# Dignity Disrespected:
# The perceptions and priorities of persons with disabilities in Somalia

## Acknowledgements

The National Disability Agency (NDA) of Somalia would like to extend its deepest gratitude to the United Nations Assistance Mission in Somalia (UNSOM) and other UN Agencies funding and Programs namely, UNDP, IOM, WFP their unwavering support and partnership in its mission to conduct a comprehensive nationwide disability needs assessment in Somalia which was successfully completed in July 2023. NDA would also like to extend its sincere appreciation to Trinity College Dublin (TCD) for their resolute technical assistance in data analysis and data cleaning throughout the implementation period of this project. Their crucial support played an essential role in publishing this report. This initiative aimed to address the critical needs and challenges faced by persons with disabilities in Somalia, spanning across five Federal States and the capital city, Mogadishu.

The importance of this disability needs assessment cannot be underestimated. It represents a significant step towards understanding the unique challenges faced by individuals with disabilities in Somalia. By identifying these challenges comprehensively, NDA can work collaboratively with its national and international partners to develop targeted interventions that will improve the lives and opportunities of persons with disabilities in Somalia.

Once again, please accept our deepest gratitude for your unwavering support in this vital initiative. We look forward to continued collaboration as we work collectively towards a more inclusive and equitable Somalia, where the rights and needs of persons with disabilities are fully recognized and respected.

Yours sincerely,

Fartun Ali Abdirahman
Secretary General
National Disability Agency of Somalia


**FOREWARD FROM THE CHAIRPERSON**
**The perceptions and priorities of persons with disabilities in Somalia**

The National Disability Agency (NDA) is with a great pleasure that to introduce this publication: Dignity Disrespected: "***the perceptions and priorities of persons with disabilities in Somalia***". This comprehensive and insightful work sheds light on the unique challenges faced by persons with disabilities in our country, while also highlighting their resilience, strength, and immense potential.

Globally, persons with disabilities have long been marginalized and overlooked, their voices often unheard in society. However, it is essential that we recognize their rights, promote their inclusion, and provide equal opportunities for their participation in all aspects of life. This publication serves as a significant step towards achieving these goals.

In Somalia, as in many other countries, the journey towards inclusivity and equality for persons with disabilities still represents a significant challenge. This publication serves as a valuable resource for policymakers, advocates, and communities, offering a deeper understanding of the issues faced by persons with disabilities and the necessary steps to ensure their empowerment and a life with dignity.

I commend the authors, researchers, and contributors for their dedication and commitment in bringing forth this publication. I also would like to express my gratitude to the organizations, institutions, and individuals who have supported the creation of this publication. Your unwavering support and belief in the rights of persons with disabilities are admirable, and your contributions have made this publication a reality.

I invite you all to read the pages of this publication and to reflect upon the experiences, struggles, and achievements of persons with disabilities in Somalia. Let us use this knowledge to shape policies, programs, and initiatives that break down barriers, promote inclusivity, and create a society where every individual can thrive and contribute to the fullest extent of their abilities and potential.

This publication is a valuable resource for anyone who wants to learn more about the situation of persons with disabilities in Somalia. It is also a call to action for all stakeholders to work together to create a more inclusive and accessible society for all. Together, let us work towards a future where persons with disabilities in Somalia are not only valued and respected but also actively included in all aspects of our society.

May this publication serve as a catalyst for change, inspiring us all to advocate for a more inclusive, equitable, and accessible societies.

Mohamed Abdul Jama
Chairperson
The National Disability Agency (NDA)
Date January 6, 2024

## Background

Somalia has taken legislative steps to promote the rights of persons with disabilities. The Provisional Constitution of the Federal Republic of Somalia under Article 11(1) explicitly guarantees Somali citizens with disabilities equal rights before the law and article 27 (5) contains a positive obligation in terms of economic and social rights—it ensures that persons with disabilities "…who have suffered discrimination get the necessary support to realize their socio-economic rights". On 6 August 2019, following extensive consultations and advocacy, the Federal Government of Somalia (FGS) ratified the UN Convention on the Rights of Persons with Disabilities. In addition, Somalia endorsed the UN Standard Rules for the Equalization of Opportunities for Persons with Disabilities. The advocacy and ratification of the Convention generated momentum on the implementation of the rights of the persons with disabilities which resulted in the fast-tracking of a national mechanism. In this regard, on 31 December 2018, the President of Somalia signed the National Disability Agency Bill into law and the National Disability Agency (NDA) was launched in 2021.

The NDA has a broad mandate to support the implementation of Somalia's obligations under the UN Convention on the Rights of Persons with Disabilities. The NDA spearheaded this study to understand the perceptions and priorities of persons with disabilities across a range of sectors, in line with Somalia's recently adopted interim poverty reduction strategy, the ninth National Development Plan 2020-2024 (NDP9). NDP-9 is organized around four pillars including "improved social development", which focuses on "strategies and interventions that improve access by Somali citizens to [...] essential services, including social protection systems in times of extreme need." It is essential that persons with disabilities, as a marginalised group, are well represented in social development plans, and the *NDA Disability in Somalia* study represents a baseline to inform action.

## Methodology

The study involved a mixed methods design comprising an in-person survey[1], focus group discussions (FGDs) and key informant interviews (KIIs) (Table 1). All data was collected in Somali[2] or through Somali Sign Language using an interpreter where relevant. Communication support materials were developed to allow respondents with communication disabilities (i.e. those who didn't use speech / Somali Sign Language as their primary modality of communication) to participate.

Recognising the need for a whole-of-country approach, the perspectives and priorities of persons with disabilities from each of the five regional capitals plus the country capital of Mogadishu, were sought. Sampling was purposeful and all respondents included self-identified as having a disability, identified with the support of local Organisations of Persons with Disabilities (OPDs) and snowball sampling. A methodological challenge emerged with regards to the complexity of administering and recording the responses on the Washington Group / UNICEF Child Functioning Module, resulting in missing and inconsistent data[3].

The Washington Group Questions (Short Set) were used as the self-reporting tool as a means of describing the sample and understanding the experiences reported by people with different functional difficulties. The short set of questions ask about six core domains of functioning – seeing, hearing, walking, cognition, communication, and self-care. Following the pilot in Kismayo, a seventh question addressing swallowing function was included. Although not part of the WGQs, the large number of respondents reporting the need for food that is easy to chew indicated that swallowing difficulties may be a relevant domain of functioning impacting on the ability of individuals to utilise the food available to them.

Table 1. Data collection processes, participant numbers, and analysis methods

| | Survey | KIIs | FGDs |
|---|---|---|---|
| **Total** | 1653[4] | 30 | 180<br>across 18 FGDs |
| **Women** | 754 | 18 | 74 |
| **Men** | 899 | 12 | 106 |
| **Data collection process** | Administered in-person, through Somali, by trained enumerators[5] | Semi-structured interview / discussion, conducted in Somali by trained facilitators, using 4 guiding questions[6] and communication support tools for participants with cognitive or communicative disabilities | |
| **Analysis methods** | Descriptive statistics | Reflexive thematic analysis[7] (inductive) | |

[1] In-person surveys and the sampling strategy were developed by the NDA - with input from the Somalia Bureau of Statistics, different UN agencies, Organisations for Persons with Disabilities (OPDs) in Somalia, and the SADIE Network from Trinity College Dublin - expanding on a survey tool that had previously been used in disability inclusion studies in South Sudan (The International Organization for Migration [IOM], 2021) and internally displaced person (IDP) camps in Kismayo, Somalia (IOM, 2021).

[2] The Washington Group Questions (relating to self-report of disability) were translated into Somali and sense-checked by first language Somali speakers familiar with the nature and purpose of the Washington Group Questions.

[3] This report focuses on adults with disabilities, presenting the profile of disabilities with regards to children across the regions. Large amounts of missing data and inconsistencies in recording of data meant that child-related data could not be analysed.

[4] 13 incomplete responses; analyses completed on 1640 responses, with missing responses from Baidoa (1), Mogadishu (3), Dhuusamareeb (1), Jowhar (2), Garowe (6)

[5] Enumerators attended a 2 day training in each region. Composition of enumerators as follows - Baidoa: twenty-one (6 female, 15 male); Garowe: twenty (12 female, 8 male); Jowhar: twelve (5 female, 7 male) Mogadishu: twenty six (7 female, 19 male) including 5 enumerators with disabilities (1 male and 4 female).

[6] (1) What is it like to live in this community as a person with a disability? (2)Tell me about how you participate in community life. (3) Are there times when you are left out or treated differently to others? (4) What are the biggest difficulties that you face in this community?

[7] Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, *9*(1), 3. In the analysis of this dataset, a single core theme was developed, representing the 'pattern of meaning' evident in the data.

