys with disabilities tend to get what few opportunities there are available to children with disabilities.
- Children with disabilities have very limited access to any educational opportunities and face widespread discrimination in the education sector, both from teachers and other students.
- Limited resources, limited teacher skills and capacity, insufficient funding, and environmental and attitudinal barriers make inclusive and special needs education a challenge.
- Few public and private buildings, communications, and transport options are accessible to persons with disabilities.
- There is no specific healthcare or financial support system for disabled people in Somalia, increasing their dependence on others and making independent life difficult.
- There are significant barriers to the political participation of people with disabilities.
- People with psychosocial disabilities, or mental health conditions, often face arbitrary detention, chaining, verbal and physical abuse, involuntary medication, overcrowding and poor conditions in institutions; or chaining at home, due to lack of appropriate government supported community based services.
- Children and adults with all types of disabilities have often not been included in programmes aimed at supporting people in Somalia, including humanitarian assistance.² Internally displaced persons (IDPs) with disabilities have been victim to multiple forced evictions which makes it harder for them to maintain their livelihoods, amongst other things.
- Some IDPs with disabilities have banded together for security and mutual assistance.
- There is an active disability movement in Somalia which has advocated for the rights of persons with disabilities.
- Other local NGOs provide services for people with disabilities such as disability centres, schools for children with hearing and visual impairments, and assistive devices. They have received negligible support from local and national authorities, as well as the international community.

² For more information on disability inclusive programmes in Somalia please see companion report Manku, K. (2018). *Supporting persons with disabilities in Somalia*. K4D Helpdesk Report 270. Brighton, UK: Institute of Development Studies.

2. Prevalence³

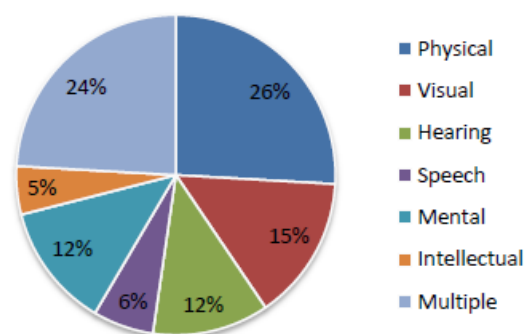
Persons with disabilities include ‘those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others’ (UNCRPD, 2006). Over two decades of conflict, together with a lack of healthcare services, have left many Somalians with various types of disabilities (AI, 2015, p. 3; Civil Rights Defenders, 2017, p. 10; Nyanduga, 2015, p. 12).

Despite this, various studies have noted that statistics or comprehensive information on the number and situation of people with disabilities in Somalia is lacking (Nyanduga, 2015, p. 12; AI, 2015, p. 3, Sida, 2014, p. 1; MOLSA, 2012, p. 8). The WHO-World Bank World Report on Disability published in 2011 found no estimates for disability prevalence in Somalia, for instance (WHO & World Bank, 2011, p. 275). Sida (2014, p. 1) noted that ‘data deficiencies are particularly severe for the nomadic population, which constitutes about half the population’. The lack of data has resulted in limited awareness of disability issues among policy makers, planners, community leaders, services providers and the general public, and resulted in disability not being integrated into most development plans, policies, and programmes in Somalia (MOLSA, 2012, p. 19; Hayan, 2014, p. 3).

However it is estimated that the number of people with disabilities in Somalia is likely to be higher than the global estimate of 15% as a result of the long period of conflict, poverty, and lack of access to health care in most of south and central Somalia (AI, 2015, p. 3; Sida, 2014, p. 1). Sida (2014, p. 1) estimated that people with disabilities were likely to make up to 20% of the population or more in Somalia and found that on average each family had at least one member with a disability. The Somaliland National Disability Policy estimates based on international figures that there were 535,000 to 546,000 persons with disabilities in Somaliland in 2012 (MOLSA, 2012, p. 4). In 2014, the estimated number persons with disabilities in Somaliland had risen to between 635,000 to 646,000 (Hayan, 2014, p. 2). A study in Kisaymo, Jubaland, uses the WHO estimate that disability affects one in every seven people, to calculate that there are about 11,957 children in Kismayo who have a disability (Shikuku & Omar, 2017). A survey of 767 households across Somaliland found that 42% had at least one member with a disability, which was a higher than expected incidence of disability (CESVI & HI, 2012, p. 4). The survey found impairments of all kinds, as illustrated in figure 1.

³ For more information on the issues related to disability prevalence more generally, including issues with disability measurement, please see Thompson S. (2017). *Disability prevalence and trends*. K4D Helpdesk Report. Brighton, UK: Institute of Development Studies. <http://www.gsdrc.org/publications/disability-prevalence-and-trends/>

Figure 1: Types of impairment found in Somaliland



Source: CEVSI & HI (2012, p. 21)

There are a number of other studies which involved some data disaggregation which found much lower estimates of disability, although they did not specify how they were measuring disability. A collaborative profiling exercise of internally displaced persons (IDPs) in Mogadishu calculated that 2% of IDPs had a physical disability and 1% have a mental disability⁴, similar to the host population, although it is not clear how they measured disability (Somalia Disaster Management Agency et al, 2016, p. 23). Figures for economic migrants in Mogadishu were slightly higher with 3% having a physical disability and 2% a mental disability (Somalia Disaster Management Agency et al, 2016, p. 23). Other studies suggest that disability amongst IDPs is likely to be higher than the 15% average due to the trauma they have faced (AI, 2015, p. 3). A survey of Somali youth conducted for the Somalia Human Development Report found that 4% of respondents were living with a disability, 47% of whom had physical disabilities and the rest mental disabilities (UNDP, 2012, p. 2).

