

REPUBLIC OF SOMALILAND



THE NATIONAL DISABILITY POLICY

FINAL

Ministry of Labour and Social Affairs

MAY, 2012

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LIST OF ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
AET	Africa Educational Trust
ANDP	Activist Network for Persons with disabilities
CCBRS	Comprehensive Community Based Rehabilitation
CBR	Community Based Rehabilitation
DAN	Disability Action Network
DPOs	Disabled People's Organizations
DRC	Danish Refugee Council
HAN	Women and Disabled Children's Organisation
HI	Handicap International
HIV	Human Immuno-Deficiency Virus
IAS	International Aid Service
IDPs	Internally Displaced Persons
MOE	Ministry of Education
MESAF	Ministry of Social Affairs and Family Development
MOH	Ministry of Health
NAHA	Naasa-Hablood Handicap Association
NDC	National Disability Commission
NGOs	Non-Governmental Organization
PHC	Primary Health Care
SHA	Somaliland Handicap Association
SHRC	Somaliland Human Rights Commission
SNDF	Somaliland National Disability Forum
SASE	Somaliland Special Education Association
SOOYAAL	Somaliland War Veterans Association
TBAs	Traditional Birth Attendants
UN	United Nations
UNICEF	United Nation's Children Fund
UXO	Unexploded ordinance
WHO	World Health Organization
SGBV	Sexual and Gender Based Violence

FOREWORD

I am honored to introduce the National Disability Policy of Somaliland. The constitution of Somaliland ensures equality, freedom, justice and dignity of all citizens and mandates an inclusive society for all including persons with disabilities. One of the yardsticks, by which to measure our society's respect for human rights and its generosity of spirit, is by looking at the status that it accords persons with disabilities, upon whom our own society has for ages imposed barriers that subject their lives to unjust dependency, segregation, isolation, and exclusion. This policy is one of the landmarks that demonstrate Government's commitment on full and equal participation, empowerment and rehabilitation of people with disabilities. It is the product of intensive and thorough process of consultations, through consultation meetings, involving Government Ministries, persons with disabilities, organizations of people with disabilities, Civil Society Organisations and other stakeholders. The consultations involved representatives from all the regions of Somaliland.

By establishing the Disability Unit within the Ministry of Labour and Social Affairs, the Government of Somaliland has already expressed its commitment to the improvement of the living conditions of those members of our society who have a disability. We must strive to make sure that more services and opportunities become accessible in order to enable people with disabilities to participate fully in society.

As an inclusive society, we should recognise that disabled people enjoy the same rights as everyone and that we have a responsibility towards the promotion of their quality of life.

Latest research facilitated by the WHO and the World Bank (2011, WB and WHO: World Report on Disability, p. 27,29) suggest that any society has around 15.3- 15.6-% of its population living with varying degrees and types of impairments. Out of the total global population an estimated 2.2- 2.9% live with severe difficulties. Hence, given the lack of data and statistics from census, we can estimate, based on international figures, between **535,000 to 546,000** persons with disabilities in the Republic of Somaliland.

The majority of the Somalilanders with disabilities don't have access to the existing few services. Moreover, all of them are facing various barriers and lack of opportunities to

participate equally in our society. The International Labour Organization commissioned a study on the impact of disabling societies. It found that currently with given exclusive practices, on average any state loses between 3- 5% of its national GDP due to non-accessibility of social and economic structures and all relevant services, such as education, health, transport and money. (Buckup, S./ ILO 2009) That means we can assume safely, that also Somaliland is losing a huge amount of human and societal potential due to a lack of social, economic and political investment in inclusive services and social life.

A Government policy to guide its plans and legislative frameworks on how to address the concerns of persons with disabilities is being felt for many years and has been deemed indispensable. The proposed National Policy is intended to be used as a guidepost in designing, implementing and evaluating any future governmental policies, legislations and a national disability action plan to ensure meaningful inclusion of persons with disabilities into the mainstream of our society. This policy aims at highlighting the key needs of our society to become inclusive and the human rights approach to addressing such needs; identifying those barriers that create disabling situations and prevent disabled people from full and equal participation and limit their ultimate inclusion in society.

As fellow citizens, the time has arrived for all of us to stop seeing persons with disabilities as objects of pity but as capable individuals who are able of contributing immensely to the development of our society.

