

Somalia Disability Status Report (2021)

Prepared

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Somalia Disability Status Report (2021)

TABLE OF CONTENT

Particulars	Page
Cover page	1
Table of Content	2
Foreward	3
Executive Summary	4
1.0 Report Introduction and Background	5
2.0 Report Background (Goal and Purpose)	12
3.0 Study Methodology	13
4.0 Survey Strategy	13
5.0 Survey Findings and Results	15
6.0 Characteristics of Respondents	20
7.0 Monitoring and Evaluations	21
8.0 Survey Outcomes	22
9.0 Proposed Database	22
10.0 Qualitative Outcomes	23
5.0 Recommendations and Way forward	24-27

Somalia Disability Status Report (2021)

Foreword

The Convention on the Rights of Persons with Disabilities (CRPD) and its Optional protocol were adopted by the UN General Assembly on 13 December 2006. The convention aims to ensure that persons with disabilities enjoy human rights on an equal basis with others. *CRPD was ratified by Somalia in the year 2019, however, Article 17 which states that: Every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others has remained an illusion.*

Despite this attention, widespread discrimination and human rights abuses continue at an alarming rate. At least 90% of PWDs in the developing world are denied the right to education, PWDs are disproportionately likely to live in poverty and in some countries where under-five mortality as a whole has decreased to below 20%, mortality among young children with disabilities is as high as 80%. In addition, a study conducted in the USA found that out of 3,000 children who had been maltreated, children with speech and language difficulties were at five times greater risk of neglect and physical abuse than other children and at three times greater risk of sexual abuse.

Discrimination on the basis of disability concerning education, food, security, the right to play and the right to participation as well as sexual, emotional and physical violence against PWDs remains largely undisclosed and unseen in Somalia. Looking through the results of this study, we can see that this is a large, pervasive issue in Somalia.

In more humanitarian and emergency contexts within Somalia, abuses against PWDs could be exacerbated and compounded. Whether through conflict or natural disaster, abandonment and increased risk of death are very real possibilities for all PWDs. Every organization working with PWDs in Somalia has a responsibility to ensure their facilities and services cater for persons with mental, intellectual, sensory and physical disabilities. The discrimination and violence which people with disabilities face are too great to be ignored, as is the potential percentage of the population facing these abuses. Therefore, programs need to follow the principle of universal design, ensuring accessibility to all PWDs, rather than viewing working with persons with disabilities as a wholly specialized skill-set. By viewing persons with disabilities as needing only specialized support, actors are excluding PWDs further and ignoring/exacerbating their protection concerns. Besides extreme exclusions, PWDs are often denied protection and accessibility to their rights on par with other people in less visible ways. Programs and policies focusing on PWDs, rarely include PWDs either implicitly or explicitly. However, PWDs will be found in any such groupings. Although there are various international standards that recognize the rights of PWDs, they remain a group that seems largely forgotten or overlooked, and therefore excluded, from general developmental and humanitarian work.

In Somalia more needs to be done. SDN hope that through this report, we can inspire more action from donors, INGOs, NGOs and the Government to ensure that DPOs and PWDs no longer remain invisible but rather their protection and equal recognition become a core component of working on any program or policy addressing PWDs, with a particular focus on their protection.

Somalia Disability Status Report (2021)

Executive Summary

Disabled People Organizations (DPOs) and People with Disabilities face acute protection issues in Somali. These issues range from lack of education to high incidence of sexual violence, lack of funding opportunities, poverty and high illiteracy levels, lack of comprehensive research, absence of awareness programs, etc. Despite the critical nature of the situation, little research has been performed on the needs and vulnerabilities DPOs and People with disabilities in Somalia. This survey, conducted by SDN with both financial and technical support from SDN's own funding, aims to address part of this gap.

The specific objectives of the study were to:-

- *To determine the number of disabled persons in Mogadishu*
- *To determine the disability by sex, age and place of residence, i.e. location*
- *To determine specific needs of the disabled persons*
- *To establish the major problems faced by the disabled and their coping mechanisms.*

The findings of the of this study indicates that further steps must be taken by the Somalia government, INGOs, LNGOs and other actors to improve the condition of PWDs.

The questionnaires used for the interviews were designed in line with Somalia Protection Cluster. The report presents the main findings from the study. For the vast majority of the questions, points raised and opinions shared by the participants show a great convergence between men and women, and most of the findings apply to both gender groups. Where necessary, the report explicitly highlighted where men and women have raised particular issues.

Somali Disability Network (SDN) Brief Background

Somali Disability Network (SDN) is a network of organizations legally registered and based in Somalia focusing on improving the lives and livelihoods of persons with disabilities and promoting respect for their dignity and fundamental rights while working as a platform on matters humanitarian, human rights and development utilizing the Convention on the Rights of Persons with Disabilities and other human rights instruments.

SDN have continued with its routine assessment programs in consultation with other stakeholders including local and international partners operating in Somalia. Our latest assessment in Banadir region revealed existence of rampant discrimination and exclusion meted on DPOs and People with disabilities on social, economical, political and humanitarian aid.

Somalia Disability Status Report (2021)

1.0 REPORT INTRODUCTION AND BACKGROUND

1.1 Preface of Disability

The majority of people with disabilities are living in developing countries. Their numbers are rising due to conflict, malnutrition, accidents, violence, communicable and non-communicable diseases including HIV/AIDS, aging and natural disasters. Disabled people are often subject to stigmatization, excluded from schools or the workplaces, and often end up depending on others in the family and community for physical, social and economic support. In addition to being vulnerable to exclusion, according disabled people are disproportionately poor, and poor people are disproportionately disabled.

One of the reasons for the dearth of efforts to include disability in international programs is the lack of understanding of how this distinct vulnerable population people with disabilities and their families has on advancing the development process. The Millennium Development Goals (MDGs), which represent key policy directions for targeting income, poverty reduction, health, environment, and other sectors, do not specifically reference the needs of people with disabilities, even though a third of disabled people are children. Many consider that reaching the Millennium Development Goals is unlikely to be achieved unless the rights and needs of people with disabilities are considered in the process of development.

One of the most significant recent developments is the UN Convention and the 58th World Health Assembly (2005) resolution on "Disability, including prevention, management and rehabilitation" calls for improved harmonization for inclusive development and improved access to quality rehabilitation, mental health and other essential services for all. This requires joint global action. International working groups consisting of major bilateral and multilateral donors, NGOs (including Disabled Peoples Organizations) and the private sector have been established to develop core strategies on the health and rehabilitation requirements of persons with disabilities and others. The international plays a key role for inclusive development, due to its prominent role in the global inclusion of disability into development, knowledge, a large lending portfolio and strong technical expertise within the area of sustainable economic growth and poverty alleviation. Often the UN plays a very central role at country level, as a key partner to the Ministry of Finance and Planning with a strong potential for enhanced cross-sector coordination and collaboration. The UN is a natural partner to facilitate and support the recipient government in its attempt to minimize duplication and strengthen harmonization among all partners within the respective country's national policy, strategy and legal framework.

To date, many programs targeted to people with disabilities are found in civil society and NGO based activities. Although many of these programs remain limited in scope, major development agencies are demonstrating efforts to raise the profile and importance of addressing the needs of people with disabilities in development planning and programming. This survey seeks to assess the number of disable people in Somalia and the assistance they require.