The only studies looking at specific types of disabilities uncovered by this review focused on psychosocial disabilities (mental health conditions). Human Rights Watch found no official data on prevalence of mental health conditions in Somaliland, although existing research pointed to 'alarmingly high levels, including severe conditions', caused by the violence, trauma, and losses of the civil war, disrupted social networks, displacement, widespread use of the amphetamine-like stimulant khat, poverty, entrenched unemployment and lack of health services (Bader, 2015, p. 5; Cavallera et al, 2016, p. 28, 35; Rivelli, 2010, p. 8). Cavallera et al (2016, p. 28) suggest that the lack of reliable and comprehensive epidemiological data on mental health problems in Somalia is due to limited research capacity and poor collection of routine data in health centres. They find that the available prevalence data vary widely and give inconclusive results (Cavallera et al, 2016, p. 28). For example, among women attending a primary health care clinic in Mogadishu, nearly one third had significant PTSD symptoms as measured with the Somalia-Posttraumatic Diagnostic Scale (Cavallera et al, 2016, p. 28). In contrast, in Somaliland a large study among adult males reported an 8.4% prevalence of mental health disorders among the general population and 15.9% among ex-combatants (Cavallera et al, 2016, p. 28). Other severe mental disorders, such as psychosis and bipolar disorder, which can be expected to increase in

⁴ One thing to note is that it is not always clear what is meant by mental disabilities in the reports which were not focusing specifically on mental health, which sometimes refers to people with mental health conditions, sometimes to people with intellectual disabilities (usually referred to as learning disabilities in the UK), and sometime the two are conflated.

prevalence within humanitarian settings, should not be overlooked in the focus on PTSD in the available research (Cavallera et al, 2016, p. 28).

Causes of impairments

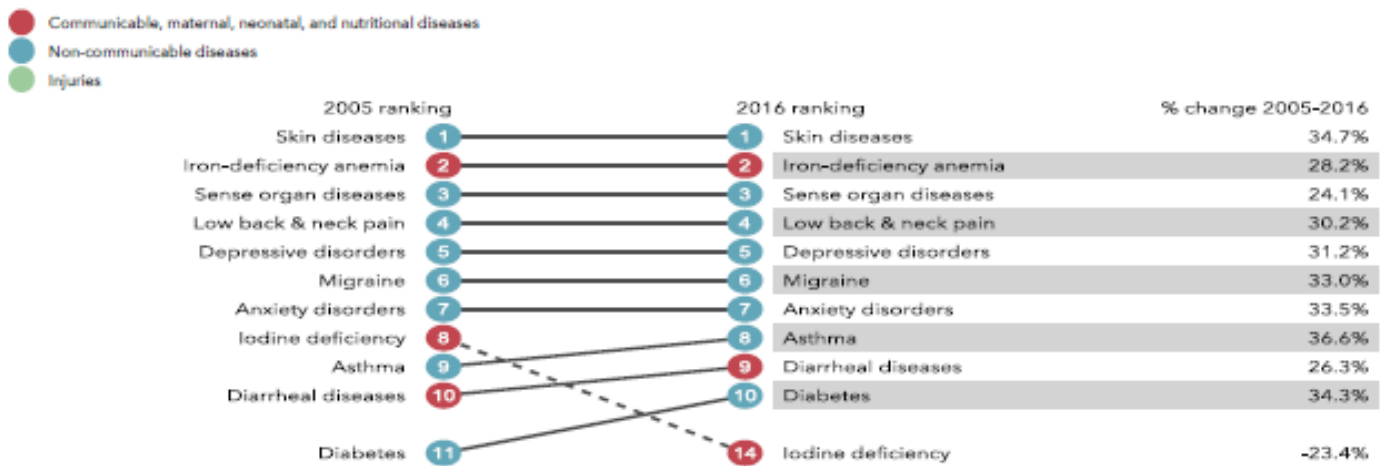
Sida (2014, p. 1) estimated that 'landmines and Explosive Remnants of War (ERW) are causing some 7000 disabilities per year and children are especially vulnerable' (see also Farah, 2015, p. 1). Disabled people's organisations interviewed by Amnesty International in 2015 felt that 'the number of people disabled as a result of the conflict constitute the majority of disabled people in Somalia' (AI, 2015, p. 3). The war has also led to an increase in mental health problems (Sida, 2014, p. 1).

The collapse of the healthcare system due to the war has contributed to the spread of preventable and curable diseases such as polio and meningitis which lead to impairments (Sida, 2014, p. 1; Hayan, 2014, p. 2). The poor care provided to pregnant women resulted in many cases of children affected by cerebral palsy and congenital disabilities (Sida, 2014, p. 1). The practice of female genital mutilation has contributed to disabilities amongst women due to fistula after childbirth or rape (Sida, 2014, p. 1).

Road traffic accidents also can result in injuries contributing to disability (Hayan, 2014, p. 2). The use of amputation as a punishment for crimes such as theft also increases the numbers of people with disabilities (2014, p. 1).

The Institute for Health Metrics and Evaluation's Global Burden of Disease country profile for Somalia presents what it has found to be the health problems that cause the most disability in 2016 in Figure 2.

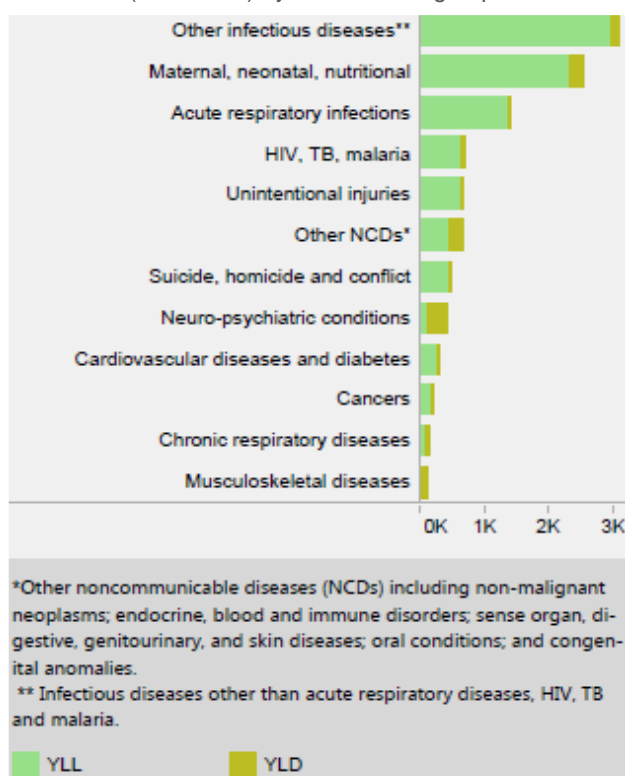
Figure 2: What health problems cause the most disability in Somalia?