There is a plenty of resources and knowledge available to support the change in attitudes, knowledge and practice towards inclusiveness to translate the optimism embodied in the policy into practice. I would like to invite the support of all stakeholders and in particular people with disabilities themselves, local and international communities to rally around and work hand-in-hand to ensure that the desired outcomes of the much awaited policy are realized.

This document is a living document that will be periodically revisited and revised to accommodate the dynamics of the development of Somaliland and the realization of the rights of persons with disabilities.

Hon.– Mohamud Ahmed Barre
Minister of Labour and Social Affairs

May, 2012

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The Ministry of Labour and Social Affairs wishes to thank all the stakeholders including Government officers in the different Ministries, experts in the field of disability and Non-Governmental Organizations engaged in the welfare of persons with disabilities who have contributed extensively by providing their valuable suggestions and recommendations in bringing out the National Disability Policy.

The Ministry of Labour and Social Affairs thanks also the few International Organizations who have been actively supporting the programmes for the persons with disabilities in the past decade. These are namely: Handicap International (HI), Norwegian Red Cross, Abilis Foundation, Progressio and Africa Educational Trust (AET). I would like to take this opportunity to encourage other International NGOs and UN Agencies to make their development programmes disability sensitive.

Special thanks go to Somaliland National Disability Forum (SNDF) who have closely worked with us in developing this National Disability Policy.

We appreciate the facilitation role including the compilation and writing up of this policy document by Mr. Ali Jama Hassan, disability expert. We also thank very much Miss Ulrike Last and Mr. Abdisalam Yusuf Farah for their hard work, proof-reading, and editing the draft policy document.

Finally, the Ministry of Labour and Social Affairs takes this opportunity to thank the Danish Refugee Council (DRC) who has kindly given the initial financial support to the development of this National Disability Policy. We also thank very much the European Union and Handicap International for supporting the current policy review, which helped refining and improving the National Disability Policy.

CHAPTER 1: Introduction

The policy has drawn from the local and national experience as well as from consultations with the international context. It has especially gained insights from the recently adopted UN Convention on the Rights of Persons with Disabilities (UNCRPD) and the African Decade for Persons with Disabilities, 2010- 2019.

There is no accurate information about the nature and prevalence of disability in Somaliland as national censuses have not yet taken place. This presents a challenge for evidence based policy making, yet global population estimates help to facilitate planning. The upcoming national statistical data collection and reporting system to be developed as envisaged in the NDP 2012- 2016 is a great opportunity to overcome this challenge.

The long years of armed conflicts in Somaliland have led to disability being depicted as a war issue and therefore, the Government gave much attention to war veterans from the army. While this has been a good move, the focus overlooked other persons with disabilities, caused by other factors. Persons with physical disabilities are more considered than for example the persons with visual, hearing, intellectual, mental or speech impairments.

In Somaliland disability is associated with prejudice and negative attitude. People with disabilities are viewed as worthy of pity, dependent and as such not as equally valued members of the community they live in.

Due to environmental factors, such as inaccessible transport, negative attitudes, lack of sign language provision or lack of knowledge on inclusive education persons with disabilities are often excluded from the mainstream of society and experience difficulty in accessing fundamental rights. Hence, a strong relationship between disability and poverty has been proven by research: Poverty makes people more vulnerable to acquiring an impairment and facing related disabling barriers, and living with disabilities increases the likelihood and impact of poverty on persons with disabilities and their families.

1.1. Approaches to disability

Disability tends to be misunderstood as an individual's problem and from within a medical and welfare framework only. In such approaches people with disabilities are identified as ill, different from their non-disabled peers, the norm population, and in need of care only. Therefore, societal responses were geared to 'help them' or 'make' them 'normal' through health related or other scientific interventions. Because the emphasis is on the medical or 'special' needs of people with disabilities, there is a corresponding neglect of their rights and other needs. Environmental factors (attitudinal, institutional or physical barriers) excluding persons with disabilities from the mainstream of society were not addressed. Therefore, this approach has resulted and deepened severe isolation for people with disabilities and their families.

