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A RAPID ASSESSMENT OF THE STATUS OF **CHILDREN** **WITH DISABILITIES** IN SOMALIA

COMMISSIONED BY:

Ministry of Women and Human Rights Development (MoWHRD)
of the Federal Republic of Somalia



Federal Government of Somalia
Ministry of Women and Human Rights Development

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ACRONYMS

CBO	Community Based Organization
CESVI	Cooperazione E Sviluppo
CRPD	Convention on the Rights of Persons with Disabilities
CSOs	Civil Society Organizations
FBO	Faith Based organizations
FGD	Focus Group Discussion
FGS	Federal Government of Somalia
FMS	Federal Member States
GBV	Gender-Based Violence
IDPs	Internally Displaced People
INGOs	International Non-governmental Organizations
KII	Key Informant Interview
MCH	Maternal and Child Health
MDA	Ministries/Departments/Agencies
MoE	Ministry of Education
MoH	Ministry of Health
MoJ	Ministry of Justice
MOLSA	Ministry of Labour and Social Affairs
MoWHRD	Ministry of Women and Human Rights Development
NDA	National Disability Agency
NDP	National Development Plan
NGO	Non-Governmental Organization
OPD	Organizations of Persons with Disabilities
SEND and IE	Special Educational Needs and Inclusive Education
SODEN	Somali Disability Empowerment Network
UNDIS	UN Disability Inclusion Strategy
UNHCR	United Nations High Commissioner for Refugees
USDOS	United States of America Department of State
WHO	World Health Organization

ACKNOWLEDGMENT

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The Rapid Assessment is highly welcome and it will contribute to our deeper understanding of an important segment of the Somali community. The Ministry notes that views and findings in the Rapid Assessment are those of Ms. Mbugua and her team and do not necessarily reflect the official policy or position of the Ministry.

FOREWORD

A Somali saying reflects the importance of children in our society “waxii la dhalay iyo dhulka ayaa loo magan yahay”. This can be loosely translated as *“in the end we shall be at the mercy of the earth and our children”*.

The promotion and protection of all children’s rights is a key part of the responsibilities of the Ministry of Women and Human Rights Development and it has been a privilege to advance an agenda that is so critical to the present and future of Somalia.

In this regard, I am very pleased to present this “Rapid assessment of the status of children with disabilities in Somalia” (“Assessment”). This publication is the result of a long journey that started in April 2017, when I took office and prioritized disability as a key agenda for Somalia. In carrying out this Assessment in the four cities of Mogadishu, Galkaio, Baidoa and Kismaio in Somalia, we sought to understand the key barriers to the participation of children with disabilities in society, including their access to the services they are entitled to enjoy.

This would not have been possible without the determination, resilience and advocacy of the community of people with disabilities and their representative organizations, known as Organizations of Persons with Disabilities (OPDs). The progress that we have made in partnership with people with disabilities is something that we can all be proud of. This partnership has been a challenging one. As a Government, we are a constantly trying to balance the needs and rights of all citizens in a country where everything deserves to be prioritized after so many years of conflict. In the same vein, OPDs have worked tirelessly to ensure they enjoy the rights that they have been missing for many years and no doubt often feel that the Government is not doing enough.

I am acutely aware of this and engage with OPDs regularly to ensure that they are consulted and actively involved in the development and implementation of legislation and policies and are an integral part of the decision-making processes that concern them. In this regard, OPDs emphasized their request to (1) establish a National Disability Bill, (2) to set up a National Disability Agency and (3) for Somalia to ratify the Convention on the Rights of Persons with Disabilities.

Engagement is particularly important for children with disabilities. In 2017, the Ministry consulted and heard the voices of children with disabilities during the drafting of the Convention on the Rights of the Child’s Initial State Party report and the Child Rights Bill, the ongoing consultations on the Disability Bill and the Constitutional review process. Children expressed the need to be included and, among other things, to have their rights to education and to play protected. They want to be treated like every child and given the same rights.

We have come a long way since we launched the National Disability Roadmap [‘Inclusion of Persons with Disabilities and Disability Rights in Governance & Development Processes 2017 – 2019’](#), a baseline that led to the second National Road Map (2020-2023).

To support our work, we appointed a Disability and Inclusion Advisor to advise and assist the Ministry in building staff capacities on disability and inclusion issues as well as lead in the implementation of our commitments on disability rights. It is our view that hiring a Somali with a disability was an important signal of the Ministry’s commitment to equality of opportunity and was a direct challenge to the pervasive

stigmatization and negative stereotyping of people with disabilities.

In June 2018, the Federal Government of Somalia approved the law establishing the first ever National Disability Agency, with the President of Somalia signing it into law on 30 December 2018.

In August, the following year, Somalia ratified the UN Convention on the Rights of Persons with Disabilities, demonstrating our commitment to the international standards around the protection and promotion of the rights of persons with disability. This is a clear sign that the Government of Somalia, led by the Ministry of Women and Human Rights Development, is putting in place legislation and policy to domesticate this core international human rights convention and to make progress in ensuring that persons with disability receive the protection and services they are entitled to.

To raise the profile of this vital commitment, we co-hosted together with the United Nations’ Office of the High Commissioner for Human Rights (OHCHR) the first-ever side event for Somalia at the 42nd regular session of the United Nations’ Human Rights Council in Geneva. The theme of the event was ‘Making the Convention on the Rights of Persons with Disabilities a Reality in Somalia: The Road Ahead’, which was aimed to discuss the implementation of the CRPD in Somalia, ensuring at the same time that increased efforts in Somalia are based on the overarching and underlying principles of inclusion and gender, independence, freedom of choice, full participation, equality, and human dignity.

Our international engagement has continued, for example, we participated in the Global Disability Summit in London, where Somalia made several pledges to advance and protect the rights of Persons with Disabilities and in 2019, the Oslo Conference on the Mine Ban Treaty, focusing on mine survivors and other persons with disabilities.

Somalia is also state party to the UN Convention of the Rights of the Child since 2015.

We have made good progress. However, much more needs to be done to ensure that everyone is treated with dignity and respect at all times and that no one is left behind.

It is our hope that this assessment on children with disabilities will pave the way for deeper research that informs concrete programming to make difference in the lives of these Somali children.

I want to thank the families and support persons of children with disabilities for sharing their fears, experiences but also their hopes and aspirations for their children. We hear you and we will continue to be at your side.



DEQA YASIN

*Minister of Women and
Human Rights Development
Federal Republic of Somalia*

DEFINITION OF TERMS

Child	Any person under the age of 18 years according to the UN Convention on the Rights of the Child and the Somalia Constitution, Article 29.
Persons with Disabilities	Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. (UN Convention on the Rights of Persons with Disabilities, article 1). ¹
Discrimination on the basis of disability	“Discrimination on the basis of disability” means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation (UN Convention on the Rights of Persons with Disabilities, article 2).
Children with disabilities Support person (‘support person’)	A support person is the person who takes care of the day-to-day needs of a child with a disability, monitoring the physical and mental well-being, identifying signs of illness, discomfort and helping the child in accessing services. The support person may be a parent, relative or someone specifically hired to look after the child. ²
Organizations of persons with disabilities (OPD)	Organizations of persons with disabilities [...] can only be those that are led, directed and governed by persons with disabilities. A clear majority of their membership should be recruited among persons with disabilities themselves. General Comment 7 (paras 10 and 11), UN Committee on the Convention on the Rights of Persons with Disabilities.
Quranic schools	Students who attend Quranic schools learn to read and write Arabic and received instructions in Islamic theology. Quranic schools are places where Muslim students receive an Islamic education particularly to master the basic tenets of Islam. ³
Stigmatization	The word stigma comes from the Greek word for “mark.” Generally, stigma is a negative set of beliefs about people with specific characteristics. People with disabilities have been stigmatized throughout history. In many cultures, disability has been associated with curses, disease, dependence, and helplessness. Disability stigma can play out in a number of ways, including social avoidance, stereotyping, discrimination, condescension, blaming, internalization, hate crime and violence etc. ⁴

1 UN Convention on the Rights of Persons with Disabilities (2006) <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>.

2 See Report on Access to Rights-Based Support to Persons with Disabilities, UN Special Rapporteur on the Rights of Persons with Disabilities, A/HRC/34/58 (2016), <https://www.ohchr.org/EN/Issues/Disability/SRDisabilities/Pages/Provisionofsupporttopersonswithdisabilities.aspx>

3 Mattson, I., *The story of the Qur'an: its history and place in Muslim life*. Hoboken, NJ: John Wiley & Sons, at 35, 2008.

4 Society for Disability Studies: www.disstudies.org

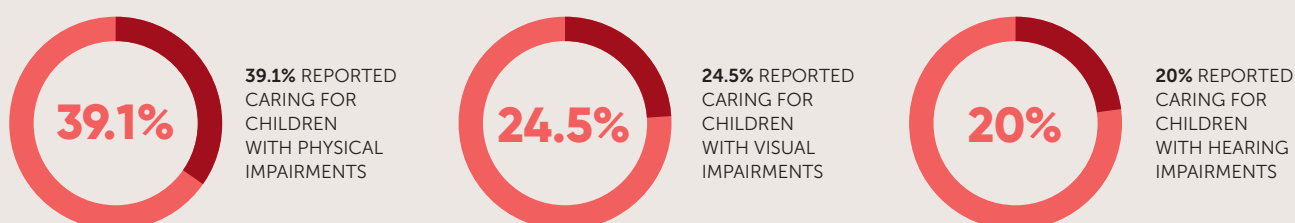
EXECUTIVE SUMMARY

INTRODUCTION

The Rapid Assessment of the Status of Children with Disabilities in Somalia ("Assessment") reviews the current situation of children with disabilities in the four cities of Mogadishu, Galkaio, Baidoa and Kismaio in Somalia. In commissioning this independent Assessment, the Ministry of Women and Human Rights Development (MoWHRD) sought to understand the key barriers to the participation of children with disabilities in society, including their access to the services they are entitled to enjoy.

The Government's 2020 Somali Health and Demographic Survey (SHDS) estimated that persons with disabilities constituted five percent of the population.⁵ While acknowledging such a finding, this Assessment sought to understand the prevalence of disability through anecdotal discussions. The Assessment respondents had varied perceptions, for example, in Baidoa, they stated that the number of children with disabilities was high in the city. Similarly, in Galkaio and Kismaio, respondents indicated that the prevalence was high without being specific as to where and why.

AMONG THE 100 SAMPLED SUPPORT PERSONS IN THE SURVEY:



The remainder being children with speech impairments, intellectual disabilities, and impairments most probably caused by medical conditions, for example a stroke.

FINDINGS

Awareness about and Attitude towards Children with Disabilities: Sixty-two percent of support persons reported that communities still view children with disabilities as people who cannot contribute to the family welfare, while 33.7% reported that communities view children with disabilities as a sign of bad luck, with community members believing that children with disabilities bring drought and poverty not only to the family but the whole community. Insults and abuse from the community also betray the inherent deep structural negative attitudes. Awareness about children's rights in general, and more specifically the rights of children with disabilities, among both support persons and the children themselves, is low due to poor outreach programs. Only half the support persons interviewed were aware of the rights of children with disabilities. In sum, most of the children with disabilities rights are not being realized due to poverty and exclusion demonstrated by high levels of malnutrition, lack of proper shelter, child abuse, denial of play opportunities and lack of schools among children with disabilities in the communities. Support persons also lack appropriate skills to provide the necessary support for children with disabilities.

Violations of the Rights of Children with Disabilities: Children with disabilities experience different violations, including physical assault, being pelted with stones, being called names, insulted and generally treated with disrespect, being cursed, being prevented from playing with other children. Other reported forms of discrimination include denial of access to services either explicitly or implicitly due to inaccessible buildings, roads, marketplaces, classrooms and toilets. Children with disabilities, especially girls are vulnerable to sexual violence, especially rape but most do not report their cases for fear of not being believed. Children with disabilities are regularly chained, with 28% of support persons in the Assessment stating that the practice is necessary to protect the children from harm such as car accidents, falling into pits/trenches, discrimination, physical and sexual abuse, hurting other people or being hurt. Another justification provided for chaining was that it prevented the children from begging or that it was important to hide them from the public as they are viewed as a family curse.

⁵ The Somali Health and Demographic Survey, Directorate of National Statistics, Federal Government of Somalia, at 251.

The Right to Education: Forty-eight percent of the support persons reported that the children do not attend school due to lack of facilities and resources, including special schools for children with disabilities, special education teachers, appropriate learning materials, school fees, appropriate transport means, assistive devices and long distances from school. Other challenges include the belief that some of the children with disabilities would not be able to study because of the nature of their impairment, fear that the children with disabilities would be abused, lack of awareness of the children with disabilities rights to education, the need to protect children with disabilities from discrimination and increased concern for their security due to their vulnerability. Most of the school going children with disabilities attend normal schools while a few attend special schools for deaf children (26%), blind children (20%) and Quranic schools (18%).

The Right to Food and Shelter: Many of the children with disabilities lack access to proper nutrition due to household poverty. Such children from poor households are not able to enjoy their right to shelter, especially children in IDP households.

The Right to Play: Half the children with disabilities do not have at least one support person to look after them leading to their isolation, neglect, accidents and the inability to interact freely with others. Some children with disabilities cannot enjoy their right to play due to discriminatory attitudes of teachers and other children or parents. Other factors that prevent these children from enjoying their right to play, include the practice of being tied/chained at home and lack of appropriate facilities and equipment.

Services Targeting Children with Disabilities: Government Ministries and Departments are striving to provide for the wellbeing of children with disabilities despite the lack of resources. The MoWHRD has led both the signing of the Convention on the Rights of Persons with Disabilities (CRPD) and the development of the law that established the National Disability Agency (NDA). The Ministry is currently developing the Disability Rights Bill. Non-Governmental Organizations have undertaken advocacy for the children with disabilities rights in Somalia and provided services including shelter, food, assistive devices and other support. Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) undertake advocacy and awareness raising on the rights of children with disabilities and encourage the delivery of services, such as the provision of food, financial support and assistive devices in certain areas. Local communities help protect the children with disabilities against abuse and discrimination, provide financial and other material support such as food, water, etc. The business community has assisted children with disabilities through establishment of schools and provision of material support. Noting that donor countries which are party to the CRPD have certain obligations to ensure that disability is central to their support to the Government as well as the UN's obligations under the Secretary-General's UN Disability Inclusion Strategy, there have been limited investments in advocacy. These investments have raised the profile of disability and Organizations of Persons with Disabilities and provide a good indication that investment in actual services and programmes could have a significant impact.

CONCLUSIONS AND RECOMMENDATIONS

There are many girls and boys with disabilities in Somalia with different forms of physical, psychological and social impairments. Awareness about the rights of children with disabilities is still low. Community attitudes towards children with disability are still largely negative and non-supportive to the well-being of the children. Similarly, skills for supporting children with disabilities are still largely lacking. Discrimination against children with disabilities is still rampant in Somalia. There are limited redress mechanisms in the community available to both the children, their parents and support persons. As a result, enjoyment of rights by children with disabilities is still a challenge throughout Somalia.

Recommendations to MoWHRD: The Ministry of Women and Human Rights Development (MoWHRD) should lead other Ministries/Departments/Agencies (MDAs) (including MoE, MoH) in undertaking concerted sensitization and awareness creation on people with disabilities issues in Somalia, with special emphasis on children with disabilities. The MoWHRD should work closely with NGOs, CBOs and the media in the child protection sector. This effort should be accompanied by a concerted affirmative action campaign targeting persons with disabilities in Somalia, especially for children with disabilities.

The MoWHRD should work with the Ministry of Justice (MoJ) and other relevant institutions to strengthen the legal framework in line with Somalia's international legal obligations with respect to both disability and children, to ensure that children with disabilities enjoy their basic rights including the right to health, education, life, survival, shelter, participation, and others.

The MoWHRD should work with relevant authorities to provide targeted protection to children with disabilities from abuse and neglect, including gender-based violence (GBV), by providing trainings and other support programs tailored to the needs of parents, teachers, support persons and community members in general on the best ways to take care of children with all kinds of disabilities and promote their rights. Support persons should be trained in positive parenting and commensurate skills to ensure that the children access all of their rights. The Ministry should undertake capacity building for government institutions dealing with disability issues in general, and children with disabilities in particular, through mainstreaming of disability in government; and strengthen and fund Organisations of Persons with Disabilities (OPDs) to enable them advocate for the rights of children with disabilities effectively. Similarly, the Ministry should strengthen partnerships with non-state actors including the private sector, religious institutions, CBO and NGOs that are currently working on disability within the community for better coordinated interventions. The MoWHRD should also work closely with relevant Ministries, such as Ministries of Finance and Planning, to ensure the inclusion of children with disabilities' needs in the national budget as anticipated by the ninth National Development Plan (NDP9) and other frameworks such as the CRPD and the Sustainable Development Goals.