Source: Institute for Health Metrics and Evaluation (no date, p. 2)

The WHO calculated disability adjusted life years for Somalia in 2012, shown in Figure 3. Disability-adjusted life years (DALYs) are the sum of years of life lost due to premature mortality (YLL) and years of healthy life lost due to disability (YLD) (WHO, 2015, p. 3).

Figure 3: DALYs, YLL and YLD (thousands) by broad cause group



Source: WHO (2015, p. 3)

Research carried out by CESVI and HI (2012, p. 4) found a correlation between low education within households and incidence of impairment, as well a correlation between lower socio-economic status of households and impairment. Lower education households are slightly (13.9%) more likely to have a higher incidence of disability (CESVI & HI, 2012, p. 24). There was 5.9% correlation between income and disability, with lower incomes associated with higher rates of disability (CESVI & HI, 2012, p. 24). This is in line with other research across the world which finds that 'poverty makes people more vulnerable to acquiring an impairment and facing related disabling barriers, and living with disabilities increases the likelihood and impact of poverty on persons with disabilities and their families' (MOLSA, 2012, p. 8; CESVI & HI, 2012, p. 24).

3. Life for people with disabilities in Somalia

Human rights observers have noted that people with disabilities in Somalia are a particularly marginalised and vulnerable group who are subjected to a myriad of abuse, including unlawful killings, rape, forced marriage, and other forms of sexual violence, forced evictions, and limited access to health services, food and water, and other essential services (Civil Rights Defenders, 2017, p. 10; Nyanduga, 2016, p. 17; Nyanduga, 2015, p. 12; AI, 2015, p. 3). People with disabilities are discriminated against by their families, the public, and the state (AI, 2015, p. 3). Their vulnerability results from the attitudinal, environmental, and institutional barriers they face, denials of their rights, and their exclusion from Somali society (MOLSA, 2012, p. 5). It should be noted that people with disabilities are not a homogenous group and the experience of disability varies according to personal and environmental factors (MOLSA, 2012, p. 21). The most at risk of vulnerability and exclusion are the 2-3% of the Somali population who have moderate or severe impairments (Handicap International Kenya/Somalia, 2014, p. 3). However, people with disabilities in Somalia have a lot to offer if given the opportunity (AI, 2015, p. 19)

Rights and legal frameworks

There is no specific national legal or policy framework regarding persons with disabilities and Somalia has not ratified the UN Convention on the Rights of Persons with Disabilities (AI, 2015, p. 18; Nyanduga, 2016, p. 17, 19; Farah, 2015, p. 2). It has however ratified other treaties such as the UN Convention on the Rights of the Child (2015), the Convention on Economic, Social and Cultural rights and the African Charter on Human and People's Rights – 'all of which make some reference to protecting the rights of persons with disabilities to fair treatment, appropriate care, inclusion and full participation in society' (Sida, 2014, p. 1). In addition it has signed the UN Standard Rules for the Equalisation of Opportunities for persons with disabilities (Sida, 2014, p. 2). The Human Rights Road Map for Somalia also includes a commitment to disability in paragraph 17⁵, although it indicates that the government lacks the financial resources to provide meaningful assistance (Sida, 2014, p. 2)

The provisional federal constitution⁶ provides equal rights before the law for persons with disabilities and prohibits the state from discriminating against them. However, the United States Department of State 2016 Human Rights Report for Somalia finds that authorities do not enforce these provisions (USDOS, 2017, p. 36; see also Nyanduga, 2015, p. 12; AI, 2015, p. 17-18; Sida, 2014, p. 2). The law also does not clarify if it applies to all persons with disabilities; does not discuss discrimination by non-state actors; or mandate for accessibility of buildings and communications (USDOS, 2017, p. 36; AI, 2015, p. 18). As a result Amnesty International finds that 'the rights of most people with disabilities continue to be excluded, and their particular needs and concerns forgotten' (AI, 2015, p. 18).

Efforts to create opportunities and a safety net for persons with disabilities, job placements; and training programming for 600 persons which were in the Federal Government Work Plan for 2014 were not achieved (Sida, 2014, p. 2).

The Ministry of Labour and Social Affairs (MOLSA) is the lead ministry on disability (Sida, 2014, p. 2). A National Council on Disability was established by the Federal Government in 2012 and has the role of mainstreaming disability into Government Policy but was not allocated a budget when the Federal Government of Somalia submitted its 2015 budget (Sida, 2014, p. 1-2). The council is an umbrella platform with representatives from various disability groups, clans and regions, although Sida (2014, p. 2) was concerned that it was unclear if women were represented.

⁵ "The Government has responsibility to protect the welfare of persons with disabilities. Due to the prolonged conflict, many people are physically or mentally disabled in Somalia. Most, if not all, of the disabled are faced with grave problems of life. For instance, the physically disabled mainly beg while the mentally ill are usually chained or imprisoned. The Government is not in a position to extend any meaningful assistance to its disabled citizens so as to alleviate their problems because of the lack of needed financial resources. However, it is committed to take measures including the adoption of appropriate legislative, administrative and other measures. It is the intention of the Government to ratify the Convention on the Rights of Persons with Disabilities." (Sida, 2014, p. 2).

⁶ <http://hrlibrary.umn.edu/research/Somalia-Constitution2012.pdf>. There are additional provisions in the Constitution to ensure that "the disabled...who have long suffered discrimination get the necessary support to realise their socio-economic rights' and the Somali Federal Government has also committed to inclusive and participatory governance (AI, 2015, p. 17-18).