Over the past decade, disabled people's organizations and allies from science, other civil society organizations, governments and multilateral agencies from all over the world have worked to reposition disability from a more social perspective and as a human rights issue. This resulted in a shift of understanding. It became clear through research that disability is better or more comprehensively understood from a social and rights model. This understanding is based on the principle that, it is to a large extent society that must change to accommodate all its members equally, including those with disabilities. This model suggests, and backed by first evidence, that through substantial changes to the attitudes and to the physical and institutional environments all members with disabilities will be enabled to equally and fully participate in all social and economic spheres of their societies. The model does not neglect the rehabilitation needs and rights of persons with disabilities to minimize the negative impacts of impairments on their functioning. Ultimately, the whole society will benefit due to less expense on social welfare and less 'special' or parallel provided services. The goal must be to recognize the equal human rights entitlements of people with disabilities to play a full, participatory role in society and be protected from violations of their rights. To do so, all the barriers that hinder their participation must be identified, minimized or fully removed – and transformed into facilitators of full and equal participation.

This policy is consistent with the following international Instruments for promotion of human rights and these are;

- United Nations Universal Declaration of Human Rights (1948)
- International Convention on economic, social and cultural Rights (1966)
- Convention on Elimination of all Forms of Discrimination against Women (1979)
- The Convention on the Rights of the Child (1989)
- The UN Standard Rules on Equalization of Opportunities for PWD (1993)
- the 'Salamanca Statement and Framework for Action (1994)
- The Convention on the Rights of PWD's - CRPD (2006)
- The African Charter on Human and People's Rights (1981)
- Continental Plan of Action for PWD in Africa (2002)
- The African Decade of Persons with disabilities (1999-2009, 2010- 2019)

In 2006 the major shift for persons with disabilities across the world came with the 6th major UN Convention, the UNCRPD being introduced and adopted in 2008, following the Child Rights Convention and the Convention on the Rights of the Women. Currently 110 countries have ratified and 153 countries have signed this convention. It became necessary since the previously adopted declarations and conventions did not sufficiently promote and protect the rights of persons with disabilities. It is hoped that the UNCRPD will facilitate more forcefully extensive changes in the rights situation of persons with disabilities via adjusting our environment to accommodate the diverse needs and rights. The emphasis is on a fundamental shift away from the undesirable situation that has imposed unnecessary environmental, institutional, attitudinal and economic barriers between people with disabilities and the mainstream society.

Another key development was in 2011 which saw the first World Report on Disability being issues by the World Bank and WHO, reviewing and analyzing key researches, statistics and latest developments. It issued nine major recommendations. Major ones are to

strengthen the evidence base on disability, promote the mainstreaming of disability issues and ensure that policy frameworks guide this multi-sector issue.

Given the widespread difficulties experienced by the estimated 15% of the population, the persons with disabilities and their families in Somaliland, a major weakness of the current institutional set-up is the absence of a national policy. Such a policy clearly sets up the vision for realizing the rights of persons with disabilities via removing institutional, environmental and attitudinal barriers to full social and economic participation, as well as the provision of equal and equitable access to services, and development of such services which are lacking and impacting negatively on the situation of persons with disabilities. This will provide a sound direction for all stakeholders towards an inclusive Somaliland where all people are enabled to employ their capacities to the furthering of our society. Thus, the development of this policy is a milestone in government's efforts to mainstream disability issues. An Act of Somaliland Parliament to provide the legal basis for this policy would be significant in effectively addressing the issues and problems that affect persons with disabilities.

1.2. Policy Goal and objectives

The overall goal of this national disability policy is: to promote an inclusive, barrier-free and rights based society for persons with disability in Somaliland.

The policy aims at improved life situations of persons with disabilities by undertaking the following actions:

- Encourage the development of people with disabilities;
- Empower organizations of people with disabilities and other organizations to remove societal barriers;
- Review and amend legislations that are not disability inclusive or are not in line with the UNCRPD;
- Improve service delivery and mainstreaming disability;

- Allow the participation of people with disabilities in decision making and implementation of important activities in the society that affect their lives.

This policy document sets the scene for future mainstreaming of disability into existing sectoral laws and policies by all other key ministries. The Ministry of Labour and Social Affairs (MESAF) is called upon to lead a number of other line Ministries including Ministry of Planning, Ministry of Finance, Ministry of Health (MoH), Ministry of Education (MoE) and Ministry of Public Works and Housing, in developing internal policies and/or mainstreaming disability sufficiently to ensure that persons with disabilities are targeted by all ministries and respective policies and programs under their responsibility.