Somalia Disability Status Report (2021)

1.2 Definitions of Disability

How one defines disability depends on the reasons for defining it (e.g. establishing a disability pension program versus making public services accessible). Disability is often defined as a physical, mental, sensory, or psychological condition that limits a person's activities. Previously, medical models of disability viewed disability as a deficiency embodied in an individual. More recently, however, the social model of disability conceptualizes disability as arising from the interaction of a person's functional status with the physical, cultural, and policy environments. If the environment is designed with appropriate accommodations and supports those people with functional limitations, then they would not be "disabled" in the sense that they are able to fully participate in society.

Within established economies, the prevalence rate varies from eight percent to over 20 percent. Much of this variance can be explained by how different countries define disability. In some countries, a person who controls diabetes with diet alone is considered disabled. Whereas in other countries, a person is disabled only if she has impairments that permanently and completely prevent her from working. In addition to definitional difficulties, difficult measurement problems inhibit the ability of creating a solid statistical foundation about disability in developing countries.

According to the social model, identifying disability consists of examining the participation levels of people with different functional statuses. The ICF Classification of Functioning, developed by the World Health Organization, has made significant progress in measuring functional capacity. Disability is not an "all or nothing" concept, but instead people with disability may be classified according to a detailed description of their functioning capacity within various domains, with the perspective that disability arises when barriers exist to participation.

- *Body Structure and Function* - refers to the physiological and psychological functions of body systems (including age and gender).
- *Activities* - pertain to a range of individual deliberate actions, such as getting dressed or feeding oneself; and,
- *Participation* - refers to activities that are integral to economic and social life, such as being able to attend school or hold a job.

Disability in the International Classification of Functioning (ICF), Disability and Health arises out of activity limitations and participation restrictions that grow out of the interaction and limitations in an unaccommodating environment.

1.3 Disability Legal Framework in Somalia

International Conventions: The Federal Government of Somalia (FGS) ratified the UN Convention on the Rights of Persons with Disabilities on 6 August 2019. Somalia has also ratified other treaties such as the UN Convention on the Rights of the Child, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the UN Convention Against Torture, and the African Charter on Human and People's Rights – 'all of which protect the rights of persons with disabilities'. In addition, Somalia endorsed the UN Standard Rules for the Equalization of Opportunities for Persons with Disabilities. **The Provisional Federal Constitution:** The Provisional Federal Constitution of Somalia ("Constitution") provides for equal rights before the law for people with disabilities. It does not, however, specifically refer to

Somalia Disability Status Report (2021)

children with disabilities. Nevertheless, article 29 stipulates that “every child has a right to be protected from mistreatment, neglect, abuse or degradation.”

1.4 Disability Policy Framework in Somalia

The current National Development Plan (NDP9) acknowledges the extreme vulnerability and social exclusion of persons with disabilities and accordingly reflects their needs across the different sectors. In 2017, the Ministry of Women and Human Rights Development unveiled its roadmap Inclusion of Persons with Disabilities and Disability Rights in Governance and Development Processes, 2017 – 2019. Following a review and consultations with OPDs, a subsequent Roadmap was developed for 2020-2022. In addition, within the framework of the Mine Ban Treaty, the Ministry collaborated with the Ministry of Internal Affairs on a joint Victim Assistance Plan to support mine survivors and other persons with disabilities.

Quality data on disability does not generally exist for many developing countries. Even when data exist, official statistics vary greatly not just because different countries use different data instruments (e.g., a census, survey or administrative data) but also because they can have different methodological approaches and capacities for measurement and different capacities for measurement. To address this issue, the Bank has been working with the United Nations Washington Group on Disability Statistics and the World Health Organization (WHO) to establish an internationally comparable approach to measuring the general prevalence of disability. This approach draws on the functional framework embodied in the International Classification of Functioning, Disability and Health (ICF) developed by the WHO. In the few developing countries in which this approach has been implemented, findings indicate a disability rate of about 10 to 12 percent, with about two to four percent of the population having significant disabilities. This estimate is in line with the often-cited United Nations figure of a 10-percent disability rate (although this rate is best understood as an “informed guess,” based on data available from developed country sources).

The following represents among the most accepted definitions currently promoted.

Disability: *the outcome of the interaction between a person with impairment or health condition and the negative barriers of the environment (including attitudes and beliefs, etc.).*

Disabled person/people: *a person or people (group of individuals) with an impairment or health condition who encounters disability or is perceived to be disabled.*

Environmental factors: *factors that make up the physical, social, and attitudinal environment in which people live and conduct their lives.*

The reality is that everybody has limitations but these only become disabling the environment are non-supportive. For instance, a person in the United Kingdom with impaired vision would receive glasses and not be considered or feel himself/herself to be a disabled person. However, a person in rural Africa with the same visual impairment might not have access to ophthalmic care, and therefore might become categorized as a “disabled person” because of the impairment.

Somalia Disability Status Report (2021)

1.5 General Background of Somalia

Somalia, situated in the Horn of Africa has undergone a major civil war during 1990-92 leading to the fall of the government of Siad Barre, and the subsequent balkanization of the country. Although all Somalis belong to one religion and speak the same Somali language, the Somali society is divided into numerous clans and sub-clans and each sub-clan is sensitive about its economic interests and this is compounded by the vested interests of the clan/sub-clan leaders.

The situation is even now unstable with frequent inter-clan fighting erupting in one area or other for the flimsiest reason. This situation has resulted in far-reaching demographic changes including refugee migration to neighbouring countries, considerable internal displacement of population, and presumably a fall in fertility and an increase in mortality as a result of the difficult economic situation. There has been no Central administration since the collapse of the Siad Barre government in 1991. Consequently, there is no statistical machinery to collect and compile data on a systematic basis, so as to be useful to local administration, NGOs and international agencies.

The United Nations Development Office for Somalia (UNDOS), a project of UNDP and executed by the Office of Project Services (OPS) of UNDP has attempted to collect and compile data on key areas such as number of settlements, population, household income and expenditure, prices of essential commodities, agriculture, education and health in areas that could be reached. In addition several international NGOs engaged in humanitarian activities collect data pertaining to the areas of their interest, particularly education and health. UNDOS is making efforts to compile, evaluate and analyze these data to provide a picture of the demographic, economic and social situation in the different regions of the country. Under the auspices of UNDOS a Statistical Working Group has been established to harmonize the concepts and procedures of data collection, and to establish a data base on the current economic, social and demographic situation and trends in Somalia. UNDOS has prepared the statistical profiles of five regions (Bay, Middle Shabelle, Bari, Nugal and Mudug). Using the settlement statistics on the number of houses and the estimates of average population per house obtained from the family budget survey, UNDOS has prepared population estimates for these regions. These activities are extremely important in the absence of any official machinery for data collection and dissemination.