A study⁷ by Amnesty International found that other regions of Somalia, notably Somaliland and Puntland, have made more progress than the Somali Federal Government in developing policies on persons with disabilities (AI, 2015, p. 19). In 2012, Somaliland produced their National Disability Policy which they intended to be used as a guideline for designing, implementing and evaluating future government policies, legislation, and a national disability action plan to ensure meaningful inclusion of persons with disabilities into Somaliland society (MOLSA, 2012, p. 5). The Somaliland Charter and the Puntland Charter also prohibit discrimination against persons with disabilities (Sida, 2014, p. 2).

Attitudes towards disabilities

Disability tends to be associated with physical disabilities in Somalia, with people with visual, hearing, intellectual, mental or speech impairments not considered as much (MOLSA, 2012, p. 8; Cavallera et al, 2016, p. 34; Ashkir, no date, p. 12). The Somaliland National Policy on Disability indicated that the long period of armed conflicts had resulted in disability being seen as a war issue and the focus of attention being on disabled war veterans, rather than people whose impairments had different causes (MOLSA, 2012, p. 8).

Research studies and representatives of disabled people's organisations (DPOs) in Somalia have highlighted the stigma people with disabilities face in Somali society (AI, 2015, p. 4; CESVI & HI, 2012, p. 17). People with disabilities are treated with pity, considered to be dependent, and as such are not equally valued by their communities (MOLSA, 2012, p. 8). The stigma around disability has resulted in families rejecting or abandoning children and adults with disabilities (Civil Rights Defenders, 2017, p. 10; AI, 2015, p. 4). Others are viewed as a burden or abused by their families (AI, 2015, p. 4). Children who remain with their families are often invisible, not being allowed to attend school, join public forums or participate in public life (AI, 2015, p. 5). Families sometimes chained children with intellectual disabilities, claiming that this was to protect them from scorn and ridicule⁸ (Cavallera et al, 2016, p. 48). Some families are over protective of their family members with disabilities, increasing their dependency and reducing their ability to participate in social and civic life (Hayan, 2014, p. 5; Handicap International Kenya/Somalia, 2014, p. 6).

A number of studies with the Somali diaspora have also looked at attitudes towards people with disabilities. Research conducted in Finland with Somali families found that in Somali culture 'disability is considered a very shameful and sensitive topic' (Starck, 2016, p. 4). Intellectual disabilities are a taboo and not spoken about, with mobility disabilities more easily accepted than intellectual disabilities (Starck, 2016, p. 27; see also Ashkir, no date, p. 14). Intellectual disabilities and mental health are often confused with each other (Starck, 2016, p. 28).

Disability is sometimes thought to be a punishment from Allah, sometimes a blessing or teaching, and sometimes a form of protection for the community (Starck, 2016, p. 27; Hayan, 2014, p. 5; Ashkir, no date, p. 12). In general disability is understood to be hereditary, although in some

⁷ Amnesty international interviewed displaced persons with disabilities and representatives of different disabled persons' organisations working with hundreds of disabled people in Mogadishu and south and central Somalia, as well as government officials, representatives from international organisations, and international non-governmental organisations.

⁸ People with intellectual disabilities have been called derogatory terms such as *doqon* and *nacas* 'foolish' (Cavallera et al, 2016, p. 34).

cases it is also explained to be the result of witchcraft and the evil eye (Starck, 2016, p. 28; Ashkir, no date, p. 11).

The “old approach” of considering people with disabilities as “defective”, “special” and in need of “fixing” has created barriers for people with disabilities (MOLSA, 2012, p. 17). Thoughtlessness, indifference, or lack of understanding are other attitudinal barriers which people with disabilities encounter (MOLSA, 2012, p. 17). In addition, the ‘predominantly charitable approach to disability in general, grounded in tradition and culture, serves to disempower many persons with disabilities’ (Handicap International Kenya/Somalia, 2014, p. 3).

Abuse

People with disabilities have been found to be subject to various forms of verbal, physical and sexual abuse, including within marriage (Civil Rights Defenders, 2017, p. 11). Domestic violence and forced marriage have been found to be prevalent practices affecting persons with disabilities (USDOS, 2017, p. 37; AI, 2015, p. 6). ‘Women and girls with disabilities faced an increased risk of rape and other forms of sexual violence, often with impunity, due to perceptions their disabilities were a burden to the family or that such persons were of less value and could be abused’ (USDOS, 2017, p. 37; AI, 2015, p.6-7; Sida, 2014, p. 1). Amnesty International and Save the Children Norway found a number of cases where ‘the families of women and girls with disabilities force them into marriage, often to older and/or abusive men, in a bid to rid themselves of the perceived burden of having a disabled child’ and do not allow them to return if they try and escape (AI, 2015, p. 6; Mills, 2015, p. 35-36). These women are often discarded by their husbands (AI, 2015, p. 8).

Amnesty International also found women who were targeted for attack specifically because they were disabled, and therefore more vulnerable (AI, 2015, p. 7-8). The wider community does not condemn these attacks because women with disabilities ‘[have] no value’ (AI, 2015, p. 8). Sida (2014, p. 1) suggested that women with physical and intellectual disability were more vulnerable to sexual abuse compared to non-disabled women. Qualitative research by Amnesty International in 2015 looked at the situation for internally displaced persons with disabilities, who experience additional abuse on top of that suffered by IDPs more generally, ‘due to perceptions of their increased vulnerability as a result of being disabled’ (AI, 2015, p. 4).