1.3. Background

The Government of Somaliland acknowledges disability as an issue that cuts across all spheres of society. To remove barriers requires support from all sectors because disabling barriers affect all sectors and the live of persons with disabilities in key aspects: economic, social, cultural, political, and environmental.

To implement and realize the policy, it will be necessary to develop a multi-stakeholder, detailed and prioritized national plan of action to address chronologically the different provisions necessary such as programs and review of programs in order to implement the policy suggestion and achieve the overall objective of this policy. Moreover, a set of national legislative measures is anticipated to be adopted, following this policy's adoption to make the necessary legislative changes. The policy will provide furthermore a framework within which to address the rights and needs of people with disabilities under each sector law, with a particular focus on the most vulnerable groups: children, women and refugees/ displaced persons with disabilities.

1.4. Existing Structures and Services of Disability

Governmental structures:

The Ministry of Labour and Social Affairs established a disability unit within the Ministry. It has the leadership role via being the line ministry towards the other structures of government to foster the promotion of disability as a cross-cutting issue. With regards to this policy, after adoption of the policy, its role is to:

- set up a national commission on disability;
- ensure the effective dissemination of the content of the disability policy;
- facilitate annual multi-stakeholder monitoring of the progress in achieving the national action plan is taking place;
- after two and a half years to review the content of the policy;
- to report to all stakeholders about achievements and challenges to be addressed;
- recommend policy changes;
- and ensure relevant resources are allocated.

Moreover, the planned disability focal point system, which worked for gender and disability in similar contexts, among the ministries could be a key structure to foster the implementation and monitoring of the policy achievements across the ministries.

Ministry of Interior is the Ministry responsible for war veterans with disabilities. The Somaliland Human Rights Commission (SHRC) has also pro-disability programme in the area of legal protection and human rights awareness raising about the rights of people with disabilities.

Representative organizations:

Somaliland National Disability Forum (SNDF) has been formed in 2004 as the umbrella organisation for Disabled People's Organisations and service providers. Its membership consists currently of 30 local NGOs with representations from regions. SNDF's main activities serve to enhance the situation of persons with disabilities via advocacy for human rights of persons with disabilities, public awareness raising organised on the yearly event of

the International Day of persons with disabilities and capacity building for member organizations. It also serves as a forum for coordination and information sharing between the DPOs and other agencies.

There is a number of Disabled People's Organisations, including ANDP, SHA, HAN, NAHA all based in Hargeisa. They all represent persons with disabilities and their interests and are involved in various activities including public awareness raising, advocacy, vocational training and income enhancement of persons with disabilities. Another specific topic, gender and disability, is addressed by HAN, the main organization addressing the issues of women with disabilities. The organizations are located in the main urban centres and regions of the country for now, yet with little outreach to the rural areas.

Rehabilitation service providers:

Among service providers who have contributed to the betterment of people with disabilities are the two rehabilitation centres. Both provide physical rehabilitation via physiotherapy and orthopaedic appliances to persons with physical disabilities and their families/ care takers in Somaliland. These are: the Hargeisa Rehabilitation Centre run by Disability Action Network (DAN) and the Somaliland Red Crescent Society's Rehabilitation centre. In addition to the centre in Hargeisa, DAN has also established small physiotherapy and orthopaedic workshops at the hospitals of Burao, Berbera, Borama and Erigavo. These small units provide simple referral services, orthopaedic appliances and physiotherapy. DAN is also active in disability awareness raising for Human Rights.

Comprehensive Community Based Rehabilitation (CCBRS) targets internally displaced population. They aim to provide counselling and referral services to persons with disabilities living in IDPs settlements.

GAVO is an organization working on social work to vulnerable population, including providing community based mental health support to persons with chronic mental health problems in different locations, such as Hargeisa and Berbera.

Education sector:

In the absence of an inclusive education approach and education structures, the education services for persons with disabilities are mainly provided through so called 'special schools' schooling only children with disabilities, according to their impairment. A policy is currently developed to address inclusive approach to disability and ensure that all children with disabilities can access equally education facilities, across the country.

A school for the special needs education is based in Hargeisa. This school is providing education services to children with intellectual impairments and multiple impairments. It is currently run by Somaliland Special Education Association (SASE) and supported by Ministry of Education.