## Dignity Disrespected

The overarching theme of *Dignity Disrespected*, from the extensive qualitative data collected, captures the sense of pervasive discrimination and exclusion reported by focus group participants and key informants across all regions. This overarching theme was constructed of four component themes. The first is that of *Claiming Dignity*: participants recounted examples of employment, emphasised their potential to contribute to their community, and shared experiences of upholding the dignity of other persons with disabilities. The other three themes, illustrate the "*unspeakable discrimination*" experienced in everyday life and in interactions with institutions and organisations. Participants recounted experiences from different sectors and services; illustrative quotes are provided in each section of the report, highlighting this central tussle over **Claiming Dignity** in the face of **Disrespect, Discrimination and Denial of Opportunity**.

**THEME 1 Claiming dignity:** Seeking spaces and stories where dignity thrives

Some people with disabilities have resisted [the disrespect] and integrated into the community because their participation in certain aspects of social life is regarded as critical. (KII, Baidoa)

I have strong resilience to deal with those challenges, and aside from those challenges, I can do so many things to help others. (KII, Garowe)

The way persons with disabilities are being treated is ostensibly institutional discrimination. (KII, Kismayo)

This mind-set has caused psychological, social, and economic harm to people with disabilities. (FGD, Dhuusamareeb)

So the question is whether the interests of people with disabilities are ever considered by any group of people at any level, be it humanitarian, government, businesspeople, or any other group? (FGD, Jowhar)

In a nutshell, discrimination is extremely hurtful and harmful, and it can lead to family dissolution and undermine societal cohesion (KII, Mogadishu)

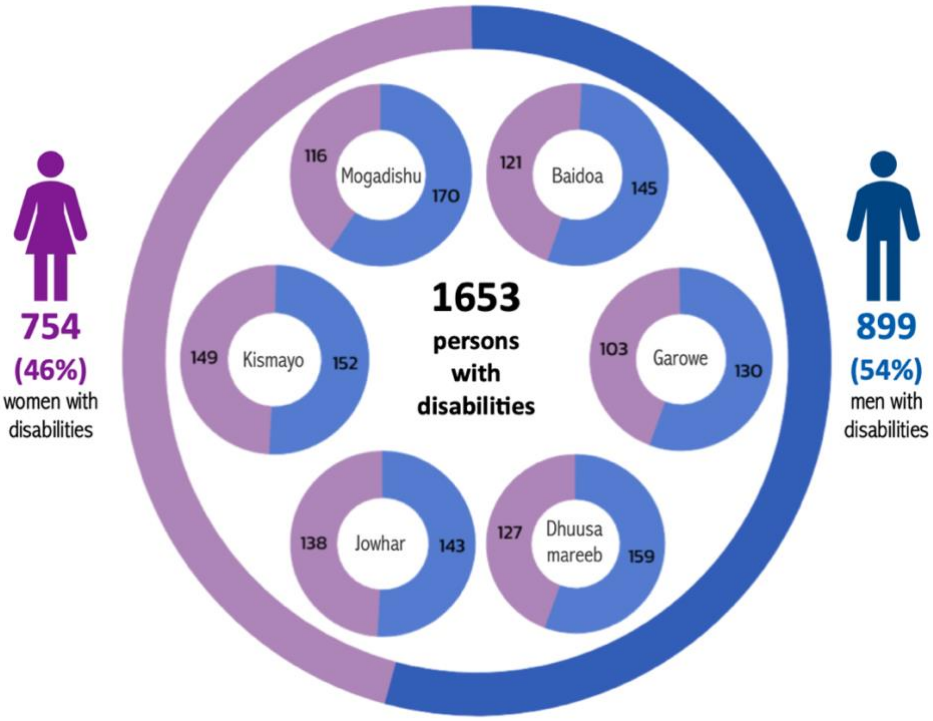
**THEME 2 "Embedded, institutionalised discrimination at all levels":** Ignored in policy, planning and programming

**THEME 4 "The consequences of discrimination are disastrous":** Impact on the person, the family and the community

**THEME 3 "Being disabled is the only time you have no clan":** Marginalisation in a hostile society

Living in this community is equivalent to being cut off from the rest of the world. (KII, Dhuusamareeb)

People with disabilities are viewed as inhuman who deserve no attention in real life. (FGD, Garowe)




| Age | | |
|---|---|---|
| Average (range) | | Average (range) |
| 49 (18 – 110) | | 49 (18 – 106) |

| Marital status | | |
|---|---|---|
| Number (%) | | Number (%) |
| 367 (48.7%) | Married | 560 (62.3%) |
| 106 (14.1%) | Single | 247 (27.5%) |
| 186 (24.7%) | Widowed | 41 (4.6%) |
| 94 (12.5%) | Divorced | 50 (5.6%) |

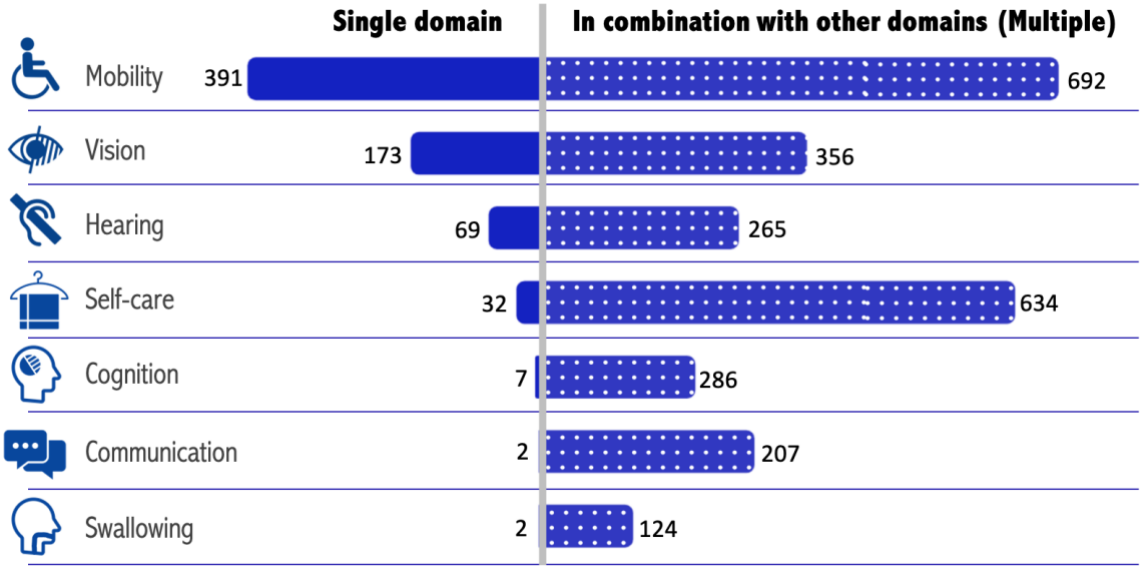
| Primary language(s) | | |
|---|---|---|
| Number (%) | | Number (%) |
| 736 (97.6%) | Somali | 878 (97.7%) |
| 10 (1.3%) | Somali Sign Language | 16 (1.8%) |
| 2 (0.3%) | Arabic | 20 (2.2%) |
| 2 (0.3%) | Mushunguli | 5 (0.6%) |
| 1 (0.1%) | Bravanese (Chimwiini/Chimbalazi) | 1 (0.1%) |
| 2 (0.3%) | Kibajuni | 0 |
| 0 | English | 15 (1.7%) |
| 1 (0.1%) | Kiswahili | 1 (0.1%) |
| 0 | Italian | 2 (0.2%) |
| 7 (0.9) | Other / Unspecified | 1 (0.1) |

## Disability: Profiles of functional difficulties in the sample

The Washington Group Questions (Short Set) (addressing the functions of seeing, hearing, walking, cognition, communication, and self-care) were used, with a seventh question on swallowing added based on the pilot data.[8] Functional difficulties in a single domain[9] were reported by a third of participants (33.7%). The most frequently reported single domains of difficulty were mobility (391 people; 23.8%); vision (173 people, 10.5%); hearing (69 people, 4.2%) and self-care (32 people, 2%). Cognitive, communication and swallowing difficulties were reported in isolation by a very small number of participants (7, 2 and 2 respectively), representing less than 3.5% of the sample in total. However these difficulties were reported very frequently by respondents with difficulties in multiple domains. In the report, analysis is presented by domains of functional difficulties. These figures do not represent the proportion of *individual respondents* but the frequency of experiences by domain, where participants may experience more than one domain of difficulty.

## Frequency of difficulties by functional domain

1640 respondents, 4496 reported difficulties (respondents can report multiple domains of difficulty)




People with disabilities are not considered full human beings. […]and there is nothing you can do about it. In fact, you are fortunate if you are not stoned. (*KII, Dhuusamareeb*)

I have lived a life without impairment, and now that I am disabled, I can sense the difference; for example, people rarely respect me; once you are disabled, the state takes away all of your rights. *(FGD, Kismayo)*

People who are different from us can be frightening at times, but it's important to remember that we all have something unique to offer and that we should be kind and open-minded to one another regardless of our differences.
(*FGD, Dhuusamareeb*)

Living in the community as a disabled person presents unique challenges that only those who are disabled can understand and those who are not disabled cannot feel. *(KII, Garowe)*

[8] It should be noted that the swallowing question is NOT part of the Washington Short Set (WG-SS) or extended set of questions. This question was added, written in the same style as the WG-SS with the same response categories following the pilot in Kismayo. The proportion of respondents in the pilot reporting the need for food that is easy to chew suggested that swallowing difficulties may be a relevant domain of functioning impacting on the ability of individuals to utilise the available food. In addition, given the mandate of WFP, the issue of functional difficulties that could interfere with the utilisation of food was of interest.