Shikuku and Omar (2017, p. 13) also report physical and verbal abuse of children with disabilities (see also CESVI & HI, 2012, p. 28). NGOs in Somaliland have reported that students with disabilities were often harassed and beaten by other students without disabilities, which was condoned by the community (USDOS, 2017, p. 37; CESVI & HI, 2012, p. 28, 31). Sida (2014, p. 1) found similar occurrences across Somalia. Several respondents to the review conducted by Save the Children Norway referred to girls with intellectual disabilities as being the most vulnerable of children with disabilities and often the victims of rape and other abuse (Mills, 2015, p. 15). CEVSI and HI (2012, p. 5, 33) found that 75% of respondents to their household survey thought that children with disabilities were highly vulnerable to sexual violence. They suggest that it is not only girls but also boys with disabilities who may be extremely vulnerable to prolonged, repeated sexual violence (CEVSI & HI, 2012, p. 5, 34). Girls with disabilities who have been raped face discrimination and sexual harassment and it was found to be common for rape survivors to leave their communities as a result of discrimination and ostracisation (CESVI & HI, 2012, p. 5, 35).

Access to justice in relation to abuses against children and adults with disabilities is extremely limited (AI, 2015, p. 8). In some cases responses to sexual violence include forced marriage of the victim to the perpetrator (CEVSI & HI, 2012, p. 5, 36).

The high levels of discrimination and violence against persons with disabilities 'hamper their opportunities to become empowered and confident players in their family and community life' (Handicap International Kenya/Somalia, 2014, p. 3).

Children with disabilities

A review⁹ by Save the Children Norway found that children with disabilities in Somaliland are invisible or forgotten as they are not included in society as a whole (Mills, 2015, p. 5). They face many challenges in their daily lives, including 'the inaccessible physical environment, lack of awareness in the communities, insufficient teaching skills, negative attitudes and stigma, and a severe shortage of assistive devices and mobility aids. Poverty was also identified as a major barrier to the inclusion of children with disabilities' (Mills, 2015, p. 5, 10-12, 18, 23, 25).

Save the Children Norway found that in general, it was felt that girls with disabilities were particularly vulnerable in comparison to boys with disabilities who tended to get what opportunities were available (Mills, 2015, p. 35).

Another study¹⁰ of children with disabilities in Somaliland, carried out by CESVI and Handicap International (HI), in 2012, found that children with disabilities face acute protection issues in Somaliland (CESVI & HI, 2012, p. 4). These included being denied education, high incidences of sexual abuse, tying up of children, and in some cases being denied food (CESVI & HI, 2012, p. 4). 40% of the study sample supported tying up children with disabilities, generally with the aim of protecting them (CESVI & HI, 2012, p. 5, 27). Acceptance of tying up children was lower in younger people and among those with more education (CESVI & HI, 2012, p. 27). In some regions, up to 28% of parents believed that children with disabilities need less food than children without disabilities (CESVI & HI, 2012, p. 5, 28).

When CEVSI and HI (2012, p. 5, 28-29) looked at community attitudes towards children with disabilities they found that 'in some towns, 80% of respondents believe that children with disabilities should not play with other children' and '50% of households support the statement that children with disabilities cannot contribute to a household'. They found that around 34% of households interviewed held discriminatory views (CESVI & HI, 2012, p. 5). Discrimination against children in Somaliland has resulted in stoning, insulting, and turning children into public spectacles (CESVI & HI, 2012, p. 5).

CEVSI and HI (2012, p. 4, 30) found behaviours and attitudes towards children varied between regions, with the regions further from Hargeisa, Erigavo in particular, showing concerning behaviours and practices towards children with disabilities.

⁹ Included field visits and participatory activities with stakeholders, including Child Welfare Committees, teachers and Child Rights Groups.

¹⁰ Involved 767 household surveys in urban areas of Hargeisa, Burao, Berbera, Borama and Erigavo, as well as focus group discussions with community leaders, parents and community members, and with children.

CESVI and HI (2012, p. 2) argue that given that Somaliland is widely regarded as the most developed and peaceful part of Somalia, it must therefore be assumed and believed that the high levels of discrimination and violence against children with disabilities found in Somaliland is just as widespread across the other regions, if not more so.

Children with disabilities have often been missed out of programmes focusing on children more generally, including as a result of lack of staff capacity in disability inclusion, while programmes which have focused specifically on them have lacked the resources to reach all children with disabilities (Mills, 2015, p. 5, 7, 21-32; CESVI & HI, 2012, p. 3).

Gender and disability

The Ministry of Labour and Social Affairs in Somaliland found that women and girls with disabilities experience higher levels of violence and have greater difficulties accessing education in comparison to men or boys with disabilities (MOLSA, 2012, p. 21). Men and women with disabilities struggle to date and marry like their non-disabled peers (Farah, 2015, p. 2).

Disabilities have also been found by a study into the impact of war on Somali men by the Rift Valley Institute's (RVI) to be one of the factors resulting in inequalities which influence the lives of men and women (Gardner & El-Bushra, 2017, p. 7).

Education

The education of people with disabilities has not been considered a priority in Somalia and children with disabilities have very limited access to any educational opportunities (Starck, 2016, p. 27; Sida, 2014, p. 3). An informal survey carried out in Mogadishu of 10 schools concluded that less than one per cent of children with disabilities are enrolled in school (Farah, 2015, p. 2). Sida (2014, p. 1) found people with disabilities faced widespread discrimination in the education sector, both from teachers and other students. Education services for children with disabilities tend to mainly be provided through so called 'special schools' which are only for children with disabilities, divided according to their impairment, rather than through inclusive education (MOLSA, 2012, p. 15).

However, the Puntland Ministry of Education launched a Strategic Plan for 2011–2015 including a section on special education; and the importance of including students with disabilities has been stressed by the Ministry of Education in Somaliland (Sida, 2014, p. 2). International donors have also provided some financial support and training for inclusive education (Sida, 2014, p. 3).

Research in Somaliland found that 45% of children with disabilities attend school, compared to 60% of the urban population (CESVI & HI, 2012, p. 5, 25). It was easier for children with disabilities to attend schools in Hargeisa than elsewhere as a result of a lack of resources, a lack of services and access issues (CESVI & HI, 2012, p. 5, 26).