Both, the Hargeisa School for the Deaf and the School for the Deaf and Blind in Boroma are providing education to deaf and hearing impaired children. The Hargeisa Braille Centre is based in the capital teaches blind and visually impaired children. In Borama, the school for the deaf offers boarding facilities.

International Actors:

Some multilateral agencies carry out activities which are focusing mainly on the prevention of disability. These activities are in the form of immunisation campaigns implemented with the support of UNICEF and WHO through the Ministry of Health.

Other agencies are working in support of persons with disabilities addressing equalization of opportunities. International NGOS that support the capacity development of DPOs, rehabilitation services provision, advancement of disability as a rights and cross-cutting issue are Handicap International, Progressio and Africa Educational Trust.

Few mainstream INGOs and/or multilateral agencies are addressing disability as a cross-cutting issue yet. In the past DRC and UNICEF have been supporting to address some disability issues punctually.

Employment and vocational training:

Activist Network for Persons with disabilities (ANDP) is a DPO and service providing NGO. It runs a vocational training centre in Hargeisa and provides skills trainings including tailoring, computer literacy and literacy and numeracy for people with disability. It is based in Hargeisa. Other DPOs provide and promote vocational training and small grants, depending on available funding.

CHAPTER 2: Situation Analysis

Somaliland Government has shown political commitment to improve the lives of people with disability. However, the country does not have specific framework document to guide the promotion and protection of the rights of people with disability.

This chapter aims to summarise some key factors characterizing the situation of persons with disabilities.

Challenges for the disability sector are many and varied. The majority of Somalilander persons with disabilities see not the disability itself as the major obstacle but rather it is the environmental, institutional, attitudinal and economic challenges that prevent them from participating fully. Most barriers are a result of decisions to follow the “**old approach**” of considering people with disabilities as “**defective**”, “**special**” and in need of “**fixing**.” At other times, these barriers could be a result of thoughtlessness, indifference, or lack of understanding. In the absence of sufficient national statistics or researches on disability, the following challenges were identified during the consultative meetings for the policy development as the roots of barriers preventing the inclusion of people with disabilities:

2.1. Barriers and facilitators

While mankind developed various facilitators on individual and social level (such as Braille, Sign Language, ramps, physiotherapy, prosthesis, inclusive policies, accessible transport and speaking software) which enable persons with disabilities to live lives in dignity, fully and equally participate in social, cultural and economic lives in their societies, in Somaliland the majority of persons with disabilities meet barriers daily. Those barriers hinder their contribution as equal citizens in Somaliland. Here, as in many other societies, we have historically imposed environmental, institutional, and attitudinal barriers that subject persons with disabilities to lives characterized by different levels of unnecessary dependency on families and others for care and assistance, segregation, isolation, or exclusion. The following are main barriers encountered in Somaliland:

a) **Environmental Barriers:** The majority of private buildings which offer services like health, education or information are widely inaccessible. That means for instance that children with disabilities, just needing an accessible latrine cannot attend school and attain education. Moreover, due to inaccessible transport persons with disabilities are limited in their options to earn an income as well as participate socially equal to their peers. Inaccessible shops are limiting their role in taking care of families. Importantly, public information on governance, health or other issues, great sources of information and orientation for citizens are largely inaccessible due to lack of sign language, audio tapes, Braille, or pictorial provisions. Hence, persons with disabilities are subjected to exclusion and highly restricted in their movements and freedom of association. The impact is felt heavily not only in terms of restriction of freedom of movement and access to services. Consequently, persons with disabilities are among the least nourished, healthy, educated and employed. Essentially family members, persons with disabilities and Somaliland society at large loose resources and income unnecessarily. Other barriers identified are:

- Majority of public buildings, like ministries, police stations, health facilities are not easily accessible for persons with disabilities; Ramps, signage and other accessibility features are absent.
- Urban planning for markets and other features do not take accessibility issues into consideration.
- The educational, social, health, transport and residential arrangements, programs and policies made by local and national governments or NGOs are often inadequate and uncoordinated to the accessibility needs of persons with different disabilities.

b) **Institutional Barriers:** Those barriers consist directly or indirectly of policies, laws, practices, and procedures which render disability and persons with disabilities invisible or discriminate directly or indirectly. These are adopted by entities such as employers, businesses, and public agencies. They can hinder persons with disabilities to use equally any social structure, services or institutions, such as

education, employment, health, law, transport, finance or recreational services, media and civic participation. Institutional barriers encountered frequently by persons with disabilities in Somaliland are:

- The lack of any national statistics and research addressing disability and disaggregating it by impairment contributes to invisibility of persons with disabilities and has affected planning and management of development programmes.
- Public information on key services and public provisions are not readily available in accessible formats for persons with different disabilities for example; HIV/AIDS information is not yet available in Braille, audio or campaigns accompanied by sign language.
- Due to the unavailability of **data** there is limited awareness on disability issues among policy makers, planners, community leaders, services providers and the general public. As a result disability is not integrated in most government development plans, policies, and programmes. Similarly, institutions of education from primary to higher learning like universities do not have deliberate policies on disability.
- There is no inclusion of disability at any of the newly established higher institutes of learning, the universities. Hence sustainability and quality of existing services from inclusive policies, accessibility measures, physiotherapy, orthopaedic services, and social work to psychiatric or psychosocial interventions depend highly on training by and through NGOs and international support. There are insufficient facilities for psychosocial or disability inclusive social work or rehabilitation addressing all six different types of disability at community level.
- The majority of development initiatives addressing service development and the ultimately the services itself like urban planning, education or public transport

system do not have disability provisions in its service nor its policies. Subsequently the majority of persons with disabilities can't use it. Hence, this oversight led to a situation whereby the majority of poverty reduction, livelihood, health, education or other programs and services are not equipped to welcome or serve persons with disabilities equally.

- Existing mechanisms for collaboration, co-ordination and networking among the different stakeholders in service delivery are weak or inexistent.

c) **Attitudinal Barriers:** Those barriers are composed of prejudices, negative sentiments and misperceptions around disability and persons with disabilities of varying degrees and types. Persons with disabilities are treated socially according to those misperceptions and frequently wrongly regarded as incapable, resentful, pathetic, tragic, pitiable, aggressive, unhealthy, dependent on charity, costly for society to support, drain on family resources, inferior, childish and unemployable. As a result persons with disabilities report that:

- Most of the problems they, their families and the community experience are a result of the myths and beliefs that are held about disability, like the view that disability is a curse from God. There is social stigmatisation for persons with disabilities that forces them into exclusion from mainstream public life.
- As a result of such negative beliefs and value towards persons with disabilities some families exert over-protection of their family members with disabilities. Over-protection in turn leads to the development of a dependency syndrome which further prevents them from accessing social-economic services. This does not only affect the individuals but also their families.
- A common misbelief in Somaliland is that persons with disabilities are treated as if they were sick people who deserve sympathy, care and cure only. The

result is that persons with disabilities are marginalized and are not considered as equally entitled citizens.

These environmental, institutional, and attitudinal barriers, as well as many other negative factors are the result of lack of knowledge or prejudice– and can be changed. Therefore, it is imperative that strategies for public awareness be developed to eradicate misconceptions about disability. Only when tackling the barriers persons with disabilities are respected equally and enabled for living independently in Somaliland society with dignity and freedom and contributing to its richness.

2.2. Prioritization of groups in specific vulnerable situation

Persons with disabilities are not a homogenous group. The experience of disability varies according to personal and environmental factors. As in other parts of the population we find some groups with specific characteristics and place in societies making them more vulnerable to rights abuses and hence in need of protection than others. This chapter lines out the key groups to focus on when designing any program in order to minimize their vulnerabilities and ensure their protection.

In the delivery of services the policy identifies the following priority groups:

2.2.1. Women with Disabilities

Disability and gender interlink resulting in the situation of women with disabilities experiencing higher levels of violence or having more access to education problems to be overcome than men or boys with disabilities.

2.2.2. Children with Disabilities

Children with disabilities are found to be subject to multiple violent experience, often more violence than towards children without disabilities. This situation is found to be the case in Eastern Africa according to latest research. This topic needs to be examined by research

as in to how is the situation of children with disabilities and their basic needs and rights in Somaliland.

Key organizations with a mandate on children should take the lead for including the analysis of the situation of children with disabilities in regards to main focus areas: violence (collection of disability disaggregated data at respective programs), education (enrolment, school success and out of school rates, protection (rate of children with disabilities among abandoned or orphaned children) and access to health (child mortality and nutrition rates to be disaggregated by disability).