Recommendations to other Ministries: The Ministry of Education should strengthen children with disabilities access to education through initiatives to promote increased enrolment of children with disabilities in schools, teacher training, establishment of special and integrated schools targeting all forms of disability and the reduction of costs associated with special education. Such schools should target all forms of disability that require special education. The Ministry of Health should strengthen disability prevention and rehabilitation programs by strengthening Mother and Child Health (MCH) services to deal with causal factors and through initiation and enhancement of community-based rehabilitation programs. The Ministry of Planning should undertake evidence-based research on children with disabilities in Somalia to fill the knowledge gaps that currently exist. Further, the data gathered from such research should be disaggregated on the basis of age, disability and gender to facilitate precise and targeted interventions.

Recommendations to Donors: Donors who are parties to the Convention on the Rights of Persons with Disabilities (CRPD) have the obligation to mainstream disability in their assistance programs. As such, donors should ensure that programs and services supported take into account the needs of children with disabilities and such funding is monitored and reported. In addition, donors should be guided by the various recommendations pertaining to disability rights under the Universal Periodic Review, as well as the recommendations of the Independent Expert on Human Rights in Somalia, which falls under the Human Rights Council's Technical Cooperation agenda.

Recommendations to the United Nations: The UN Secretary General's 2019 UN Disability Inclusion Strategy (UNDIS) requires UN entities to prioritize inclusion of disability within their programming and particularly in their support to Governments. The UNDIS is monitored through an accountability framework. As such, the UN in Somalia needs to examine existing programmes and identify areas in which disability inclusion should be strengthened to ensure that effective support for children with disabilities in Somalia is in place so that the goals of UNDIS is realized in Somalia. Such support would also further the commitment of Leaving No One Behind, the driving principle of the Sustainable Development Goals.

1.0 OBJECTIVES OF THE RAPID ASSESSMENT

The main objective of the Assessment was to explore the barriers faced by children with disabilities in the cities of Mogadishu, Galkaio, Baidoa and Kismaio in Somalia and assess how different stakeholders have sought to address these barriers. The findings of the Assessment are intended to serve as a limited baseline data to inform future programming in the area, both by the government and its local and international partners.

The specific objectives of the Assessment were to:

- a. Identify the key barriers to children with disabilities participation in society, including their access to the services they are entitled to enjoy;
 - b. Identify the coping mechanisms employed by children with disabilities.
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1.2 SCOPE OF THE RAPID ASSESSMENT

The geographical scope of the Assessment was limited to four urban centres in Somalia, namely Mogadishu in Benadir Region, and Baidoa, Kismaio and Galkaio in the Federal Member States (FMS) of South-West, Jubbland and Galmudug, respectively.

1.3 METHODOLOGY AND APPROACHES FOR THE RAPID ASSESSMENT

The Assessment used a mixed-methods approach, combining qualitative and quantitative research methods. Such approach leverages the strengths of both quantitative and qualitative methods, while minimizing their inherent respective weaknesses. Also, data from the two different methods are complementary, thereby contributing to the triangulation of the study findings as well as their validity.

1.4. DESK REVIEW

Relevant secondary material were reviewed, including NDP9, the Provisional Federal Constitution of Somalia, Somalia Initial State Party Report on the Convention on the Rights of the Child, the Disability Roadmap, Somalia Demographic and Health Survey 2020, child protection reports produced by various UN bodies, human rights organizations and records from NGOs and CBOs currently undertaking child protection programs in Somalia. The desk review was used to identify the trends in relation to approaches to children with disabilities as well as stakeholder responses in Somalia. The information was then used to identify the appropriate stakeholders and develop tools accordingly.

1.5. DATA COLLECTION AND FIELDWORK

A total of eight field researchers from the MoWHRD and the Banadir Regional Administration's women's group participated in the data collection training that was intended to prepare them for the fieldwork. The lead researcher gave these researchers a one-day training to familiarize them with the rapid assessment processes, including methods to be used, e.g. sampling and location of respondents in the field, the disability terms, review and adaptation. A field trial of the assessment tools was conducted in Mogadishu at the end of the training. The field trial was to ensure that all the researchers understood not only the process, but also how the tools resonated with the respondents. A team leader was selected for each of the four teams.

Coordinated and supported from Mogadishu, the fieldwork was conducted simultaneously in the four cities for a period of five days. The Assessment team visited the families of children with disabilities and key informants for the interviews. Before starting the interviews, the informed consent of a parent/support person for each of the selected children were sought. This meant explaining to the adult and the child why they were being interviewed and how the interview will be used. Necessary precautions were taken to conceal the identity of all the respondents in the assessment. Upon completion of the interviews and discussions, the field researchers translated the transcripts from Somali language into English for analysis and compilation of the report that fed into the Assessment.

1.5.1. Key informant interviews. The Assessment team interviewed twenty people who work or live with children with disabilities and who were well positioned to provide their perspectives and insights on issues concerning disability based on an initial mapping of key stakeholders. Most of these people were identified during the literature review process. The targeted key informants included relevant government officials in the Ministry of Women and Human Rights Development, Local Administrations, Ministry of Education, OPDs, NGOs and community-based organizations that work on children's rights issues as well as religious groups catering for children in need. In Baidoa, the Assessment team interviewed six key informants including two OPDs and four government officials. In Kismaio, the Assessment team interviewed four

representatives of OPDs; while in Mogadishu the Assessment team interviewed six key informants, including two CSOs and four government officials. In Galkaio, the Assessment team interviewed four Key Informants, including two government officials and two CSOs representatives.

1.5.2. Survey. A structured questionnaire was used to carry out the Assessment. The survey covered 100 support persons in Mogadishu, Baidoa, Galkaio and Kismaio.

1.5.3. Focus Group Discussions (FGDs). Separate Focus Group Discussions (FGDs) were also conducted with children with disabilities and the support persons in the four cities for the purpose of examining their level of knowledge, awareness and practice regarding support to children with disabilities in Somalia. The FGDs were also used to validate the information gathered from the Key Informants and complement information gathered through the survey. The two groups responded to a checklist of issues, focusing on disability in children. All the responses were then aggregated and analysed. The number of participants in each FGD was between 8 and 12 support persons or children with disabilities.

1.5.4 Survey Sample Size. The Assessment intended to interview a sample size of 46 persons in total through Key Informant Interviews. However, the field workers were only able to interview 20 key informants only due to some challenges in the field. The survey component of the Assessment targeted and undertook 100 survey interviews with children with disabilities support persons in the four cities (40 in Mogadishu and 20 each in Baidoa, Kismaio and Galkaio). A total of 96 FGD participants were interviewed in eight FGD sessions (four with the children with disabilities and the other four with persons supporting the children). Two FGDs were conducted in each city, one with children with disabilities, and the other with their support persons.

1.5.6. Assessment Tools. Four sets of tools were used for the Assessment. These included a quantitative survey instrument, two FGD guides, one for children with disabilities support persons and the other for children with disabilities themselves, and a KII guide for the other stakeholders. The Short Set of the Washington Group Questions⁶ were used as the basis for developing the assessment tools. The tools were contextualized during training through discussions with the field researchers to reflect reality on the ground in the four cities. The tools were also translated into Somali language and then tested to ensure that the translations were accurate. The Assessment team gave particular attention to the language and structure of the FGD guide for children with disabilities to make sure that it was appropriate, simple and child friendly.

1.6 ANALYSIS, TRIANGULATION AND VALIDATION

The totality of the findings, accrued through the four data collection methods, was assessed at different stages. The desk review process ensured that a range of sources, findings and research conclusions were identified to complement, contrast and compare the findings from key informants, survey and FGDs. For the qualitative data, a list of key themes and sub-themes were identified through an iterative process. These were refined and cross-checked for consistency and an overall thematic cluster framework was developed to support the analysis of quantitative data to come up with the findings and conclusions of the Assessment report.

However, due to the COVID-19 pandemic at the tail-end of the Assessment, it was not possible to undertake the envisaged validation workshop that could have provided a platform to review the findings of the assessment by support persons, government officials and representatives of the communities. This process could have helped improve the validity and reliability of the findings and ensure that omissions and inconsistencies are avoided in the findings to ensure that the report reflects the reality on the ground.

1.7. LIMITATIONS OF THE ASSESSMENT

The findings of the study cannot be generalized as the sample size for the survey component was too small and was not selected through random process. Similarly, since there has been no population census in Somalia for the past 40 years, the numbers are estimates. The Assessment provides information on key the concerns of children with disabilities expressed by support persons, children with disabilities themselves, selected persons deemed to possess critical information on children with disabilities from the government, CSOs and communities. By its nature, the Assessment did not aim to provide an in-depth study for any given disability topic, but flags key barriers to the enjoyment of rights by children with disabilities in Somalia.

The Rapid Assessment was limited to four major cities and their environs to have an initial understanding, noting constraints of funding and a tight time frame.⁷ Back and forth translation of the instruments and transcripts of the interviews and FGDs between English and Somali language may resulted in possible loss of some information. Qualitative data, by its nature, could not be uniformly retrieved from all the four cities as respondents in some of the towns were not able to give answers to some of the questions, hence some of the cities not being mentioned in some thematic areas in the report. The dearth of recent research/literature on disability in Somalia in general, and more specifically on children with disabilities was also a challenge. A planned validation workshop could not be undertaken due to the restrictions of social gatherings that were declared as a result of the breakout of COVID-19 pandemic towards the end of the Assessment.

6 Washington Group on Disability Statistics, <http://www.washingtongroup-disability.com/wp-content/uploads/2016/01/The-Washington-Group-Short-Set-of-Questions-on-Disability.pdf>

The specific questions are the following: 1. Do you have difficulty seeing, even if wearing glasses? 2. Do you have difficulty hearing, even if using a hearing aid? 3. Do you have difficulty walking or climbing steps? 4. Do you have difficulty remembering or concentrating? 5. Do you have difficulty (with self-care such as) washing all over or dressing? 6. Using your usual language, do you have difficulty communicating, (for example understanding or being understood by others)? Possible answers: 1. No, no difficulty, 2. Yes, some difficulty, 3. Yes, a lot of difficulty, 4. Cannot do it at all.

7 It is hoped that this initial assessment will generate interest in this topic so a broader assessment can be conducted in the future.

2.0 BACKGROUND TO THE ASSESSMENT

2.1 INTRODUCTION

According to the World Health Organization (WHO), disability is an umbrella term covering impairments, activity limitations, and participation restrictions.⁸ The United Nation's Convention on the Rights of Persons with Disabilities (CRPD), does not provide a definition, but rather states in its purpose that persons with disabilities include *“those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”*⁹

Since 1991, Somalia experienced conflict and violence, which exacerbated the situation for persons with disabilities who face extreme hurdles in being recognized, accessing resources and feeling valued in their community. This is particularly true for children and women with disabilities.¹⁰ The CRPD acknowledges the importance of development resources being allocated to disability.¹¹ Similarly, the World Bank has stated that people with disabilities constitute among the poorest and most vulnerable of all groups, and thus must be a core issue in development policies.¹² Despite this children and adults with disabilities have often not been included in programmes aimed at supporting people in Somalia.¹³

Persons with disabilities in Somalia are routinely sidelined in every aspect of humanitarian response and are being denied their economic, social and cultural rights.¹⁴ Reports show that persons with disabilities in Somalia are often denied access to water, food, sanitation and accommodation through lack of explicit inclusion.¹⁵

It is important to note that persons with disabilities are not a homogenous group and the experience of disability differs in terms of age, environment and responsibility an individual is exposed to.¹⁶ Most studies concentrate on adults with disabilities, and little research has been conducted on children with disabilities. Where research has been conducted, it has been acknowledged that further research is needed given that children with disabilities are particularly marginalized and categorized as an “at risk” group within Somali society.¹⁷

2.2 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’.¹⁸ In addition, Somalia endorsed the UN Standard Rules for the Equalization of Opportunities for Persons with Disabilities.¹⁹

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

8 World Health Organization. *Disability and Health: Key Facts*. <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

9 *Supra* note 1, art. 1.

10 Rohwerder, B., *Disability in Somalia. K4D Helpdesk Report 266*. Brighton, UK: Institute of Development Studies, 2018.

11 *Supra* note 1, art. 32.

12 Groce, N.E.; Kett, M.; Lang, R.; Tarani, J.F. Disability and Poverty: The need for a more nuanced understanding of implications for development policy and practice. *Third World Quarterly*. 2011, 32, 1493–1513.

13 Manku, K., *Supporting persons with disabilities in Somalia*. K4D Helpdesk Report, Brighton, UK, Institute of Development Studies, 2018.

14 Somali Disability Assessment Network, *People with Disability Livelihoods Assessment Report in Somalia*, Mogadishu, Somalia, 2019.

15 CEVSI & Handicap International, *Children with disabilities in Somaliland: A Knowledge, Attitudes and Practices Household Survey*. Hargeisa, Somaliland, 2012.

16 Ministry of Labour and Social Affairs, *The National Disability Policy*, Somaliland, 2012.

17 *Supra* note 15, CEVSI & Handicap International, 2012.

18 Disability Rights in Somalia, Swedish International Development Agency, 2014. <https://www.sida.se/globalassets/sida/eng/partners/human-rights-basedapproach/disability/rights-of-persons-with-disabilities-somalia.pdf>.

19 UN General Assembly Resolution 48/96, UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities, A/RES/48/96 (14 March 1996). <https://www.un.org/development/desa/disabilities/standard-rules-on-the-equalization-of-opportunities-for-persons-with-disabilities.html>.

Article 11 of the Constitution states that:

All citizens, regardless of sex, religion, social or economic status, political opinion, clan, disability, occupation, birth or dialect shall have equal rights and duties before the law. (2) Discrimination is deemed to occur if the effect of an action impairs or restricts a person's rights, even if the actor did not intend this effect. (3) Government must not discriminate against any person on the basis of age, race, color, tribe, ethnicity, culture, dialect, gender, birth, disability, religion, political opinion, occupation or wealth.²⁰

However, the implementation of these rights is more challenging. In 2017, the report of United States Department of Human Rights for Somalia found that authorities do not enforce these provisions.²¹ Amnesty International has also found the majority of persons with disabilities do not enjoy their human rights and continue to be excluded from key decision-making processes.²²

2.3 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.²³

In 2017, the Ministry of Women and Human Rights Development unveiled its roadmap Inclusion of Persons with Disabilities and Disability Rights in Governance & 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.²⁴

20 Federal Government of Somalia, Provisional Constitution (2012), arts. 11 and 29.

21 Bureau of Democracy, Human Rights and Labor, United States Department of State, Somalia 2016, Human Rights Report, Country Reports on Human Rights Practices for 2016, <https://www.state.gov/documents/organization/265512.pdf>

22 Amnesty International, 2015. Somalia: Prioritize Protection for People with Disabilities: AI INDEX: AFR 52/1166/2015, at 13, 14, 16, and 17.

23 Federal Government of Somalia, National Development Plan 2020-2024, at 100 (identifying persons with disabilities as among those in the most vulnerable situations), <http://mop.gov.so/wp-content/uploads/2019/12/NDP-9-2020-2024.pdf>

24 See also <https://www.disarmament.ch/events/launching-somali-victim-disability-assistance-action-plan/>

3.0 ASSESSMENT FINDINGS

3.1 DEMOGRAPHICS

a. Respondents by towns

The Assessment team interviewed 20 key informants, held four FGDs with 48 support persons and another four FGDs with 48 children with disabilities. The quantitative survey covered 100 support persons. The support persons were identified by local OPDs and Government officials in the four cities. Of these, 20 support persons were interviewed in each of the cities of Kismaio, Galmudug and Baidoa, while 40 support persons were interviewed in Mogadishu as shown in Chart 1.