A report by Shikuku and Omar (2017, p. 7) looked at the inclusion of children with special educational needs in selected mainstream schools in Kismayo region, Jubaland, Somalia, using both quantitative and qualitative data. They found that making inclusive and special needs education a reality was challenging due to 'limited resources, insufficient funding, environmental and attitudinal barriers' (Shikuku & Omar, 2017, p. 7). Specific challenges that need tackling included:

- Lack of knowledge and additional skills in teaching learners with disabilities among teachers;

- Inadequate communication skills by teachers and learners with different types of disabilities in schools;
- Frequent absenteeism and drop out from school by learners, especially those with disabilities;
- Inadequate teaching and learning resources;
- Lack of available mechanisms to raise awareness on disability mainstreaming, proper identification of disability and early interventions;
- Negative attitudes by the teachers and the community towards learners with disabilities;
- Inaccessible school infrastructure, including classrooms and toilets;
- Inconsistent data for people living with disability;
- Poor attitudes towards people with disabilities;
- Lack of assistive devices (Shikuku & Omar, 2017, p. 7-8, 19).

Shikuku and Omar (2017, p. 8) indicate the need for baseline surveys to map and determine the number of people with disabilities to ensure interventions can properly target them as not enough is currently known about the numbers of people with disabilities. Out of an estimated 11,957 children with disabilities in Kismayo, only 15 were reported to be in school (Shikuku & Omar, 2017, p. 10). The education system does not have formal assessment tools for identification of disabilities (Shikuku & Omar, 2017, p. 12).

Lack of teacher training to provide additional support to learners with special educational needs means that most learners with disabilities who manage to make it to school find themselves in mainstream classrooms without any additional support they may need (Shikuku & Omar, 2017, p. 12). Shikuku and Omar (2017, p. 17) found that most disabled learners in Kismayo received help from their peers rather than from teachers.

Some teachers gained training in special needs education during their time as refugees in Dadaab (Shikuku & Omar, 2017, p. 12). Otherwise there was no funding for special needs education and training in Kismayo from either the Ministry of Education, local or international donors (Shikuku & Omar, 2017, p. 23).

Schools are often physically inaccessible to children with disabilities, and even if they are accessible, the distance to school and inaccessible transport options mean children with disabilities cannot attend (Shikuku & Omar, 2017, p. 22). Children with physical disabilities find it especially challenging to walk to and from school (Shikuku & Omar, 2017, p. 22).

Challenges in regularly attending school and lack of teacher skills in addressing their needs make it harder for learners with disabilities to pass their examinations (Shikuku & Omar, 2017, p. 21, 22).

Infrastructure, communications, and transport

People with disabilities in Somalia face environmental barriers that hinder their access to services and equal participation in society (Farah, 2015, p. 3). In 2011 SIDA found that only 25 percent of public buildings including ministries, police stations, and health facilities, were designed for wheelchair accessibility and no public transportation facilities had wheelchair access (USDOS, 2017, p. 36; MOLSA, 2012, p. 18; Hayan, 2014, p. 3). Other accessibility features were also found to be absent (MOLSA, 2012, p. 18). As noted above, schools are also

often physically inaccessible (Shikuku & Omar, 2017, p. 22). The Ministry of Labour and Social Affairs of Somaliland also highlighted that the majority of private buildings which offer services like health, education or information are inaccessible (MOLSA, 2012, p. 18).

Public information on governance, health (including HIV/AIDS), or other important issues, were found to be largely inaccessible due to a lack of sign language, audio tapes, Braille, or pictorial provisions (MOLSA, 2012, p. 18-19). This contributed to the exclusion of people with disabilities (MOLSA, 2012, p. 18; Farah, 2015, p. 3).

Bus drivers are reportedly reluctant to pick up people with disabilities because they assume they can't pay or that they take too long to board or alight from the bus (AI, 2015, p. 15). As a result of inaccessible transport options persons with disabilities are limited in their options to earn an income, as well as participate in social life equal to their peers (MOLSA, 2012, p. 18).

Healthcare and support

There are no specific healthcare or financial support systems for disabled people in Somalia, increasing their dependence on others and making independent life difficult (Starck, 2016, p. 27). Traditionally relatives, mainly women, have been responsible for providing care for persons with disabilities (Starck, 2016, p. 27). Local disability organisations and some other NGOs provide some rehabilitation services and assistive devices (MOLSA, 2012, p. 14). Much of the available information on healthcare uncovered by this review was focused on what was available for people with mental health conditions rather than other types of disabilities.

Livelihoods

Little information appeared to be available in relation to the livelihood opportunities of people with disabilities in Somalia. One Somali disability activist describes how '[a]bandoned, uneducated, malnourished, discriminated against, neglected and vulnerable, [life for people with disabilities] is a daily struggle to survive' (Farah, 2015, p. 1).

Some DPOs provide livelihood skills training to people with disabilities, while others have provided some small grants (MOLSA, 2012, p. 16). The Ministry of Labour and Social Affairs of Somaliland found that urban planning for markets did not take accessibility issues into consideration (MOLSA, 2012, p. 18).

Political participation

Handicap International Kenya/Somalia (2014, p. 4) describe how persons with disabilities faced significant barriers to access electoral processes on a free and equal basis as other members of Somaliland society. The existing legal election framework made no provisions to ensure non-discrimination on the basis of disability (Handicap International Kenya/Somalia, 2014, p. 4). There was no mention of reasonable accommodation measures for equal participation in elections (e.g. Braille or layover ballot papers for visually impaired persons, outreach for registration and voting by those people with mental health problems, organisation of community and family support for those who have physical difficulties to reach registration and voting) (Handicap International Kenya/Somalia, 2014, p. 4). Some support was provided in the 2010 elections for people with physical disabilities but people with other types of disabilities were left out (Handicap International Kenya/Somalia, 2014, p. 5).

Attempts by disability activists to run for elections 'were ultimately unsuccessful due to an inability to overcome attitudinal barriers, often grounded in cultural and traditional setup of Somaliland society' (Handicap International Kenya/Somalia, 2014, p. 5). Women with disabilities face double discrimination when trying to run (Handicap International Kenya/Somalia, 2014, p. 5).

