

PROTECTION SURVEY

SUPPORTING CHILDREN WITH DISABILITIES IN SOMALILAND



Prepared by CESVI & Handicap International

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EXECUTIVE SUMMARY

Children with disabilities face acute protection issues in Somaliland. These issues range from lack of education to high incidence of sexual violence. Tying up children with disabilities is common practices throughout the country and in some areas children with disabilities may be denied food.

Despite the critical nature of the situation, little research has been performed into the needs and vulnerabilities of children with disabilities in Somaliland. This survey, conducted by Cesvi and Handicap International with funding from the EC and UNICEF, aims to address part of this gap.

The **overall objective** of the assessment is to provide a deeper and more comprehensive analysis of (1) the types of child protection issues occurring in Somaliland, and (2) the factors that affect children with and without disabilities' vulnerability to protection issues. The survey adopted a 2-part **methodology**:

- **Household surveys** were administered to collect quantitative information. 767 households were interviewed in Hargeisa, Burao, Berbera, Borama and Erigavo, or five of the six regional capitals of Somaliland. Las Aanood was not included in the survey for security reasons. Only urban or peri-urban areas were targeted; rural populations were not included.
- **Focus groups** were held to collect qualitative information. Three types of focus group discussions were held: (1) discussions with community leaders, (2) discussions with parents and community members, and (3) discussions with children. The discussions with community leaders included traditional leaders, local authorities and religious leaders. Only the most vulnerable children, pre-selected by the community, participated in the children's focus groups.

The survey generated four categories of **conclusions**. Broad findings about demographics were accompanied by more specific findings about (1) characteristics of disability, (2) knowledge, attitudes and practices, and (3) sexual violence. Major conclusions are summarized below.

Overall

- **Geographic differences:** Behaviours and attitudes toward children with disabilities vary sharply between regions. Attitudes appear to become more negative in locations further away from Hargeisa. Erigavo, in particular, showed concerning behaviours and practices toward children with disabilities. This finding has significant impacts for programming.

Characteristics of Children with disabilities:

- **High incidence of impairments:** 42% of the survey sample contained at least one member with a disability, indicating a higher-than-expected incidence of disability.
- **Socio-economic situation and impairment:** Socio-economic status and parenting skills may be associated with higher rates of impairments. A correlation between low education and incidence of impairment was noted, as was a correlation between lower socio-economic status and impairment.

Knowledge, Attitudes and Practice toward Children with Disabilities

- **School attendance:** 45% of children with disabilities attend school, compared to 60% of the urban population. The barriers to education are much more serious outside Hargeisa, due to lack of resources for education of children with disabilities.

- **Parental Practices:** 40% of the sample supported tying up children; focus group participants said that this practice aimed to protect children with disabilities. In some regions, up to 28% of parents believe that children with disabilities need less food than children without disabilities.
- **Community Attitudes:** Throughout Somaliland, attitudes toward children with disabilities are poor. In some towns, 80% of respondents believe that children with disabilities should not play with other children. 50% of households support the statement that children with disabilities cannot contribute to a household.
- **Prevalence of Discrimination:** The prevalence of discrimination against children with disabilities is high throughout Somaliland, at approximately 34%. Discrimination in Somaliland can be severe and damaging: the types of discrimination mentioned in focus groups included stoning, insulting, and making children into public spectacles.

Sexual Violence

- **Children with disabilities:** Children with disabilities are highly vulnerable to sexual violence, according to 75% of respondents to the household survey. There appear to be no special measures in place to protect disabled children from sexual violence.
- **Sexual Violence Against Boys:** A surprisingly high proportion of respondents to the household survey (43%) agreed that sexual violence against boys is possible. Given the strong cultural taboos against homosexuality, this high agreement rate indicates a serious issue. Boy children with disabilities are therefore extremely vulnerable to prolonged, repeated sexual violence.
- **Severe Repercussions for Survivors:** Girls who have been raped face discrimination and sexual harassment. It is common for rape survivors to leave their communities as a result of discrimination and ostracization.
- **Weak Police System; Strong Traditional System:** The police and justice system lacks skills, finances and tools to respond to sexual violence. Partially as a corollary of this, and partially due to cultural norms, elders and customary leaders take the lead in making decisions about the future of survivors and perpetrators.

The results of this survey indicate that further steps must be taken by the Somaliland government, INGOs, LINGOs and other actors to improve the condition of children with disabilities. Some key **recommendations** are outlined below.

- **Research:** Little research has been done on incidence of disability and attitudes toward children with disabilities. An increase in resources for research into this issue would enhance the data available on this issue, and support the establishment of more effective response mechanisms in child protection. To support the data collection process, disability could be included in the planned Somaliland census.
- **Geographically Tailored Programming:** There is stark variation in knowledge, attitudes and practices between different regions. Programming should focus, not on uniform interventions throughout Somaliland, but on targeting the behaviours and attitudes of specific regions.
- **Education Support Outside Hargeisa for Children with Disabilities:** A concerted effort should be made to enhance enrolment rates of children with disabilities outside Hargeisa. Initiatives could include: Training teachers in how to integrate children with disabilities into the classroom; supporting the

establishment of schools tailored to particular disabilities; training and support of children (eg deaf children) in entering the mainstream educational system.

- **Behaviour Change:** The survey showed high rates of discrimination, and focus groups showed the negative behavior resulting from this discrimination (ie stoning of disabled children and low school attendance potentially linked to discrimination). Community behavior change programs are necessary to help improve knowledge of and attitudes to children with impairments
- **Right to Play:** Children with impairments have limited options for play. Programs to improve disabled children's right to play might include: (1) developing buddy systems where children with impairments are paired with children without impairments, (2) developing play facilities, methodologies and areas for vulnerable/disabled children and others with protective measures.
- **Inclusive Sexual and Gender-Based Violence Programming:** Children with disabilities are at disproportionately high risk of sexual violence. Targeted and inclusive programming is necessary to ensure that organizations that respond to sexual violence have the capacity and skills to respond to children with disabilities.
- **Training for Traditional Elders** Traditional elders are the most common dispute resolution mechanism. In cases of rape, traditional elders often recommend marrying the perpetrator to the survivor. This indicates that specific training for traditional elders about SGBV is necessary.

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We would very much like to thank the Ministry of Labour and Social Affairs for its continual support in this process. Also, thanks go to the Ministry of Education, Ministry of Justice, Ministry of Health, for supporting us in mobilizing the enumerators for the training, parents and community leaders for FGD sessions.

Our sincere gratitude goes to the local partners DAN and GAVO. We would also like to thank the 24 enumerators from the 5 regions of Hargeisa, Borama, Burao, Erigavo and Berbera for their cooperation and commitment in conducting the household survey in their respective regions. The enumerators were: Mohamed Said Esse, Farhan Ahmed Mohamod, Abdulnasir Ahmed Yasin, Nainma Mahamed Hasan, Filsan Husein Khaliit, Saado Cali Ibrahim, Ashahamola Mohamed Ahmed, Hamdo Salah Ismail, Khadra Ahmed Yusuf, Maxed Alrahman Jama, Ayan Mowlid, Alkarim Osman Jama, Abdirizak Mohamud, Mohamed Suleiman, Nagib Faysal, Hood Ali, Essa Mohamed, Hamdi Muse, Omer Abdisamad, Mustafe Cabdi, Abdisamed Essa, Eido Mahamed, Ayan Mahamud, Abdirisak Mahamoud, Sucaad Mohamed, Mahamed Saleeban.

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BACKGROUND

Somaliland, an autonomous region of Somalia, borders Ethiopia, Djibouti and the semi-autonomous region of Puntland. It has an estimated population of 3.5 million people and covers 137,600 km². Somaliland declared independence in 1991. Although it has not, to date, been recognized as an independent state, it has set up an autonomous government, issued a separate currency and established a public service system.

As an autonomous region, Somaliland has inherited the status of being a signatory to the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities. It is, however, unable to independently ratify these conventions, since it has not been recognized as an independent nation.

Notwithstanding this situation, the Government of Somaliland has made a very public commitment (frequently referred to as a “ratification”) of the UNCRC in November 2001¹.

Child protection and disability fall under the remit of the Ministry of Labour and Social Affairs (MoLSA). In 2011, MoLSA, with support from Cesvi, drafted a Child Protection Policy designed to address the most urgent child protection needs in Somaliland. At the same time a national disability policy was reviewed. The process and writing was facilitated by Disability Action Network, a local NGO, with technical support from HI. The Child Protection Policy and the Disability Policy are currently being finalized, and it is hoped that both will be taken to Parliament for approval before July 2013. The Child Protection Policy will form a part of a broader legal framework, governed by the Child Act (currently being drafted by World Vision), to support children’s rights.

The legal instruments for supporting children’s and persons with disabilities’ rights are in the process of being established. Concurrent to this process, MoLSA, together with a variety of international partners, including Cesvi, Handicap International, Save the Children and World Vision, is working to improve child protection practice in Somaliland.

Cesvi has been working in Somaliland since 2006, and has been working on child protection since 2010. Some of Cesvi’s most significant achievements include:

- Assisting MoLSA in drafting a Child Protection Policy
- Providing therapeutic and recreational activities to over 3,000 children
- Building the capacity of social workers and child protection committees in Somaliland
- Providing material support (uniforms, books, stationery) to over 800 vulnerable children to support school attendance

Handicap International (HI) is an independent and impartial international aid organization working in situations of poverty and exclusion, conflict and disaster. Working alongside persons with disabilities and other vulnerable groups, HI’s action and testimony is focused on responding to their essential needs, improving their living conditions and promoting respect for their dignity and their fundamental rights. Handicap International started operating in Kenya and Somaliland way back in 1992 and later on extended to Puntland in 2007. Projects implemented include Rehabilitation, HIV/AIDs and Human Rights for Persons with disabilities. HI implements projects primarily through local partners, mainly Disabled People’s Organizations (DPOs) and their

¹ Save the Children Situational Analysis on Child Rights in Somaliland, 2010

networks. Currently the projects are funded by Global Fund (HIV/AIDS) through UNICEF, European Commission (Human Rights Project) and French Ministry of Foreign Affairs (Rehabilitation/Victim assistance project).