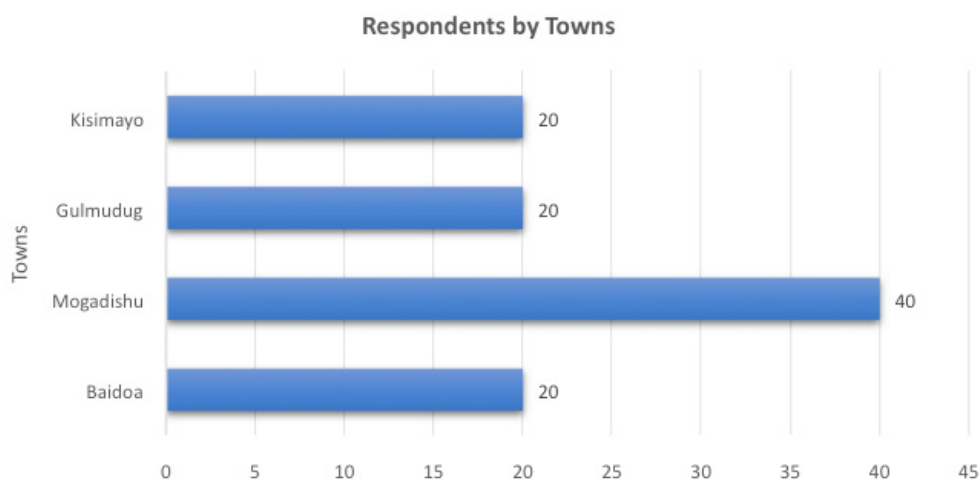


CHART 1: Assessment respondents by town

The skills and knowledge of support persons is crucial to ensuring that these children receive the services that they are entitled to. Accordingly, support persons require adequate education to enable them to better understand the needs and requirements of children with disabilities. In regard to the educational background of the respondents of the survey, 48% of them reported having no formal education, 23% had attended Quranic schools, 20% had primary school education, five % had secondary education, while only four % had tertiary education, respectively as shown in Chart 2.

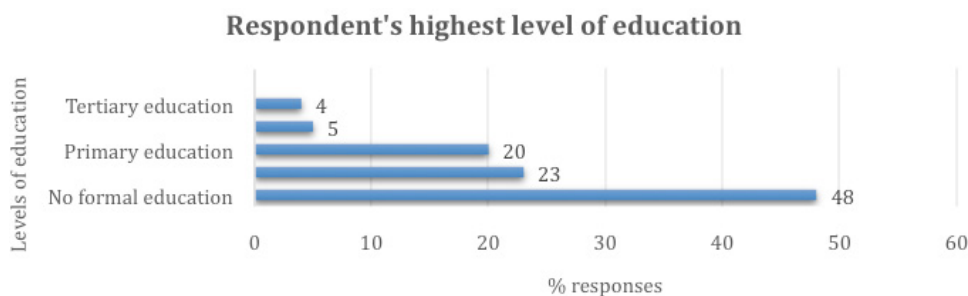


CHART 2: Respondents' highest level of education

The above finding is a clear indication that majority of the support persons did not have any formal education or had limited formal education, which necessarily affects their ability to support children with disabilities. For example, many of them stated that they were not familiar with laws and policies governing children in general, and children with disabilities in particular. Similarly, their ability to embrace appropriate methods and standards to take care of children with disabilities is limited due to lack of education.

All the 40 (100%) Support Persons interviewed were female. This is an indicator of the fact that caregiving in the Somali community is predominantly a female role, increasing the number responsibilities that women have within the household. With regard to their age, the majority of the support persons were relatively young. Only four % of the respondents were aged between 18 and 24 years. Forty percent were aged between 35 and 44 years, 31% were aged between 25 and 34 years, while 15% were aged between 45 and 54 years of age. Only 10% were aged 55 years or older, as shown in Chart 3.

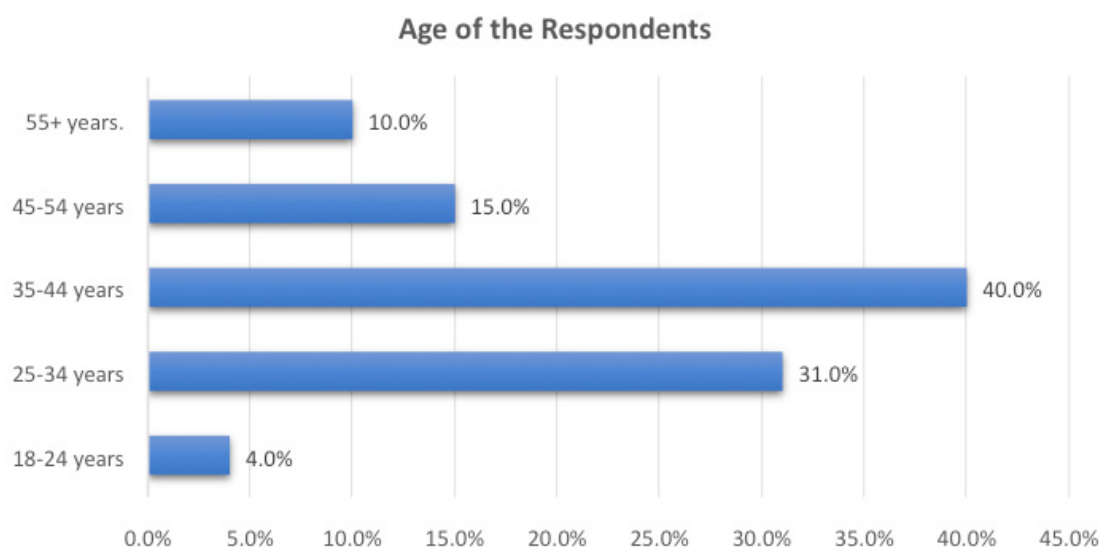


CHART 3: Age of the respondents

Considering the marital status of the respondents, the Assessment found that slightly over half (55%) of respondents were married, 27% were divorced, while nine% were single. Around six % were widowed, while three % were separated from their spouses, as shown in Chart 4.

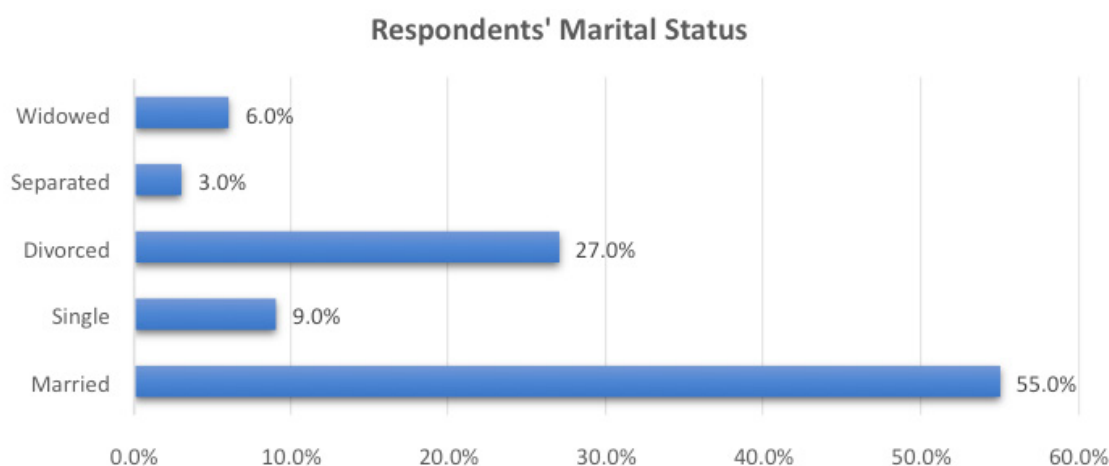


CHART 4: Respondent's marital status

Forty-five % of the support persons are single parent householders (mostly women) which also serves as a proxy indicator for low income and poverty in children with disabilities households. One finding of the Assessment was that a birth of a child with a disability could lead to divorce or separation. This may partly explain the high rates (27%) of support persons who are divorced.

Most of the support persons (87%) in the Assessment lived in urban centers with their children with disabilities, nine percent lived in peri-urban centers, while four percent were in rural areas, as shown in Chart 5 (below). However, it is important to note that the survey was largely undertaken in urban and peri-urban locations of the four towns, hence the high percentage of urban dwellers in the survey is not an accurate representation of the distribution of children with disabilities within Somali households.

Over half the support persons (65%) reported caring for male children with disabilities, while 35% reported caring for female children with disabilities, as shown in Chart 5.

b. Demographics of Children with Disabilities in the Survey

i) Children with Disabilities' Gender and location

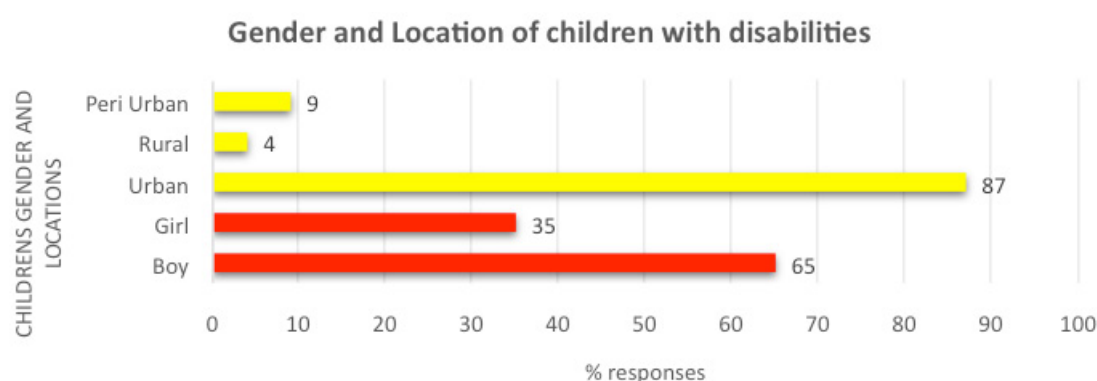


CHART 5: Gender and location of children with disabilities (CWDs)

Key informants in the four cities gave varied estimates regarding prevalence of children with disabilities by gender within the communities. It was speculated in Mogadishu that the majority of the children with disabilities are girls, because there are more females than males in the population. In Baidoa, it was noted that both genders are represented equally among children with disabilities in the community. It was pointed out that, while the prevalence of disability among the two genders could be at par, male children with disabilities are more visible because female children with disabilities are more stigmatized than their male counterparts and are thus more likely to be hidden away from public view by their support persons. Key informants in Galkaio pointed out that there are actually more male than female children with disabilities in the communities because boys tend to be more adventurous than girls and are hence more prone to have accidents that will result in a disability.

ii) Age of Children with Disabilities

Thirty percent of the support persons reported that their children with disabilities were in the 11-15 years age bracket, 28% were aged between 16 and 18 years, while 27% were aged between 6 and 10 years. Those who were younger than five years of age were 15%, as shown in Chart 6.

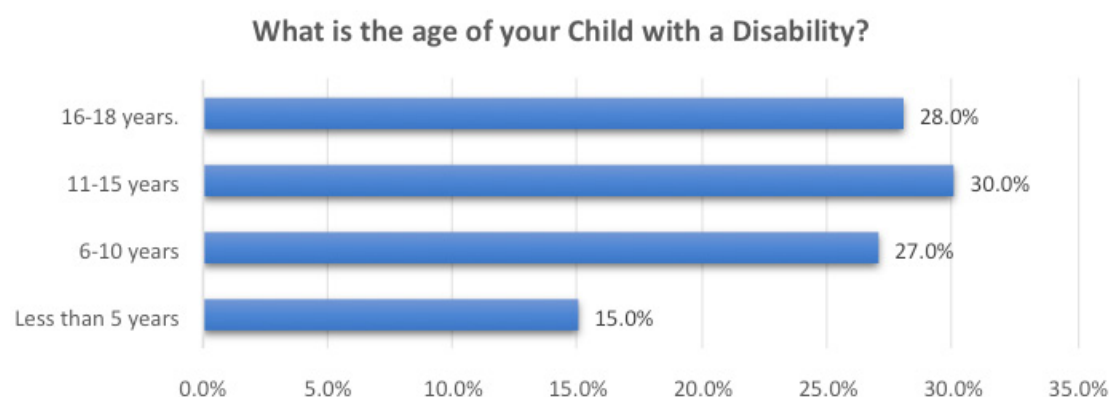


CHART 6: The ages of Children with disabilities in the assessment

3.2 PREVALENCE OF FORMS OF DISABILITY IN CHILDREN

a. Prevalence of disabilities among Children with Disabilities in Somalia

Three decades of war together with constant disruption of healthcare system have left many Somalis with various categories of disabilities.²⁵ There has never been a substantive census of persons with disabilities in Somalia, as such their accurate number is not known. Various studies have noted that reliable data on the number of persons with disabilities including children with disabilities and their situation in Somalia is scarce.²⁶ For instance, the 2011 WHO-World Bank Report on Disability found no estimates for disability prevalence in Somalia.²⁷

²⁵ Human Rights in Somalia, Civil Rights Defenders, 2017, <https://www.civilrightsdefenders.org/files/Human-Rights-in-Somalia.pdf>.

²⁶ Ministry of Labour and Social Affairs, 2012.

²⁷ World Report on Disability, WHO & World Bank, at 275 (2011), http://www.who.int/disabilities/world_report/2011/report.pdf.

The number of people with disabilities is estimated by some to be around 15%, the same as the global average.²⁸ Other estimates are higher, attributing this to 20 years of conflict, deep poverty and poor access to health care in Somalia. For example, a 2014 SIDA study estimated that 20 percent of the population were disabled, and that on average each family had at least one member with a disability.²⁹ The same study estimated that the number of children with disabilities in Somalia is likely to be higher than the global estimate of 15% for the reasons cited above.

A survey targeting 767 households in Somaliland found that as high as 42% of households had at least one child with a disability, an estimation that was a higher than expected incidence of disability.³⁰ The Somaliland National Disability Policy estimates based on international figures noted that there were 535,000 to 546,000 persons with disabilities in Somaliland in 2012.³¹ In 2014, the estimated number persons with disabilities in Somaliland had risen to between 635,000 to 646,000.³² A study in Kismaio, Jubaland, used the WHO estimate that disability affects one in every seven people, concluding that there are about 11,957 children in Kismaio who had a disability.³³

As such, while the prevalence of children with disabilities in Somalia may not be accurately estimated, it is clear that it is higher than the 15% global average,³⁴ largely due to the injuries acquired in civil war, poverty and lack of access to health services.

b. Types of Disability among the study Children with Disabilities

Over a third of the support persons (39.1%) in the survey reported that the children they support had physical disabilities, 24.5% reported that the children had visual disabilities, 20% had hearing disabilities, while 7.3% each reported case of speech and mental disabilities, respectively. Only 0.9% each reported case of intellectual disability and stroke in their households, as shown in Chart 7.

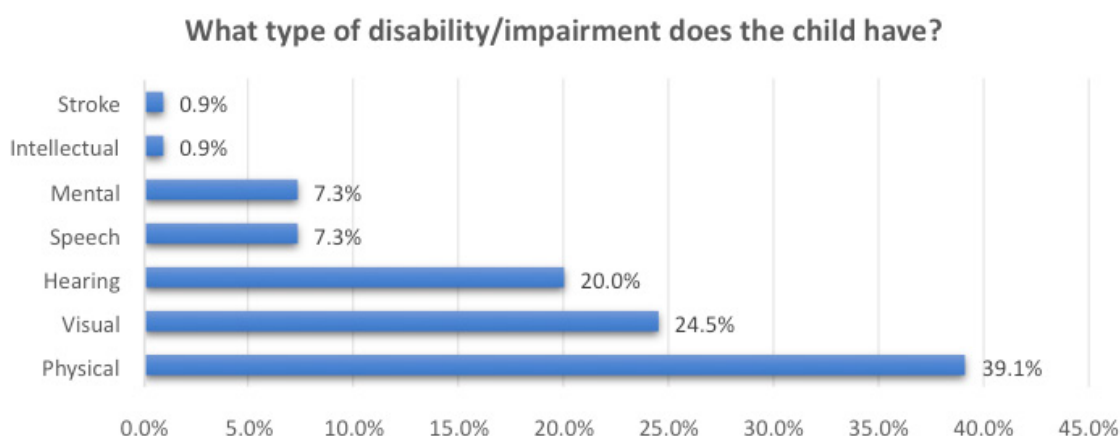


CHART 7: Types of disabilities among children in Somalia

Support persons in Galkaio revealed that all types of impairments are represented among children with disabilities in the city, while the support persons in Baidoa identified the most common type of impairment among children with disabilities in the region included polio, followed by visual impairments, and mental disabilities. In Kismaio, the support persons identified physical and mental disability as most common forms of disability among children with disabilities in the city. In Mogadishu, the support persons identified physical disability as the leading impairment followed by hearing, visual, speech, and mental disabilities. From both quantitative and qualitative findings in the Assessment, physical disability has the highest prevalence rate. However, it is important to note that physical disability is the easiest to spot among all the forms, while mental and intellectual disabilities may be much harder to identify, even among some support persons, most of whom have little or no formal education.

28 Ibid.

29 Swedish International Development Agency (SIDA), Disability Rights in Somalia, 2014. <https://www.sida.se/globalassets/sida/eng/partners/human-rights-basedapproach/disability/rights-of-persons-with-disabilities-somalia.pdf>.