Demographic data are scanty and incomplete for Somalia, although two censuses have been carried out during the pre-war period. The first census carried out in 1975 was not published, and only an analytical report based on the census results was brought out in 1984. A national demographic survey was carried out in 1980-81, but the data were not processed, barring a few hand-tabulations. Another census was carried out in 1985-86, and once again the census got bogged down in doubts about its accuracy, and was not published. There are varying accounts of the census count of population, one giving a figure of 5.8 million and another 8.5 million. The only published set of demographic data comes from the 1980-81 POPLAB survey of three regions – Banadir, Bay and Lower Shabelle – carried out in collaboration with the University of North Carolina.

Data deficiencies are particularly severe for the nomadic population, who constitutes about half the population of Somalia. Data on fertility and mortality were collected in the 1975 census but for only the sedentary population. As a consequence of the civil war during 1990-92, there has been great disruption of population throughout the country. It is believed that about a million people left the country during the war, and about 750000 are said to have perished during the war. There are no independent sources of information to confirm these estimates. Even today

Somalia Disability Status Report (2021)

there are close to half million internally displaced persons (IDPs) inside Somalia, and about half million refugees outside the country, principally in Kenya and Ethiopia but also in far off places like Canada, Europe and Australia. Other human costs of the civil war have been equally enormous. There are many abandoned women, and there are large numbers of men and women whose marriages have been disrupted. Apart from the deaths caused by the war, there has been an increase in mortality as a result of the economic crisis and malnutrition and disruption of health services. People who are left disabled due to war are many.

The population of Somalia is about 16.3 million. Languages spoken are generally Somali and Arabic. The vast majority of the population share the same language, religion, and culture but are divided by a rigid structure of six clans. Somalis give importance to tracing their genealogies and have a sense of belonging to one of the six major clan families: the Darood, Hawiye (predominantly from the south), Isaaq (from the north), Dir, Digil and Rahanwayn. Belonging to a clan has political implications as well. An awareness of this might help avoid situations where interpreters cannot interpret because of lack of trust. A teacher's knowledge of a student's background will doubtless help foster trust. A small minority of Bantu-speaking people live in the southern part of the country. Other minority groups include Arabs, Indians, Italians, and Pakistanis.

Geography: Somalia is a semi-desertic country with a large population of nomads. The north is mountainous, descending gradually from the Galia-Somali plateau to the coast on the Gulf of Aden. The south is almost entirely desertic with the exception of a fertile area crossed by two rivers originating in Ethiopia, the Juba and Shebeli. Over pasturing has exacerbated drought, endemic in this region. A drastic increase in livestock has led to desertification. Fishing using explosive charges has damaged coral reefs and aquatic vegetation. The destruction of these fish habitats may have put stocks and future catches of many species at risk.

Education: Until civil war broke out in the early 1990s, education was free and compulsory for children between the ages of 6 and 14. In the 1980s adult literacy had reached 60 per cent; in 1995 it was 24.1 per cent. In 1990 primary schools had about 377,000 pupils, general secondary schools had 44,000 students, and vocational and teacher-training institutions 10,400. As a result of the civil war, the educational system collapsed and most schools were closed, including the Somali National University (1954) in Mogadishu, which previously had an enrolment of about 4,600.

Economy: Somalia is one of the world's poorest countries. Since the early 1990s its economy has been in a state of collapse because of civil war and its aftermath. Previously, the economy was based primarily on livestock raising, which accounted for 40 per cent of gross domestic product (GDP). There are severe shortages of most commodities, except munitions. Crop farming is important only in the south.

Until the early 1990s, efforts to diversify and modernize the economy were directed by the government through a series of development plans, assisted by foreign grants and loans. In 1990 the gross national product (World Bank; 1988-1990 prices) was estimated at US\$946 million, which is only US\$150 per capita.

Somalia Disability Status Report (2021)

Civil War and Famine: Following the peace accord, the dissident Somali National Movement continued its military campaign against the Barre government, capturing parts of the north. New opposition movements each drawing support from a different clan also emerged in the late 1980s. The civil war intensified, and Barre was forced to flee the capital in January 1991. During the last two years about 50,000 people were killed in factional fighting, and an estimated 300,000 died of starvation as it became impossible to distribute food within areas of the war-ravaged nation.

In 1993, after two years of civil war and total anarchy, Somalia still had no central governmental structures. The traditional authorities, unable to handle these unprecedented conditions, had abandoned their normal functions, leaving clans and sub-clans unrestrained. In some regions, though, the local population still respected the traditional authority of the tribal elders. However, in the vacuum created by the absence of central administration, power remained in the hands of the warlords and of heavily armed bands of looters. Under pressure from the United States, the UN sent 28,000 troops to assist. This was the first time the world organization had intervened militarily in the internal affairs of a nation. At the suggestion of the UN, in March 1993 military chiefs, councils of elders and prominent citizens agreed to create a provisional government and a National Transition Council. Aideed's forces confronted the UN blue helmets with losses on both sides. The elite US Rangers failed in their attempt to capture Aideed. In March 1994, the UN withdrew 10,000 European troops, leaving 19,000, mostly Africans and Indians. The peace efforts did not prosper, despite a meeting organized in Nairobi, Kenya, between the main opponents: Aideed and Ali Mahdi. The last contingent of UN troops left the country in March, protected by a force of 1,800 marines. And even though the regional conflicts continued, the civil war did not spread and economic life seemed to recover.

The Republic of Somaliland broke away from Somalia and declared independence in 1994. The fledgling republic comprising about 30 per cent of Somalia's territory is not officially recognized. The port of Berbere, on the Gulf of Aden, forms its economic base. With the economy in ruins, it sheltered a million people displaced from the southern zone (Somalia). Divided and still without international recognition, the Republic of Somaliland continued to function.

Like a lot of the world, Somalia has many people who are living at or below the poverty level, drinking contaminated water, living in poor sanitary conditions, and have limited access to basic health care. Like many countries, Somalia lacks the financial means and necessary infrastructure to establish a good health care system to address the medical needs of the country. The climate is very tropical which can lead to a variety of health conditions, such as malaria, and the topography can make travel difficult which inhibits people from extensive travel and developing the rural communities. Other factors such as geographic location, endemic disease, ecological destruction, challenging conditions for food production, bureaucracy and lack of awareness to problems such as disabilities have been difficult to overcome when trying to address poverty and health in Somalia.

There are multiple dimensions of disability that affect the individual. Among these dimensions are social and cultural exclusion, denial of opportunities to work and receive an education, and reduced ability to participate in household and community decisions. For example, many people feel the elderly are neglected in the villages because they are often unable to contribute to the family physically. Others feel they are neglected in larger communities because many of the family members have moved away for better opportunities and have left the person to fend for

Somalia Disability Status Report (2021)

themselves. Either of these scenarios can leave the elderly isolated from society and left to fend for themselves which can be very difficult when their health and physical strength is limited.

Costs can also be incurred by households of the persons with disabilities. These costs can be financial costs directly related to the disability; cost to the caregiver in terms of time and effort required to provide assistance; and the social and emotional costs that come with social isolation and vulnerability to depression, fatigue and hopelessness. The impact of disability is not only experienced by the individual and family, but also by the community. A community with members who are unproductive and uneducated does not develop as well economically or socially. It has fewer people contributing to farming, business and industrial activities, fewer people planning for the community's future, and fewer contributing financially. Unemployment and lack of education may also contribute to increased crime in communities, which can ruin the sense of community and divert the use of limited and valuable resources.