Starting in August 2012, Cesvi and Handicap International began to collaborate, with funding from the EU, to build the capacity of local NGOs and provide child protection services throughout Somaliland. The aim of the Cesvi/Handicap International project is to strengthen the capacity of Somalilander Civil Society on how to plan and develop integrated approaches in favour of the most vulnerable children.

The publication of this survey is the starting point of the Cesvi/Handicap International project. This survey has been conducted to gain a better understanding of the nature of child protection issues in different areas in Somaliland, and to examine more closely the types of issues faced by children with disabilities.

OBJECTIVES

The overall objective of the assessment is to provide a deeper and more comprehensive analysis of (1) the types of child protection issues occurring in Somaliland, and (2) the factors that affect vulnerability to protection issues among children with disabilities and other children.

The specific goals of the assessment are to assess:

- The degree and type of child protection issues currently prevalent in Somaliland
- The factors that increase vulnerability
- The degree to which different socio-economic or demographic variables can affect child rights
- Protection mechanisms (family, community, services, local authorities) in place to ensure the wellbeing of children
- Services available to child survivors and capacity of organizations providing services to child survivors.

These objectives were defined by Cesvi and Handicap International in the context of a project funded by the European Commission, and co-funded by UNICEF. The project aims to empower non-state actors to support vulnerable children with and without disabilities.

METHODOLOGY

The survey adopted a 2-part methodology:

- **Household surveys** were administered to collect quantitative information. The questionnaire included both protection and disability issues.
- **Focus groups** were held to collect qualitative information. Community leaders, community members and children were targeted.

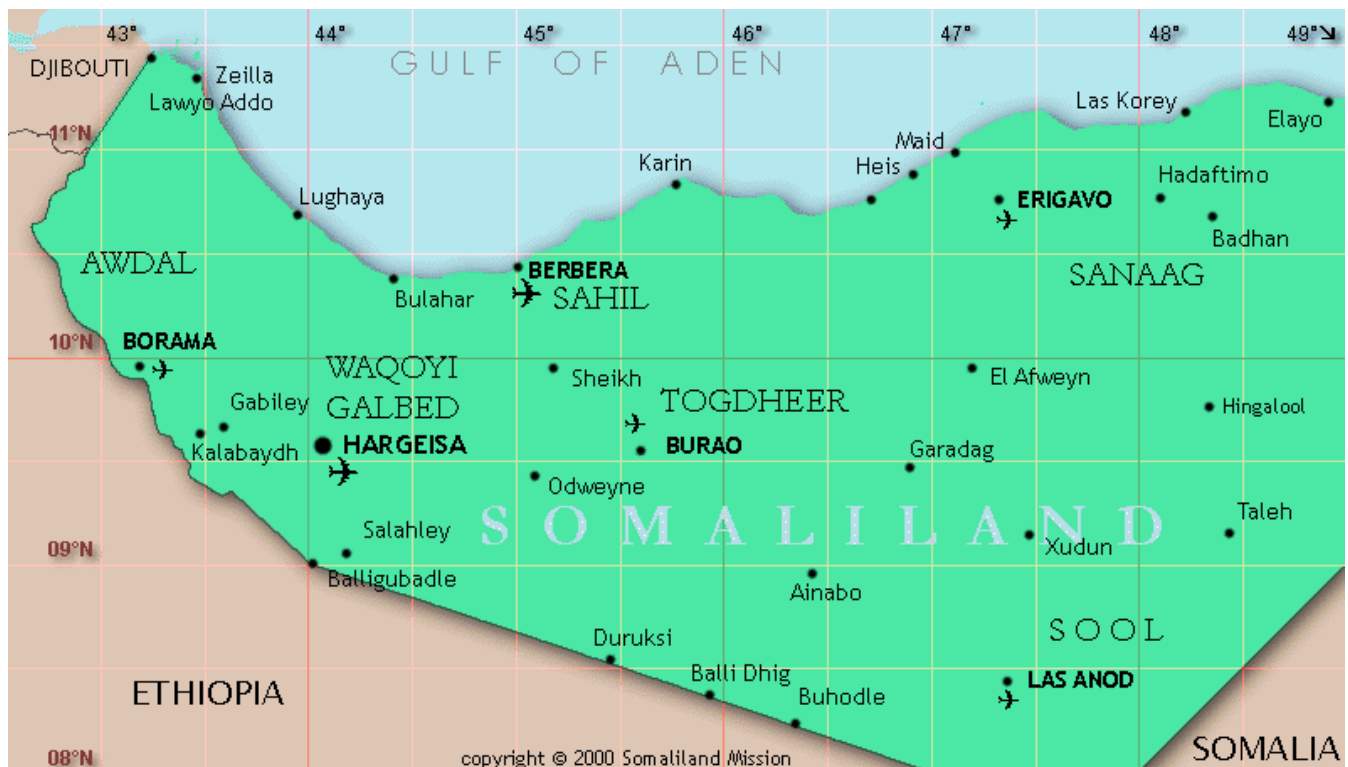
HOUSEHOLD SURVEY METHODOLOGY

Data Collection Instrument

Cesvi and Handicap International developed the household survey questionnaire on the basis of Handicap International's approach, tools and experience in the field of protection and disability. The questionnaire was developed to ensure alignment with the International Convention on the Rights of Persons with Disabilities as well as the draft Somaliland Disability Policy. Local context and the previous experience of Cesvi and HI were incorporated into the questionnaire. The household survey is a structured questionnaire (see Annex 1) which can be administered fully by a local enumerator with knowledge of the English language.

Sample Size and Geographic Location

Information was collected in Hargeisa, Burao, Berbera, Borama and Erigavo, covering five of the six regional capitals of Somaliland. Las Anood was not included in the survey for security reasons. Only urban or peri-urban areas were targeted in the survey; rural populations were not included.



Selection of sample size was challenging due to:

- **Lack of accurate population data.** The survey aimed to target at least 0.5% of each town’s estimated population. However accurate statistics on the population of Somaliland towns are unavailable due to the lack of a census. Population estimates often conflict.
- **Urban Focus.** The survey focused on urban areas and resources available to urban populations, since only urban populations will be targeted in the upcoming Cesvi/HI project.² As a result of the urban nature of the sample, the needs of nomadic and rural populations have not been analyzed.
- **Feasibility constraints.** Logistical and budget constraints limited the sample size used in this survey. Given these constraints, the Survey Team decided to focus on areas about which there is relatively little information: as a result, the sample size is proportionally greater in Erigavo.

	Estimated Pop	Estimated HH	Target Sample	Actual Sample	Sample as % of HHs
Hargeisa	47,8513	59,814	200	258	0.43%
Berbera	78,047	9,755	100	152	1.56%
Burao	155,832	19,479	100	100	0.51%
Borama	67,103	8,387	100	153	1.82%
Erigavo	27,007	3,375	100	104	3.08%
TOTAL	806,502	100,812	600	767	0.76%

* Estimated population taken from <http://www.world-gazetteer.com>, estimated households makes the assumption that there are 8 people per household in all the regions of Somaliland.

Sampling Method

The survey sample was selected through a random sampling mechanism with a purposive element.

Enumerators were instructed to administer the questionnaire to every fifth household, but to aim for 10% of households having at least one member with a disability.

In towns with several districts (such as Hargeisa and Burao), enumerators were sent to each district. Each district was covered equally, due to lack of information about relative populations of the districts.

Data Collection Team

The survey was overseen by a Survey Team, consisting of the Cesvi Area Co-ordinator and Assistant Program Manager, as well as the Handicap International Field Co-ordinator and Human Rights Project Officer.

Data was collected using a team assembled from the staff of partner local NGOs, including DAN and GAVO. 26 people – 17 male and 9 female – were recruited as enumerators. The minimum selection criteria was : (1) secondary school education, (2) fluency in English and Somali. The enumerators underwent 2 days of training

² To also assess the situation of the rural population, an approximate 60% of the population, would have raised expectation among them on upcoming services which was not intended to achieve with the current project’s scope. For future interventions it is highly recommended to address also the rural population’s service needs in the area of child protection.

on disability, basic protection ethics and research methods. During the training, the enumerators conducted a pre-test on the questionnaire.

In total, 803 household surveys were completed in all five areas targeted by the assessment. 36 of the surveys completed were invalid, leading to a total sample size of 767 households.

Quality Control & Data Entry

The Area Co-ordinator for Cesvi, part of the Survey Team, oversaw the quality control and data entry process. The forms collected in the field underwent a quality check before data input took place. The enumerators were supervised by the Survey Team and random checks took place to ensure that the enumeration process took place correctly.

Data from the survey was entered into a database built by the Survey Team. Data entry was performed by members of the Survey Team assisted by data entry personnel. Data analysis was conducted across gender, age, geography and impairment variables; trends were identified by examining percentages, distribution trends, means, medians and modes. Where relevant, these trends were further analyzed using basic statistical concepts. Due to lack of access to statistics software, the analysis was done through Excel.

FOCUS GROUP METHODOLOGY

Three types of focus group discussions were held: (1) discussions with community leaders, (2) discussions with parents and community members, and (3) discussions with children.

Data Collection Instrument

Cesvi and Handicap International developed two focus group questionnaires on the basis of the Inter-Agency Steering Committee's Child Protection Rapid Assessment Tools. One questionnaire focused on adults, and the other on children.

The Survey Team adapted the questionnaire to take into account the local context. The focus group was mediated by a member of the Survey Team. An enumerator or a survey team member acted as note-taker and time-keeper.

Focus Group Composition

A maximum of 12 people participated in each focus group. Community mobilization was done by local partner NGOs and community groups. Respondents participated on a voluntary basis, without remuneration. Specifics for different focus groups are listed below:

- **Community Leaders:** Attempts were made to include traditional leaders, local authorities and religious leaders in the Community Leaders focus groups.
- **Community Members:** Attempts were made to ensure that at least one member of these focus groups is a part of a household with a disabled child.
- **Children:** Participants in the children's focus group were drawn from Cesvi's existing psychosocial activities. The children who participate in these activities represent the most vulnerable. Currently, few children with disabilities take part in the recreational activities; as a result, representation of children with disabilities in the focus groups was low.