[9] Washington Group Questions, using the threshold of 'a lot of difficulty' or cannot do at all'.

## Experiences of discrimination

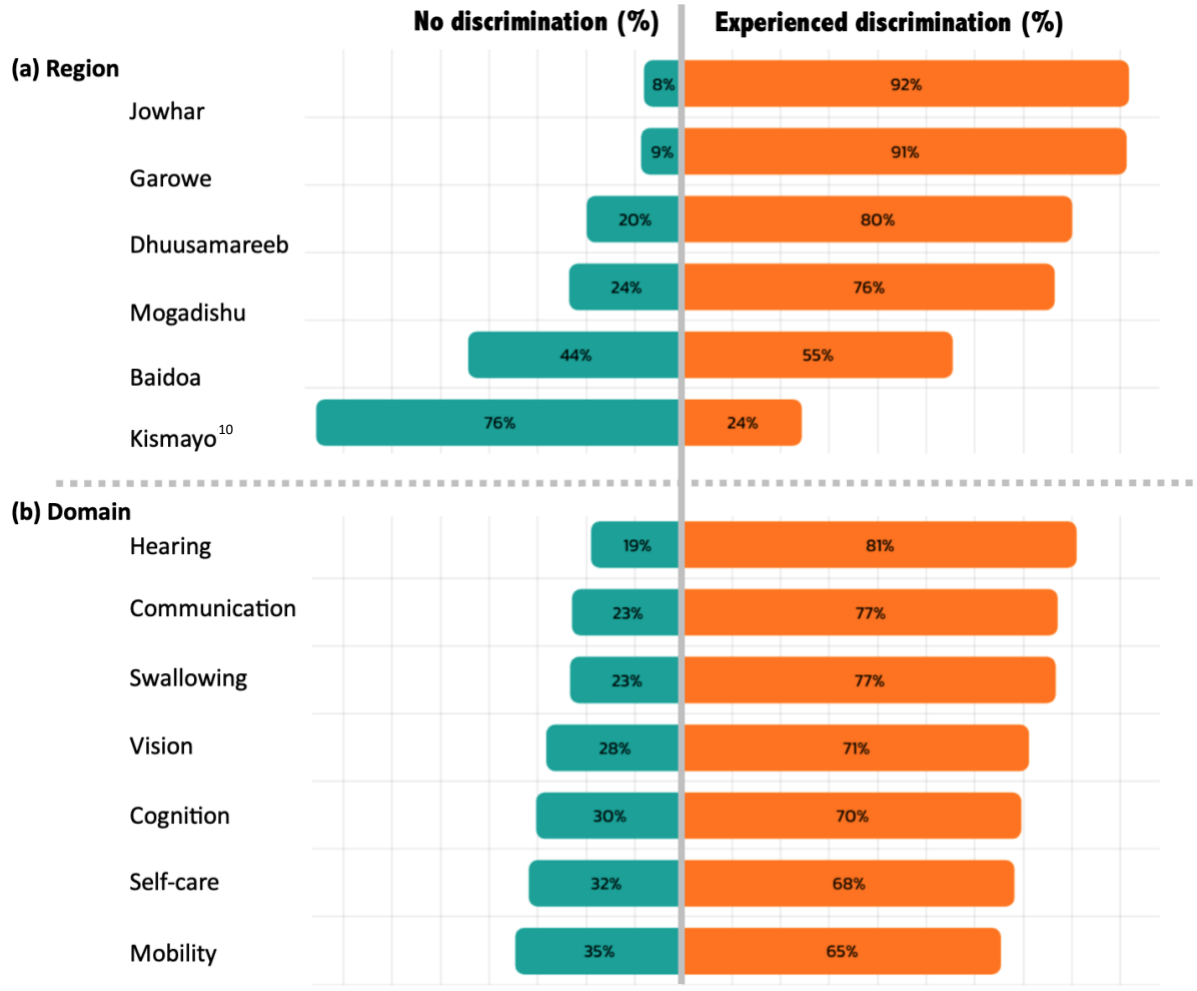
Experiences of discrimination were reported by the majority of participants and pervasive experiences of discrimination and exclusion were strongly reflected in the interviews and focus group discussions (see p. 3 for overview of the themes generated from the qualitative data). Overall, 513 respondents (31.3%) reported feeling respected or experiencing no discrimination while 1127 (68.7%) reported experiences of discrimination. Experiences of discrimination were higher in relation to the community (66%) versus from family (2.8%)

Significant differences in the experiences of discrimination across regions exist, with lowest levels of discrimination were reported in Kismayo[10], followed by Baidoa. Highest levels of reported discrimination were in Jowhar, followed by Garowe. Although the reason for discrimination was most often reported to be disability, some participants reported discrimination based on other factors such as age (6.4%) or clan (4.5%). When experiences of discrimination are considered by domain(s) of functional difficulty, persons with hearing impairment reported the highest levels of discrimination (96% of respondents with hearing impairments), followed by those with visual impairments (80%). 77% of persons with multiple disabilities involving communication and involving swallowing reported experiences of discrimination.

> The majority of [persons with disabilities] are socially isolated in their communities. They are considered inferior to the rest of the community. When they speak, they are not heard.
> (KII, Baidoa)

## Experiences of discrimination

(a) % by region and (b) % by functional difficulties reported




[10] The wording of the question was changed after the pilot in Kismayo, with specific focus on the Somali translation of the concept 'discrimination'. It is possible that the lower levels of discrimination reported in Kismayo are a result of the wording being less clear or more stigmatising than the revised wording used in the remaining regions.

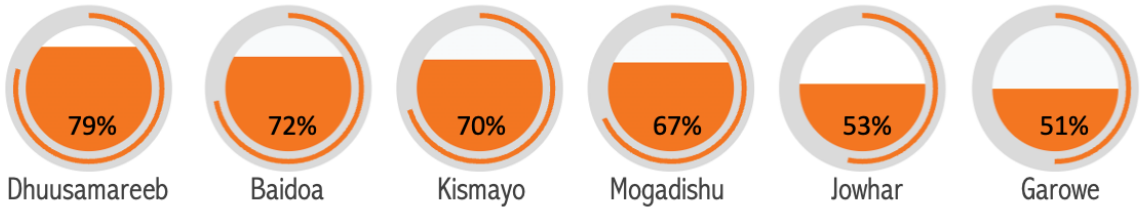
## Barriers to healthcare

Approximately half (48.7%) of the respondents had experienced medical needs in the preceding 6 months, and the majority of those reporting medical needs (65.7%) were unable to access medical services for that need. The proportion of those with medical needs that were unable to access healthcare differed across regions, with participants most likely to report unmet needs in Dhuusamareeb (79%), followed by Baidoa (71.6%) and least likely to have unmet medical needs in Garowe (50.5%).

when a child with a disability and a healthy child are both sick, the healthy child will receive more care than the child with a disability. (KII, Baidoa)

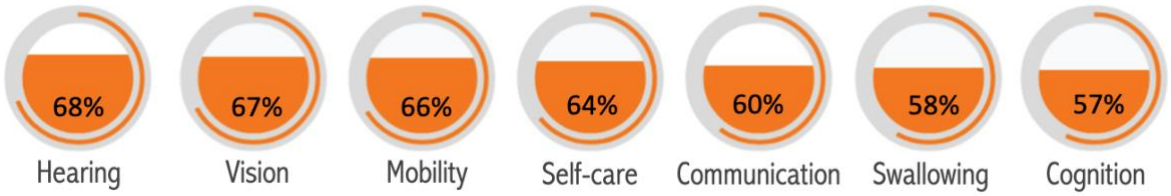
## Unmet health needs by region

of those requiring health services in the preceding 6 months (n=799)




## Unmet health needs by functional difficulties

by domain(s) of functional difficulty




The most commonly reported barrier to healthcare was a lack of accessible equipment (52.5% of respondents), followed by the attitude and knowledge of providers (15.2%) and lack of accessible signage (14.4%).

Other people with disabilities who are unable to use wheelchairs crawl through the waste toilet flushed out on the roads as the result of the rains, and this is the community's health problem. *(KII, Jowhar)*

in hospitals – doctors don't give special care and consideration to us. (FGD, Garowe)

Mental health and psychosocial support (MHPSS) needs were highest in Kismayo, where 64.1% reported needing MHPSS, followed by Baidoa (56.2%). Dhuusamareeb had the lowest proportion of persons with disabilities reporting MHPSS needs at 43.2%. In relation to profiles of functional limitations, those with profiles involving cognitive difficulties (Cognition) had the highest proportion of reported MHPSS needs at 58.2%. The cost of MHPSS services was the most frequently reported barrier, comprising 32% of the identified barriers across all regions, and was consistently the most frequently cited barrier in every region and across all domains of functional difficulty. A lack of local mental health services and a lack of information were also frequently reported barriers (19.9% and 17.4% respectively, of all reported barriers).