For many years Somalia has been under war which has made Somalia government to do very little in addressing these issues. Somalia has few laws protecting the rights of people with disabilities and there is no entity in place charged with protecting these people. As a result, no strategy is set up in case of an emergency for people with disabilities, no subsidies are available for parents of children with disabilities, schools must enroll students with disabilities but are not required to provide assistance, 75% of the public buildings are not handicap accessible, no system of transportation is wheelchair accessible and there is no national policy for the employment of people with disabilities, private or governmental.

Because the government is not very active in the treatment of people with disabilities, NGOs have taken it upon themselves to serve these people in many different ways. Unfortunately many of these organizations struggle to find funding or technical resources to implement and sustain many programs.

In summary, Somalia is a country that has many challenges when attempting to meet the basic needs of the people, especially the disabled. People with disabilities don't have equal opportunities for employment, transportation, civic duties, and education which have an impact not only on the person but their family and community. No national coordinating agency is taking responsibility for establishing disability policy and there is no national disability action plan for the country. Several NGOs are attempting to influence governmental actions in addition to attempting to meet the needs of people living with disabilities. Despite the limited resources and other challenges, more can be done to meet the needs of the disabled if someone would listen and discover their needs and attempt to coordinate the available resources.

Somalia Disability Status Report (2021)

2.0 REPORT BACKGROUND

The report is prepared based on observation of and interaction with patients, caregivers, medical providers, local leaders, teachers and lay people and attempts to be a “voice” for the people living with disabilities.

2.1 Rationale of the survey

Because disability is one of the major issues in Somalia, a country of strong legacy of armed conflicts and violence that has been affecting people's lives for many years and that will continue to traumatize the survived victims, their families, friends and communities, attention should be paid to address it based on reliable and exploitable data. Unfortunately those data still need to be generated and organized in a more scientific and comprehensive way. This gap is the main obstacle to any efficient and rational decision-making, strategic planning, monitoring and evaluation of the intervention to address the situation of the disabled persons, including resource allocation and services.

Although a number of surveys have been conducted by various agencies and organizations it is acknowledged that socio-economic and demographic data related to the disabled persons is far from being consistent and accurate. In addition, the categorization of disabilities varies from one institution to another, impeding any comparison, verification, analysis and interpretation of the information, very often fragmented and generated from diverse sources. Furthermore, the situation of the disabled persons is not wholistically addressed so far due to the lack of centralized, structured and accessible information related to the wide range of services provided by the stakeholders in Somalia.

2.2 Objectives

The Pilot Disability Demographic Data Base Project is aiming at through on-going and systematic surveys allowing coherent and interactive data gathering tools and methods, real possibility for analysis, interpretation, updating and dissemination to relevant stakeholders for planning, action, resources allocation, monitoring and evaluation of the impacts.

2.3 Specific objectives:

- *To determine the number of disabled persons in Mogadishu*
- *To determine the disability by sex, age and place of residence, i.e. location*
- *To determine specific needs of the disabled persons*
- *To establish the major problems faced by the disabled and their coping mechanisms.*

2.4 Scope and covering

Coordinated by the SDN Secretariat with the collaboration of field officers and affiliated members, the survey took place in eight districts of Mogadishu city on a household basis, using a nominative questionnaire as a tool of a structured interview in English language which was translated into Arabic language to the illiterate participants by the interviewers. The eight survey sites encompassed sixteen district of Mogadishu. A population of 12,126 disabled persons had been counted and among them, 8,246 (i.e. 68%) had been interviewed (database of statistic of

Somalia Disability Status Report (2021)

disabled person interviewed during the pilot survey Mogadishu October – November, 2021 has been provided).

<i>Region</i>	<i>District</i>	<i>Population</i>
Banaadir	Abdi-Aziz	44070
Banaadir	Bondhere	121635
Banaadir	Deyninle	65189
Banaadir	Dharkeynley	81529
Banaadir	Hamar Jab-Jab	72275
Banaadir	Hamar-Weyn	86157
Banaadir	Hawl-Wadag	77812
Banaadir	Hodan	142417
Banaadir	Huriwa	86378
Banaadir	Karan	245029
Banaadir	Shibis	158652
Banaadir	Shingani	48476
Banaadir	Waberi	101186
Banaadir	Wadajir(Medina)	99686
Banaadir	Wardhigley	106667
Banaadir	Yaqshid	255606

3.0 SURVEY METHODOLOGY

The study was divided into two main components: The first component consisted of field visits to the homes of families in which discussions were held to determine the difficulties they experience and an interview survey was used to act as a guide to facilitate discussions aimed at collecting data on the demographics of people living with disabilities, types and causes of disabilities, functional limitations as a result of disability and medical intervention and access. The participants were selected primarily as a convenience sample determined by the surveyors and the relevant people within the organization.

The second component to the study was a rehabilitation organizational assessment in which numerous governmental and NGOs were investigated to determine the extent of their involvement in supporting people with disabilities and their caregivers. This pilot study was performed to aid in the assessment of the needs of people, the number and problems faced by people living with disabilities in the Mogadishu. It was also performed to determine the effectiveness of the survey and to determine if a larger scale study would be feasible in the future.

4.0 SURVEY STRATEGY

4.1 Sampling and identifying the survey population

The size of the survey population in each region was determined by the consultant by taking into account the sample representation and the relevance of geographical coverage.

Somalia Disability Status Report (2021)

The selection criteria of the target villages are as follow:

- *Close to the capital city of Mogadishu*
- *Accessible by secondary road*
- *Service centers/provider*
- *War affected area*
- *Population density*
- *Province/District border.*

The features of the selected villages were checked out with the field geographical insights of the surveyors during the 2 days training. Minor changes had been made and a final list of target district was established (names and administrative location of the surveyed villages is available on request).

A total number of 8,246 disabled persons had been interviewed and we were able to register a total number of 12,126 in the whole of Mogadishu city. Prior to the survey, the respondents were screened by the key informants at the village level, e.g. the village leader, the elderly, the traditional birth attendants, the teachers, the mobile sellers, etc. Based on the screening list, the surveyors used a nominative questionnaire to interview every single disabled person's in the target villages. Each surveyor was able to interview and received correctly filled up questionnaire of 50-100 disabled person's household per day, under the close supervision of a field team leader. A surveillance officer (SDN's senior facilitator) also monitored the field team leaders and the surveyors to ensure that the survey procedure had been strictly followed and the data properly gathered, and to solve any administrative or logistical problem encountered with the support of the local authorities.

4.2 Data collection

The data collection phase lasted 30 days included the service provider survey, involving 24 surveyors appointed by Mogadishu office logistics department. The surveyors interviewed the disabled persons in the target districts in their respective regions. Given the size of the region - thus the number of target villages- the number of surveyors and monitors was not proportional to the huge task they had to achieve during the data collection phase. This problem occurred in two districts where the monitors spent quite a lot of time to ensure maximum accuracy and consistency to data collected.

Data gathered were checked, classified and centralized in Mogadishu. Data entry and analysis were made possible at the SDN Secretariat database office in Mogadishu that had been equipped with computerized data entry tools and relevant facilities.