ID	Location	Type	Nr	Participant Details
1	Hargeisa	Children	10	
2	Hargeisa	Community Leaders	10	
3	Hargeisa	Community Members	10	7 women, 3 men
4	Borama	Children	10	
5	Borama	Community Leaders	10	Religious leaders, Traditional leaders, MoLSA, MoH, MoE, MoJ
6	Borama	Community Members	10	4 men, 4 women, 2 youth
7	Berbera	Children	12	
8	Berbera	Community Leaders	10	Religious leaders, Traditional leaders, MoLSA, MoH, MoE, MoJ
9	Berbera	Community Members	10	5 women, 5 men
10	Burao	Community Leaders	10	Elders, Sheikhs, MoH, MOLSA, MoE, MoJ
11	Erigavo	Community Leaders	10	Elders, Sheikhs, MoH, MOLSA, MoE

The Survey Team aimed to conduct all three types of focus groups in all locations. Unfortunately, due to time and budget constraints, it was only possible to conduct 1 focus group in Burao and 1 focus group in Erigavo. In total, 11 focus groups have been conducted: 5 with community leaders, 3 with community members and 3 with children.

LIMITATIONS

Sample Size Differences

The Survey Team aimed to sample 0.5% of the population of each town. However, due to insufficient data about population size, as well as resource constraints (budget and logistics), this was not possible. The sample size in Hargeisa fell below the 0.5% target (at 0.41%), and although the sample size of Burao (0.51%) is above the target, it is also significantly lower than the sample sizes in other towns (generally over 1.5% of the population).

Precision of Information about Impairments³

The survey did not obtain specific information from households about types of impairment. The focus of the study was on obtaining information about protection issues and situations faced by children with different types of impairments, as well as barriers and facilitators for accessing protection services; as a result, technical information on impairments was considered not to be a priority.

Type of Questions and Discarded Questions

The survey tool used was based on tools used by Handicap International in Somalia and similar contexts. Before the administration of the survey, the questionnaire was altered to reflect local norms and conditions. Feedback

³ **Disability** is understood to be the barrier experienced when persons with longterm impairments are faced with attitudinal, environmental or physical barriers. An **impairment** is a longterm difference or difficulty in body functioning or structure. Both definitions are in line with understanding of the International Convention on the rights of persons with disabilities and the International Classification of Health, Functioning and Disability of the WHO. The survey assesses predominantly the situation with regards to persons with impairments and identifies some barriers to access.

was requested from the survey team and local partners, and enumerators pre-tested the survey. Despite these measures, however, there were some issues with some questions in the questionnaire. Two questions (C7 and C8) had to be discarded because they were not clear and the outcome of the questions was inconsistent.

The data collected during this survey is assumed to under-represent the incidence of impairment in the Somaliland community. This under-representation occurs for several reasons:

- **Stigmatization of persons with impairments.** Initial research⁴ and anecdotal evidence shows that impairment is heavily stigmatized in the Somali culture. As a result, it is assumed that only people or family members with moderate and severe impairments responded positively to questions about whether any household member has an impairment. Therefore, people with impairments that impact more mildly on their functionality are assumed to be under-represented.
- **Lack of familiarity with difference between mental and intellectual impairments.** Intellectual impairments are assumed to be under-represented. This is due to lack of familiarity with differentiating between mental health problems and intellectual impairments in Somaliland culture. The issue is exacerbated by the absence of neurologists and psychologists in Somaliland.

Cultural Norms and Incidence of “No Response”

Some of the questions asked in the survey – particularly those related to sexual violence – are sensitive in the Somali culture. One question was re-phrased, at the suggestion of the enumerators, in order to improve acceptability & likelihood of collecting appropriate data.

In instances of culturally complex or difficult questions, there is a tendency to provide, rather than a ‘yes’ or a ‘no’, a no-response⁵. As a result, there is a high rate of no-response to some of the behavioural questions. This high level of no-response is likely to correspond to a higher incidence of disagreement with the statement in question. However, the lack of clarity associated with no-responses is another limitation of this study.

⁴ Sally Tomlinson, Osman Abdi Ahmed: Disability in Somaliland (2003) IN: Disability and Society, Vol. 18, No. 7, p: 911- 920

⁵ This statement is based on interviews and discussions with Somali colleagues, beneficiaries and partners.

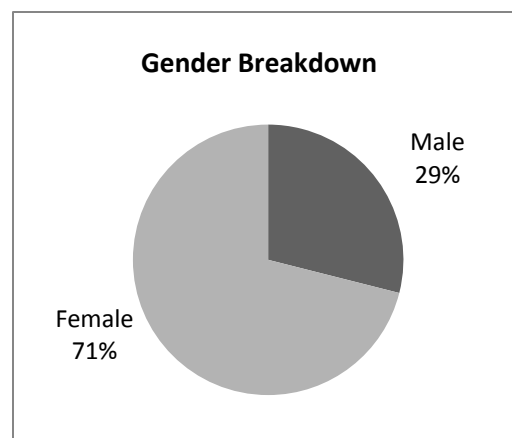
SAMPLE DEMOGRAPHICS

In total, 803 household surveys were completed in all five areas targeted by the assessment. 36 of the surveys completed were invalid, leading to a total sample size of 767 households. Salient demographic characteristics of the sample are discussed below.

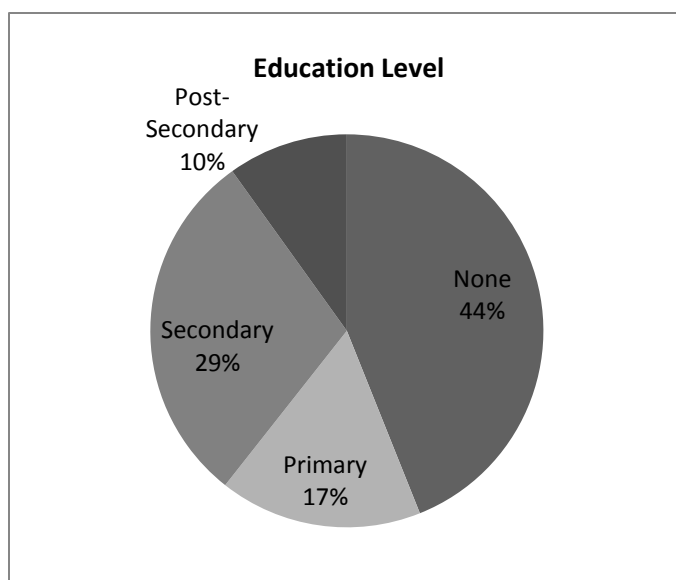
Gender

The majority of respondents (71% or 545 people) are women. There are two potential reasons for the high number of women interviewed: 1) Data collection took place during the day, when women are at home and men are either in town or at work⁶, and 2) many female enumerators, due to cultural factors, only interviewed women and did not interview men.

The predominance of women in the sample may explain some additional demographic characteristics, including the low education level of the sample and the predominance of housekeeping as employment.



In general, the high number of women surveyed is likely to improve, rather than undermine, the quality of the results. Women are likely to have greater knowledge of their children and the factors that affect caregiving (particularly for children with impairments), as they are the primary caregivers⁷. In addition, women are likely to spend more time with children, so their knowledge and attitudes may be predominant in setting the overall attitude toward disabled children in a community.



Age

The majority of people surveyed (53%) were between the ages of 35 and 60. Most of the remaining survey sample was aged between 19 and 35. Only 1% of respondents were below 18 and 6% were above 60. The age range of the household survey is in line with expectations.

Education

On average, 44% of survey respondents had no education. The proportion of people without education is slightly lower in the sample than in the general population: Less than 40% of girls and just over 50% of boys attend primary school⁸ in

⁶ Behaviour patterns have been confirmed through discussions with local staff, beneficiaries & partners

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⁸ UNICEF Somalia; Somaliland fact sheet: http://www.unicef.org/somalia/SOM_resources_childrensomaliland.pdf

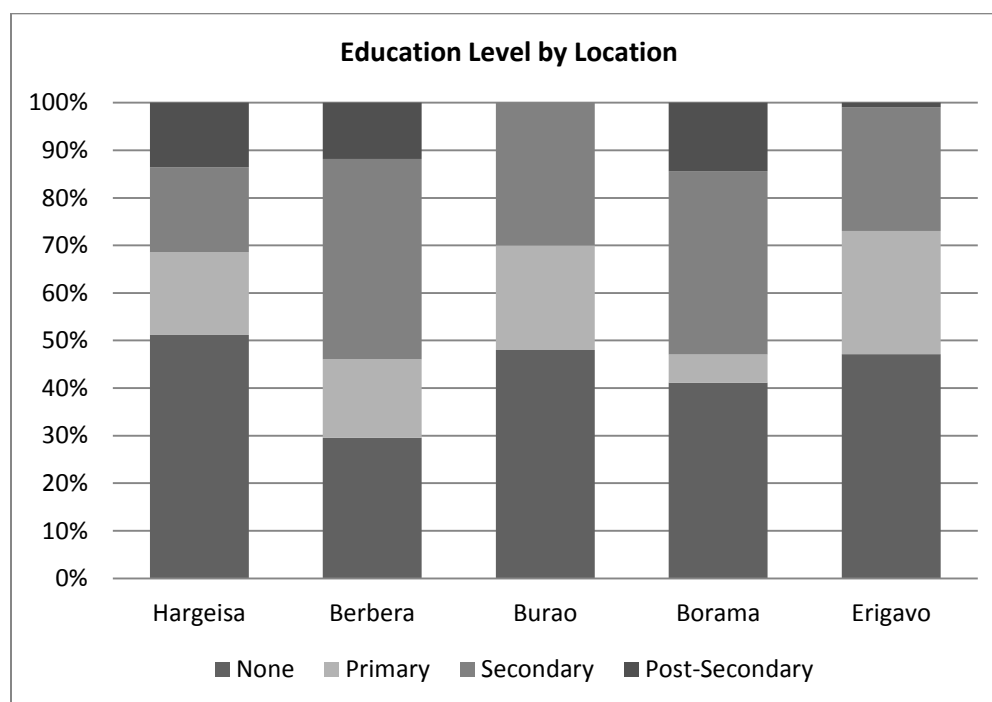
Somaliland, according to UNICEF.

Among households with specific types of disabilities, the level of education was lower than among other households. In particular, households with mental, intellectual, hearing or multiple disabilities had lower levels of education than their counterparts. In some subgroups, 65- 100% did not have access to any education⁹.