30 Supra note 15, CEVSI & Handicap International, 2012.

31 Ministry of Labour and Social Affairs, 2012.

32 Hayan, A.S., Disability Situation analysis in Somaliland. Somaliland National Disability Forum (SNDF), 2014.

33 Shikuku, G., & Omar, F., Assessment Report on Special Needs Education in Kismayo – Jubaland, The Lutheran World Federation, 2017.

34 <https://www.worldbank.org/en/topic/disability>.

c. The causes of disability among children in Somalia

The 2014 SIDA study³⁵ estimated that conflict in Somalia is the main cause of disability.³⁶ Landmines and explosive remnants during the war have caused up to 7,000 disabilities per year and children are especially vulnerable.³⁷ According to Amnesty International's 2015 report, the number of persons disabled as a result of the conflict constitute the majority of persons with disabilities in Somalia.³⁷ As a result of war, and the concomitant collapse of the healthcare system in Somalia, people became more vulnerable to the spread of preventable and curable diseases such as polio and meningitis, which lead to many impairments.³⁸ The poor health care provided to pregnant women has resulted in many cases of children affected by cerebral palsy and congenital disabilities.³⁹ Some community members believe that disability within the Somali community is sometimes thought to be a punishment from God sometimes a blessing or teaching, and sometimes a form of protection for the community.⁴⁰ In general, disability is culturally understood to be hereditary, although in some cases it is also explained to be the result of witchcraft and the evil eye.⁴¹

During the Assessment, 51% of the support persons said that their children's disabilities were acquired after birth, while 48% said that their children were born with their disabilities as shown in Chart 8.

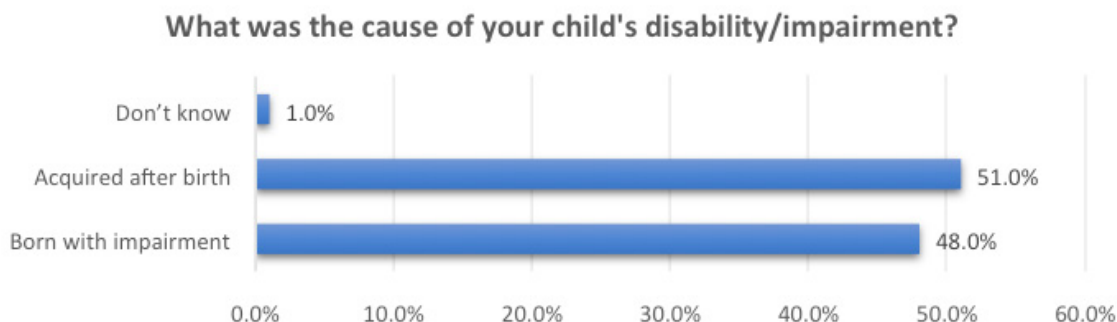


CHART 8: Causes of disability among the Children with Disabilities in the assessment

They key informants identified lack of health services and injury during birth due to use of unqualified midwives as some of the causes of disability among children with disabilities. Physical disabilities were attributed to polio, measles and wrong injections administered by unqualified health workers, foot injuries among pastoralists where 'alien growth' or 'ali garoob' thorns pricks can lead to lameness. Other causes of physical injuries include falling from heights, delay in seeking treatment for common injuries and negligence/lack of knowledge among parents and other support persons. Mental disabilities in Mogadishu were attributed to trauma and psychological problems, while autism was attributed to leaking amniotic fluid during childbirth due to lack of skills among midwives, poor health in pregnant women due to malnutrition, poor access to health care and specifically ante-natal care. Hearing and speech impairments among children were attributed to challenges during birthing process. Support persons also identified lack of vaccination at birth leading to the spread of polio, maternal/child malnutrition, air/environmental pollution, use of unqualified medical staff, use of expired medication, use traditional healers and lack of security.

In Galkaio, the key informants and support persons noted that those born with a disability are due to congenital factors including inherited traits, exposure of mothers to viruses before birth, trauma during birth that affects the brain and limbs, falling from heights, infections (such as meningitis) and stroke. The disabilities after birth were attributed to polio and injuries associated with the civil war. It was noted that very few children have multiple disabilities in the community.

In Baidoa, the key informants and support persons identified genetic factors, poor nutrition, hostile climate/weather, poor medication during pregnancy, effects of radioactive rays caused by the telecommunication towers in the towns, dumping of chemical wastes and radio-active wastes on land or in the sea near Somalia as causes of congenital/pre-birth disability. Cases of acquired disabilities in the city were attributed to war related injuries such as bomb explosions or children playing with unexploded ordinance, use of expired medicine (expired malaria drugs are responsible for cases of deafness among children), diseases like polio due to lack of preventive vaccination in the community, and lack of proper nutrition among children in early stages of child development in general. Key informants and support persons in Kismaio stated that disability in children was caused by injuries from the conflict, droughts and poor nutrition, hostile environment and genetic inheritance from parents.

35 Supra note 29.

36 Farah, M.A., Somalia is one of the worst places in the world that people with special needs can live in. SODEN, 2015. <http://www.somalidisability.org/somalia-is-one-of-the-worst-places-in-the-world-that-people-with-special-needs-can-live-in/>.

37 Supra note 22.

38 Hayan, 2014.

39 Supra note 29.

40 Ibid.

41 Ibid.

3.3 AWARENESS ABOUT AND ATTITUDE TOWARDS CHILDREN WITH DISABILITIES IN SOMALIA

a. Community attitudes towards Children with Disabilities in Somalia

Due to lack of data on disability in Somalia, awareness on the issue is limited among policy makers, planners, community leaders, service providers and the community in general.⁴² When asked about some community views regarding children with disabilities, support persons across the four cities gave varying responses. Though 60.5% of the support persons pointed out that community members never say that children with disabilities are a sign of bad luck, a significant 25.6% said the community often said so, while 8.1% reported that they rarely said so. Similarly, 33.7% of the support persons revealed that some members of the community rarely viewed children with disabilities as people who cannot contribute to family welfare, while 25.6% said they were often viewed in that way. Another 33.7% said that the community never viewed them that way, as shown in Chart 9. A large percentage of support persons (67.5%) said that the community often agreed that children with disabilities can marry, while 7.5% reported that the community rarely agree. 18.8% said that the community never agreed that children with disabilities could marry one day, as shown in Chart 9.

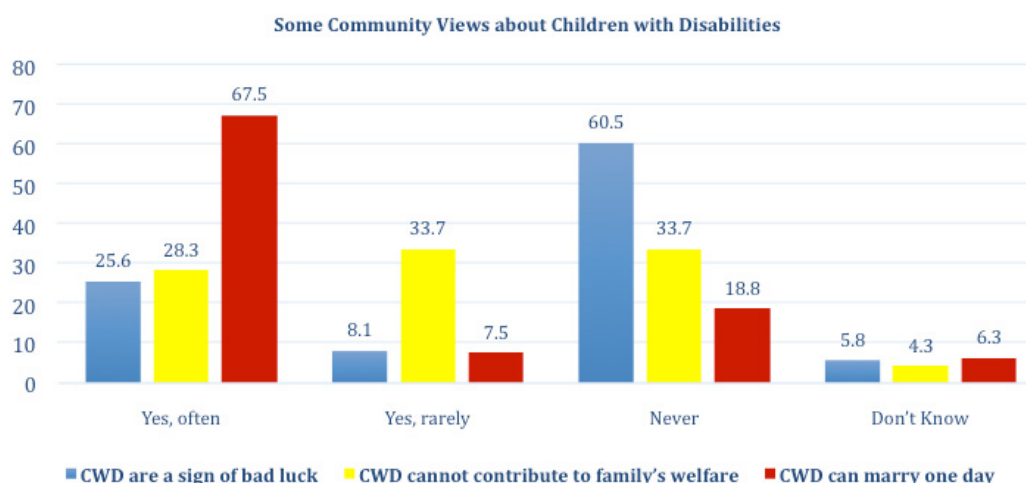


CHART 9: Some community views about disability

In Mogadishu, key informants pointed out that births of children with disabilities were as often blamed for family separation and breakups in poor families because of the fear of not being able to care for the children with disabilities. These key informants view children with disabilities as a potential source of stigma and discrimination due to the perception that children with disabilities are bad luck or a curse from God that can bring drought and poverty not only to the family but also the whole community as well. The negative attitude towards children with disabilities in Mogadishu was attributed to lack of knowledge about disability and high prevalence of strong stereotypes about children with disabilities in the community.

It was, however, noted that most community members have positive attitude towards persons with disability (including children with disabilities) and are able to help them when in need like directing those with visual disabilities when they lose their way. A discussion with children with disabilities in Mogadishu revealed that they are treated differently, more so by other children. On their part, the support persons were of the view that children with disabilities are not a sign of bad luck or people who cannot contribute to their families, but people who can marry and have their own families. They, however, noted that their chances are better among the nomadic population than in urban areas, where people have more remote community ties.

In Baidoa, the key informants noted the discrimination is based on the belief that children with disabilities cannot contribute to the community, though discrimination is prohibited in Islam. It was, however, noted that because of Islamic religion many community members do not view children with disabilities negatively. This view was shared with the support persons, who pointed out that children with disabilities there are not viewed as bad luck but are given proper education to be productive members of the community when they mature. On the other hand, children with disabilities in Baidoa revealed that they are treated badly with no respect at all.

In Galkaio, it was revealed that about half of the community used to discriminate people with disabilities and children with disabilities, but the phenomenon reduced greatly after concerted efforts by state and non-state actors, to raise awareness in the community about this phenomenon. They also attributed the reduction of discrimination to the fact that more people know that persons with disabilities can also be beneficial to their community. Children with disabilities in Galkaio pointed out that both children and adults treat them differently because of their disability, while the support persons there revealed that children with disabilities are not seen as bad luck to their families, believed that they can contribute to the families and that they can marry one day.

Children with disabilities in Kismaio said that they are treated differently from the other children, whereby sometimes they are supported, while at other times they are discriminated against. The support persons, on the other hand, noted that some children with disabilities are seen as bad luck, are unable to contribute to the family and are not thought as being able to marry in future.

⁴² Ibid, at 2.

b. The level of awareness of the rights of Children with Disabilities

Awareness about the rights of the child is still rather low in Somalia as was shown in both the survey and testimonies of key informants and FGDs. In the survey among the support persons, only 48.2% said they knew about children with disabilities rights (as shown in Chart 10). When asked to identify what rights they knew about, 88.2% of those who responded positively said they knew children with disabilities have the right to education, 58.8% knew of children with disabilities have the right to special care, 41.2% knew of children with disabilities have the right to food, 35.3% knew children with disabilities have the right to health, among others as shown in Chart 10.

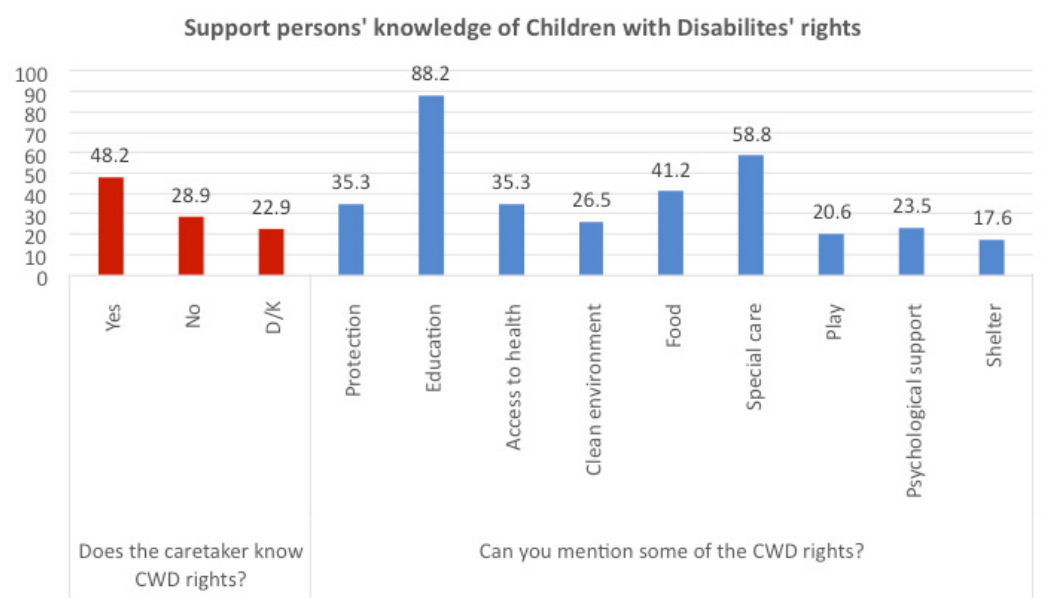


CHART 10: Support person's knowledge of Children with Disabilities' rights

Both key informants and FGD participants in the four cities concurred with the survey respondents on the low levels of awareness about the rights of children with disabilities in Somalia. The key informants in Mogadishu attributed the low levels of awareness about children with disabilities' rights among both support persons and children to inadequate outreach programs by the government and non-state actors within their communities.

Key informants in Baidoa pointed out that there have been a lot of awareness raising programs in the community on child protection and children's rights in general conducted by government agencies (especially MoWHRD), local and international NGOs. However, disability specific awareness raising has been generally lacking and has only been restricted to outreach programs by religious leaders who have continuously advocated for the need for the society to accept and economically support children with disabilities. They continued that the state of achieving the children with disabilities right to education is quite low because many children with disabilities are not enrolled in schools. It was pointed out that the community is aware of the right of the children with disabilities to education, a right which they pointed out is buttressed by Islam.

The KIs in Galkaio noted that awareness within the community on disability rights is still low, with some estimating it to be at 25%. They, however, noted that the local community including women's associations undertake activities like seminars and workshops to make more people aware.

In Galkaio, some respondents consider that the children with disabilities are able to enjoy their rights, while others pointed out that only some of the children with disabilities rights were being realized in the region. Most of the children with disabilities also do not realize their right to play due to lack of space and facilities, shyness and discrimination.

3.4 ACCESS TO EDUCATION AMONG CHILDREN WITH DISABILITIES IN SOMALIA

a. Access of Children with Disabilities to education in Somalia

The Federal Special Educational Needs Disability and Inclusive Education (SEND and IE) policy outlines 13 areas to ensure children with disabilities have equal access to education. Nevertheless, children with disabilities in Somalia have very limited access to education. Those able to attend school face myriad challenges in the sector, including discrimination from both teachers and students. Special education development is also hampered by limited/lack of skilled teachers, teaching facilities and funding for special education. There is no publicly available official data on the number of schools or education programmes for persons with disabilities, sign language and deaf-blind interpreters, or teachers trained in special needs education. Ad hoc information received suggests that there are approximately 86 special needs education teachers in Somalia and about 14 schools for persons with disabilities.⁴³ Children with disabilities are often excluded from programs aimed at supporting people in Somalia, including humanitarian assistance.⁴⁴

43 Ministry of Education, National Special Educational Needs Disability and Inclusive Education Policy, December 2018.

44 Supra note 13.

b. School attendance of Children with Disabilities

During the Assessment survey, only 54% of the support persons revealed that the children with disabilities they support attend school, while 46% of the support persons indicating the children did not attend school. Discussions with children with disabilities in the four cities also painted a mixed picture of the children's school attendance. All the children with disabilities who participated in the FGD in Mogadishu reported attending school, while in Kismaio, Galkaio and Baidoa some of them reported not attending school. The reasons given for not attending school by the support persons in the survey included lack of special schools for children with disabilities in their areas (34.6%), lack of school fees (26.9%), inability of the children to walk to school (11.5%), inability of the children to study (11.5%), children's ages (11.5%) and fear that the children with disabilities would be abused (4.0%), as shown in Chart 11.

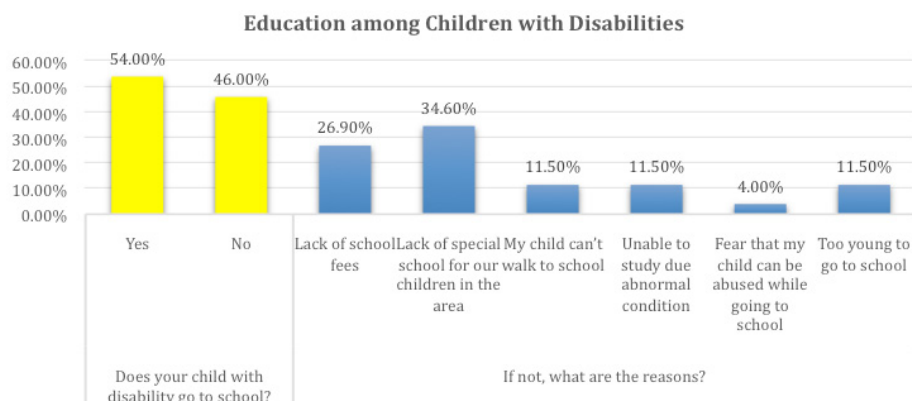


CHART 11: Education among Children with Disabilities

In Kismaio, children with disabilities and support persons corroborated the survey findings and their support persons who identified lack of special schools for children with disabilities forcing some of them to attend normal schools. Similar sentiments were shared by the key informants, children with disabilities and their support persons in Baidoa who reported lack of special schools, other learning facilities and equipment in the IDP camps forcing most of the children with disabilities to either attend normal schools or stay at home. In Galkaio, the children with disabilities and their support persons specifically mentioned a lack of a special school for children with disabilities with hearing impairments. The key informants in Galkaio concurred that most children with disabilities are not enrolled in their schools due to lack of special schools and lack of children with disabilities friendly facilities in normal schools to cater for them.