[This discrimination] leads to depression, anxiety, and other mental health conditions that can be problematic for individuals with disabilities in the long run. People with impairments may find it even more difficult as a result of these mental health issues. *(FGD, Dhuusamareeb)*

## Assistive Devices

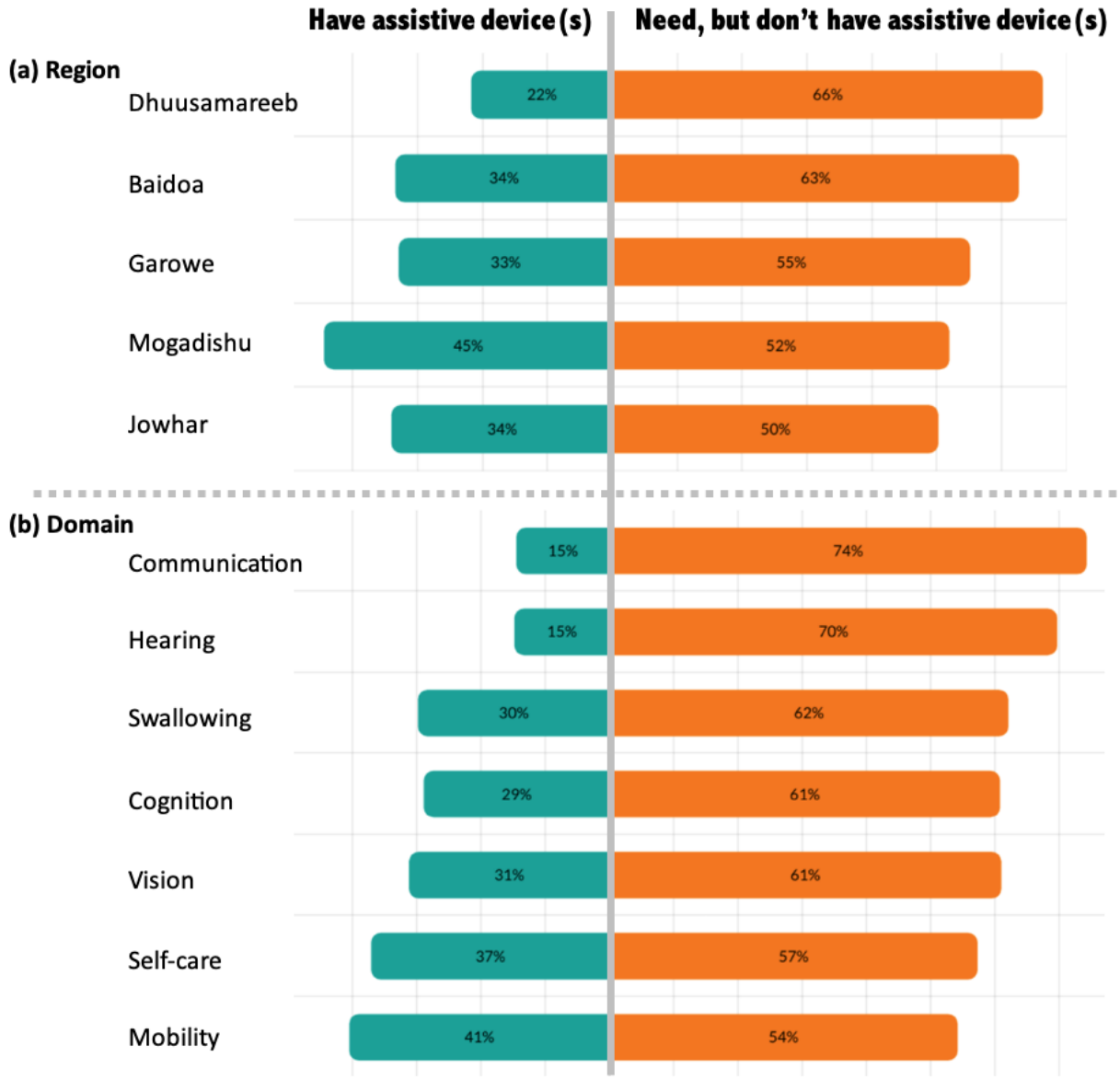
A third of respondents (33.3%) reported using assistive devices, with 57.3% reporting that they needed assistive devices but could not access them.[11]

A regional analysis shows that the proportion of respondents who needed, but did not have, assistive devices ranged from 50.2% in Jowhar, to 66.3% in Dhussamareeb. The range was larger when considered by domain of functional difficulty. 54.2% of persons reporting mobility difficulties did not have access to the required assistive devices, but this rose to a high of 74.3% for those with communication difficulties. These findings suggest that some categories of assistive devices (e.g. crutches or wheelchairs) may be more available or affordable than others (e.g. communication boards or devices). The most frequently reported barrier to assistive devices was cost (85.2% of applicable responses mentioned cost).

> I use crutches, but the spares, such as the foot / rubber spare, are not locally available, and I rely on suppliers in Mogadishu, which is a distance away. The crutches are my legs, and if you can't access the spares, you can't move around.
> (KII, Jowhar)

## Use versus need for assistive devices

(a) by region[11] and (b) by domain of functional difficulty (%)




[11] This question was not asked in Kismayo, alongside some missing data from other regions, this analysis is based on responses from 1,331 participants. The figures represent the proportion responding to the question, "do you use assistive devices" with either "yes", or "no, but I need an assistive device". The third category, "no, but I don't need one, is not represented, but comprises the remaining proportion.

## Water, Sanitation, and Hygiene (WASH)

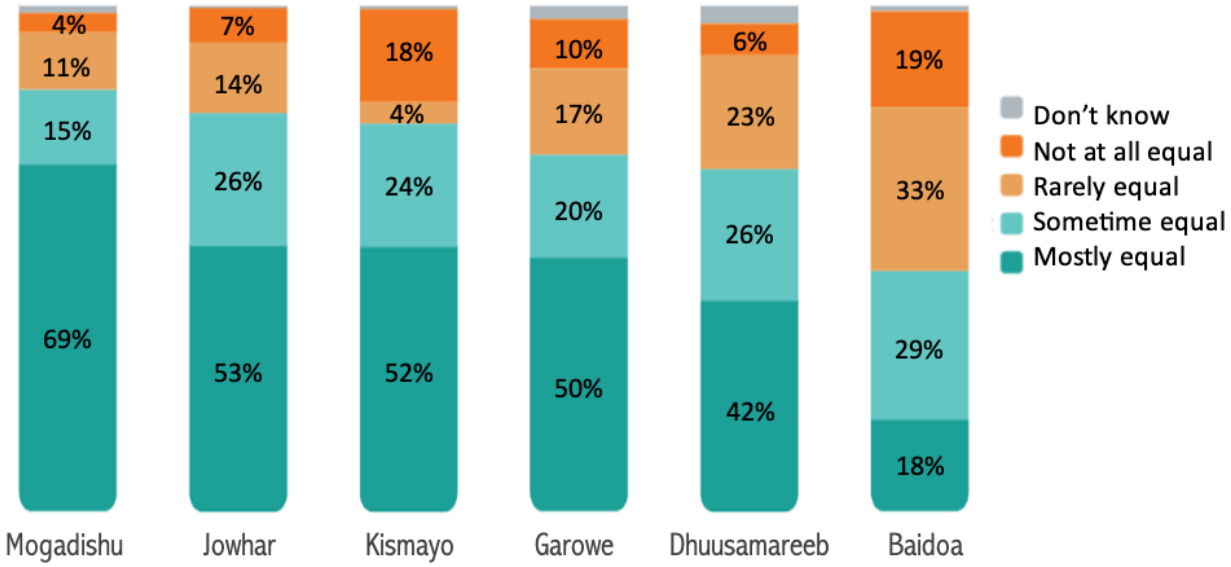
Access to a toilet or latrine was unavailable or accessible to 16.2% of the participants across regions, while 57.9% had access to a toilet or latrine most of the time. Baidoa was the only region where the proportion of those with limited access[12] outstripped those with access to a toilet most of the time.

> picture not being able to go to the restroom because you don't have the proper supportive equipment. (FGD, Kismayo)

A large proportion of participants (47.6%) reported that access to safe water was 'mostly equal' between persons with and without disabilities. The differences across regions were more marked than any differences between groups by functional difficulties / disabilities (ranging from 40.4% - 47.4 with an average of 45%). Water delivery was the most common suggestion as a means to improving access to safe water, followed by tap location being closer to residence. Mogadishu was the only region in which participants indicates that a specific queue or priority lane for persons with disabilities could improve access to safe water (6.4%).