Overall, the level of education was much higher in Hargeisa than in the other locations¹⁰. It is widely agreed among Somaliland stakeholders that education levels among the urban population are higher than those in the rural population; the most recent policies and strategic plans¹¹ have been developed with this assumption in mind.

The rates of secondary education in the sample appear to be disproportionately high: 29% of the sample attended secondary school, compared to 11% of the general population¹². It can be assumed that the rate of post-secondary education is higher among the sample size given the predominance of the urban population in the sample.

The level of education varies dramatically between geographic areas: Hargeisa had both the highest rate of respondents with no education (51%) and the highest rate of respondents with post-secondary education (14%). Berbera had proportionally fewer respondents with no schooling (30%), and Burao and Erigavo had almost no respondents with post-secondary education. It is not known whether these geographic variations reflect differences in availability of education, attitudes toward education or other factors.



⁹ The sub-group represented respondent households outside Hargeisa with multiple, hearing, mental and/or intellectual impairments

¹⁰ Hargeisa representing a high percentage of the sample, slightly distorts the overall situation of children with disabilities.

Hence a break down by location is necessary to understand the situation in the regional cities.

¹¹ NDP (2011- 2015) and Education Sector Strategic Plan (2012- 2016) are highlighting estimated big gaps.

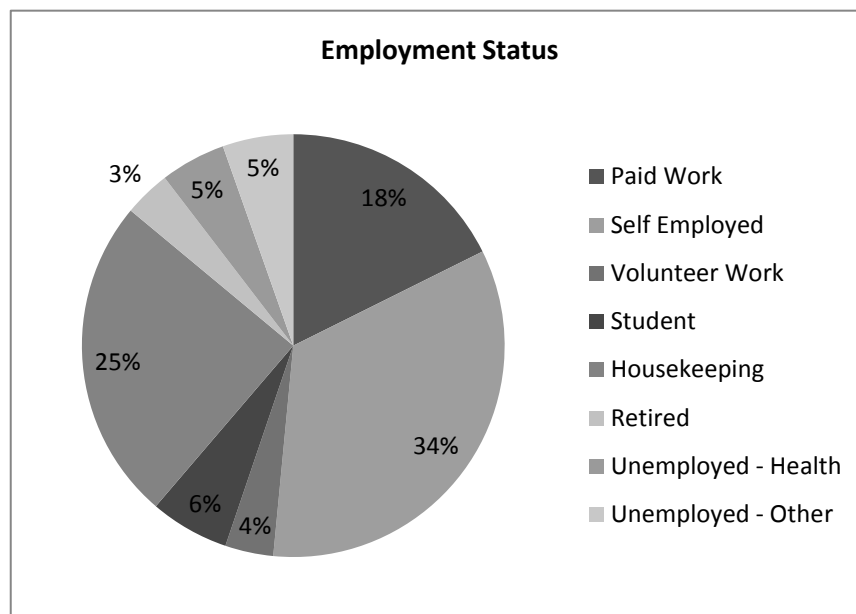
¹² UNICEF Somalia; Somaliland fact sheet: http://www.unicef.org/somalia/SOM_resources_childrensomaliland.pdf

Employment

Information was collected on the employment status of the respondent; however, questions about income were not asked directly. Nine types of employment status were identified, ranging from paid work to unemployment.

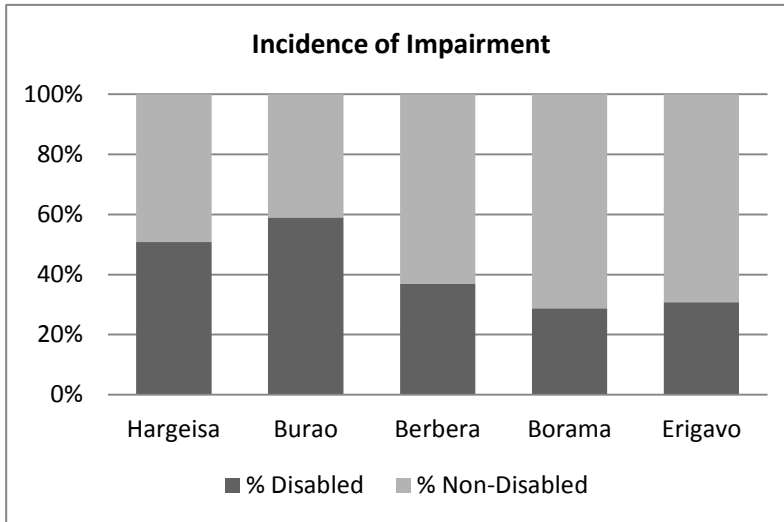
The majority of the population surveyed (34%) were self-employed. The second largest type of employment was housekeeping (25%); this reflects the fact that the great majority of the survey respondents (71%) are women. A significant minority (17%) of the survey respondents were engaged in paid work, which is likely to suggest a higher socio-economic status. A minority (10%) of the sample was unemployed.

In the following analysis, some types of employment status will be used as a proxy for income. It will be assumed that paid workers, or those benefiting from a steady income, will reflect a higher socio-economic status, housekeepers – a sizeable population of those surveyed – will reflect middle-income, and the unemployed (whether for health or other reasons) will reflect lower socio-economic status. This proxy was developed following discussion with Somali colleagues.



CHARACTERISTICS OF CHILDREN WITH DISABILITIES

Incidence and Type of Disability



322 households, or 42% of the households surveyed included at least one child with an impairment. In total, information was collected on 390 children with disabilities, of which 47% are residing in Hargeisa where the majority of services and NGOs working on disability are located.

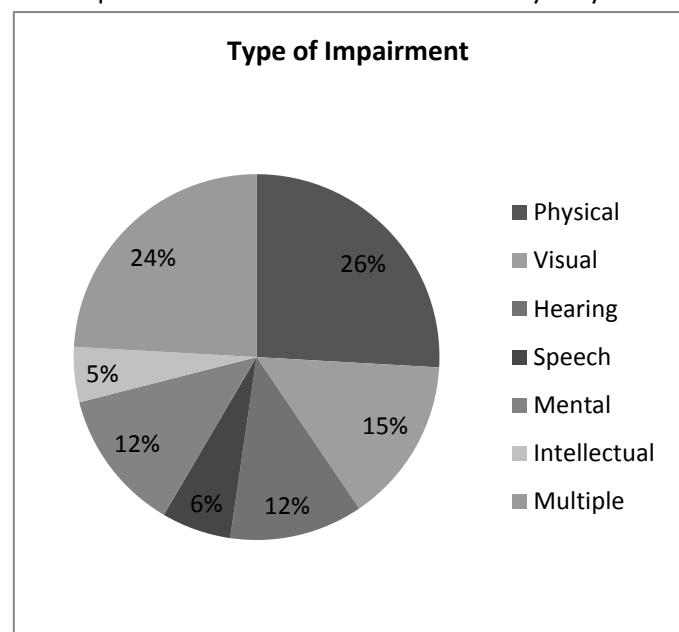
The prevalence of disability in the sample was unexpectedly high. A purposive sample was requested; however, the Survey Team asked the enumerators to target 10% of households containing

members with disabilities. The fact that the target was exceeded by such a wide margin suggests that incidence of impairments among children in Somaliland may be higher than average. Those findings indicate that a more specific prevalence study needs to be conducted, either as a part of a general population census or as an independent project.

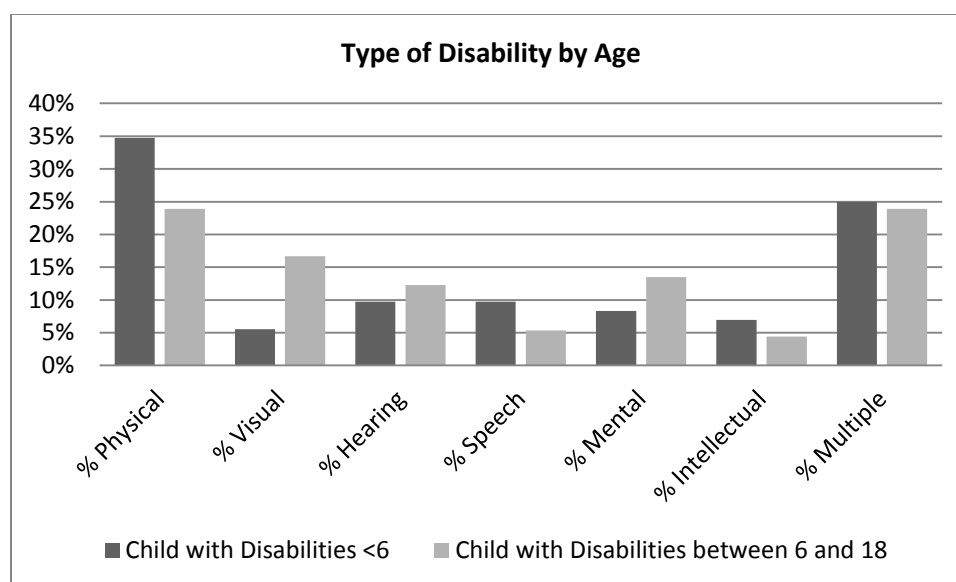
There was significant geographic variation associated with impairments. The highest incidence of impairment occurred in Burao, where 59% of households sampled contained at least one child with a disability, followed by Hargeisa (51%). Incidence of impairment was significantly lower in Erigavo (31%) and Borama (27%), although still well above the sampling target.

Impairments of all kinds – including mental and intellectual impairments – were found in the survey. Physical impairments were predominant, followed by those with multiple impairments. The lowest incidence of impairment occurred in speech and intellectual impairments, in line with international findings.

Types of impairment varied by age. Children under 6 had higher incidence of physical disabilities and multiple disabilities; those between 6 and 18 had much higher instances of visual, hearing and speech impairments. The discrepancy could relate to the difficulty of identifying certain impairments at a younger age. It may also be linked to the fact that certain impairments, such as visual or mental health impairments, are caused by specific illnesses or accidents that take place at an older age.



Participants in the Burao focus group expressed concern about the rate of mental illness in the community. Burao community leaders mentioned a sharp increase in the incidence of mental illness in recent years. They identified the cause of this increase as poverty, lack of employment and lack of medical services. More research is needed to confirm the analysis provided in the focus group discussion.