4.3 Data entry

As soon as the data gathered are classified and centralized, 2 data entry clerks were selected among the 24 surveyors and 4 other clerks were recruited from both affiliated NGOs, based on their skills in computer science and survey background to receive 3 days training prior the data entry work. The training was provided by a database design specialist, combining IMPS and SPSS software.

Somalia Disability Status Report (2021)

The data entry lasted 14 days which officially started 15 days after the survey had begun when adequate interview had been carried out. As expected, each DEC was able to enter an average of 10-15 questionnaires per day.

4.4 Data processing, analysis and interpretation

This technical phase is a joint task involving the senior database consultant and the database design specialist.

Data were processed and analyzed according to the requirements of the SDN Database Working Group. Variables were analyzed separately (single variable analysis) or in correlation with other relevant variables (multi-variable analysis). Single variable analysis gives for instance the distribution of respondents by age group, gender, occupations, marital status, type of disability, educational level, etc.

Multi-variables analysis help to understand and verify some links between different aspects e.g. the relationship between the prevalence of disabilities and the occupations, the discrimination due to gender, the effect of parents' disability on children's schooling, etc.

Another category of data provides qualitative information on the access of disabled persons to services in terms of difficulties, mobility, discrimination, self-exclusion.

5.0 STUDY FINDINGS AND RESULTS

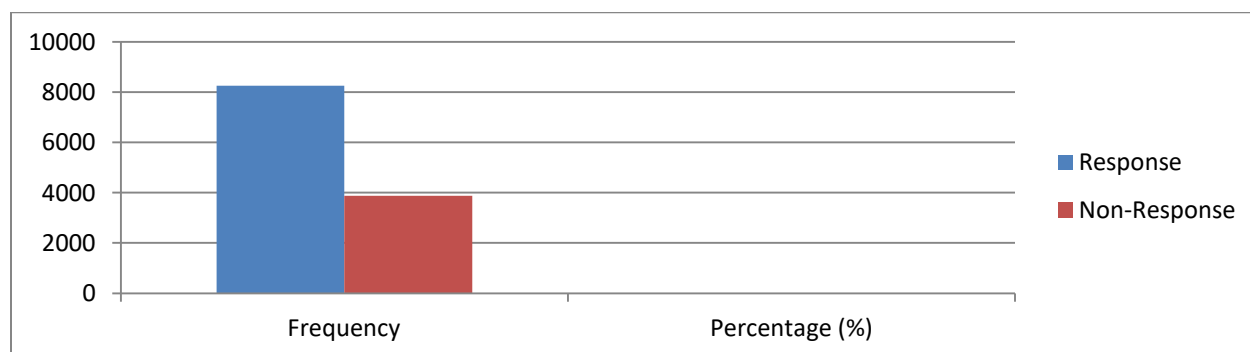
From the survey data analysis and interpretation, the following findings were arrived at:-

5.1 Response rate

The study targeted 12,126 participants through questionnaires administrated. Of the study of 8,246 sample respondents, the recorded response rate was 68% as tabulated below:-

5.2 Questionnaire Response Rate

Questionnaire	Frequency	Percentage (%)
Response	8,246	68%
Non-Response	3,880	32%
Total	12,126	100



Somalia Disability Status Report (2021)

According to Kothari and Gang, (2014) a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 78% and over is excellent; therefore this response rate was adequate for analysis.

5.3 Demographic Characteristics of respondents

The purpose of this background information was to find out the characteristics of the respondents. Furthermore, the respondents have also requested that all the information provided to remain confidential.

In total, 8,246 respondents participated in the survey and they were sampled from various different districts of Mogadishu, Banadir region, Somalia. The shape of the questionnaire in the demographic section looked upon in terms of gender, age, level of education and occupation.

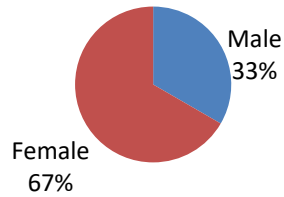
5.3.1 Personal Information of Disable Persons Households

All categories		Count	Table N %
Gender of respondents	Male	2,749	33%
	Female	5,497	67%
Marital status of respondents	Married	4,288	52%
	Widowed	1,237	15%
	Others	2,721	33%
Educational level of respondents	Primary	1,979	24%
	Secondary	1,897	23%
	University	3,793	46%
	Others	577	7%
Occupation of the respondents	Employed	825	10%
	Housewife	4,865	59%
	Un-employed	2,556	31%
Age of respondents	5-15	742	9%
	18-35	3,381	41%
	36-45	2,639	32%
	More than 46	1,402	17%

The above table indicates that according to gender 33% of respondents were male, while 67% were female.

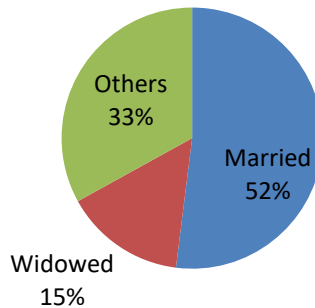
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Respondents' gender by %



Marital status 52% was married while 33% were not married while 15% were widowed.

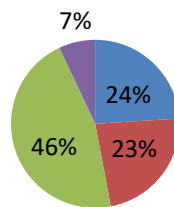
Respondents' marital status



According to education level of respondents, 46% were university level, while 24% were of primary level, 23% were of secondary level, 7% were non-educated persons.

Respondents' education level

■ Primary ■ Secondary ■ University ■ Others

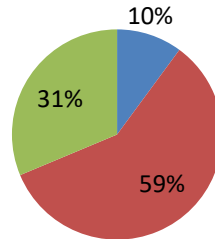


The survey revealed that according to the occupation 59% were house wife while 31% were un-employed and the remaining 10% were employed.

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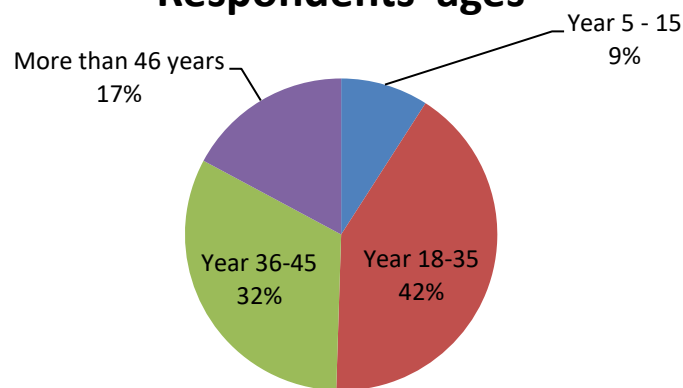
Respondents' occupation status

■ Employed ■ Housewife ■ Un-employed



Age wise the study found out that 41% of the respondents aged between 18-35 years, 32% were between 36-45years, 17% aged more than 46 years and remaining 9% aged 5-15years.