## Equal access to safe water

Perceptions of equal access to safe water within communities, by region (%)




## Suggested means to increase access to safe water

Most frequently suggested means to increase access to safe water, by region (%)

| All regions | 45% Delivery of water to homes | 32% Closer location of water tap | 10% Improved physical access | 8% Increased information |
|---|---|---|---|---|
| Baidoa | 28% | 55% | 13% | 4% |
| Mogadishu | 33% | 27% | 16% | 12% |
| Dhuusamareeb | 45% | 25% | 14% | 13% |
| Jowhar | 56% | 32% | 2% | 7% |
| Kismayo | 57% | 32% | 4% | 4% |
| Garowe | 49% | 19% | 14% | 9% |

[12] Limited access being those indicating no access, access 'rarely' or 'sometimes', 54.3% in Baidoa.

## Food and Nutrition

The majority of respondents (59.4%) indicated that they obtain the food that they need from friends and family, with the second most frequent source (22.1%) being purchases from the market. This pattern was consistent across all regions with the exceptions of Garowe and Mogadishu where marginally higher proportion of respondents indicated self-sufficiency above market purchases.

Because we are disabled, only the strong will take food aid brought to the community. *(KII, Jowhar)*

### Primary sources of food, by region

By region (%)

| | 63% Family & friends | 22% Market purchases | 12% Self-sufficient | 3% Other |
|---|---|---|---|---|
| **All regions** | | | | |
| Dhuusamareeb | 76% | 14% | 9% | 1% |
| Mogadishu | 69% | 18% | 20% | 3% |
| Garowe | 67% | 15% | 17% | 2% |
| Kismayo | 66% | 26% | 6% | 1% |
| Jowhar | 62% | 20% | 15% | 3% |
| Baidoa | 45% | 39% | 6% | 10% |

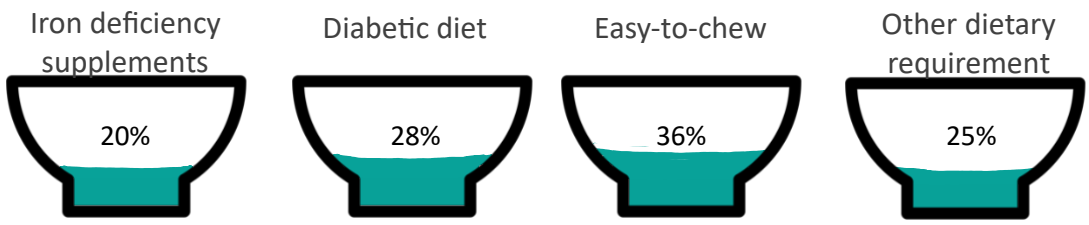
I live with a family that's just a relative and I get a food from them but not always. I didn't get any income, but I get food to survive.
(Respondent, Dhuusamareeb)

Jowhar is an agricultural area, and the majority of people with disabilities, like any other average person, are farmers growing various seeds used as food in town.
(FGD, Jowhar)

Just under half of all participants (799 respondents or 48.7% of the sample) reported having specific food or nutrition requirements related to diabetic diet, supplements for iron deficiency, foods easy to chew / swallow, or other dietary needs. Of those with specific requirements, on 28.3% were able to access the food or nutritional supplements they required.

### Access to specific food or nutritional requirements

% respondents able to access the required food, by food / nutrition required




[Persons with disabilities] can be creative and fit in the community they live in, as well as contribute to the community's food security, if given the opportunity.
(FGD, Kismayo)

## Housing

Ownership and rental of housing was common at 48.2% and 33.3% respectively across all regions, with 11.4% living in IDP sites. Baidoa was the only region in which some participants (10.9%) reported living as a guest in someone else's house.

## Housing type by region

% of respondents living in different types of accommodation, by region

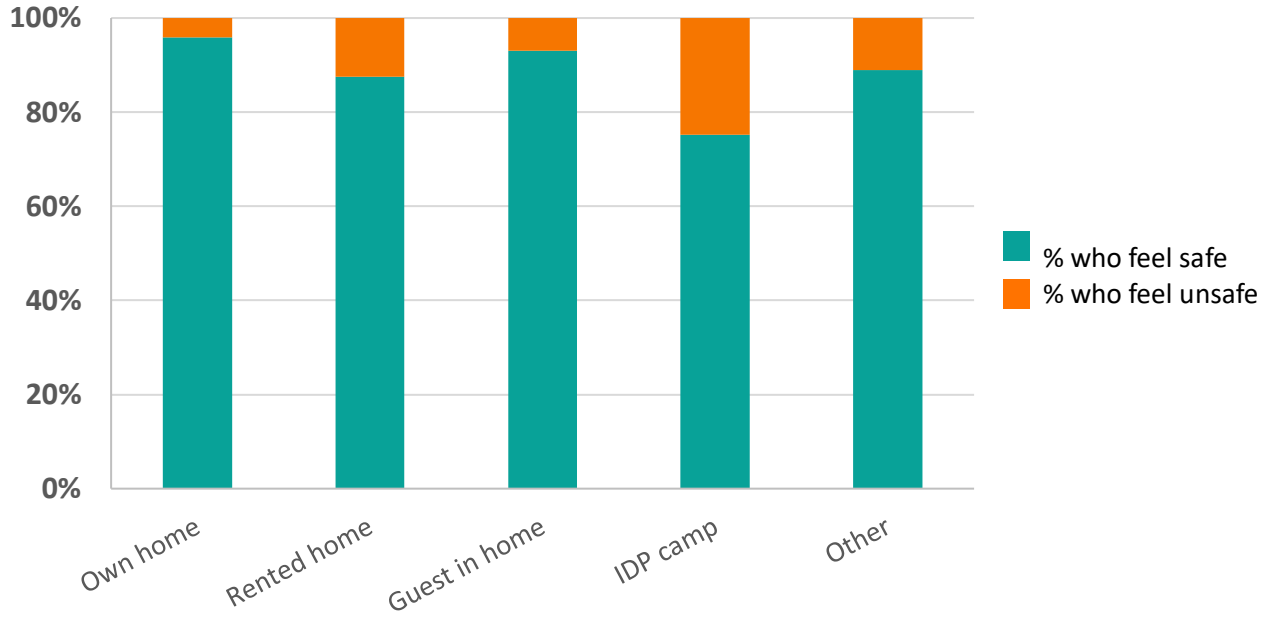
| |  |  |  |  |  |
|---|---|---|---|---|---|
| **All regions** | **48%** Own house | **33%** Rented house | **11%** IDP camp | **2%** Guest in house | **5%** Other |
| Baidoa | 44.4% | 12.4% | 28.2% | 10.9% | 4.1% |
| Mogadishu | 33.8% | 43.8% | 17.7% | 0 | 4.6% |
| Dhuusamareeb | 69.6% | 24.5% | 1.6% | 0 | 4.3% |
| Jowhar | 61.4% | 29% | 8.1% | 0 | 1.4% |
| Kismayo | 39.2% | 52.9% | 2.9% | 0 | 5% |
| Garowe | 49% | 36.7% | 3.6% | 0 | 10.7% |

A sense of safety in accommodation was reported by the vast majority of participants, both across regions (88.8%[13]) and domains of functional difficulty (88.7%). Those living in IDP settings reported the lowest sense of safety with just under a quarter of respondents (23.9%) from these settings reporting that they don't feel safe in their accommodation.

## Sense of safety by type of accommodation

% reporting feeling safe in accommodation

[13] Mean percentage reporting feeling safe was 88.8% across regions, with a range from 85.9% in Garowe to 97.1% in Jowhar.


100%
80%
60%
40%
20%
0%
Own home
Rented home
Guest in home
IDP camp
Other
% who feel safe
% who feel unsafe

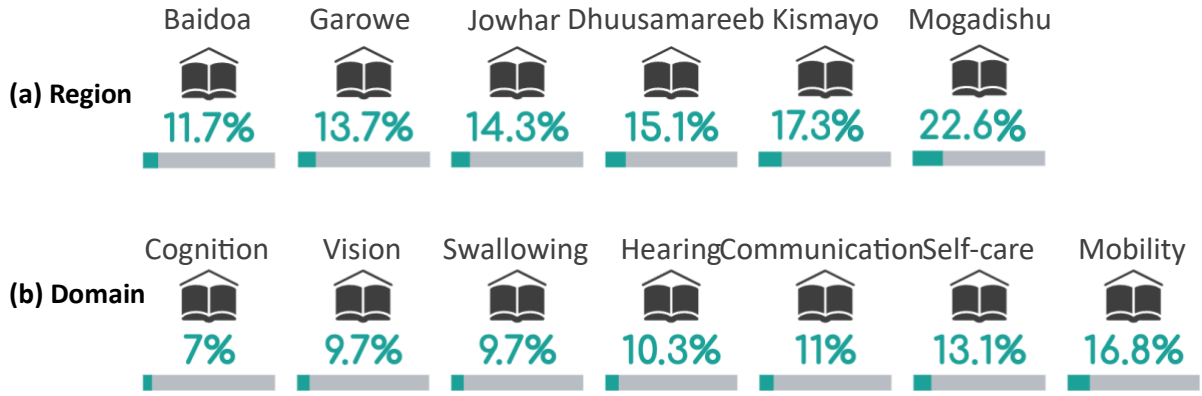
## Education

The majority of respondents had not attended school (1379 respondents or 84.1% of the sample). Persons with disabilities in Mogadishu had the highest proportion of respondents with access to education (22.6%), and the highest proportion who accessed mainstream schooling (58%). The proportion of respondents with access to education was lowest for those with cognitive difficulties, with only 7% having attended school, and was highest for those with difficulties in self-care (13.1%) and mobility (16.8%)[14]. Participants with difficulties in a single domain of functioning were more likely to have accessed education.