Gender and Disability

The study found that boys were disproportionately more often identified as having an impairment than girls. The total sample of children with disabilities was 390; of these, 156 (41%) were girls and 229 (59%) were boys. The sex gap persists across geographic locations; however it is strongest in Erigavo (68% of disabilities occur among boys) and weakest in Hargeisa (55% of disabilities occur among boys).

	Female	Male
Hargeisa	45%	55%
Burao	41%	59%
Berbera	37%	63%
Borama	33%	67%
Erigavo	32%	68%

The biggest gender gap exists among children with physical impairments (65% male and 35% female). Boys had a higher rate of disability than girls for every type of impairment except speech impairment, where girls showed a marginally higher rate (52%) than boys (48%).

	Female	Male
Physical	35%	65%
Visual	41%	59%
Hearing	35%	65%
Speech	52%	48%
Mental	42%	58%
Intellectual	42%	58%
Multiple	58%	55%
TOTAL	41%	59%

The figures may indicate that gender links with different risk factors in acquiring impairments. Explanations of this unusually high gap in identification may relate to gendered roles, values, risk factors for acquiring impairments, or an undetected bias in the sample leading to lower reporting of impairments among girls. Further research is needed to understand those findings and their validity. It may also be interesting to research whether incidence of disability is higher among IDP camps than the normal population, and if so, to find out whether higher disability in IDP camps is caused by war-related injuries.

Causes of Impairment

The household questionnaire did not specifically address causes of impairment. However, a question asked the age at which the impairment was identified. This question permits comparison of children born with impairments and those who acquired impairments after birth.

In the sample, 73% of disabled children acquired their impairments after birth, and 27% of children were born with impairments. The highest rates of acquired impairments were mental and intellectual, followed by hearing impairments. Since it is difficult to identify mental and intellectual illnesses until later in life, this finding is understandable.

No research has been conducted to date on the cause of impairments and related risk factors; such research should be conducted to facilitate programming that would minimize incidence of preventable impairments and promote prevention.

	Physical	Visual	Hearing	Speech	Mental	Intellectual	Multiple	Total
Born	33%	19%	34%	30%	16%	11%	30%	27%
Acquired	67%	81%	66%	70%	84%	89%	70%	73%

Demographics and Disability

During the analysis, correlations were run between demographic variables (gender, age, proxy income level, marital status, education status) and disability. In general, only very weak correlations were found; the

strongest correlation existed between disability and education of the household member interviewed, with a coefficient of -0.139. This indicates that lower education households are slightly (13.9%) more likely to have a higher incidence of disability. This correlation is supported by a moderately strong (5.9%) correlation between income and disability, with lower incomes associated with higher rates of disability.

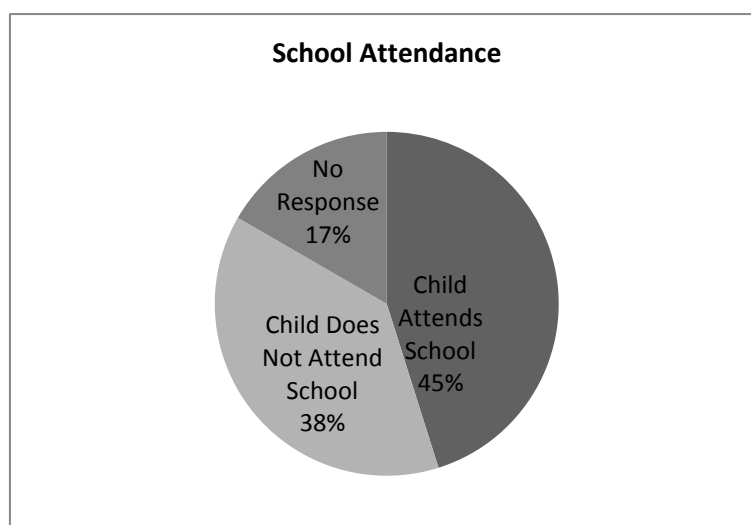
The correlations found among the Somaliland sample are typical, not only for the region, but also for the world. Other research on disability and poverty also shows a strong correlation between acquiring an impairment and poverty as well as between disabling situations and poverty (World Bank/ WHO 2011).

It would be interesting to investigate this link further. In particular, it would be interesting to consider the idea of improving parenting skills and prevention measures among vulnerable households with low education. Such measures might help to reduce acquired impairments.

PRACTICES TOWARD CHILDREN WITH DISABILITIES

School Attendance

Levels of school attendance among children with disabilities are low compared to that of the general population. In this survey, which focused only on urban areas, 45% of children with disabilities attended school. Among children without disabilities, attendance rates in urban areas are around 60%¹³. The data therefore indicates that, when considering urban areas only, children with disabilities have significantly lower access to education (45% enrollment vs 60% enrollment).



It is important to note that, in the sample, the majority of children with disabilities attending school (114 respondents, or 65%) were residing in Hargeisa. If Hargeisa is excluded from the sample, enrolment rates for children with disabilities are below average at 27%.

In addition, a significant proportion of the sample (17%) did not provide a response to the question.

The high rate of school attendance in Hargeisa corresponds with attitudes toward disabled children's right to education. 58% of respondents disagreed with the statement that "Children with disabilities do not need to go to school", and 1% disagreed somewhat.

Among households with disabilities, there was stronger agreement (40%) that children with disabilities did not need to go to school than among households without disabilities (36%). This finding is of concern and needs further investigation. It may indicate that the schools attended by a particular child with a disability did not provide sufficiently enabling learning environment. For example, if a deaf child attends a school with no capacity to teach sign language, then he or she will not benefit from attending school. In addition, parents will either start to believe or experience reinforced belief that education does not benefit children with disabilities.

	Hargeisa	Burao	Berbera	Borama	Erigavo
Attend	62%	29%	38%	24%	22%
Do Not Attend	35%	71%	17%	15%	61%
No Response	4%	0%	45%	61%	17%

School attendance varies widely by geographical location and type of impairment. School attendance among children with disabilities in Hargeisa is at 62%; in all other locations, attendance is much lower (between 22% and 38%). Hargeisa hosts the highest number of special, inclusive education initiatives as well as primary

¹³ As per oral information from the Ministry of Education and Higher Education, 2012.

schools. The high enrollment rate of children with disabilities in Hargeisa, compared to those in other areas, suggests that if education facilities are available, teachers have the necessary skills, and communities have experienced the necessary awareness-raising, it is possible to increase the enrollment rate for children with disabilities.

The relationship between additional resources and higher school attendance is most visible when particular examples are considered. The study shows that children with intellectual impairments are, overall, the least likely to access school. However, children with intellectual impairments had much greater access to school in Hargeisa compared to other regions. In Berbera and Borama enrolment rates for children with intellectual impairments were 0%, while in Hargeisa out of a total of fifteen identified children with intellectual impairments, 72% were in school. Correspondingly, Hargeisa is the only city hosting a special school focused on children with intellectual impairments, and it also hosts an LNGO focused on awareness and education of children with intellectual impairments and their families.

In a similar fashion, a higher proportion of children with hearing disabilities attended school in Hargeisa compared to the other towns. 81% of children with hearing disabilities attend school in Hargeisa, compared to 20% in the other towns. This is probably due to the fact that in Hargeisa there are two schools specialized in deaf primary education and support for enrollment of deaf children into secondary schools.

The findings indicate staggering disparities in school attendance depending on location, availability of service providers and type of impairment. In addition differences were found between those who acquired the impairment after birth (48%) and those who have it since birth (36%). The educational needs of children with disabilities need to be addressed by increasing numbers of schools providing inclusive and/or special education and raising awareness outside Hargeisa about the importance of educating children with disabilities in the formal system.

Surprisingly no gender differences were found in difference to enrolment rates among the population of children without disabilities.

Attitudes toward the ability of disabled children to attend school varied geographically, but did not correspond to actual attendance rates. Hargeisa showed the highest rate of school attendance among disabled children, at 62%, but among the general population, only 49% of respondents thought that disabled children need to go to school. Conversely, in Burao, only 29% of disabled children attend school, but 73% of the population believes that children with disabilities need to go to school. The difference between attitude toward schooling for disabled children and practice of sending children to school indicates that access to education may be blocked, less by cultural attitudes, than by lack of appropriate facilities.

Presence of Caretakers

An important issue for children with disabilities is the presence of a caretaker at home. The ratio of families with one caretaker present at home is high: 52% of children with disabilities are looked after, full time, by a parent. This is probably due to cultural factors, which support Somali women remaining at home with children.

The availability of full-time family caretakers differs strongly by geographical region. While full-time caretakers seem to be easily available in Burao and Hargeisa, the number of children looked after by parents is very low in Berbera and Borama.

	Hargeisa	Burao	Berbera	Borama	Erigavo
Yes	60%	75%	27%	24%	50%
No	31%	25%	20%	15%	29%
No Response	9%	0%	53%	61%	21%

The availability of parental caretakers is likely to have a strong effect on the extent to which disabled children are vulnerable to a variety of protection issues. A caretaker could potentially protect a disabled child from bullying by his or her peers, provide adequate amounts of food, and provide supervision that reduces the incidence of sexual or physical abuse. It is important, however, to note that such benefits are most likely to arise if the caretakers have sufficient knowledge of the rights of disabled children.

Caretaking Techniques

This analysis examined, not only access to caretakers, but also the skills and attitudes of the caretakers. It was estimated that these skills were relatively low, particularly following one focus group discussion, in which participants said that *“Parents of disabled children do not know how to handle or care for the disabled children.”* Although practices could not be measured directly, the survey asked questions about quality of care, and asked respondents for their opinions about how children with disabilities should be taken care of.

Tying Up Children with Disabilities

The survey asked people to respond to the statement *“It is acceptable to leave a disabled child tied.”* 40% of respondents agreed or agreed somewhat with this statement. There was no variation in responses between males or females, or between households with disabilities and households without disabilities.

There was a difference in attitude between age groups and education groups toward forcible restraint. 29% of respondents between 19 and 35 agreed with the need to forcibly restrain children; a much higher percentage (47%) of respondents over 50% approved of this caretaking method. Similarly, 32% of respondents with no formal education agreed with tying up children with disabilities, compared to only 14% of respondents with post-secondary education.