In Mogadishu, children with disabilities reported availability of special schools for children with disabilities in the city, but noted that the schools cannot fulfil all their needs due to poor quality and lack of special educational facilities and equipment. Support persons in Mogadishu emphasized that apart from children with visual impairments, the other children with disabilities in the city including children with disabilities with hearing impairments, autism and mental disabilities do not have special schools dedicated to them. Key informants in Mogadishu attributed low school attendance by children with disabilities to challenges of lack of resources in families, lack of assistive devices for the physically challenged, lack of facilities in school for the physically challenged (special toilets, ramps, wheelchairs) and unavailability of skilled teachers (sign language/Braille) and specialized learning material. They also identified long distances to get to school, fear that the children will be bullied on the way to and from school as well as once they were at school and health issues like anemia due to malnutrition.

c. Types of schools attended by Children with Disabilities

Among the children with disabilities' households that participated in the survey, 34% of the support persons revealed that their children attend normal schools with other children. 26% attended special schools for the deaf, 20% special schools for the blind, 18% attended Quranic schools, while two % attended special schools for intellectual disabilities, as shown in Chart 12.

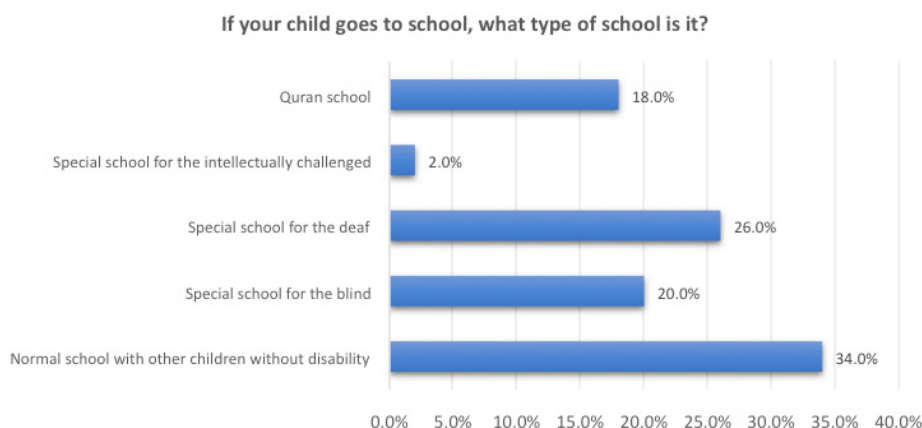


CHART 12: Types of schools attended by Children with Disabilities

The key informants in Baidoa revealed that there is no school in the region that has facilities to cater for the needs of children with disabilities. The children with disabilities in Galkaio and their support persons revealed that there is a special school for children with hearing impairments in the city. Support persons in Mogadishu emphasized that there is a special school for children with visual impairments in the city as well.

When further asked if there were any special provisions in the schools that children attended, 30.8% said there were special toilets, 23.1% said there were no equipment for the children, 19.2% said there were sign language instructors among other provisions as shown in Chart 13.

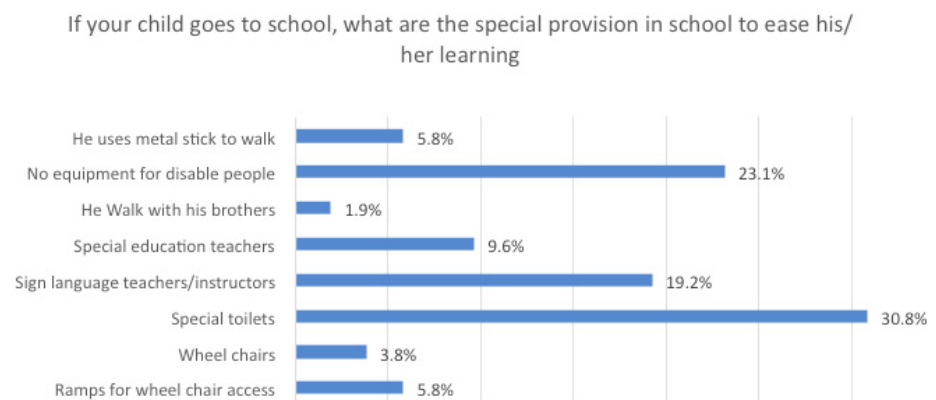


CHART 13: Special provisions for Children with Disabilities in schools

d. Why some parents refuse to take their Children with Disabilities to school

When support persons were asked if they knew some parents who do not take their children to school, 63.3% of the parents said that they knew, while 36.7% did not know, as shown in Chart 14. In addition, when asked to state the reasons why some parents fail to take their children to school, they cited lack of special schools (37.6%), the cost of the schools being expensive (36.4%), 9.4% each of the support persons mentioned the children's kinds of disability and the view that there was no need to take the child to school respectively, among other reasons as shown in Chart 14.

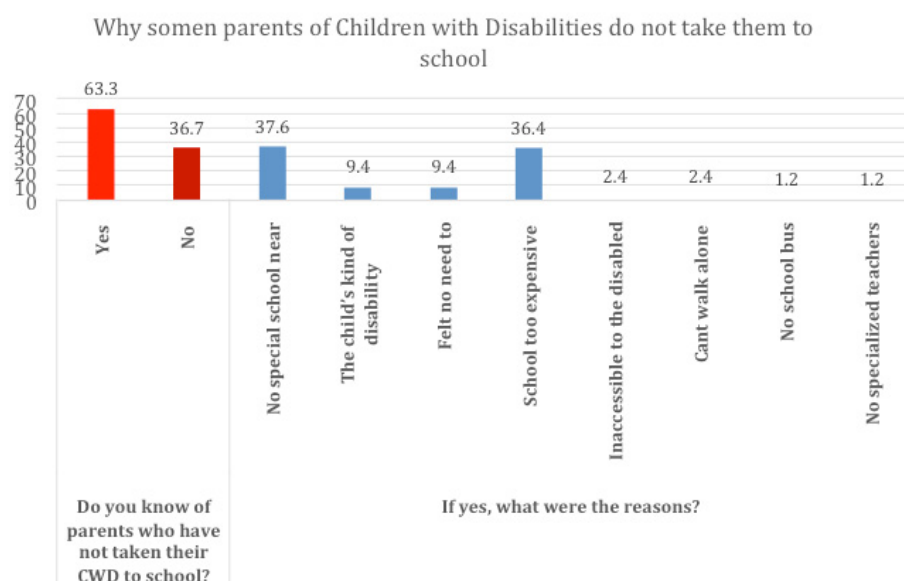


CHART 14: Why some parents don't take their Children with Disabilities to school

Key informants in Mogadishu noted that some parents fail or refuse to take their children to school for various reasons including lack of resources to buy wheel chairs, school uniform or pay school fees, lack of value for education by parents for their children in general, especially those who never went to school themselves and lack of awareness of the rights of children with disabilities, including their right to education. Other parents do not take their children to school to protect them from discrimination, including bullying by other children and teachers. Others noted that some children's conditions make it difficult for them to go to the normal schools, while some parents do not have time to take children with or without disabilities to school. For their part, children with disabilities in Mogadishu confirmed that some parents do not take their children to school because the children cannot walk to school on their own or due to the fear that their children would be bullied by others. Lack of suitable transport means and lack of equipment, including specialized pedagogical tools for children with disabilities were the other reasons cited. Support persons in Mogadishu stressed that poor school attendance mostly affects girls with disabilities due to their specific vulnerability outside their homes without support persons. They also identified discrimination by schoolmates, teachers and parents and lack of special teachers and support persons in schools.

Key informants in Baidoa identified reasons for parents not taking their children to school to include lack of special schools, other learning facilities and equipment and lack of disability appropriate transport. Others blame insecurity such as shooting and bombing cases to which children with disabilities are extremely vulnerable as they may not be able to escape with other people. Others noted that the children's parents couldn't afford the expenses associated with special education. The children with disabilities in the city reported that some parents do not take their children to school to avoid their children being molested because of their disabilities. The support persons concurred that many parents in the Baraka camp in Baidoa do not take their children with disabilities to school due to lack of facilities like assistive devices, inability to pay for the education and poverty that makes parents struggle just for the basics like food.

Key informants in Galkaio noted that children with disabilities do not attend school because it is expensive, while others noted that there are limited opportunities for children with disabilities to get education. The children with disabilities and their support persons in Baidoa did not know of parents who refused to take their children to school. In Kismaio, children with disabilities pointed out some parents do not take their children to school because of the fact that schools are far, there are no people to assist the children with disabilities, the schools are expensive and because some children fear discrimination. Support persons in Kismaio noted that the children are not taken to school due to poor economic conditions of the parents, inability of the schools to accommodate the needs of the children with disabilities, long distances from the schools, lack of special protection for the children in the schools and lack of appropriate and/or supportive policies and laws for special education for children with disabilities. Some support persons in Kismaio cited the inability of persons with disabilities to obtain employment like their non-disabled peers as another factor discouraging parents from taking their children to school.

3.5 ACCESS TO OTHER RIGHTS AMONG CHILDREN WITH DISABILITIES IN SOMALIA

a. Access to proper and adequate nutrition among Children with Disabilities

Most of support persons (88%) revealed that they give the same food to their children with disabilities as they do to other children in their households. Around 12% said that they do not feed their children with disabilities the same food as their other children. Their reasons for giving different types/amounts of food were that children with disabilities needed a balanced diet (44.5%) and that children with disabilities need extra energy (55.5%) as shown in Chart 15.

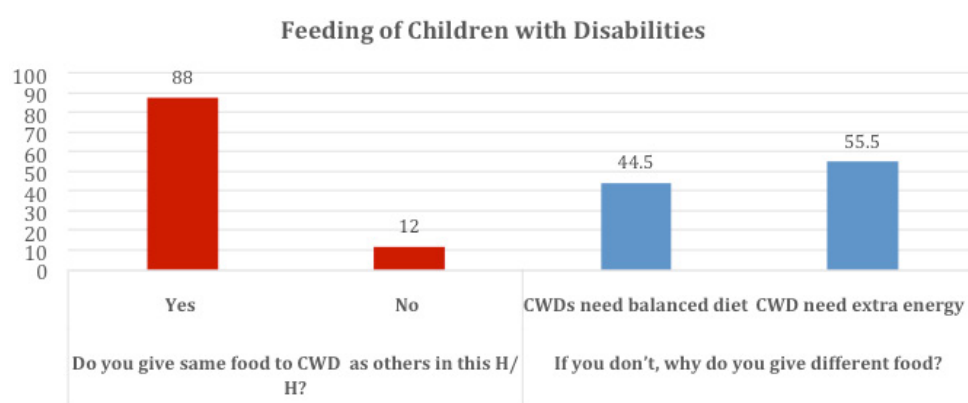


CHART 15: Feeding of Children with Disabilities in Somalia

Key informants in Mogadishu revealed that many children with disabilities in the city's Internally Displaced People (IDP) camps do not adequately realize their right to life and that most of them are malnourished because they cannot reach feeding centers. A similar situation was reported by both children with disabilities and their support persons in Mogadishu. On the other hand, the key informants in Baidoa noted that the children with disabilities' right to proper and adequate nutrition is being observed by the parents in the community despite the challenges associated with poverty that at times compromise what they are able to give. They further noted that Islam obligates all parents to give to all their children proper and adequate nutrition regardless of their disability or status, and that more often children with disabilities are given priority when it comes to nutrition due to their "vulnerability". This view was shared by the children with disabilities and their support persons during their respective FGDs where they reported that they receive similar food as other children, though most of the support persons cannot afford specific food requirements for the children due to poverty. The children with disabilities and their support persons in Galkaio and Kismaio also noted that they share the same food with other children and that the challenge only comes when children need special diet.

b. Access to parental care and protection

In the survey component of the Assessment, 69.7% of the support persons revealed that children with disabilities in their households had at least one support person to protect the children from peer bullying, 59.5% said there was a support person to provide security from sexual/physical abuse, 58.4% said there was a support person to provide adequate food and 50.5% said there was a support person to assist the child with day to day activities as shown in Chart 16.

Is there at least one full time support person at home to do any or one of the following?

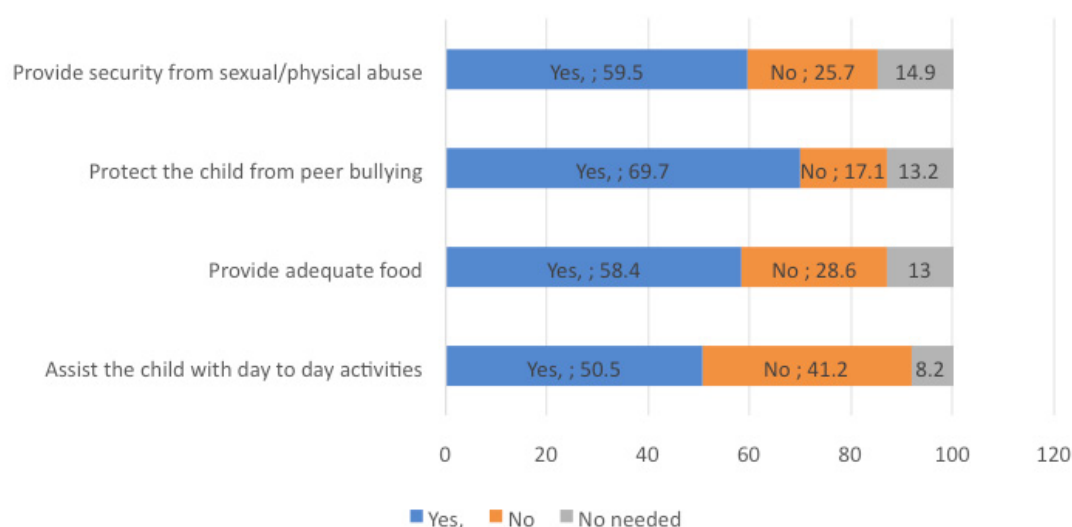


CHART 16: Presence of Children with Disabilities support persons at home

FGDs with the children in the four cities revealed that while most of them live under the protection and care of their biological parents, some live with relatives while others lived in centers for Orphans and other Vulnerable Children (OVCs). In Galkaio, all the children who participated in the FGD revealed that they live with their parents, while those in Kismaio and Baidoa reported that they live with different people including parents (some of whom were single mothers) and close relatives including grandparents. In Mogadishu, the children with disabilities reported that some of them live with their parents while others live in centers. The key informants in Mogadishu pointed out that some parents resent children with disabilities and are known to intentionally neglect them thus allowing them to wander on the street in the hope that they may be hit by a car or allow them to starve to death. They pointed out that some families are known to have separated due to stress related to caring for a child with disability in the home.

Children with disabilities in the four cities also presented mixed reports on their treatment by their support persons. Children with disabilities and their support persons in Galkaio reported that they are well taken care of in their households because the community is empathetic. Children with disabilities in Kismaio pointed out that they are not well taken care of because most of them come from poor families who cannot afford to satisfy their needs.

Children with disabilities in Mogadishu and Baidoa reported that they are well taken care of by their parents, while those living with other relatives are mistreated. The children in Baidoa noted that the only challenge they face is the general poverty in the community. The support persons in the two cities noted that parents try as much as they can to care for their children with disabilities, but the challenge is that they do not have much to offer to the children. In Kismaio, the support persons noted that most of the children are not well taken care of because they lack basic services, face discrimination and harassment and they are ignored by the whole community.

c. Training of support persons in handling of Children with Disabilities

Discussions with key informants in Mogadishu revealed that most parents have general idea on how to handle children with disabilities, including the socialized parental caregiving skills that support persons acquire as they bring up their children. They pointed out that some parents use trial and error methods to care for their children with disabilities to give them special treatment even without being trained. Other parents observe other households that have disabled children and follow their approaches. Few support persons reported they had some kind of training on how to care for children with disabilities. They stressed that majority of the support persons lack skills to take proper care of the children with disabilities. On their part, the support persons in Mogadishu revealed that parents are able to care for their children because they respect them. While they may have the ability, they may not have the resources to do so. They, however, lack knowledge when it comes to issues of health care, especially with regard to autism and mental disability. They also noted that due to poverty and perceived lack of support from the government it is difficult for the parents to take good care of the children with disabilities.