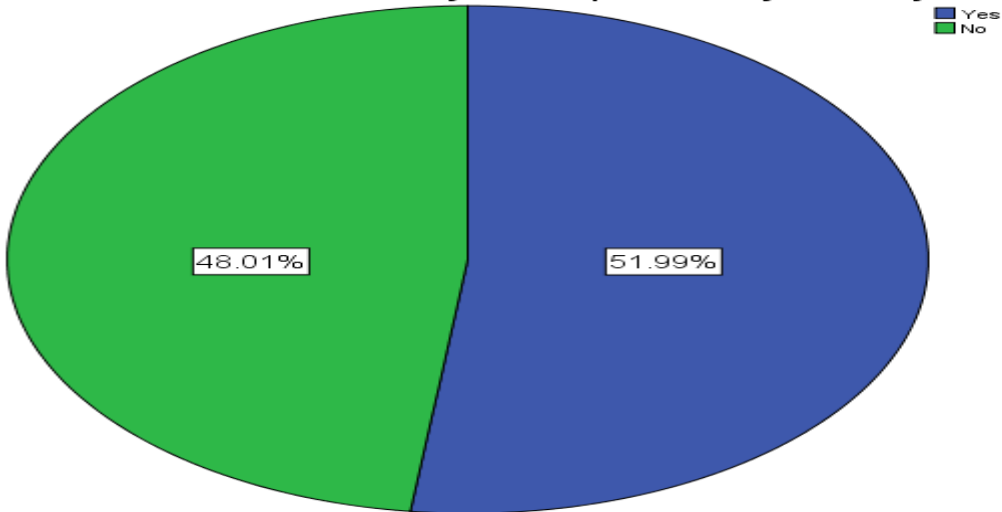
Respondents' ages



5.3.2 The study revealed that 51.9% of the respondents were disable persons while 48.0% have no disability as per the graph below.

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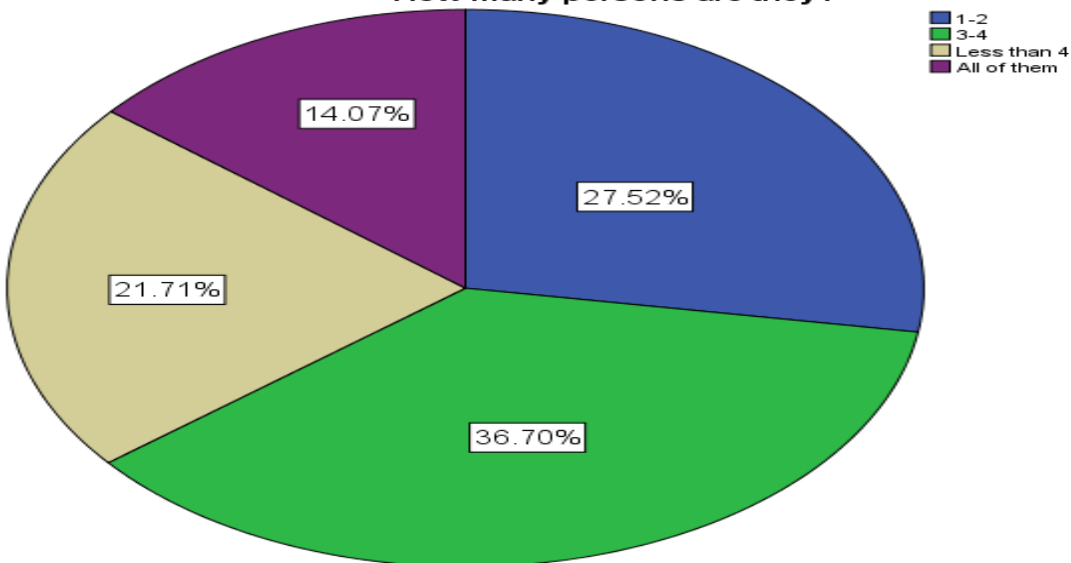
Is there any disable persons in your family?



5.3.3 When the respondents were asked further about how many persons they were, the responses were as follows:-

36.7% of the respondents representing 3-4 persons were disable persons, 27.5% representing 1-2 disable persons, 21.7% said less than 4 disable persons while the remaining participants 14.0% said all of them as per the below graph.

How many persons are they?



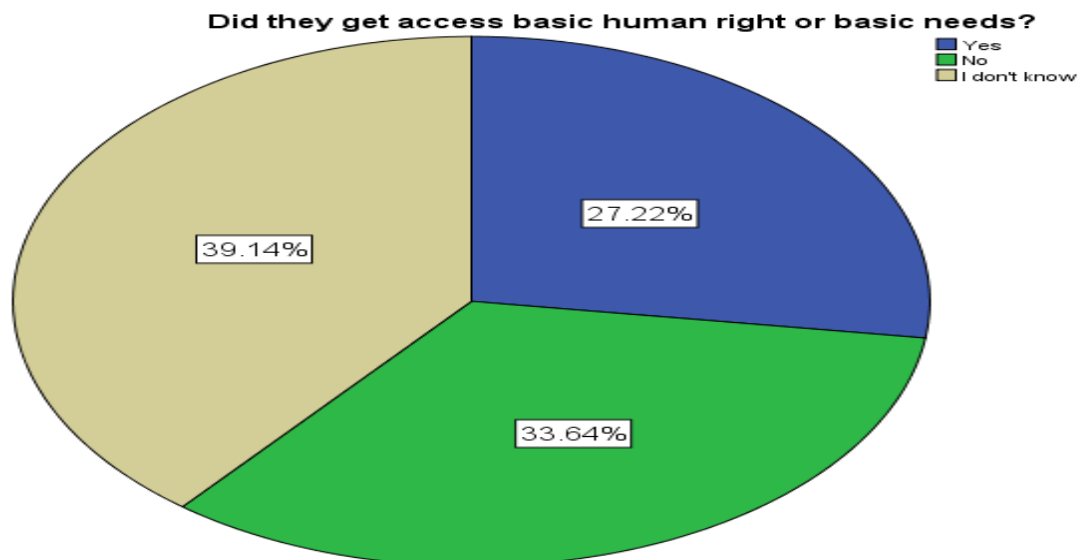
5.3.4 Access to Basic Human Rights or Needs

When asked about whether they have access to basic human rights or basic needs, the results were as follows:-

39.1% of the respondents said they don't know if they get the basic needs, 33.6% said they did not get access basic human rights while 27.2% of the respondents said they did get access basic

Somalia Disability Status Report (2021)

needs or support from their family or other organizations. The finding is presented as per the below graph.