Geographically, also, there was significant variation in responses. Respondents in Burao and Borama were more likely to have positive attitudes towards tying up children with disabilities (39% and 37%, respectively) and those in Berbera were unlikely (15% agreement) to tie up children.

Restraint of children with disabilities was also discussed in the focus groups. Many adult focus groups mentioned that tying up disabled children is common practice. Adults agreed that tying up disabled children is a violation of the child’s rights, but they also listed child restraint as a necessary coping mechanism.

Disabled children face severe discrimination in the playground; other children throw stones, call names, and make disabled children the object of fun. Parents often tie up their children with the intention of helping them avoid situations of discrimination. Because children are tied up with the intent of improving their welfare and well-being, it is likely that many families do not see the need to change their behavior with regard to this issue.

Children with Disabilities and Nutrition

It was widely agreed that children with disabilities have the same nutritional needs as other children. 85% of the respondents expressed agreement with the statement “Children with disabilities need the same amount of food as other children”,. Rates of agreement were high among males and females, members of all age groups, educational levels and employment status. There were some important geographic variations, discussed below.

Households with impairments showed a higher tendency to agree with the nutritional needs of disabled children than households without impairments. 90% of households containing at least one member with an impairment agreed with the statement in the survey, compared to 82% of households with no impairments.

Geographic differences were striking: There was strong agreement in most places (Hargeisa, Burao and Berbera) about the need for food for disabled children. However, Borama and Erigavo showed significantly lower (79% and 62%) acceptance of disabled children’s need for food. This finding is concerning: it suggests that up in these areas children with disabilities may not be receiving adequate access to food. Further research is necessary to find out whether children in these areas have sufficient access to food.

It is notable that none of the focus groups mentioned that children with disabilities receive less food than other children. Due to the results of the household survey, and the lack of discussion of malnutrition among disabled children in the focus group discussions, it can be assumed that disabled children in Somaliland do not suffer from disproportionately high rates of malnourishment. This assumption should be verified through cross-checks with MUAC studies. Particular attention should be paid to the population of children with disabilities in Borama and Erigavo, given the attitude toward right to food in these locations.

Right to Play

Both the household survey and the focus group examined the right of disabled children to play. Respondents were asked about whether disabled children have the right to play with other children. A majority of the sample – 51% - agreed that disabled children should not be able to play with other children. This indicates high prevalence of discriminatory behavior.

Households with a child with disabilities were more likely to support children’s right to play than other households. 46% of households with disabilities supported the statement that children with disabilities should not be allowed to play with others, compared to 55% of households without disabilities. This difference probably arises from the increased awareness among households with disabilities of the capacity of children with impairments to play. However, the survey did not research the availability of inclusive play methodologies among caretakers at household, school or playground level.

Formal education among caretakers appears to be strongly related to understanding of children’s right to play. 54% of respondents without any formal education thought that children with disabilities should not play with others. In comparison, only 37% of respondents with secondary education thought that the right to play of disabled children should be restricted.

Geographically, again, there was a strong variation. One town, Berbera, was an outlier, with 80% of respondents supporting the statement that children with disabilities should not be able to play with others. By comparison, all other towns showed similar tendencies to restrict the freedom of disabled children to play.

Restriction of the right to play for children with disabilities was confirmed in the focus groups. The Erigavo focus group mentioned that children with disabilities are not allowed to play with other children, as did focus groups in Hargeisa and Berbera. Adult focus groups in these areas pointed out that parents keep their disabled children inside and do not allow play.

The right of disabled children to play is affected by many factors. Focus group participants identified several types of issues that restrict the right to play:

- Discrimination against disabled children by other children
- Discrimination against disabled children by parents and teachers
- Lack of strength (disabled children are weaker than other children)
- Lack of playground facilities
- Lack of equipment for children to play with

These findings indicate a need for future research: It will be important for a future study to better understand the underlying reasons for the strong and prevalent opposition to having children with disabilities play with other children. The research could identify the sources of this opposition (attitudinal, physical, or knowledge-related barriers) and provide recommendations on how to overcome existing barriers to the right to play.

ATTITUDES TOWARD CHILDREN WITH DISABILITIES

The general attitude toward children with disabilities was measured in the household survey, and evaluated qualitatively in the focus groups. This section looks at the prevalence of discrimination toward children with impairments, communities' beliefs about whether disabled children can contribute, and communities' support for the right of disabled children to marry.

In the household survey, three questions were asked about general attitudes toward children with disabilities. Each statement reflects a different aspect of attitudes. The statement "disabled children are bad luck" has been used as a proxy to estimate general prevalence of discrimination. "Children with disabilities cannot contribute to their families" estimates attitudes toward the worth of disabled children, and "children with disabilities can marry one day" represents their support for the right of disabled people to marry.

Discrimination

Discrimination was examined both in the household surveys and in the focus groups. The household survey considered the prevalence of discrimination; the focus groups provided more in-depth qualitative information about the types of discrimination faced by children with disabilities.

Prevalence of Discrimination

The survey asked respondents to give their reaction to the statement "Children with disabilities are bad luck." 29% of respondents agreed with this statement, and 5% agreed somewhat. Although a minority of respondents agreed with the statement, the minority still represents a significant number of people: 219 households out of a total sample of 764.

Households containing at least one child with disabilities showed a much lower rate of agreement with the statement than other households (24% and 32%, respectively). The gap between households with disabilities and those without is highly likely to reflect the degree of exposure to people with disabilities.

Geographic differences in attitudes to children with disabilities are, again, stark. While there was almost no support for the statement "Children with disabilities are bad luck" in Burao, there was 42% agreement with this statement in Borama. Such wide geographic differences support the need for programming that is tailored to the needs of individual towns and communities.

There was little variation in response to the statement "Children with disabilities are bad luck" across gender, education and employment.

Type of Discrimination Faced

Discrimination against children with disabilities was listed in many of the focus group discussions as a serious issue. Two types of discrimination take place: discrimination by children against children with disabilities, and discrimination by parents/teachers against children with disabilities.

Children's discrimination against children with disabilities takes many forms, including:

- Name calling
- Insulting
- Not permitting children with disabilities to play with other children

- Making children with disabilities into public spectacles
- Throwing stones at children with disabilities

Some forms of adult discrimination against children with disabilities includes:

- Not sending children to school
- Beatings from teachers

The implications of discrimination are severe: discrimination by parents and teachers can lead to children with disabilities not attending school or not receiving appropriate treatment at school. Discrimination by other children can cause physical and/or psychological harm to children with disabilities, and can also discourage children with disabilities from going to school and exercising their right to play.

Capacity of Children with Disabilities to Contribute

In order to assess attitudes toward the worth of disabled people, the survey asked respondents to provide feedback on the statement “Children with disabilities cannot contribute to the family.” The type of contribution was not defined, and the respondent could interpret the question in terms of financial worth, contribution to the community, or other value.

The respondents were evenly split in their response to this statement. **50% of the sample either agreed or agreed somewhat that children with disabilities cannot contribute to the family** (38% agreed and 12% agreed somewhat). The rate of no-response was low, at 2%.

The responses of households with members who are disabled differed from others. 34% of households containing a member with disabilities agreed with the statement that children with disabilities cannot contribute to a household, compared to 40% of other households.

Geographic differences, again, were significant. Burao showed lowest agreement with the statement (17%), and Borama showed highest agreement (52%). The positive attitude toward disabled people in Burao is confirmed in all three survey questions; conversely, the attitude in Borama toward children with disabilities appears to be challenging across all three questions. Borama is also the location with the lowest school attendance rates for children with disabilities (23%).

Right to Marriage

73% of the sample population supported the statement that children with disabilities can marry, and an additional 6% agreed somewhat with the statement. The strong positive response to the statement indicates positive attitudes toward some rights for disabled children.

Support for the statement was slightly stronger among households containing at least one member with a disability. There was also some increased support for the right of disabled children to marry among respondents with higher education – 71% of respondents with no education supported the statement, versus 78% of respondents with a post-secondary education.

Geographically, there was significant variation in agreement with the statement that children with disabilities can marry. Support for the statement was strongest – 93% of respondents agreed – in Berbera. By contrast, in Borama and Hargeisa, support for the statement was much lower, at 57% and 66%, respectively.

There was little variation in responses between educational levels, and most employment groups were consistent. It is interesting, however, to note that students showed low support (67%) for the statement that disabled students can marry.

CHILD SURVIVORS OF SEXUAL VIOLENCE

The survey asked four questions about sexual violence, ranging in sensitivity from “Sexual violence is something which happens in our community” to “Boys face sexual violence”.

Prevalence of Sexual Violence

There is widespread agreement (75% agree) that sexual violence does happen in communities in Somaliland. Agreement with this statement is strong among women and men as well as respondents of all age groups, education levels and employment types. There is only one exception: the population of Erigavo shows less tendency (57% agree) to agree with the statement that sexual violence occurs.

The prevalence of sexual violence was confirmed in focus groups. In each of the 11 focus groups, rape was listed as a significant child protection issue. The main targets of sexual violence, according to the focus groups, were girls over the age of 12. However, communities identified several factors that increased vulnerability to rape. These factors included:

- Having a disability
- Being a member of a minority clan
- Poor socio-economic conditions
- Street children are at greater risk
- Being an IDP or refugee

The focus group in Erigavo discussed an increase in the visibility of rape in their community. They highlighted that they were aware of an increase in incidents. They identified unemployment, increased poverty and a weak justice system as contributing factors to the perceived increase in rape and sexual assault.

Children with Disabilities and Sexual Violence

In the household survey, respondents indicated that children with disabilities are more vulnerable. Overall, 75% of the sample agreed that disabled children were more vulnerable to sexual violence. Agreement was again strong across age, education and employment groups. Agreement with this statement was also strong across geographic area, with 63% of respondents from Erigavo agreeing. It is notable that the vulnerability of disabled children to sexual violence is understood both by households with disabled children and other households: 78% of households with disabled children agreed that children with disabilities are more vulnerable to sexual violence, compared to 73% of other households.

Focus group discussions confirmed the findings of the household survey. Disability was consistently listed as a factor which increased vulnerability to sexual violence. Some focus groups, such as the one in Berbera, pointed out that both physically impaired and mentally impaired children are at increased risk of sexual violence. The perpetrators of rape, according to the focus group in Burao, are often caretakers of disabled children.