Previous civic education campaigns have not included persons with disabilities, which hindered their ability to fully participate in the elections (Handicap International Kenya/Somalia, 2014, p. 5). Negative attitudes or socio-economic constraints towards persons with disabilities within the families and communities made it harder for them to physically get to the registration and/or polling stations or centres (Handicap International Kenya/Somalia, 2014, p. 6).

People with disabilities have struggled with physical barriers at, and on the way to, polling and registration stations (Handicap International Kenya/Somalia, 2014, p. 6). In addition, those who were able to make it to the polling stations were 'frequently met by expression of resentment and unwelcoming attitudes from polling station staff towards their presence in the voting process' (Handicap International Kenya/Somalia, 2014, p. 6).

Psychosocial disabilities/mental health

A number of reports have looked in greater detail at the situation of people with psychosocial disabilities, or mental health conditions in Somalia, who often experience high social stigma (Bader, 2015¹¹; Cavallera et al¹², 2016, p. 50; Rivelli¹³, 2010). Rivelli (2010, p. 8) found that there was a 'very poor and partial understanding of mental health by the general public'. The word *waalan* is widely used throughout Somalia to define a person affected by a severe mental illness and has strong negative social implications, leading to social exclusion, isolation and stigmatisation (Cavallera et al, 2016, p. 29-30, 50). It is very hard for someone labelled *waalan* whose symptoms are reduced or controlled to reintegrate back into their communities (Cavallera et al, 2016, p. 30). Forms of mental illness without severe behavioural disturbances are not perceived as negatively (Cavallera et al, 2016, p. 29). Mental illness is thought to come from a range of causes, including as a result of God's will, from evil spirits, *Sar* (spirit) possession, evil eye, curses and witchcraft, natural causes, stress and emotions (Cavallera et al, 2016, p. 38-40).

Somalis will often first turn to religious and traditional healers, who offer a wide range of different treatment options to treat mental health distress¹⁴ (Cavallera et al, 2016, p. 44, 46, 55).

Traditional healers tend to be consulted if witchcraft is suspected to be the cause of the illness (Cavallera et al, 2016, p. 44). Western psychiatric treatment is often considered as a last resort,

¹¹ Human Rights Watch examined the abuses against people with actual or perceived mental health conditions or psychosocial disabilities in public and private institutions in Somaliland between October 2014 and July 2015. They interviewed 115 people, including 47 people with actual or perceived psychosocial disabilities.

¹² Research carried out on behalf of UNHCR involving a literature review and key informant interviews conducted from August to November 2015, as well as data collected during visits on the ground between 2003 and 2011.

¹³ A situation analysis on mental health in Somalia carried out on behalf of WHO through a participatory process, which engaged stakeholders through desk review work, group discussions, data collection, and consultative meetings in Somalia and Nairobi.

¹⁴ See Cavallera et al (2016, p. 45) for the care practices for specific causes of mental health distress.

which Cavallera et al (2016, p. 44) suggest may be due to poor and inconsistent availability and access to appropriate psychiatric care and medications, rather than scepticism about efficacy.

There are few specialised services to provide support for people with psychosocial disabilities, most of which are found in Somaliland and Puntland, and there is a lack of essential psychotropic drugs (Cavallera et al, 2016, p. 24-25, 49; Rivelli, 2010, p. 8). There is a lack of legislation on mental health and the sector is underfunded, leading to an inadequate response to the challenges faced by people with mental health conditions (Rivelli, 2010, p. 8). In recent years private centres, of varying quality, have flourished in many towns (Cavallera et al, 2016, p. 24). 'Community based psychosocial programmes, linking home based rehabilitation to clinical management at public facilities, are sporadically available, based on availability of intermittent funds' (Cavallera et al, 2016, p. 25). Often ill-informed relatives are left with no place to turn to for help on how to support their relative with psychosocial disabilities (USDOS, 2017, p. 37; Bader, 2015, p. 5-7; Sida, 2014, p. 1). Many are chained¹⁵ to trees or restrained within their homes, and significant social stigma exists around mental health conditions (USDOS, 2017, p. 37; Bader, 2015, p. 6; Cavallera et al, 2016, p. 44, 48). Chaining can last for months or years (Cavallera et al, 2016, p. 48). Chaining is often used to try and prevent people with severe mental disorder from committing an assault for which the family would be forced to pay compensation (Cavallera et al, 2016, p. 48).

Cavallera et al (2016, p. 44) found that mentally ill family members were only excluded from the family in extreme cases of violence or deviant behaviour, or when the family's resources have been stretched to breaking point. Human Rights Watch found that people with actual or perceived psychosocial disabilities were increasingly vulnerable to institutionalisation and abuse as a result of the 'high prevalence of mental health conditions, the dearth of appropriate government supported community-based services for families who are struggling with challenges that arise because of a relative with a psychosocial disability, and the lack of information about mental health' (Bader, 2015, p. 8).

Private centres, claiming to offer mental health treatment, were found to be proliferating without appropriate legal framework, regulation or oversight (Bader, 2015, p. 8). In 2015, there were only two qualified psychiatric doctors in Somaliland for an estimated population of 3.5 million making it very difficult for people with psychosocial disabilities to experience appropriate treatment. Both public and private centres largely failed to prepare the residents to return to their communities and many were readmitted multiple times (Bader, 2015, p. 11).

Human Rights Watch (Bader, 2015, p. 4, 6, 8-9) and Civil Rights Defenders (2017, p. 7, 11) report that people with psychosocial disabilities who have been placed in public and private institutions are often held against their will in prison-like conditions and without judicial oversight. In many of these institutions they face arbitrary detention, chaining, verbal and physical abuse, involuntary medication, lack of adequately trained staff, overcrowding and poor conditions (Bader, 2015, p. 4-6, 9-11; Civil Rights Defenders, 2017, p. 11; Cavallera et al, 2016, p. 24, 48). Some people have been kept in institutions for up to 18 years (Cavallera et al, 2016, p. 24). In Somaliland, Human Rights Watch found that most institutions hold men rather than women,

¹⁵ 'Chaining people with a mental disorder is a harmful practice that often amounts to the violations of the human rights of the person' (Cavallera et al, 2016, p. 48).

although women with psychosocial disabilities also suffer serious abuses in healing centres and in their communities (Bader, 2015, p. 6).