The key informants in Baidoa noted that support persons there have the basic ability to take care of their children. These include the ability to feed, bathe, play with the children and tell them stories that were mostly acquired through experience and passed on from one generation to another. They noted that the situation of the children would be better if the parents received training and appropriate facilities to handle and care for their children. They further noted that most parents try as much as they can to ensure that their children lead normal life in the face of debilitating poverty for the parents. The support persons also noted during FGDs that poverty and lack of income is a great impediment to the parents' ability to care for their children with disabilities. They, however, noted that the parents at times get some help from NGOs.

The key informants in Galkaio reported that the support persons there do care for the children without the requisite skills and may therefore not be serving them as well as they could, had they been trained on the best way to do so.

This was corroborated by the support persons in Galkaio who pointed out that the parents/support persons of children with disabilities do not have specific abilities and requisite skills to take care of the children with disabilities. They further noted that none of them received any training in handling of children with disabilities. In Kismaio, the support persons pointed out that due to poverty and little support from various stakeholders, it is difficult for the parents to take good care of the children.

d. The Right of Children with Disabilities to Play

When asked if they allowed their children with disabilities to play freely with other children, most of the support persons (74%) answered in the affirmative. However, 26% said they do not. When further asked to state why they do not allow their children to play with others, the parents mentioned discrimination by other children (28.3%), lack of playground facilities (20%), need to protect the children from abuse (25%), lack of strength among the children with disabilities (16.7%), lack of appropriate toys/equipment (5%) and discrimination by teachers/parents (5%), as shown in Chart 17.

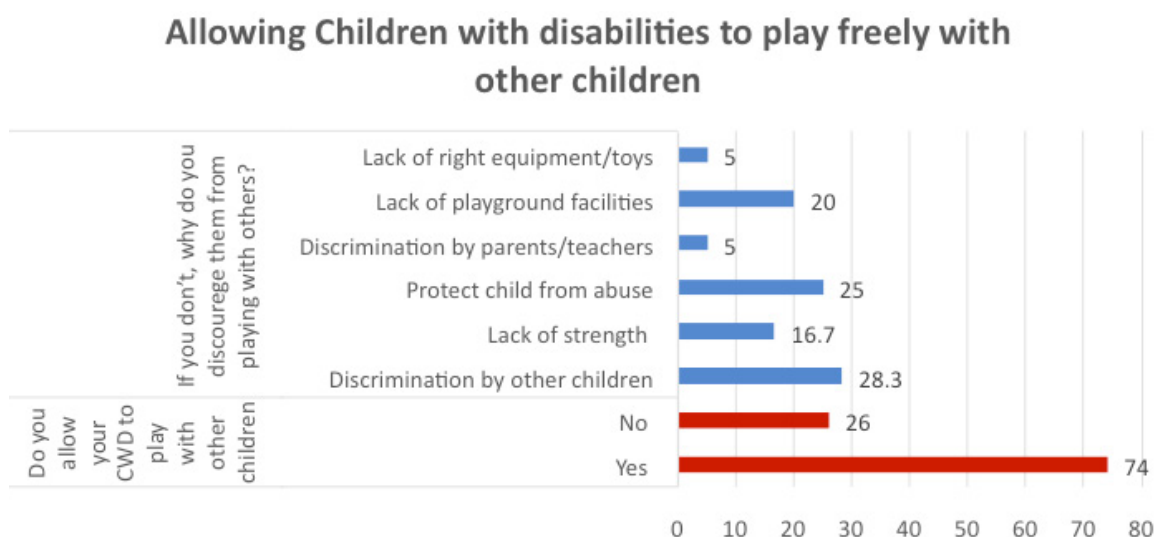


CHART 17: Children with Disabilities right to play

During an FGD in Baidoa, the support persons revealed that the children in the city are encouraged to play with others depending on their types of disability. They noted that some children with visual or mental disabilities are not allowed to play with other children for fear of them injuring or being injured by other children. However, children with disabilities in Baidoa reported that they are not allowed to play with other children as a result of discrimination against them based on their disabilities. This was confirmed by key informants in the city who noted that even though the parents and the community know about the right to play, challenges in realizing this right include lack of playing facilities, fear of discrimination (although this is not allowed in Islam) and in some cases the children are tied at home.

In Galkaio, the support persons noted that the children with disabilities fully enjoy their right to play, whereas the children themselves reported that although they are encouraged to play with other children, they cannot do so because of their disabilities. In Kismaio, both children with disabilities and their support persons reported that they are not encouraged to play with other children for the fear that they would be violated and/or hurt by other children. Children with disabilities in Mogadishu reported that they are allowed and/or encouraged to play with their siblings, but their parents do not allow them to play with other children outside their homes because they are afraid that they would be mistreated or get hurt. Support persons in Mogadishu pointed out that children with disabilities are not allowed to play with other children for the fear that they may harm themselves or other people.

e. The Right of Children with Disabilities to Shelter

Interviews in Baidoa noted that the children with disabilities right to shelter is acknowledged within the community. They noted, however, that children with disabilities, just like other children in other poor families in Somalia, may not be able to enjoy this right, especially in the IDP camps and poverty-stricken host communities, as such many of the children with disabilities lack access to this right. Respondents in Galkaio noted that some children with disabilities in the region do not have shelter and those who have shelter lack proper protection from abuse.

f. The Right of Children with Disabilities to Participation

The Federal Provisional Constitution provides for child participation in Article 18 (1-3), where it states that "every person has the right to have and express their opinions, receive and impart their opinion, information and ideas in any way". This is in line with the Convention on the Rights of the Child (CRC), article 12 and covers decisions taken at the family, legal or administrative level.

However, the situation on the ground shows that much more needs to be done to realize these provisions, especially with regard to children with disabilities in Somalia. Somalia's Initial State Party Report to the UN Committee on the Rights of the Child noted that there are deeply entrenched cultural, traditional and religious attitudes and practices, such as rigid child rearing practices including denying children a chance to air their views and to be heard. The report further pointed out that there are only a few structures like children's assemblies at local and national levels for children to participate in and express themselves. This has negatively impacted the levels at which children can engage the formal institutions in order to advocate and lobby for their rights to be heard.⁴⁵ MOLSA in its 2012 report points out that the powerlessness of children with disabilities contributes to the negative attitude, harsh environment and institutional hindrance hence restriction on their rights and exclusion from community decision making.⁴⁶ The rampant discrimination, stigmatization and restriction of movement through tying/hiding at home of children with disabilities render them invisible, hence most of them have no opportunity to participate meaningfully within society.

3.6 VIOLATION OF THE RIGHTS OF CHILDREN WITH DISABILITIES IN SOMALIA

Children with disabilities in Somalia are forgotten as they are not considered as part of the community as a whole.⁴⁷ They face many challenges in their daily lives, including 'the inaccessible physical environment, lack of awareness in the communities, insufficient teaching skills, negative attitudes and stigma, and a severe shortage of mobility aids.'⁴⁸ Civil society and human rights groups have indicated that persons with disabilities in Somalia are faced with several issues such as marginalization, abuse, unlawful killings, rape, limited access to health services and other essential services.⁴⁹ According to Amnesty International,⁵⁰ people with disabilities are highly discriminated against by their families and community at large. A K4D⁵¹ study notes that children with disabilities are invisible in Somali society where they face many challenges including inaccessible physical environment, lack of awareness in communities, insufficient teaching skills, negative attitudes and stigma, poverty and severe shortage of assistive devices and mobility aids.⁵²

a. Forms of Violations of Rights of Children with Disabilities

A study conducted by Amnesty International in Somalia highlighted the stigma that children with disabilities face in Somali society.⁵³ People with disabilities are treated with pity in the community, considered to be dependent, and as such are not equally valued.⁵⁴ Others are viewed as a burden or abused by their families. Children who remain with their families are often hidden, not being allowed to interact with their environment.⁵⁵ Families sometimes chained children with intellectual disabilities, claiming that this was to protect them from the community ridicule.⁵⁶ Some families are over-protective of their family members with disabilities, increasing their dependency and reducing their ability to participate in social and civic life.⁵⁷ A study by some Somalia citizens in Finland with Somali families found that in Somali culture disability is considered a very shameful and sensitive topic.⁵⁸ Intellectual disabilities are a taboo and not spoken about, with mobility disabilities more easily accepted than intellectual disabilities.⁵⁹

During the Assessment, 83.1% of the support persons revealed that their children with disabilities have been insulted, 74.8% said they have been called names, while 66.7% revealed that their children with disabilities were not permitted to play with other children, 43.2% reported that their children had stones thrown at them, while 21.2% reported that their children were beaten by teachers. 20% said that their children with disabilities had been made spectacle of, as shown in Chart 18.

45 Ministry of Women and Human Rights Development, UN Convention on the Rights of the Child, Somalia Initial Country Report, para. 84, 2019

46 Ministry of Labour and Social Affairs, 2012.

47 Mills, D., Review of Save Children's support to promote the rights of children with disabilities- Somaliland Programme Save the Children Oslo, Norway, 2015.

48 Ibid.

49 Civil Rights Defenders, Human Rights in Somalia, 2017; <https://www.civilrightsdefenders.org/files/Humanrights-in-Somalia.pdf>

50 Supra note 22.

51 KD4 is an acronym for Knowledge, Evidence and Learning for Development, a series of studies conducted by the Institute of Development Studies, UK Department of International Development

52 Supra note 29, at 2.

53 Supra note 22.

54 Ministry of Labour and Social Affairs, 2012.

55 Amnesty International, 2015. Somalia: Prioritize Protection for People with Disabilities. AI INDEX: AFR 52/1166/2015A, at 4, 8.

56 Cavallera, V., Reggi, M., Abdi, S., Jinnah, Z., Kivelenge, J., Warsame, A.M., Yusuf, A.M., & Ventevogel, P. (2016). *Culture, context and mental health of Somali refugees: a primer for staff working in mental health and psychosocial support programmes*. United Nations High Commissioner for Refugees.

57 Handicap International, *Promoting the civic and political rights of persons with disabilities & increasing their participation in the electoral process in urban and rural Somaliland*, 2014.

58 Starck, J (2016). *Somalian Families Views on Disabled Children and Finish Healthcare Services*, Master's Thesis, 2016

59 Ibid.

Has your child with disability ever faced the following in school/community?

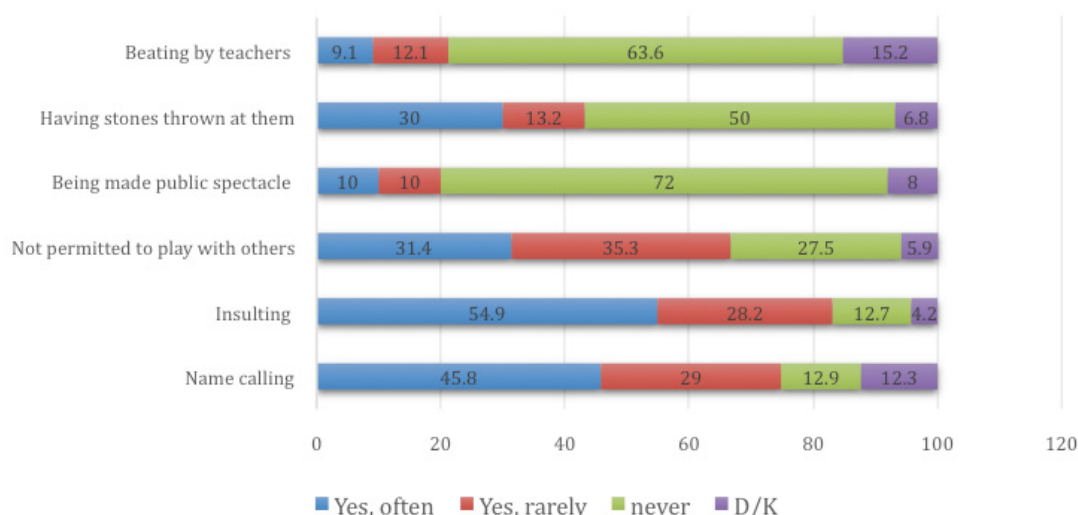


CHART 18: Discrimination of Children with Disabilities in school and community

When asked if they took any action with regard to the incidents of discrimination of their children, 50.6% said they did not, while 49.3% said they did. 35.9% of support persons reported such discrimination to the authorities, 12.5% discussed the cases with school authorities, 7.8% reported to the children's parents, 6.3% moved the children to other schools, while 1.6% reported insulting their children's tormentors back, as shown in Chart 19.

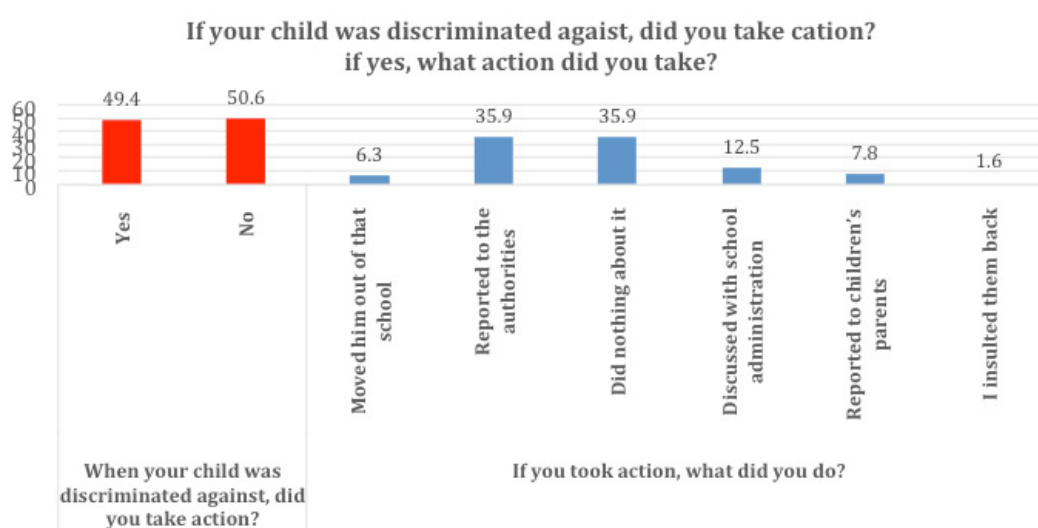


CHART 19: Actions taken after discrimination

Key informants in Mogadishu noted that there is overt discrimination against children with disabilities that takes a variety of forms including open show of disrespect, name calling, pointing, insults and physical attacks including throwing rocks at them. Acts of cursing are also common where children with disabilities are called "curse from god". The harassment is at times extended to the child's whole family. Children with disabilities in Mogadishu concurred during their FGD that they face discrimination where people (including their school mates) abuse, ridicule and make them feel bad, make fun of them and call them "caayo⁶⁰". They also reported open show of disrespect, discrimination including prioritization of children without disabilities and stigmatization due to fear that the children with disabilities may "infect" other children with their disabilities. Other forms of discrimination that they reported include cases of criticism, verbal abuse in public places, schools and Quranic schools and denial of access to public facilities on assumption that the children with disabilities are beggars.

The types of violations of children with disabilities' rights reported in Baidoa by key informants included denial of the opportunity to play with other children, chaining of some children, beating and insulting them and name calling. Children with disabilities in Baidoa reported during the FGD that they face a lot of discrimination because of their disability. They pointed out that passers-by and other children treat them badly. In Galkaio, the reported forms of violations of rights against children with disabilities, include insults, name calling, sexual and physical abuse. In Baidoa, children with disabilities also stated that they are insulted, beaten, discriminated against, and humiliated. Key informants in Baidoa pointed out that children with disabilities are prevented from playing with others, called bad names, and have their personal items stolen from them. Key informants in Baidoa pointed there were cases of rape of female children with disabilities, as well as cases of beating.

60 A derogatory term referring to a person with disability.

In Galkaio, children with disabilities also stated that they are insulted and discriminated against on the basis of their disability. Other challenges were name calling, insults, having stones thrown at them and not being permitted to play with others.