Sexual Violence and Boys

The question of sexual violence against boys is a sensitive one for the Somaliland community. Both cultural and religious norms strongly disapprove of any form of homosexual interaction, so the idea of rape of boys is highly charged. To gain better data on the subject, and reduce the stigma associated with the question, the question

about sexual violence against boys was rephrased from “Boys face sexual violence” to “We know that girls face sexual violence sometimes. Do you think that sometimes boys face sexual violence too?”

Globally, 43% of the sample answered either “Agree” or “Agree somewhat” to this statement. The rate of no-response was 10% and the rate of disagreement was 46%. Given the strong norms against admitting that sexual violence against boys exists, the sample showed a much higher rate of agreement than expected. To have such a response to this delicate question indicates that sexual violence against boys remains hidden but also indicates how large this problem is. Perpetrators could target boys, as they would target children with disabilities, precisely because of the difficulty the child survivor would face in reporting the incident. We must therefore assume that sexual violence against boys with disabilities is occurring and remains deeply hidden within in the community.

There was significant geographic variation in the response to this question. Berbera expressed the strongest agreement with the statement, with 45% of respondents agreeing and 11% agreeing somewhat. In contrast, in Burao only 11% of the population agreed, and 6% agreed somewhat. The geographic difference in attitude may be caused by a variety of factors, including: traditional nature of the community, extent of NGO outreach, particularly to Erigavo and Burao, extent of relations to other communities and countries (ie Ethiopia, Kenya).

There was little relation between education and attitude toward sexual violence toward males: 33% of respondents with no education expressed agreement with this statement, compared with 28% of respondents with post-secondary education. Employment status was also not strongly related to responses to this question.

Perpetrators of Sexual Violence

A question was included in the survey about whether perpetrators of sexual violence were known to the child. The responses to this question also provide some insight into sexual violence in Somaliland. 45% of respondents agreed that perpetrators of sexual violence are known to the child, and 17% agreed somewhat. The rate of non-response to this question was the highest of any question in the survey – 15% of respondents refused to answer this question. The high rate of non-response to this question indicates a cultural restraint or taboo, the exact nature of which is not known.

The responses of men and women to this question were significantly different. 47% of women agreed that perpetrators of sexual violence are known to the child, compared to only 40% of men. The difference in responses may be due to a higher awareness of sexual violence among women.

Again, there were significant geographical differences in opinion about whether perpetrators of sexual violence are known to survivors. Respondents in Berbera and Borama agreed strongly with the statement (63% and 62%, respectively), whereas those in Burao (20% agree) and Erigavo (30% agree) disagreed with the statement. Hargeisa was at an intermediate level, with 42% of respondents agreeing with the statement. The geographic variations may point to different cultural norms, or to the presence of different clans.

Education and employment status appeared to have limited correlation with the belief that survivors of sexual violence know the perpetrators. Age and the presence of impairments in the household also appeared to be only weakly correlated with this question.

Coping Mechanisms and Sexual Violence

During the focus group discussions, the implications of rape and sexual violence, as well as community coping mechanisms, were discussed.

The implications of sexual violence are serious:

- **Discrimination.** Victims of rape are likely to face severe discrimination from their own community. This discrimination takes many forms, including insults and negligence. This discrimination is linked to the strong stigma associated with rape.
During the focus groups, only female victims of rape were discussed. Boy survivors of sexual violence were not discussed, particularly in the regional focus groups. However, due to the stronger stigma against sexual violence toward boys – already demonstrated through the household survey – it is likely that male victims of rape would face higher levels of discrimination than female victims of rape.
- **Sexual harassment.** Linked to discrimination, sexual harassment is another implication of sexual violence. Women or girls who are raped appear to face higher levels of sexual harassment due to biases and prejudices about survivors of sexual violence.
- **Ostracization/moving away.** In more than one focus group (Hargeisa and Borama), respondents said that survivors of sexual violence often had to move away from their homes and communities. This is due to the severity of the discrimination they face.
- **Forcible marriage to the perpetrator of rape.** Traditional elders and clan conflict resolution mechanisms are often brought in to negotiate rape cases. A standard solution for rape and sexual violence is to marry the victim (if she is a girl) to the perpetrator. This solution was discussed by several focus groups.

There are some existing coping mechanisms, but the mechanisms have serious weaknesses. These coping mechanisms are:

- **Traditional elders.** Traditional clan-based coping mechanisms are often used to solve rape issues. The traditional clan system generally results in one of two outcomes: (1) the perpetrator pays a fine (camels or money) to the survivor, or (2) the survivor is forced to marry the victim. Most focus groups pointed out that the traditional elders generally do not consult with the survivor before reaching their decisions.
- **Police/justice system.** The police system was mentioned as a conflict resolution mechanism by several focus groups. This system is, however, a secondary system. Communities approach the traditional system before the police, and they consider the traditional system more valid than the police system. Several focus groups mentioned that the existing police system is insufficient in rape cases. They mentioned several issues including: (1) the need to report the case within 24 hours, (2) lack of resources for policemen, (3) lack of transport for policemen to address cases in rural areas, (4) general lack of feedback and follow up from the police system.

It is important to note that, in Hargeisa, some work has been done on GBV awareness and response. There is a rape response centre, located at the Hargeisa Group Hospital. The rape response centre includes psycho-social counseling as well as physical support. In addition, policemen have been trained in GBV issues through the

UNDP-funded Rule of Law program. Since none of these measures were mentioned during focus group discussions, it can be assumed that awareness of these measures is limited. The findings of this study therefore suggest that, in Hargeisa, programming should include an element of raising awareness of existing services. GBV services are less available outside Hargeisa, and basic GBV response capacity should be strengthened in the regions.

Given the lack of response services and appropriate care and support generally to survivors of sexual violence, the situation for disabled child survivors should be assumed to be dire.

OTHER VARIABLES LINKED TO VULNERABILITY

This study focused in particular on protection issues of children with disabilities as a major vulnerable group, but other variables linked to child protection issues were also identified. During the focus group discussions, the Survey Team asked about groups of children that are more vulnerable, and about factors that increase vulnerability to child protection issues. The questions asked were very general, and were designed to gain a broader understanding of protection issues in Somaliland.

This section summarizes some of the issues and vulnerabilities identified in the focus group discussions. The purpose of this section is to support further research and programming to address the needs of vulnerable children in Somaliland.

The focus groups identified the following categories of vulnerable children, who are more prone to child protection issues:

- Refugee children from the Oromo community (Borama)
- IDP children (Hargeisa, Burao, Erigavo)
- Children from separated/divorced families (Berbera, Burao)
- Children from poor families (Borama, Berbera, Erigavo)
- Children from minority clans (Borama, Berbera, Burao)
- Children under 5 (Berbera, Borama)
- Street Children (Berbera, Burao)

Different types of threats were also identified:

- Corporal punishment by teachers (Hargeisa)
- Police interference & putting juveniles in jail (Hargeisa)
- Child Labour (Borama, Burao)
- Drug Abuse (Borama, Burao)
- Early Marriage (Burao)

A variety of coping mechanisms were discussed in the focus groups, including:

- Parent Teacher Associations can mediate conflict
- Area committees have been established in Hargeisa to mediate conflict & promote positive responses to community challenges
- Traditional healers can be used for health issues
- Community groups and family groups support poor families by providing food and clothing when necessary
- Street children can be hosted or sponsored by relatives

CONCLUSIONS

Overall

- **Geographic differences:** The situation of children with disabilities in Somaliland is characterized by strong differences between regions. Attitudes and behaviours vary sharply and appear to become more negative in locations further away from Hargeisa. Erigavo, in particular, showed concerning behaviours and practices toward children with disabilities. The variation between different geographic areas is one of the most salient results.
- **Identification of Factors that Increase Vulnerability:** A wide range of factors that increased vulnerability to protection issues were identified; many of these factors need to be addressed through future research and appropriate programming. Children who are more vulnerable to protection issues include: refugees from Ethiopia, children from minority clans, IDP children, and children with socio-economic disadvantages.

Characteristics of Children with disabilities:

- **High incidence of impairments among children:** The incidence of disability appears to be much higher than expected. The Survey Team requested a purposive sample in which 10% of respondent households contained at least one member with a disability; in the final sample, 42% of respondent households contained at least one member with a disability. This indicates that levels of impairment among children in Somaliland are higher than previously anticipated.
- **Socio-economic situation and impairment:** Socio-economic status and correlated awareness of parenting skills may be associated with higher rates of impairments. Higher incidence of impairments is found in households with lower formal education levels. The focus group discussions also highlighted the fact that some parents do not have adequate skills to respond to the needs of young children and disabled children.

Knowledge, Attitudes and Practice toward Children with Disabilities

- **School attendance:** School attendance is much lower among children with disabilities than other children. **45% of children with disabilities attend school, compared to 60% of urban children in Somaliland.** The barriers to education are much more serious outside Hargeisa, due to lack of resources for education of children with disabilities. School attendance among children with disabilities is strongly correlated with types of impairment. The lowest enrollment rates are to be found among children with intellectual, mental, multiple and hearing impairments. In Burao, the rate of children with mental impairments attending school is at 0%.
- **Parental Practices:** Caretakers, parents, and children will benefit from improved knowledge and practices toward children with disabilities. **40% of the sample supported tying up children;** focus group participants said that this practice aimed to protect children with disabilities. In some regions, **up to 28% of parents believe that children with disabilities need less food** than children without disabilities.
- **Community Attitudes:** Throughout Somaliland, attitudes toward children with disabilities are poor. In some towns, 80% of respondents believe that children with disabilities should not play with other

children. 50% of households support the statement that children with disabilities cannot contribute to a household.

- **Prevalence of Discrimination:** The prevalence of discrimination against children with disabilities is high throughout Somaliland, at approximately 34%. Discrimination in Somaliland can be severe and damaging: the types of discrimination mentioned in focus groups included stoning, insulting, and making children into public spectacles.