> You, the moderators, are a living example; you are both visually impaired, yet you went to school all the way through elementary, secondary, and tertiary levels, and now you are interviewing us and documenting our comments/responses using computers. *(FGD, Mogadishu)*

## Access to education

(a) % by region (b) % by functional difficulties reported




Of the 261 respondents who reported having had access to education, the majority had completed primary school, with a 20% and 5 % having completed secondary school and university respectively. The majority of those who had access to education, attended mainstream schooling (49%), with 23% attending specialist schools, and 10%, all from Baidoa, had attended a Qur'anic school.

## Level of education completed and type of educational setting

Average across sample of those who attended school (n=261)


The most frequently reported facilitator of educational access and participation was the attitude or support from teachers and other learners (36.1% of facilitators endorsed), followed by school materials that were suitable for learners' needs (23%) and cash grants or scholarships (17.2%). Other facilitators included accessibility features in the school, such as ramps (10.6%), availability of assistive devices or materials, such as braille or hearing devices (6.7%) and accessible sanitation facilities (6.4%).

> I used to wear like two shirts because I had to crawl all the way to school, which was two kilometres away from where I lived. My younger sister helped me carry the books and washed my clothes. (KII, Jowhar)

[14] It is not possible to identify whether some of these participants accessed education prior to acquiring a disability.

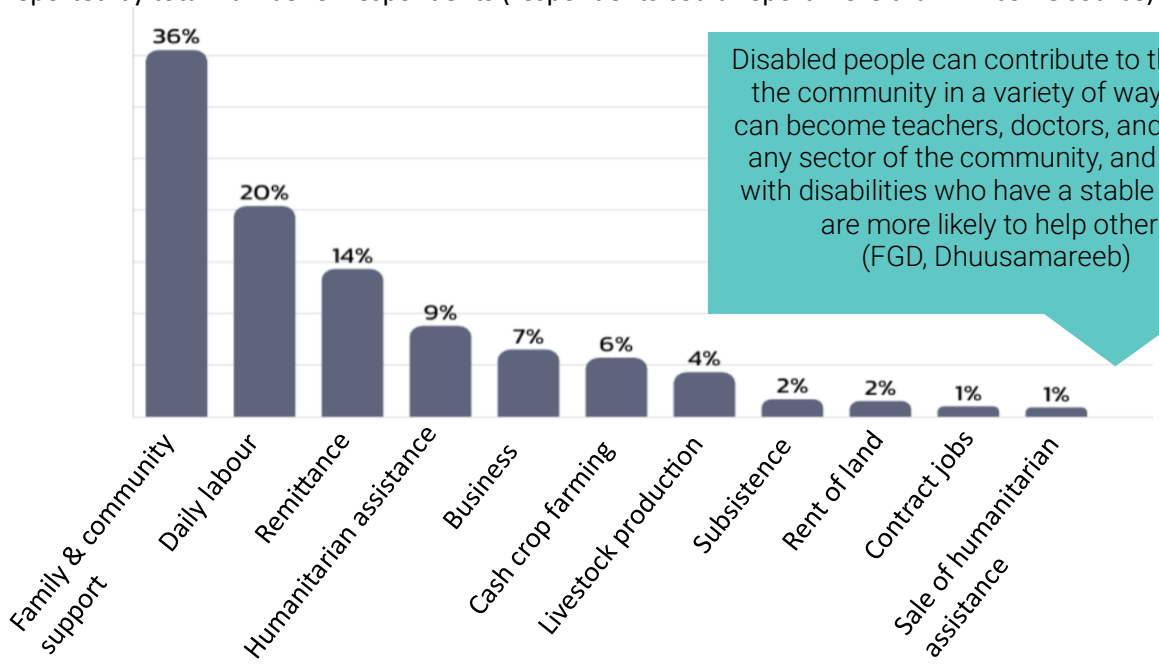
## Work and income

A high proportion of respondents (47.1%) had no formal or predictable employment or source of income, relying on family, friends in the community, or begging. Daily labour, humanitarian assistance and remittances from family abroad comprised the most common forms of income, but the pattern varied across regions. A similar pattern is observed by functional difficulties with family and community support, followed by daily labour being the principle sources of income.

> People with disabilities, regardless of their papers, cannot get jobs unless there is a strong policy in place. *(KII, Baidoa)*

## Main sources of income

% reported by total number of respondents (respondents could report more than 1 income source)




> Disabled people can contribute to the life of the community in a variety of ways; they can become teachers, doctors, and work in any sector of the community, and people with disabilities who have a stable income are more likely to help others (FGD, Dhuusamareeb)

## Top 3 sources of income by region

**Key:** Humanitarian assistance; Remittances; Family & community support; Cash crop farming

| Baidoa | Mogadishu | Dhuusamareeb | Jowhar | Kismayo | Garowe |
|---|---|---|---|---|---|
| 24% | 41% | 42% | 47% | 30% | 34% |
| 20% | 26% | 15% | 22% | 25% | 29% |
| 11% | 15% | 14% | 17% | 23% | 12% |

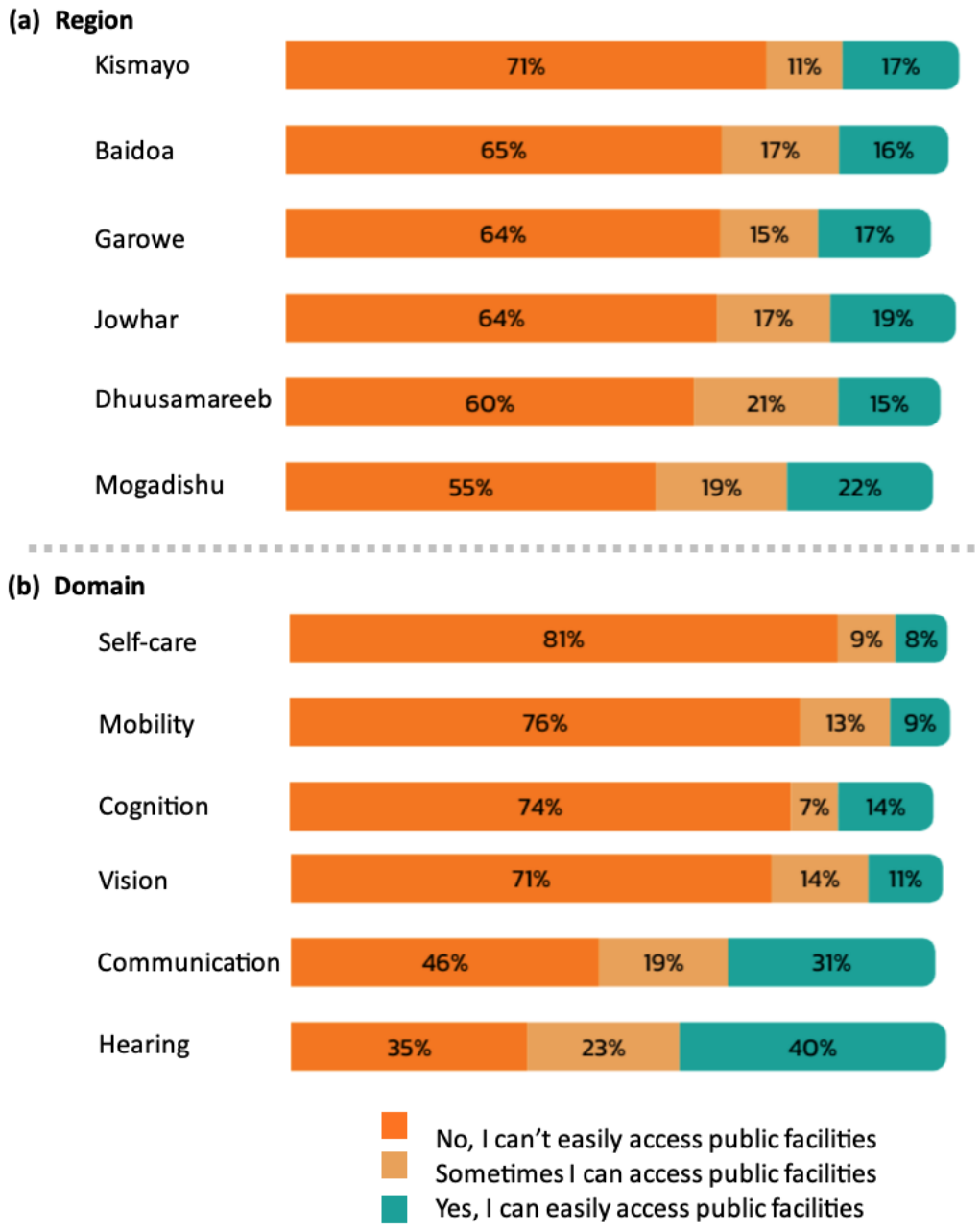
## Access to public facilities

The majority of participants (63.2%) reported having difficulty accessing public buildings such as government offices, schools, community facilities and healthcare facilities, with some variation by region. Kismayo had the largest proportion of respondents reporting difficulty accessing public facilities, with Mogadishu the lowest level of barriers to access. When considered by domain of functional difficulties, persons reporting difficulties in self-care (in isolation or combination with any other domain) had the highest difficulty in accessing public facilities by frequency. Access to public spaces and inaccessible infrastructure was a feature of exclusion mentioned frequenting in the FGDs and KIIs.