6.0 CHARACTRISTICS OF RESPONDENTS

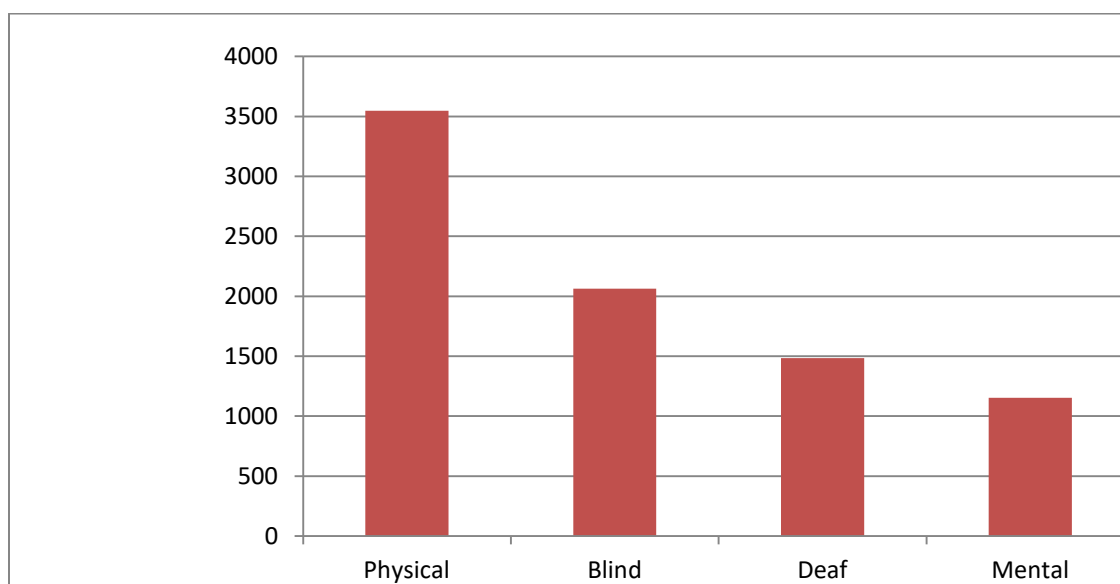
6.1 Study Demographics

6.1.1 Types of disability

Demographically, the respondents were categorized as follows:- (Physical challenged - 7 %, Blind - 5%, Deaf -3%).

Demographics	Children			Adult			Aging		
	M	F	Total	M	F	Total	M	F	Total
Physical challenged 3,546	326	651	977	836	979	1,815	242	512	754
Blind 2,062	410	498	906	444	312	756	123	277	400
Deaf 1,484	186	300	486	200	300	500	249	249	498
Mental 1,154									
8,246									

Somalia Disability Status Report (2021)



6.1.2 Identified Causes of Disabilities

- *Polio maleate high*
- *Accident middle*
- *Army Wounds middle*
- *Diseases high*
- *Bad medical high*

7.0 MONITORING AND EVALUATION

7.1 Monitoring

At the central level the SDN Data Base Working Group plays the role to monitor and evaluate the project in close consultation and cooperation with surveyors. The progress had been steadily reported by the consultants to the SDN Mogadishu office through informal and formal meetings, under the coordination of the Secretariat.

At the field level team leader was in charge to monitor the progress of the survey through its deputy director who actively traveled in the survey areas with the SDN Secretariat's coordinator and the consultant during the data collection phase.

7.2 Evaluation

A one-day workshop organized in project coordinator Mogadishu office at the end of the survey phase allowed the participants to evaluate the difficulties and successfulness of their mission. Also meetings of project team leader to present preliminary key findings, draft report and final report to SDN office for the final report was organized.

Somalia Disability Status Report (2021)

8.0 OUTCOMES

Key findings of the survey include:

- *Most of the disabled persons got their disability due to war*
- *Disabled persons are discriminated in the society*
- *Women who are disabled are the most vulnerable group and normally their rights are violated.*
- *Disabled children within the capital city are less educated as compared to the rest of the children.*
- *Disabled pregnant mothers receive less health services due to their marginality*
- *War disabled victims' falls within the age of 15-40 years.*
- *Employment discrimination is prevalence to most of the disabled persons*

9.0 PROPOSED DATABASES

9.1 The Socio-Economic and Demographic Database

A nominative database encompassing a population of more than 12,000 disabled persons of sixteen regions of Mogadishu will be generated. This database will provide key information about their socio-economic situations as well as their type(s) of disability.

Raw data will be registered into a software called IMPS (Integrated Micro-computer Processing System). Data Processing and analysis will be made possible through a SPSS (Social Package of Statistical System) software so that cross-tabulation and correlation analysis could be done by advanced users. For common users, a set of pre-processed data is made available in a menu encompassing tables and charts to enable them to access to the key findings and/or to duplicate those materials according to the purposes.

Capacity building for the data entry officers from SDN is necessary to equip them with SPSS and IMPS software knowledge to improve the accuracy of the data entered and accurate reports.

9.2 The Service Availability Database

This database will be made available in the near future which will contains practical and up to date information on the relevant service providers e.g. location, distance from the nearest commune administrative center, treatment fees, schedule, contact persons, accommodations facilities, referral system.

The geographical location of the service providers is translated into a mapping included in the database. Eight maps of the eight districts surveyed are available in the database with a legend of formal and non-formal service providers ranging from health centers to traditional healers and traditional birth attendants (Maps of the sixteen districts with location of the service providers is available on request).

Somalia Disability Status Report (2021)

9.3 The Service Accessibility Database

This database intends mainly to provide information on possibilities and difficulties encountered by the disabled persons to access to services. It informs us for instance about:

- *Where the disabled persons receive treatment or service related to their disability,*
- *How long did the treatment last,*
- *The kinds of service received,*
- *How much did they pay for the treatment,*
- *What are their major problems to access to services*
- *Wishes on how to improve accessibility to services.*

9.4 A Resource Manual on Disability Issues

The Resource Manual on Disability Issues was designed and is being developed as a complementary component to the Disability Data System. This computerized "encyclopedia" offers users of the socio-economic/Demographic and Services Availability Database a tool for a comprehensive and informed approach to research, problem solving and understanding the variable issues concerning persons with disabilities and disability issues.

Designed similar to a Web Site, users are able to access needed information on a wide range of topics concerning disabilities. The Resource manual is available on CD Rom, making access to needed information available without having to utilize the database program. It can actually be used as an integral part of the data system or as a stand-alone program. However, links are provided both programs assisting the ease of use.

Currently there is just a small amount of information ready to include into the manual. It is intended, however, that within the DAC Sec. a system will be developed to regularly update and add information. Through concerted and conscientious effort of the DAC Sec. and supportive agencies and organizations, the Resource Manual will develop into valuable and useful tools for users of the Disability Data System, members of the rehabilitation sector and those concerned with disability issues

10.0 THE QUALITATIVE OUTCOMES

10.1 Capacity building of IEDP staff

The project enables 24 persons to actively work on a survey in a methodic and scientific manner by achieving all the steps including training, data collection, monitoring/evaluation, data entry/processing/analysis. The project has developed a team spirit among all the participants in a strong willing to attain a common objective that is to build up a reliable, consistent and useful database on the disabled persons.

10.2 Toward more awareness and significant ownership

Awareness and ownership are induced by improved understanding on the importance and the usefulness of this database to assess, plan and strategize any action for the benefit of the disabled persons.

Somalia Disability Status Report (2021)

By providing the stakeholders with this valuable tool, the project was aiming at developing the sense of ownership of the national institutions so that the real beneficiaries are the disabled persons and the services provided are effective and appropriate because they actually address their needs and difficulties.

The SDN Secretariat has the role to continue to sensitize the government side to devote more energy, time and committed human resources to sustaining the database assets.

The Department of Rehabilitation of SDN should make sure that appointed staffs do have sufficient sense of ownership and genuine willing to acquire skills that allow them to maximize and develop these assets at the service of the stakeholders and the disabled persons.