Sexual Violence

- **Children with disabilities:** Children with disabilities are highly vulnerable to sexual violence. 75% of respondents in the household survey agreed with this statement, and the conclusion was strengthened by the results of both the household survey and focus group discussions. There appear to be no special measures in place to protect disabled children from sexual violence.
- **Sexual Violence Against Boys:** The rate of sexual violence against boys may be higher than anticipated. A surprisingly high proportion of respondents to the household survey (43%) agreed that sexual violence against boys is possible. Given the strong cultural taboos against homosexuality, this high agreement rate indicates a serious issue. Boy children with disabilities are therefore extremely vulnerable to prolonged, repeated sexual violence.
- **Severe Repercussions for Survivors:** Focus groups mentioned that girls who have been raped face discrimination and sexual harassment. Several focus groups mentioned that girls who were raped have to leave their community in order to escape discrimination. Ostracization and discrimination are serious consequences and issues for survivors of rape and GBV.
- **Weak Police System; Strong Traditional System:** Currently, the police and justice system does not have the capacity to respond to cases of sexual violence. They lack skills, finances and tools, especially in rural areas. Partially as a corollary of this, and partially due to cultural norms, elders and customary leaders take the lead in making decisions about the future of survivors and perpetrators. Although skilled in peace-making, many of these elders and leaders lack awareness of sexual violence and its consequences. Most cases of sexual violence are resolved through the traditional system, suggesting that severe protection issues are likely to exist.

RECOMMENDATIONS

- **Evidence-based research:** Little research has been done on incidence of and attitudes to children with disabilities, or about barriers and facilitators to services for children with disabilities. An increase in resources for research into this issue would enhance the data available on this issue, and support the establishment of more effective response mechanisms in child protection.
- **Geographically Tailored Programming:** Given the variation in knowledge, attitudes and behaviors toward children with disabilities, NGO programming should be tailored to the particular area of intervention. Programs should target the specific attitudes and behaviors to be found in a town or region. Some negative cultural attitudes and practices persist across regions, others do not. Broader (Somaliland-wide) programming may be less effective because of the geographic differences in behaviors and attitudes.
- **Parenting Skills:** Several factors in the survey indicated that parenting skills may need support in Somaliland. Two types of parenting skills could be targeted: (1) parenting skills for new mothers, focusing on care of newborns and infants, to prevent incidence of impairment, and (2) parenting of children with disabilities
- **Options for Play:** Children with impairments have limited options for play, due partially to lack of facilities, inclusive and adapted play methodologies, and partially to discrimination from other children and adults. Programs to improve disabled children's right to play might include: (1) developing buddy systems where children with impairments are paired with children without impairments, (2) developing play facilities, methodologies and areas for vulnerable/disabled children and others with specific protective measure.
- **Behaviour change:** The survey showed high rates of discrimination, and focus groups showed the negative behavior resulting from this discrimination (ie stoning of disabled children and low school attendance potential linked to discrimination). Community behavior change programs are necessary to help improve knowledge of and attitudes to children with impairments
- **Inclusive Sexual and Gender-Based Violence Programming for Children with Disabilities:** It was commonly agreed, in the household survey and in focus groups that children with disabilities are at disproportionately high risk of sexual violence. Targeted and inclusive programming is necessary to ensure that organizations that respond to sexual violence have the capacity and skills to respond to children with disabilities.
- **Training for Traditional Elders:** Traditional elders are the most common conflict and dispute resolution mechanism in Somaliland. In cases of rape, traditional elders often recommend marrying the perpetrator to the survivor. This indicates that specific training for traditional elders about SGBV is necessary. Such training could include: targeted behavior change for opinion leaders, leadership training incorporating GBV issues, and establishment of best-practice networks.
- **Strengthening the Police System:** Most focus groups agreed that the police do not have the resources or the skills to deal with sexual violence. Strengthening of the police system – particularly with regard to knowledge of sexual violence & behavior toward the survivors – would be very useful.

- **Awareness-raising on rape and GBV services:** No respondents in the focus groups mentioned existing rape and GBV services that are available in Hargeisa; this indicates that more needs to be done to alert people about existing health related response mechanisms.
- **Ensure that education facilities are geared to welcome children with disabilities.** The enrolment rate of children with disabilities outside Hargeisa was very low; in some areas, no children with certain types of impairments attended school. A concerted effort should be made to enhance enrolment rates of children with disabilities, building on successful interventions and awareness raising in Hargeisa. Initiatives could include: Training teachers in how to integrate children with disabilities into the classroom; supporting the establishment of schools tailored to particular disabilities; training and support of children (eg deaf children) in entering the mainstream educational system.
- **Integrate disability into the upcoming population census:** Given the high incidence of impairments in the sample, disability should be integrated in the upcoming population census. This should be done with latest best global practice and following World Bank and WHO recommendations (World Bank/WHO 2011) disaggregated by impairment, following the Washington Expert Groups recommendations and utilizing their tools on disability inclusive national statistics collection (UN and Census experts)¹⁴.

¹⁴ See for more information: http://www.cdc.gov/nchs/washington_group.htm

Child Protection Assessment Tools

HOUSEHOLD SURVEY

SECTION A BASIC INFORMATION

A1	Respondent identity number			
A2	Name of enumerator			
A3	Place of interview			
A4	Interview date	Date	Month 10	Year

SECTION B DEMOGRAPHIC AND BACKGROUND INFORMATION

This interview has been developed by DAN, CESVI and Handicap International ,to better understand the difficulties children may have due to their health conditions. We would like to interview the head of the household, together with children, if possible. The information that you provide in this interview is confidential and will be used only for research. The interview will take 15 minutes to complete.

Even if you and your family are healthy and have no difficulties, I need to ask all of the questions so that the survey is complete.

I will start with some background questions.

B0	Do you agree to be interviewed	Yes	1
		No*	2

*** If they answer “no” say:**

“Thank you for your time.”

B1	Record sex as observed	Female	1
		Male	2
B2	How old are you now?	49 Years	

B3	How many years in all did you spend <u>studying in school</u> , college or university?	8 years	
B4	What is your <u>current marital status</u> ? <i>(Select the single best option)</i>	Never married	1
		Currently married	2
		Separated	3
		Divorced	4
		Widowed	5
		Cohabiting	6
B5	In case you are working, which describes your <u>main work status</u> best? <i>(Select the single best option)</i>	Paid work	1
		Self employed, such as own your business or farming	2
		Non-paid work, such as volunteer or charity	3
		Student	4
		Keeping house/	5
		Retired	6
		Unemployed(health reasons)	7
		Unemployed(other reasons)	8
		Other (specify)_____	9

SECTION C: PRESENCE AND TYPE OF DIFFICULTIES (it is not a prevalence survey...)

	QUESTION	YES/NO		AGE	SEX	HOW LONG?
C1	Does any child have difficult seeing either in the daytime or in the night?	Yes	1			
		No	2			
C2	Does any child have difficulty hearing?	Yes	1			
C3	Does any child have difficulty in speaking?	Yes	1			
		No	2			
C4	Compared with other children does or did any child have any serious delay in sitting, standing, walking or moving their legs?	Yes	1			
		No	2			
C5	Does any child have difficulty in walking or moving their arms or do	Yes	1			

	they have weakness and/or stiffness in the arms of legs?	No	2			
C6	Does any child have no feeling in the hands or feet?	Yes	1			
		No	2			
C7	When you tell any of the any children in your home to do something, do they all seem to understand what you are saying?	Yes	1			
		No	2			
C8	Does any child show strange behavior?	Yes	1			
		No	2			
C9	Does any child have fits, become rigid or lose consciousness?	Yes	1			
		No	2			
C10	Is any child slow at learning things/show difficulty learning compared to other children of their age?	Yes	1			
		No	2			
C11	Do any children in this household have difficulty	Yes	1			

	in making their speech understood?	No	2			
C12	Does any child have any other difficulties? Name and describe disability, if you know what it is, next to the child's name	Yes	1			
		No	2			

If they answer yes to any questions above ask:

	QUESTION	YES/NO/NO RESPONSE	
C13	Does this child go to school?	Yes	1
		No*	2
		No Response	3
C14	Are parents or primary care givers at home with the child during the daytime when the child is not at school?	Yes	1
		No	2
		No Response	3

SECTION D: CHILD PROTECTION OF CHILDREN WITH AND WITHOUT DISABILITIES: KNOWLEDGE, ATTITUDES AND PRACTICES

	QUESTION	YES/NO/NO RESPONSE	
C1	“Children with disabilities do not need to go to school.”	Agree	1
		Disagree	2
		No Response	3
		Agree Somewhat	4
		Disagree Somewhat	5
C2	“When children with disabilities reach maturity, they can marry”	Agree	1
		Disagree	2
		No Response	3
		Agree Somewhat	4
		Disagree Somewhat	5

C3	"Children with disabilities are bad luck."	Agree	1
		Disagree	2
		No Response	3
		Agree Somewhat	4
		Disagree Somewhat	5
C4	"Children with disabilities cannot contribute to the family."	Agree	1
		Disagree	2
		No Response	3
		Agree Somewhat	4
		Disagree Somewhat	5
C5	"Sexual violence is something which happens in our community."	Agree	1
		Disagree	2
		No Response	3
		Agree Somewhat	4
		Disagree	5

		Somewhat	
C6	“Children with disabilities are more vulnerable to sexual violence.”	Agree	1
		Disagree	2
		No Response	3
		Agree Somewhat	4
		Disagree Somewhat	5
C7	“We know that girls face sexual violence sometimes. Do you think that sometimes boys face sexual violence too?”	Agree	1
		Disagree	2
		No Response	3
		Agree Somewhat	4
		Disagree Somewhat	5
C8	“Perpetrators of sexual violence against children are usually known to the child.”	Agree	1
		Disagree	2
		No Response	3
		Agree	4

		Somewhat	
		Disagree Somewhat	5
C9	"It is acceptable to leave a disabled child tied onto a bed or chair if there is nobody to watch them when the caregiver is out of the home."	Agree	1
		Disagree	2
		No Response	3
		Agree Somewhat	4
		Disagree Somewhat	5
C10	"Children with disabilities need the same amount of food as other children."	Agree	1
		Disagree	2
		No Response	3
		Agree Somewhat	4
		Disagree Somewhat	5
C11	"Children with disabilities should not be allowed to	Agree	1
		Disagree	2

	play with other children.”	No Response	3
		Agree Somewhat	4
		Disagree Somewhat	5