Children with disabilities in Kismaio also confirmed that they are discriminated against because of their disability. They reported cases of being insulted, degraded, threatened, as well as physically harmed. They further noted the lack of community support and discrimination, while their support persons identified discrimination at school and in the community.

a. Sexual Violence faced by Children with Disabilities

Key informants, support persons and children with disabilities in the Assessment revealed that children with disabilities are vulnerable to sexual violence in Somalia. Support persons in Mogadishu noted that rape targeting female children with disabilities aged 15 years and below is a common form of sexual violence in the cities. This occurs mostly at home, in schools, IDP camps or in Quranic schools. They added that most children with disabilities do not report such cases to the community or the police because of fear of being labeled liars. Fear of the children with disabilities being molested sexually was used by the support persons as a justification for tying them up at home when parents were away. Children with disabilities in Mogadishu confirmed having heard of many cases of rape and molestation of children with disabilities.

Key informants in Baidoa reported that there are few cases of sexual abuse of children with disabilities and pointed out that families keep their disabled children at home at all times as a coping mechanism. A key informant revealed knowledge of a recent rape case of a disabled child aged between 7 and 8 years. Support persons in Baidoa also reported cases of rape, sexual harassment, exploitation of female children with disabilities in the city by members of gangs and other children. The abused children are mainly aged between 6 and 17 years. The abuses mostly take place in the camps, waterpoints, latrines and in the houses at night. Children with disabilities in Baidoa confirmed hearing of, but not witnessing case of sexual violence, against them.

In Kismaio, the support persons noted during their FGD that children with disabilities (especially girls) aged between 10 and 15 years face sexual violence including rape and sexual harassment by other members of the general community, mostly soldiers. The locations where such violations take place are often neighborhoods, schools or at the markets. Occurrence of sexual violence was confirmed by the key informants in the city, while the children with disabilities reported not witnessing or hearing of any such sexual abuse cases.

Even though key informants in Galkaio pointed out that cases of sexual violence against children with disabilities were unheard of, both children with disabilities and their support persons stated otherwise during their FGDs. The children with disabilities in Galkaio confirmed witnessing a case of a female child with multiple disabilities (physical and mental) who was taken to the bush and raped. This was confirmed by the support persons who noted that the perpetrator was well known in the area. They added that female children with disabilities in Galkaio are prone to sexual violence, especially in the rural areas.

From the above reports from the four field locations, it is clear that sexual abuse, especially rape of female children with disabilities, is a common occurrence in Somalia and also a major contributor to support persons' denial of free movement to their charges as a coping mechanism. This implies that female children with disabilities are doubly abused when their freedom of movement is further restricted because of the dangers they face. Similarly, there are no reporting mechanisms in place to ensure these children are protected from sexual violence.

b. Tying & chaining of Children with Disabilities at home

Key informants in the four cities revealed that children with disabilities in many communities are usually tied, chained or locked indoors at home when their support persons are not present. FGDs with support persons in Galkaio, Baidoa and Kismaio confirmed that there are indeed cases of parents tying their children with disabilities in the three cities. Support persons in Baidoa noted that tying children was common in Baraka camp in Baidoa, especially those children with mental disabilities. In Kismaio, children with disabilities reported during the FGD that some of them are tied at home even though they hate it and cry and complain. However, support persons in Mogadishu and children with disabilities in Mogadishu, Galkaio and Baidoa were not aware of cases of parents tying their children.

When support persons were asked if it was necessary to tie the children when they have to leave them alone at home, 72% of the support persons said it was not necessary. On the other hand, 28% said it was necessary as shown in Chart 20.

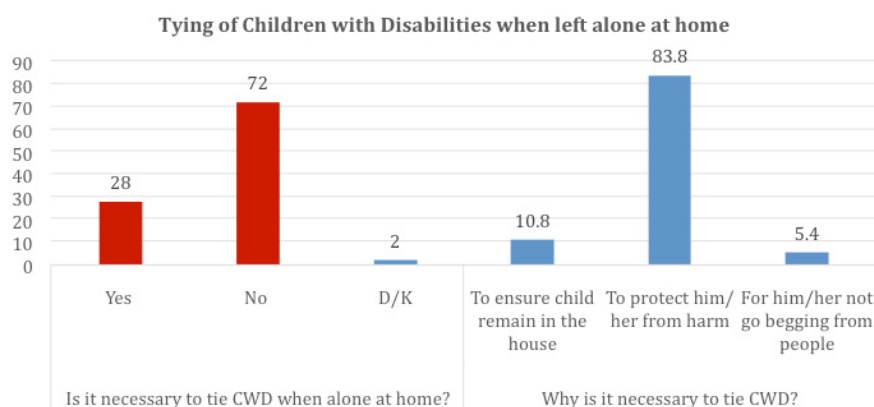


CHART 20: Tying of Children with Disabilities when alone at home

Most of the support persons in the survey who said it was necessary to tie the children justified it as a measure to protect them from harm (83.8%). Nearly 11% said it was to ensure that the children remain in the house, while 5.4% said that this was to prevent the children from going to beg on the street.

Support persons in Baidoa noted that tying children with disabilities was necessary to prevent the children from burning the plastic houses in the camp, while the key informants in Galkaio reported that some children are chained to prevent them from throwing themselves into fire when left alone. In Kismaio, support persons pointed out that children with mental disabilities are often tied when the parents are away to prevent them from hurting themselves. Key informants also revealed that some parents tie their children so that they cannot wander outside where they could be hit by a car or fall on the stairs and injure themselves or hurt other people. Others are tied indoors, ostensibly to protect them from becoming subjects of discrimination and abuse such as being beaten or abused, while for others, especially those with mental disabilities, the chaining indoors is a way of hiding them from the public view out of shame by the family members who see them as a family curse. Some girls with mental disabilities are chained to protect them from being sexually violated.

Key informants in the four cities noted that chaining of children is not accepted in the communities by the law or by Islam. Similarly, the support persons in the four cities also noted during FGDs that the practice is disapproved of within their communities. The support persons in Mogadishu pointed out that such acts are not acceptable within their community, reasoning that the act poses risk to the lives of the children under emergency situation such as when the house caught fire and the children would not be able to escape.

Data collected through the three methods concur that the majority of Somalis disapprove of chaining children with disabilities when support persons are away from home and see it as an abuse of the concerned children's rights. However, it is tolerated as a necessary evil by those who resort to it "for the security and wellbeing of the concerned children" even though it is also fraught with other dangers. There is also concurrence that this phenomenon is most common among children with mental disabilities.

c. Denial of access to public facilities, means of transport and Assistive devices

Key informants in Mogadishu noted that discrimination against children with disabilities is manifested mostly in the education sector where the children are not provided with means of transport and assistive facilities such as wheelchairs. This was confirmed by children with disabilities in Mogadishu who pointed out that they lack assistive devices to help them move from one place to another. They also identified inaccessibility of buildings and roads. In Baidoa, key informants and support persons reported that the children in the city face a lot of difficulties due to lack of appropriate infrastructure for deaf and blind people, for example, disability compliant buildings, roads, health facilities, playing things and spaces and assistive devices like wheelchairs, playing materials, braille materials/equipment and poor nutrition. In Kismaio, children with disabilities reported lack of basic social services like wheelchairs or tricycles. In Baidoa, key informants noted that the fact that the buildings, roads, marketplaces, classrooms and toilets are not made accessible to the children with disabilities is in itself discrimination against them.

3.7 THE SERVICES THAT CHILDREN WITH DISABILITIES CAN ACCESS

a. Government ministries and departments

The FGS is in the process of enacting the Sexual Offences Bill into law. The bill has provisions on gender-based offences, especially those of sexual nature targeting persons in vulnerable situations, such as children, and persons with disabilities. It was noted by key informants in Mogadishu that the government is the primary duty bearer under international law. The various ministries and government agencies, therefore, should provide all the basic services to children with disabilities in Somalia. With regard to health services, all children including children with disabilities are supposed to receive free health support. However, poor access by families and lack of medicines makes it difficult. Key informants in Baidoa noted that the Government is now party to the UN Convention on the Rights of Persons with Disabilities and is in the process of establishing national disability institutions throughout whole country and is working on the development of the Disability Bill.

Discussions with OPDs in Mogadishu revealed that as far as they are concerned the government is yet to do much for the whole disability community apart from periodic collection of information. This view was supported by most of the children with disabilities during FGDs in the four cities who said that they do not receive any support from the government or any other groups. However, the support persons in Mogadishu were aware of services targeting children with disabilities, including education/teacher training and economic support. Support persons in Baidoa noted that children with disabilities receive irregular social services including food, health services, clothes, plastic sheets, shoes and some little money, while in Kismaio support persons said there are no services for children with disabilities apart from occasional awareness raising.

b. Non-Governmental Organizations

It was noted in Mogadishu that NGOs advocate for children with disabilities rights in Somalia. They pointed out that local NGOs provide advocacy on children's rights and undertake awareness raising to make people understand the challenges faced by children with disabilities, including the need not to discriminate against them.

In Baidoa, some NGOs were identified as among those who help people with disabilities in their region by giving them shelter materials (wood and plastic sheets) and food. With regard to local NGOs it was noted in Baidoa that youth volunteers in the city distribute beds, blankets and mattresses to persons with disabilities. In many instances this is a collaboration with the government.

c. Community Based Organizations

CBOs in Mogadishu undertake advocacy on children's rights and in Baidoa, they give daily support to persons with disabilities in the community including checking if families with disabled members are hungry and then they fundraise within the community to buy food for them. Some CBOs have provided wheelchairs.

d. Religious organizations

Services provided by religious organizations in Mogadishu, include preaching to the community that children with disability are also members of the community. They preach in the Mosques and Quranic Schools about the rights of children with disabilities. In Baidoa, religious organizations provide awareness creation in mosques and in public places. They also encourage people to take care of children with disabilities. Others fundraise for children with disabilities.

e. Local communities

Local communities engage on supporting children with disabilities. This includes encouraging community members to accept and not hate the children with disabilities. They also participate in supporting the children in terms of financial support, including helping to take them to school and supporting their families with some of their needs. In Baidoa, the local communities help children with disabilities on a daily basis by giving them cooked food and water among other kinds of support. The community also protects the children with disabilities when some members want to steal from them. Those who cannot cook are helped to do so.

f. The business community

In Mogadishu, it was noted that the business community assist children with disabilities through private business partnerships. Hormuud has established a school for children with visual disabilities called Al Nuur which it supports 100%. Other members of the business community also support the children financially. The Banadir business community also support two schools for children with disabilities, namely Al Nasiib and Al Basiir. In Baidoa, the business community supports children through fundraising contributions, yearly charity, give money to local NGOs and CBOs money to buy food for children with disabilities, give food, clothes and oil individually.

4.0 CONCLUSION AND RECOMMENDATIONS

There are many children with disabilities in Somalia of both sexes, estimated at between three to five percent of the children's population. Their disabilities cover all types and are both congenital and acquired. Awareness about the rights of children with disabilities is increasing, but is still low in some quarters and the attitudes within a large swathe of the community towards children with disabilities is still remains rather negative. Similarly, skills for supporting children with disabilities are still largely lacking. Enjoyment of rights by children with disabilities is still low throughout Somalia. Right to education is hampered by acute lack of human, infrastructural and financial resources. Most children with disabilities attend normal schools, while a few attend special schools. Access to proper nutrition is hampered by poverty resulting into rampant malnutrition, parental care is low and unskilled and the right to play is curtailed by persistent stigma, as sensitization is yet to fully penetrate the country. Discrimination against children with disabilities and, by extension their families, is still rampant in Somalia. There are limited redress mechanisms in the community for both the children and their parents. The MoWHRD has prioritized disability rights and child rights, including ensuring the ratification of the Convention on the Rights of Persons of Disabilities, the development of the Child Rights Bill, the Disability Rights Road Map and Implementation Plan, and the Disability Agency Law. The Ministry is now working on how bring those two fields together to ensure better prioritization on children with disabilities as a sub-group to ensure enjoyment of their rights.

4.1 RECOMMENDATIONS TO MOWHRD

4.1.1 Undertake concerted sensitization and awareness creation on People with Disabilities issues in Somalia. Such awareness should be undertaken by government ministries under the leadership of MoWHRD, MoE and should include NGOs and CBOs in the child protection sector together with the media. Awareness creation strategies should include targeted workshops and campaigns both at national, regional and local levels. Specific sensitization should target those proximate to children with disabilities, including parents, support persons, teachers and community leaders. The issues to be targeted should include types of disability (albinism, intellectual, mental etc. are not known or ignored); causes of disability; the rights of children with disabilities; discrimination against (stigmatization) children with disabilities. Both public and private media should specifically be encouraged to undertake mass sensitization in Somalia on disability issues such as access to education, health and social services for children with disabilities. Sensitization campaigns should also target children with disabilities to assert themselves specifically to claim and demand for their rights. Behavior change programs should target communities to deal with the entrenched discrimination and stigmatization as a way of improving knowledge, awareness and attitude towards children with disabilities.

4.1.2 Strengthen the legal framework catering for Children with Disabilities in Somalia. Following the Government's ratification of the UN Convention on the Rights of Persons with Disabilities, it should speed up the domestication and implementation of the Convention, including through the Disability Rights Act and implementation of the Disability Rights Road Map. It should also establish a Government focal point, e.g. a Council or Directorate, to be linked to other agencies dealing with disability issues, including the National Disability Agency, so as to streamline disability issues with other Ministries and Agencies e.g. children, gender and human rights issues. This will enhance accountability in regard to allocation of resources, activities carried out and delivery of results.

4.1.3 Provide targeted protection to Children with Disabilities from abuse and neglect, including GBV:

The Government and its partners should ensure training and support for the parents on the best ways to take care of children with all kinds of disabilities. Parents should be made aware of what amounts to abuse of children with disabilities, especially those in rural areas who are more likely to abuse their children with disabilities. Other children, teachers and community members should also be made aware of the need to accept and protect children with disability. The police, parents and communities should be sensitized on detecting, reporting and dealing with sexual violence targeting children with disabilities, since children with disabilities are at a higher risk of being targeted by perpetrators. Organizations dealing with GBV should also be sensitized on how to deal with children with disabilities who experience such acts of violence.

4.1.4 Strengthen disability prevention and rehabilitation programs: the assessment revealed that some of the disabilities acquired after birth can be avoided. This can be achieved by strengthening Maternal and Child Health (MCH) services to deal with causative factors like proper nutrition, trained birth attendants, regulation of drugs administration, enhanced polio surveillance, awareness raising about insects and plants that injure children resulting in disability and how to deal with them to prevent disability, and protecting children from vagaries of war and conflict that are still unfolding in Somalia. Similarly, community-based rehabilitation programs should be initiated and enhanced.

4.1.5 Undertake concerted affirmative action targeting persons with disabilities in Somalia, especially for Children with Disabilities. This should include creating opportunities for persons with disabilities to participate at local councils, state and federal level decision making levels to ensure that issues of children with disabilities are mainstreamed. There is also need for affirmative action for persons with disabilities to participate in political office (parliament and other decision-making positions) so that they champion the rights of children with disabilities at the legislative and resource allocation levels. Mechanisms for ensuring that children with disabilities participate directly in decision-making processes that affect them should also be considered.

4.1.6 Undertake capacity building for government institutions dealing with disability issues in general and Children with Disabilities in particular. This would entail mainstreaming disability in all government Ministries, departments and agencies, with special emphasis on institutions dealing with education (schools), health and social services.

4.1.7 Ensure Children with Disabilities access their basic rights: There is need to ensure that children with disabilities have access to proper shelter that gives nurturing environment through provision of targeted funds for that purpose. This is more so in the IDP camps where the households are neediest. Government centers for persons with disabilities that existed before the civil war should be revived and new ones built to cater for persons with disabilities in extreme need and children with disabilities in Somalia. The right to play could be strengthened through buddy system through pairing them with able bodied children and increased play facilities. Similarly, children and adolescents with disabilities should be involved in making decisions as a way of fulfilling their right to participation.

4.1.8 Strengthen and fund OPDs: OPDs should be strengthened and funded to enable them advocate for the rights of children with disabilities effectively.

4.1.9 Strengthen partnership with Non-State Actors: Private sector, religious institutions, CBOs and NGOs working on disability should be encouraged to continue with this work they have been doing such as helping increase awareness and provision of material support like education, social and medical support to mitigate the challenges faced by children with disabilities within the community. Donor response to the disability sector should be well coordinated for greater effectiveness and reach of children with disabilities, especially those in extremely vulnerable situations.

4.1.10 Support Training of support persons in Positive Caregiving/Parenting: There is need to target parents and other support persons with positive parenting/caregiving skills to enhance their children with disabilities caring and protecting abilities. All new mothers should be trained on disability prevention skills, while those with children with disabilities should be trained on how to care for them. Those with some skills should be enhanced to ensure that they are perfect in their handling of children with disabilities. The skills should be complemented with knowledge and awareness of the rights of children with disabilities.