the city's infrastructure is deplorable, especially during the rainy season, which is currently underway. (KII, Mogadishu)

## Ease of access to public facilities

(a) by region and (b) by domain of functional difficulty (%)




Living in the community makes you feel as if you're not on the list because the design of the entire development infrastructure ignores the needs of people with disabilities. (KII, Garowe)

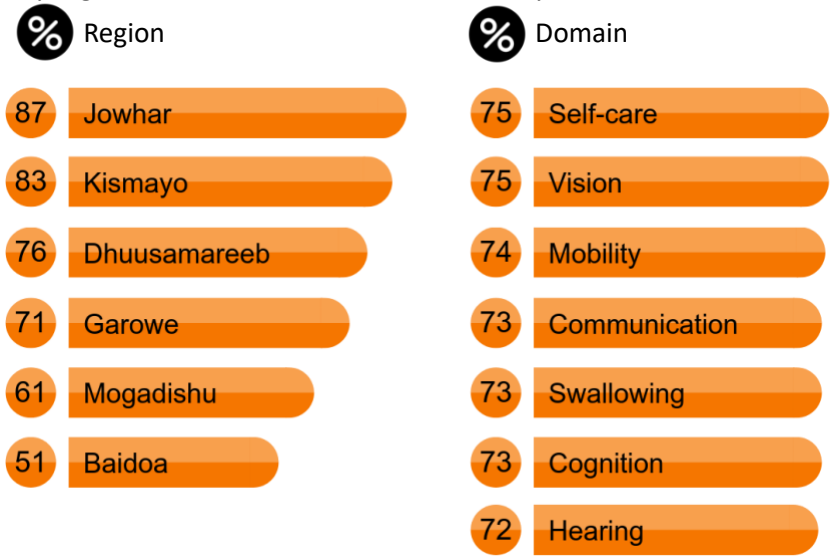
A person with a disability, for instance, will be excluded from a public space if there is no wheelchair access since they are unable to enter. Even if there is wheelchair accessibility, this could still occur since some individuals may not know how to deal with or assist someone who is disabled. *(FGD, Dhuusamareeb)*

## Humanitarian Assistance

The majority of respondents (72.6%) across regions were unable to reach or use humanitarian assistance. Difficulties with accessing assistance was highest in Jowhar (89.6%), with the lowest proportion of respondents reporting difficulties in access in Baidoa (52.1%). Difficulties in accessing humanitarian assistance varied little according to domains of functional difficulty, from 75.4% of those with difficulties in self-care, to 72% of those with hearing difficulties.

### Difficulties reaching or using humanitarian assistance

% by region and domain of functional difficulty




> Literally [the] bulk of the humanitarian support goes to [those without disabilities] because they are physically fit and can travel long distances, carry the entitlements with less difficulty. But supporting people with disabilities cannot do all these [is absent], as the result, the community they belonged to neglected them. *(KII, Baidoa)*

The most frequently reported barriers to accessing assistance[15] was distance (21.1% of reported barriers), followed by lack of information (19.7%) and lack of physical access (16.1%). Dangers experienced during humanitarian assistance were reported by 44.7% of the 450 respondents who had previously accessed assistance. Physical attacks and verbal attacks, including discrimination, bullying and emotional abuse, were the most commonly reported forms of violence at 23.5% and 22.4% respectively.

News from family members had the highest frequently of endorsement (39.8%) as the most important information to receive, with the exception of respondents in Kismayo, where a greater proportion of respondents (46%) identified information about available services to be the most important.

There were a small number of respondents for the question on the use of Community Feedback Mechanisms (CFMs) and the findings should be cautiously interpreted. CFMs had been used by just over half of all respondents who had previously accessed humanitarian assistance, but the relative proportion varied by region, from a low of 33.3% in Kismayo, to a high of 75% in Dhuusamareeb.[16]

> I feel very bad because people with disabilities do not receive anything or at least an equal share. (KII, Dhuusamareeb)

> Humanitarian organizations have projects supporting shelters in their portfolios, but they only target people who are not disabled, leaving people with disabilities out. Everyone in positions of authority wants quotas for people with disabilities for themselves because they know these are people with no representation and thus no accountability. *(FGD, Jowhar)*

[15] Participants who had previously accessed assistance. More than one barrier could be reported.

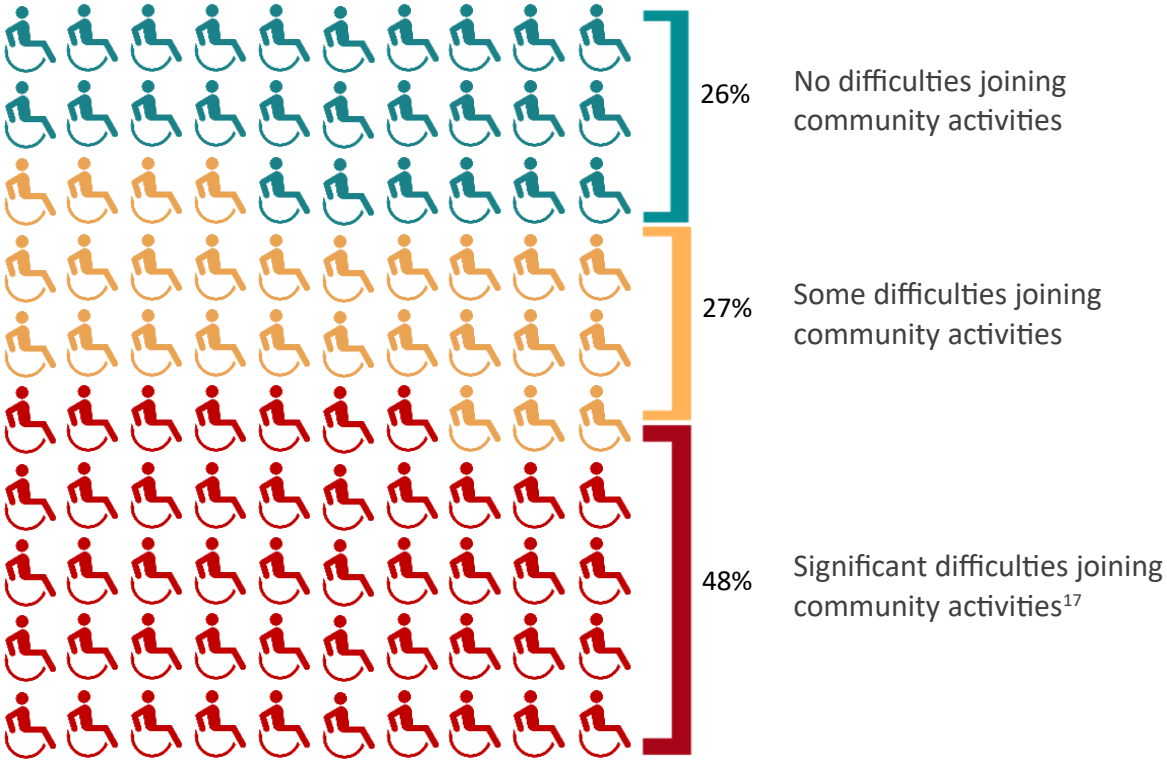
[16] Further analysis by levels of satisfaction with CFMs and domain of functional difficulty is not presented due to the small number of respondents for this question, which reduces to single figures when further when disaggregated by domain.

## Engagement with Organisations of Persons with Disabilities (OPDs) and community groups

The minority of respondents were involved in OPDs or community groups (10.3% across all regions). While 30% were content not being involved in OPDs, most (59.3%) expressed a desire to be part of such groups. Almost half of respondents (47.5%) reported significant difficulties[17] in joining community activities.