11.0 RECOMMENDATIONS

11.1 General Recommendations

- Enabling the project to select field staff according to capacity to fulfil survey duties. Staff appointment by the institutions at all level should be limited and larger room should be made to identify the most talented ones to implement the survey and to train additional surveyors in other regions.
- Sensitizing the government institutions on the necessity to improve staff wage via various allowances (food, accommodations, transportation) with the participation of the project and to require full commitment and sense of ownership from the selected staff.
- Lobbying in favour of gender equity in the staff recruitment by SDN. Lack of female SDN Surveyors limits qualitative communication with female disabled persons and may lead to data bias.
- Planning appropriate time and adequate transportation means. The field work should be planned during the dry season to access to remote areas.
- Providing relevant training to build up capacity of the SDN staff especially at the Mogadishu office. Training topics should include the following topics:
 - *Survey Tools Design and Development: 1 person as Trainer of Trainers (ToT)*
 - *Data Collection and Monitoring Techniques: 4-5 persons as ToT*
 - *Data Entry, Processing and Analysis: Number according to the needs*
 - *Database Management and Development: 2 persons from Mogadishu*
 - *Budget Planning, Management and Reporting: 1 person*
- Recruiting qualified human resources at the provincial and district levels and providing them with above relevant skills. The most skilful surveyors at the district level who have been identified during the current pilot phase should be used as a pool of ToT so that further number of surveyors will be trained in other provinces.
- Requiring strong support from affiliated NGOs and organizations to benefit from their insight and secondary data in the remote areas. Survey findings should be disseminated to the affiliated NGOs, organizations and relevant state institutions in order to promote the participatory process.

Somalia Disability Status Report (2021)

11.2 Specific recommendations

- *To enable the disabled persons to receive humanitarian assistance and involve in community social live.*
- *To build up their basic needs such as food, water, shelter, health care services etc*
- *To reduce poverty through joint implementation project by multiple donors and agencies as well as other NGO's.*
- *The government must increase its engagement towards disabled persons.*

PERSPECTIVES

- To develop plan to further collect data on Service Providers in Mogadishu and relevant data for the Resource Manual in or outside Somalia.
- Database Availability and Accessibility:
 1. *The database should be installed in a stand by computer, which is located at the office in Mogadishu.*
 2. *A database program instructor should be made available to the users during working hours at the SDN Secretariat.*
 3. *CD Rom loaded with survey data must be available and find support for diffusion of CD-Roms to all the stakeholders.*
 4. *To propose fee for duplicating other 50 CD-Roms for sale to other interested users and use that income to buy new ones to fill the stock.*
 5. *To update and enrich the database with future findings e.g. tables requested by such and such user. It has to be proposed to the SDN who will assess the pertinence, accuracy and veracity of the findings.*
- To develop year 2022 plan to replicate the survey model to other regions with the agreement of SDN and financial support of various donors.
- To develop plan for the capacity building to SDN's staff in computer science and tools/methodology of survey design and development.
- Frequency of data updating: The project intends to update the data collected in Mogadishu every year through additional surveys.
- Confidentiality issue: The diffused CD-Roms of the database will not provide the name of respondents, which will remain confidential through a password system. Only a limited number of persons will be provided with the password to access to those names. The SDN have the authority to decide who is eligible to be given the password.
- Software requirement: To download or access to the CD-Roms of survey data, it is required to install SPSS and Microsoft Office program.

Somalia Disability Status Report (2021)

DISCUSSION

The results of the survey and organizational assessments reveal some of the problems people with disabilities experience on a daily basis. Many of these problems go unnoticed by society which leads to further difficulties that could be avoided. The results of this study demonstrate that disability has no bias and can affect any person regardless age, sex, ethnicity, or where they live and it can occur at any point in time. Most disabling conditions are preventable with birth complications, accidents, and inadequate prevention and treatment of diseases contributing to the majority of disabilities. The most prevalent conditions reported in the study were cerebral palsy, developmental delay and strokes and one program that is lacking in the district that could reduce the severity and incidence of these conditions is an adequate disability screening and early intervention program.

It makes sense that education along with early identification and intervention could facilitate proper health care, adaptive equipment distribution and therapeutic interventions which in turn would instill hope in the person and the family. The prevention of strokes and other conditions is a very challenging task which will require a lot of organizational and social change and education which is just beginning to be addressed through the ministry of health and other NGOs.

The most prevalent disabilities discovered in the survey assessment involved basic activities of daily living such as bathing and dressing. These activities often provide a person with a sense of dignity and pride. The study also identified functional activities such as walking, standing, squatting and riding a bike to be very prevalent and these activities allow a person the independence to go places and do things when they want or need. Finally, the study showed cognitive issues such as the ability to rationalize, socialize and make decisions to be very prevalent in the district. The cognitive aspect of a person is a primitive component of a person's life and what many people would say define a person. Activities of daily living, functional activities and cognition are vital aspects of a person's life and are often taken for granted by many able-bodied people. They don't realize how important these activities are to a person's pride and life until they are taken away. In many cases, rehabilitation can help restore some level of independence to people with functional and cognitive difficulties thus helping restore some level of dignity, pride and independence.

Not only does a disability affect the individual, it can affect the family and community as well. These people have difficulty caring for themselves, require a lot of social support, and have difficulty contributing to society. An example of this is an elderly man who suffered a stroke and his son. His son has to ride his bike approximately 4-5 miles one way into Martini to get medications for his father and he has to physically assist him with many activities of daily living. This has been very physically and emotionally demanding on the son and he is unsure how much longer he can care for his father in this manner. Without the son's efforts, the father will not be able to receive the proper medicine and exercise for his condition and will live a lower quality of life as a result. Rehabilitation can help change the lives of these people if better access and more interventions were available.

According to the survey assessment, most people go to a health provider when their self care is limited, when they are sick, or when they cannot socialize or participate in leisure activities. Fewer people sought out help when they were in an accident or in pain. These findings demonstrate the value people put on independence and social interaction.

Somalia Disability Status Report (2021)

The survey and organization assessments showed many gaps in the services that need to be addressed. Issues such as transportation, learning difficulties and social support at home are areas of great need, and more equipment needs to be available to the people. Minimal services are available to the adolescents, middle-aged and elderly and they make up a large percentage of the people with needs. Money, personnel, equipment, space, ideas, and dreams are all vital to an organization's success and the biggest challenges for most organizations in the Mogadishu are often the lack of these resources. Most of the organizations in Mogadishu maximize their resources and they often feel they could do more "if only...". One approach to more effectively maximize resources is to facilitate more collaboration amongst the participating organizations in the districts. The collaboration of resources and ideas would expand a district's ability to reach out to the disabled and minimize the gaps in services.

There seems to be more interest in national statistical services in the field of disability throughout the world. Over the past several decades, national efforts to collect disability statistics have increased significantly, specifically since 1981 which was declared the International Year for Disabled Persons. However, this increase is due mainly to the inclusion in the census of a question or questions on disability which can often be ineffective in collecting data. National registers of persons with disabilities are rare, and the lack of international standards to guide the production and compilation of statistics in the field of disability is a major problem. As a result, the quality, completeness and detail of existing statistical information are usually inadequate for national policy and program needs. The Mogadishu is in great need for data regarding disabilities to help guide policy development, allocate time and resources, and to increase public awareness.

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