4.1.11 Undertake more Research on Disability: Owing to the dearth of statistics on disability in Somalia, the Ministry of Women and Human Rights Development, and Ministry of Planning (Bureau of Statistics) should undertake a national study on disability in Somalia.

4.2. RECOMMENDATIONS TO OTHER MINISTRIES

Line Ministries and Departments should ensure children with disabilities in Somalia access all their basic rights: these include the right to health, education, protection, shelter among others. It is noteworthy that the legislations and policies in Somalia tend to approach disability in the country as a homogenous group, that is irrespective of type of impairment or age. Given that children with disabilities have specific needs and face particular barriers, it may warrant consideration in the Constitutional Review process. Specifically, the line Ministries should do the following:

4.2.1 Ministry of Health: The Ministry of Health should ensure that all children in Somalia have access to proper healthcare (it was noted that some forms of disability are due to improper health services) including vital vaccinations; the hospitals should also be equipped to deal with their special needs; need to provide free health services as children with disabilities often come from households in extreme need, the health infrastructure should also be accessible.

4.2.2 Ministry of Education should strengthen Children with Disabilities' education: The right to education should be assured by providing appropriate and adequate education infrastructure including education buildings, equipment, personnel and protection services while in school. Children with disabilities' education should be provided free of charge. The Ministry should fully implement the Federal Special Educational Needs Disability and Inclusive Education (SEND and IE) policy to ensure that ensure children with disabilities have equal access to education in the 13 areas are implemented.

The Ministry should develop initiatives to promote increased enrolment of children with disabilities in schools through training teachers on how to integrate disabilities into classrooms; establishment of special schools for children with disabilities and training/supporting children with disabilities to enter mainstream education system. The costs associated with special education is an issue that needs attention from the concerned stakeholders through promotion of free basic education to all children with disabilities in government sponsored education facilities, and targeted support for those attending privately owned learning institutions. There is need to build special schools in all federal member states. Such schools should target all forms of disability needing special education. Children with physical disabilities who are able to attend normal schools should be supported with assistive devices, such as wheelchairs, crutches and schools need to ensure accessibility through measures such as sensitization of teachers and other children in schools about disability is also key if the children with disabilities are to be accepted by them.

4.2.3 Ministry of Finance should factor in Children with Disabilities needs in the national budget: There should be specific budget at the national level targeting issues of persons with disabilities and specifically children with disabilities to ensure that their basic rights are catered for. The Ministry of Planning should draw and share clear plans for persons with disabilities in the National Development Plan to enable such funding to be sourced. There is also need for transparency and accountability from the various concerned government institutions to ensure that they are complying with their obligations to allocate funding for disability, including children with disabilities, and then regarding how funds will be used.

4.2.4 Ministry of Planning should undertake evidence-based research on Children with Disabilities in Somalia: Little information exists on children with disabilities in Somalia. There is need to undertake detailed research on children with disabilities issues, including prevalence, attitudes, access to rights, challenges and services that they get and the gaps thereof.

4.3 RECOMMENDATIONS TO THE UNITED NATIONS AND INTERNATIONAL AND REGIONAL FINANCIAL INSTITUTIONS

The UN Secretary General's 2019 UN Disability Inclusion Strategy (UNDIS) requires UN entities to prioritize disability inclusion within their programming and particularly in support to Governments. This prioritization is particularly important if Somalia is to meet the Sustainable Development Goals, which are grounded on the principle of Leaving No One Behind. As such, the UN in Somalia needs to examine existing programmes or identify areas in which disability inclusion should be strengthened to ensure support for children with disabilities. Similarly, the World Bank has undertaken many policy studies on disability, including in Somalia. It should therefore implement the recommendations from these studies for the benefit of persons with disabilities.

4.4 RECOMMENDATIONS TO DONORS

Donors who are parties to the Convention of the Rights of Persons with Disabilities have the obligation to mainstream disability in their assistance. As such, donors should ensure that programmes and services supported take into account the needs of children with disabilities and such funding is monitored and reported on.

In addition, donors should be guided by the various recommendations pertaining to disability rights under the Universal Periodic Review, as well as the recommendations of the Independent Expert on Human Rights in Somalia, which falls under the Human Rights Council's Technical Cooperation agenda.

ANNEXES

ANNEX 1: ASSESSMENT TOOLS

QUESTIONNAIRE FOR CHILDREN WITH DISABILITIES SURVEY

Interviewer's introduction:

Hello, my name is _____ and I am an independent researcher. We are conducting a survey in selected regions in Somalia. The purpose of this survey is to gauge the opinion of the support person in this city on the status of children with disabilities in Somalia and how different actors could support them.

I hope that you will be kind enough to spare some time to answer the questions. Your identity and that of other respondents will be kept secret.

QUESTIONNAIRE NUMBER _____ MEMBER STATE _____

DISTRICT _____ LOCATION _____ TOWN _____

ENUMERATION AREA _____

1.	Sex of the respondent	
	a. Male	b. Female

2.	Highest level of education	
	a. No formal education	
	b. Quranic school only	
	c. Primary education	
	d. Secondary education	
	f. Tertiary education	
	g. University	

3.	What is the age of the respondent?	
	a. 18-24 years	
	b. 25-34 years	
	c. 35-44 years	
	d. 45-54 years	
	e. 55+ years	

4.	Marital status	
	a. Married	
	b. Single	
	c. Divorced	
	d. Separated	
	e. Other specify	

5.	Location			
	a. Urban	b. Rural	c. Peri-urban	

A: FORMS OF DISABILITIES AMONG CHILDREN

A INTRODUCTION		
6.	Do you have a child with a disability living in this household?	
	a. Yes	
	b. No (if no, terminate the interview and move to the next scheduled household)	

7.	What is the gender of the child?	
	a. Boy	
	b. Girl	

8.	How old is the child?	
	a. Less than 5 years	
	b. 6-10 years	
	c. 11-15 years	
	d. 16-18 years	

9.	What type of impairment does the child have?	
	a. Physical	
	b. Visual	
	c. Hearing	
	d. Speech	
	e. Mental	
	f. Intellectual	
	g. Multiple (explain)	
	h. Other (explain)	

10.	What was the cause of the child's impairment?	
	a. Born with impairment	
	b. Acquired after birth	
	c. Don't know	

B EDUCATION		
11.	Does your child with disability go to school?	
	a. Yes	
	b. No	

12.	If the child does not go to school, what are the reasons?	

13.	If yes in 8 above (the child goes to school) what kind of school is it?	
	a. Normal school with other children without disabilities	
	b. Special school for the blind	
	c. Special school for the deaf	
	d. Special school for the intellectually challenged	
	e. Other's (specify)	

14.	If your child goes to school are there special provisions to ease his/her learning?	
	a. Ramps	
	b. Wheelchairs	
	c. Special toilets	
	d. Sign language teachers/instructors	
	e. Special education teachers	
	f. Braille materials	
	g. Others (specify)	

15.	(If your child with a disability goes to school) Has he/she ever faced the following types of discrimination within the community/at school?	Yes, often	Yes rarely	Never	Don't know
	a. Name calling				
	b. Insulting				
	c. Not permitted to play with other children				
	d. Being made a public spectacle				
	e. Being thrown stones at				
	f. Beating from teachers				
	g. Others (specify)				

16.	If your child was discriminated above what action did you take?	
	a. Moved him/her out of that school	
	b. Reported to the authorities	
	c. Did nothing about it	
	d. Discussed the case with the school administration	
	e. Others (explain)	

17.	Do you know of parents of school-aged children with disabilities who have not taken their children to school?	
	a. Yes	
	b. No	

18.	If yes in 17. above, what was the reasons?	
	a. There is no special school near them	
	b. The child cannot learn due to his/her kind of disability	
	c. The parents feel there is no need to bother	
	d. Could not afford the expenses	
	e. Others (specify)	

C. PRESENCE OF SUPPORT PERSON AT HOME				
19.	Is there at least one full time support person at home to do any or one of the following?	Yes	No	Not needed
	a. Assist the child with day to day activities (bathing, eating, movement etc.).			
	b. Provide adequate food			
	c. Protect the child from bullying by peers			
	d. Provide security from sexual/physical abuse			
	e. Others (specify)			
20.	If yes in 19. above, does the support person have knowledge of the rights of disabled children?			
	a. Yes			
	b. No			
	c. Don't know			
21.	If yes in 14 above, what are some of the rights of children with disabilities?			
	a.			
	b.			
	c.			
	d.			
	e.			
22.	Comment on the parents' ability to handle/care for the children with disabilities in this community			
23.	When a child with disability (not necessarily hers/his) is left at home alone, is it necessary to tie him/her?			
	a. Yes			
	b. No			
	c. Don't know			
24.	If yes, why is it necessary sometimes to leave a child with a disability tied?			
	a.			
	b.			
	c.			
25.	Do you give the same amount/type of food to the child with a disability as other children in this household?			
	a. Yes			
	b. No			
	c. Don't know			
26.	If No, in 25. above, why is it necessary to give the child with a disability different amount/type of food?			

27.	Do you allow/encourage your child with a disability to play with other children?	
	a. Yes	
	b. No	
	c. Don't know	

28.	If No, in 21 above, why is it necessary to discourage the child with a disability from playing with his/her peers?	
	Discrimination by other children	
	a. Lack of strength	
	b. Discrimination by other parents/teachers	
	c. Lack of playground facilities	
	d. Lack of right equipment/toys	
	e. Others (specify)	

29.	There are some beliefs that people often have about children with disability, are the following attitudes/views common in this community?	Yes, often	Yes rarely	Never	Don't know
	a. Children with disabilities are sign of bad luck				
	b. Children with disabilities cannot contribute to their families				
	c. Children with disabilities can marry one day				

30.	Do children (boys and girls) with disabilities face sexual violence in this community?	
	a. Yes	
	b. No	
	c. Don't know	

31.	Comment on vulnerability of children with disabilities to sexual violence (ages of the children, the predators and actions taken)	

32.	What services/support has your family received from government on behalf of the child with a disability?	

33.	What services/support has your family received from International NGOs on behalf of the child with a disability?	

34.	What services/support has your family received from local NGOs on behalf of the child with a disability?	

35.	What services/support has your family received from local CBOs on behalf of the child with a disability?	

36.	What services/support has your family received from the local community on behalf of the child with a disability?	

37.	What should be done to ensure that children with disabilities in Somalia are able to fully access their rights?	

KII GUIDE FOR PARENTS/SUPPORT PERSONS OF CHILDREN WITH DISABILITIES

Thank you for agreeing to meet with us. I'm _____ an independent researcher.

I also have my team members _____ to support us in this interview and take notes for us.

We are conducting a Rapid Assessment on the Situation of Children with Disabilities in Somalia. To do so, we are speaking with key informants to get various impressions of the current status of these children and how best they could be served by the government, other duty bearers and their communities. The data collected will then be analyzed and results will be shared in a report.

If you agree to be interviewed, we would like to give you our assurance that we will treat your answers as confidential. We will not include your name or any other information that could identify you in any reports we write.

Do you have any questions before we start this interview?

A. INTRODUCTION

1. Do you have a child with a disability in this household? (if child with a disability is not there move to the next interview)
2. Is the child a boy or a girl?
3. How old is the child?
4. What type of impairment does the child have?
 - a. Physical
 - b. Visual
 - c. Hearing
 - d. Speech
 - e. Mental
 - f. Intellectual
 - g. Multiple
5. Could you comment on the causes of the child's impairment?
 - a. Born with impairment
 - b. Acquired after birth

B. EDUCATION

6. Tell me the following regarding the education of your child with a disability:
 - a. Does the child go to school? If not, why?
 - b. If yes above, is it a special school or he/she learning in a normal school?
 - c. If yes above, does the child need any special educational facilities? Explain.
 - d. Are these facilities available?
 - Ramps
 - Assistive devices
 - Wheelchairs
 - Special toilets
7. If your child attend special school, does the school have the following?
 - a. Braille materials
 - b. Sign language teachers
 - c. Other special education teachers
8. (*If your child with a disability goes to school*) Has he/she ever faced the following types of discrimination within the community/at school? (what did you do?)
 - a. Name calling
 - b. Insulting
 - c. Not permitted to play with other children
 - d. Being made a public spectacle
 - e. Being throwing stones at
 - f. Beating from teachers
9. Do you know of parents of children with a disability who refuse to take their children to school? If yes explain the reasons.

C. PRESENCE OF SUPPORT PERSON AT HOME

10. Is there at least one full time support person for the child at home?
 - a. Protect the child from bullying by peers
 - b. Provide adequate food
 - c. Provide security from sexual/physical abuse
 - d. Support person have knowledge of rights of disabled children?
11. Comment on the parents of disabled children's ability to handle or care for the disabled children in this community?

D. TYING/CHAINING OF CHILDREN WITH DISABILITIES

12. When the child is left at home alone, is it necessary to tie him/her?
13. In your view as a parent/support person is it acceptable to leave a disabled child tied? Explain your answer.

E. CHILDREN WITH DISABILITIES AND NUTRITION

14. Do you give the same amount/type of food to the child with a disability as other children in this household? Explain your answer.

F. CHILD WITH A DISABILITY AND RIGHT TO PLAY

15. Do you allow/encourage your child with a disability to play with other children? Comment on the following with regard to your child with a disability when at play:
 - a. Discrimination by other children
 - b. Discrimination by parents/teachers
 - c. Lack of strength
 - d. Lack of playground facilities
 - e. Lack of right equipment

G. ATTITUDES TOWARDS CHILDREN WITH DISABILITIES

16. As a parent of a child with a disability in this community what would you say about the following attitudes towards children with disabilities within your community?
 - a. Disabled children are a bad luck
 - b. Children with disabilities cannot contribute to their families
 - c. Children with a disability can marry one day

H. SEXUAL VIOLENCE AND CHILDREN WITH DISABILITIES

17. Comment on the level of sexual violence within your community.
 - a. Do boys and girls face sexual violence in this community? Explain.
 - b. Comment on vulnerability of children with disabilities to sexual violence
 - c. Comment on targeting of girls and boys
 - d. What are the ages of children with disabilities who are most targeted?
 - e. Who are the perpetrators of sexual violence against children with disabilities?)

I. SERVICES FOR CHILDREN WITH DISABILITIES

18. Comment on the services that your family has received from the following child protection service providers;
 - a. Government bodies like ministries and departments etc. (name them/services they provide)
 - b. International NGOs (name them/services they provide)
 - c. Local NGOs (name them/services they provide)
 - d. CBOs (name them/services they provide)
 - e. Religious organizations (name them/services they provide)
 - f. Local communities (name them/services they provide)

J. RECOMMENDATIONS

19. What should be done to ensure that children with disabilities in Somalia are able to fully access their rights (under the following headings)?
 - a. Education
 - b. Medical
 - c. Social (within the community)
 - d. Others

KII GUIDE FOR OPDS

1. Comment on the population of persons with disabilities in Somalia. What about children with disabilities in this city?
2. Comment on the prevalence of the following forms of disabilities among children in this city:
 - a. Physical
 - b. Visual
 - c. Hearing
 - d. Speech
 - e. Mental
 - f. Intellectual
 - g. Multiple
3. Could you comment on the causes of the children's impairment in this community? Born with impairment/acquired after birth.
4. Tell me the following regarding the education of children with a disability:
 - a. School attendance
 - b. Availability of special schools/special services in normal schools e.g.
 - i. Ramp
 - ii. Assistive devices
 - iii. Wheelchairs
 - iv. Special toilets
 - v. Braille materials
 - vi. Sign language teachers
 - vii. Other special education teachers
5. Comment on the level and types of discrimination faced by children with disabilities within the community/at school? (what did you do?)
6. Do you know of parents of children with disabilities who refuse to take their children to school? If yes explain the reasons.
7. Comment on the knowledge of rights of disabled children within the community.
8. Comment on the parents of disabled children's ability to handle or care for the disabled children in this community? What skills do they have?
9. Comment on the phenomenon of tying/chaining of children with a disability within the community? How acceptable is it/what are the reasons for this?
10. Comment on the following with regard to children with a disability:
 - a. Nutritional rights
 - b. Right to play
11. Comment on the general attitude within the communities towards children with disabilities. Are they seen as bad luck, curse, burden, misfits?
12. Comment on the level of sexual violence faced by children with disabilities within your community.
13. Comment on the services that children with disabilities receive from the following child protection service providers (name them/services they provide);
 - a. Services by your organization
 - b. Government ministries and departments
 - c. International NGOs
 - d. Local NGOs
 - e. CBOs
 - f. Religious organizations
 - g. Local communities
14. What should be done to ensure that children with disabilities in Somalia are able to fully access their rights (under the following headings)?