Cavallera et al (2016, p. 25) does note that there have been improvements in the clinical management of main public facilities in the past decade, and they are mostly chain-free. Doctors from the main universities in Somaliland have received training in mental health since 2008 and there is a short mental health course of around ten days included in the undergraduate medical and nursing school curricula in Somaliland (Cavallera et al, 2016, p. 25)¹⁶.

Most of those interviewed by Human Rights Watch would have preferred to be treated on an outpatient basis while living with their families (Bader, 2015, p. 11). Human Rights Watch found that, despite Somaliland authorities recognising that mental health is a serious health problem, they failed to provide adequate support to public inpatient and outpatient services; oversight of the proliferating private sector; or to establish community-based services (Bader, 2015, p. 11).

International support has overlooked and underfunded mental health (Bader, 2015, p. 11; Rivelli, 2010, p. 8).

Access to humanitarian assistance

Sida (2014, p. 1) found that people with disabilities and the elderly had great difficulty accessing humanitarian aid and were excluded from most essential services in emergencies and left behind in refugee camps. For instance, humanitarian assistance provided to internally displaced persons in Mogadishu was often not provided in an accessible manner and Amnesty International found that people with disabilities and their families lost out (AI, 2015, p. 10). They also interviewed a group of blind people whose assistance was regularly stolen from them (AI, 2015, p. 10). Sida (2014, p. 1) noted that there were efforts in some of the clusters to ensure that the services provided by the international community reached people with disabilities.

Shikuku and Omar (2017, p. 23), however, found that WASH, education and protection cluster meetings did not mainstream disability, while UN agencies and INGOs like NRC, WFP, UNOCHA, CARE, SCI admitted that there was no disability mainstreaming in their project design and implementation.

Forced evictions

Civil Rights Defenders (2017, p. 10-11) report regular forced evictions of people with disabilities by government and private actors. Amnesty International also found many persons with disabilities were living in internally displaced persons settlements, both as a result of the conflict and in order to escape abusive domestic situations, who were vulnerable to forced evictions in Mogadishu (AI, 2015, p. 9-14). Sometimes those forcibly evicting them specifically mentioned their disability as a reason: 'They say to us "women with disabilities do nothing. We won't benefit from you, you can't do anything, so you should move."' (AI, 2015, p. 13).

¹⁶ The WHO and GRT developed A manual for checking Mental Health Best Practices in Somalia in 2012 with the objective of improving the quality of services and human rights conditions in inpatient and outpatient mental health facilities in Somalia (WHO & GRT, 2012, p. 6).

Amnesty International found that people with disabilities who are forcibly evicted often face issues with the distance they then have to travel to maintain their livelihoods as they may struggle to move from one place to another (AI, 2015, p. 14-15).

Mutual assistance

Amnesty International interviewed a group of displaced blind people who responded to the difficulties they faced in IDP camps by setting up their own community in Wadajir district, Mogadishu (AI, 2015, p. 11-12). The community felt that by coming together they were better able to support each other, although they were initially neglected by aid agencies and the government, and the community was vulnerable to theft and extortion (AI, 2015, p. 11). However they were forced off the initial land by the landowner and have had to move to another piece of land that was very small, congested, and not legally theirs (AI, 2015, p. 11-12).

Amnesty International also interviewed another group of women with disabilities who support each other (AI, 2015, p. 12). However, they too have had to move around after being forcibly evicted on multiple occasions (AI, 2015, p. 12-13). As some of the locations they were living in were insecure the women would travel as a group for protection when collecting water for instance (AI, 2015, p. 14).

Disability, the army and armed groups

Amnesty International also found reports that the Ministry of Defence had been discharging soldiers who were injured and disabled in the line of duty without support, including those who had served while being disabled as ‘they didn’t need people with disabilities’ (AI, 2015, p. 16).

It has been reported that Al-Shabaab has been deliberately recruiting persons with disabilities as fighters, prison guards and spies, offering them power, recognition, respect and means of income through participation in the “holy war” (Sida, 2014, p. 1).

Advocacy and disabled people’s organisations

Despite the difficult context, the disability movement in Somalia has been able to organise to a certain extent (Handicap International Kenya/Somalia, 2014, p. 3), although Sida (2014, p. 1, 3) found disability organisations to be fragmented. Different groups of people with disabilities in Somalia have mobilised to engage with the Government and claim their rights, including by staging demonstrations (AI, 2015, p. 17; Sida, 2014, p. 1). However, Sida (2014, p. 3) found that DPOs were never consulted when laws and regulations with a disability aspect were being prepared.

There are a number of local NGOs who provide services and advocacy for persons with disabilities¹⁷. They have established disability centres and schools for children with hearing and visual impairments, and provided assistive devices, which have helped to improve the situation of persons with disabilities (Starck, 2016, p. 27; Sida, 2014, p. 3-4; Mills, 2015, p. 43).

¹⁷ For more details on these organisations see companion paper Manku, K. (2018). *Supporting persons with disabilities in Somalia*. K4D Helpdesk Report 270. Brighton, UK: Institute of Development Studies.

They have received negligible support from local authorities (USDOS, 2017, p. 37). Civil society organisations representing people with disabilities in Somalia have complained about restrictions on freedom of expression and opinion, the ongoing insecurity and poor relations between the Government and civil society (Nyanduga, 2016, p. 6). In addition, 'representatives of persons with disabilities stated that they did not receive any support from the Government or the international community', although the government has stated that it is committed to improving their rights and elements of the international community have supported some capacity development of DPOs (Nyanduga, 2016, p. 6, 17; Farah, 2015, p. 4; MOLSA, 2012, p. 15; Handicap International Kenya/Somalia, 2014, p. 3).

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