### Difficulties joining community activities

% of respondents by degree of difficulty in participation in community activities




I believe that I serve as a role model to demonstrate that people with disabilities have a place in the community regardless of their disabilities or the circumstances they are in *(KII, Jowhar)*

On the other hand, there are also many community organizations and programs that welcome and support people with disabilities. With the right support, people with disabilities can thrive in their community. *(FGD, Dhuusamareeb)*

In fact, being disabled is the only time you do not belong to a clan; for example, if your community hosts an event, PWD are not invited. *(FGD, Kismayo)*

[Having a disability is] the same as not being accepted into the community and thus being excluded and harassed (FGD, Garowe)

PWD are not invited to weddings, celebrations, or important events that other people are invited to, and if they try to join in such events, they may be denied access, which has serious psychological consequences. *(KII, Baidoa)*

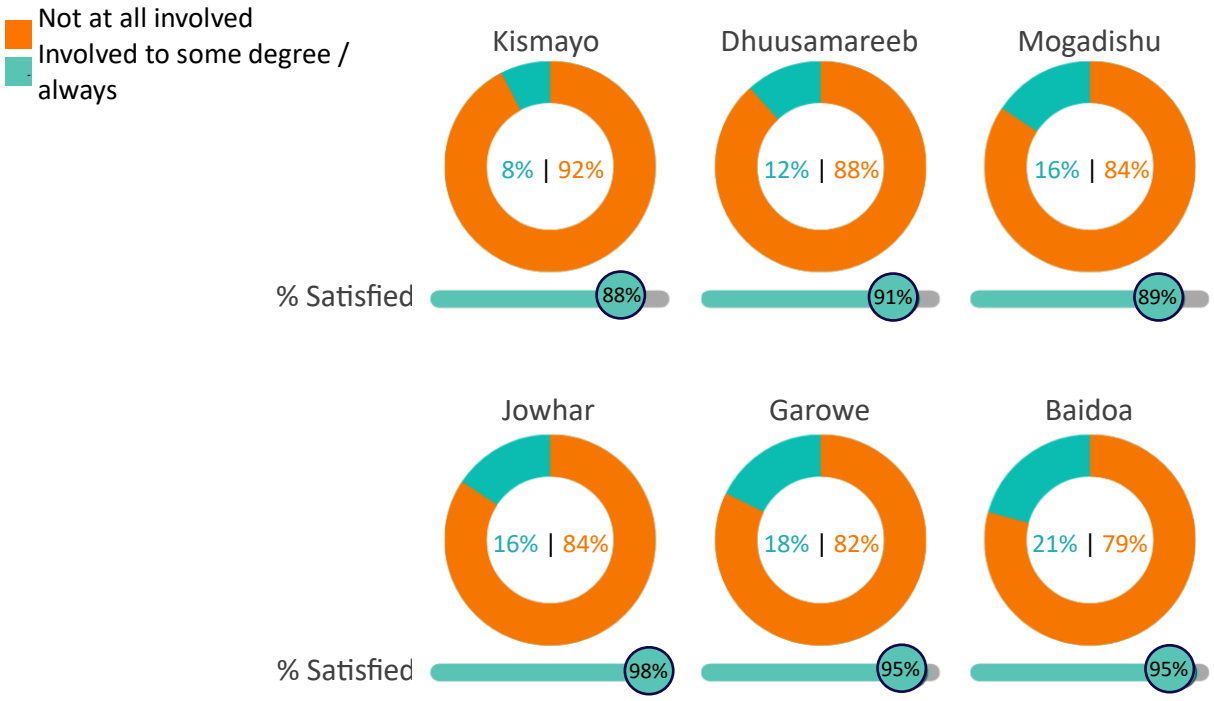
[17] The question on difficulties joining community activities used a response scale the same as that of the Washington Group Questions, from "no difficulty" to "cannot do at all". The phrase 'significant difficulties' refers responses of "a lot of difficulties" & "cannot do at all".

## Inclusion in decision-making

A minority of respondents (average of 15.1%) reported having been involved in decision making about services or work delivered in the community. Those who had experience of participating in such processes were asked to rate their satisfaction with their level of participation in decision-making processes. Most were satisfied to some extent or always, with the highest levels of satisfaction reported in Jowhar and the lowest in Kismayo. Persons with cognitive, communication and self-care difficulties reported the lowest levels of involvement in decision-making (8.8%, 9.3% and 10.3% respectively).

### Inclusion in decision-making and satisfaction with level of involvement

% by region




Suggestions for what could improve participation in decision-making included the establishment of community-based groups or committees (n= 142; 57.9%), advanced sharing of information about services or work under consideration (n=70; 28.6%) and more outreach from local authorities (n=25; 10.2%).

> Some of us also advocate for the rights of people with disabilities at the district and regional levels, despite the fact that the system in place is not currently supportive, and given the financial constraints that affect us in reaching out to certain groups of people whom we believe are decision makers in the current government, but we are still working within the means at our disposal. *(FGD, Mogadishu)*

> [Persons with disabilities] are excluded from decision-making because no one advocates for their rights at the levels where society is governed. *(KII, Kismayo)*

> Even though we make up a sizable portion of the community's population, we are unable to engage in politics, have no quota, and are not even given representation in any capacity. For instance, the elders do not give us the opportunity to participate in decisions that affect the population of people with disabilities, and we are not a part of the community committees that are elected from the districts. *(FGD, Dhuusamareeb)*

## Reported Priorities

Each respondent was asked *what would make the biggest difference to you*? Five primary categories of priorities were identified from this open ended question: (1) assistive devices (including wheelchairs, white cane, protheses), (2) healthcare (including medical services, rehabilitation, medication), (3) financial assistance, income-generation or livelihood opportunities, (4) food, shelter or basic humanitarian assistance, and (5) education. The ranked frequency of responses were the same for Baidoa, Garowe, Kismayo and Mogadishu, but differed for Dhuusamareeb and Jowhar.

| | Baidoa, Garowe, Kismayo and Mogadishu | Dhuusamareeb | Jowhar |
|---|---|---|---|
| 1 | Assistive devices  | Health services  | Finances / income-generation & livelihoods  |
| 2 | Health services  | Assistive devices  | Health services  |
| 3 | Finances / income-generation & livelihoods  | Finances / income-generation & livelihoods  | Food, shelter & basic assistance  |
| 4 | Food, shelter & basic assistance  | Food, shelter & basic assistance  | Assistive devices  |
| 5 | Education & training  | Education & training  | Education & training  |

Across the datasets, participants highlighted the importance of organisations of persons with disabilities and peer-led committees to advocate for inclusion in decision-making.

> Things will improve if people's opinions are heard. If we are people with disabilities, we need to develop a peer support group or a committee to analyze the needs of [persons with disabilities] in the district, advocate for their rights, and establish a location where we can file a complaint. (*Respondent, Mogadishu*)

> It is my hope and prayer that the Somali government will develop policies that accommodate people with disabilities one day. (*KII, Mogadishu*)

> [Establishing] a coordination office that can coordinate all [humanitarian] interventions designed to assist people with disabilities [...] will have a far-reaching impact. *(KII, Jowhar)*

## Recommendations

1. ***Disability-related data collection and capacity building***
    a. Mainstream usage of the Washington Group Short Set of Questions into all relevant Government-led data collection activities, including any National Census or Population Assessment, in which prevalence data may be generated or disaggregation of data by disability may inform planning, policy or programming.
    b. Strengthen understanding and training on the Washington Group/UNICEF Module on Child Functioning to ensure data quality in humanitarian and development needs assessments as well as disability specific initiatives.
    c. Resource and strengthen the National Disability Agency's capacity to facilitate the implementation of the Somali Disability Survey's findings.
    d. Use all relevant disability-related data collected to inform planning, budget allocation and programming across all Government ministries at Federal and Federal Member State levels.
2. ***Policy and regulatory framework strengthening through integration of principles and rights under the CRPD and National Legislation***
    a. Build sustainable partnerships with organizations of persons with disabilities.
    b. Additional resources such as technical and financial support for NDA is needed to facilitate its strategic vision and implementation of the National Action Plans in line with the United Nations Convention on the Rights of Persons with Disabilities and future Somali National Disability Act.
    c. Continue to strengthen relevant legal and regulatory frameworks in the light of Somalia's obligations on disability rights.
3. ***Rights awareness-raising activities within communities and public sectors***
    a. Hold regular annual conferences focusing on disability rights and inclusion maximise public awareness and challenge stigma of disability.
    b. Roll out awareness raising programs within secondary and higher education institutions in collaboration with organisations of persons with disabilities.
    c. Increase awareness among organisations of persons with disabilities and Somalis with disabilities on available services and empower them to claim their rights.
4. ***Enhancement in service provision and government programmes*** with a focus on regional level, including adaptations to optimise access to all services available to the general population, and implementation of universal design principles for all new service sector infrastructure
    a. Led by the NDA, ensure systematic regional-level planning between government and organisations of persons with disabilities to prioritise actions within districts.
    b. Mainstream the disability inclusion agenda in all Government programs including international community supported development programmes in line with the Government's "leave no one behind" commitments.
    c. Facilitate access of persons with disabilities to key services, including water, sanitation and hygiene; health services; and humanitarian assistance, through increased disability-related awareness of staff, improved infrastructure, transportation support and door-to-door service provision where appropriate.
    d. Facilitate access to assistive devices, considering opportunities for partnership to enhance local capacity for development of assistive products.
    e. In collaboration with relevant ministries, ensure that inclusive education modules are incorporated into teacher training and identify affirmative action measures to ensure persons with disabilities are not left behind accessing to primary, secondary and higher education.

# IMPLEMENTING PARTNERS