2.2.3. Elderly with disabilities

Elderly persons are prone to experience challenges due to their status in society and social and economic situation. Given the dearth of data also in this aspect there is a need to understand the situation in Somaliland better, and what challenges are experienced by this group and if necessary how to address it. Upcoming research on population groups should take the link between age and disability closely into focus and check for correlations and its impact.

2.2.4. People with moderate to severe, and multiple disabilities

Persons with multiple, moderate to severe impairments, estimated to be 2- 3% of the Somaliland population are more likely to experience access problems to services than persons with mild and/or single impairments. Due to the need for assistance, care and/or support in a highly inaccessible society, the burden on families due to exclusive practices is high. The likeliness that higher than average health expenditures and or less household capacities to earn and/or contribute to an income indicate that those households are more likely to be among the poorest households. Therefore, research needs to analysis in particular measures and good practices of innovation how to ensure that those households are not plummeting into poverty or can be supported to come out of poverty on the mid and long term. The poverty reduction strategy or any future social protection and safety net

policy and/or reviews of policies should place particular emphasis on this hard to reach group of the population.

CHAPTER 3: Policy Guidelines

3.0. Priority Policy Areas:

This policy targets the person with disability as an individual and as part of society and therefore deals with all aspects of life. However, some key areas have been identified which need priority attention based on the perceived needs and priorities of disabled Somalilanders in the coming five years. These priority areas were emphasized during the consultation meetings to be addressed through above outlined and suggested (not exclusive) capacity development measures while mainstreaming the groups which are most vulnerable in each of the priority areas, see respective chapter 2.2 and 2.3. They are:

1. Prevention
2. Early Identification and Intervention
3. Awareness Creation
4. Rehabilitation
5. Education and Training
6. Health
7. Accessibility
8. Employment
9. Disability and HIV/AIDS
10. Governance, political participation, human rights and Legal Protection
11. Organisations of and for Disabled People

3.1. Prevention

Introduction

One of the cornerstones of disability policy is prevention. Many disabilities are preventable since the risk factors can be prevented. Primary, secondary and tertiary are all important. Hence public health measures and access to health services are necessary for preventing the onset of disability. The provision of early and ongoing support is increasingly recognised as a more effective means of avoiding the need for reactive support strategies at a later stage to ensure secondary prevention is successful.

There is a need to strike a balance between support of the most disadvantaged and preventive support for those at risk but whose needs are not yet critical. Supporting families who are caring for a son or daughter with a disability, with a particular focus on the most vulnerable groups should be a priority.

Causes of Disability

Most disabilities are closely linked to living in situations of poverty, characterized by inadequate access to health, education, private, nutrition, low disposable household income, and public services. Ultimately, disability results from, among others:

- Illnesses due to Poor health conditions and access to health care, including malnutrition and lacks of immunization against disabling diseases,
- War, torture, violence (including SGBV) and situations of displacement,
- Road and other accidents (work, landmines and unexploded ordinance),
- Inadequate care of expecting and delivering mothers,
- Individual and families' health conditions (heredity of health conditions)

Further, the poor medical infrastructure results in that treatable health conditions developing into permanent health conditions leading to disabilities.

On a policy level disability prevention policies do not exist or are not effectively linked to identification and early intervention policies and measures. Effective disability prevention

strategies must be supported by campaigns on their causes, prevention and treatment. In brief, more focus should be placed on prevention, rather than cure.

Objective: To prevent occurrence of disability and disabling conditions.

Policy Actions:

- Integrate prevention into poverty reduction policies and ensure that linkage is understood broadly among policy makers across the sectors;
- Ministry of Health (MoH) to develop a policy and integrated response to prevention of disability with following components in close linkage with other health related and public policies to use synergies. This may include below aspects but is not exclusive to:
 - Increase the quality level and coverage of antenatal care and post-natal care services including the development of health education sessions on women health and pregnancy;
 - Pupils' medical checkup will be ensured at enrollment of primary and other educational levels for disability early detection;
 - Community will be made aware about the risks of close relatives' marriage that may lead to children's disability;
 - Training and awareness will be provided to upgrade the knowledge and skills of midwives and Traditional Birth Attendants (TBAs) for disability prevention;
 - Attention will be paid towards improving awareness of nutrition, health care and sanitation with focus on adolescent girls, expectant mothers and women in the reproductive period. Awareness programmes for prevention will be built in at the school level and at the level of teacher's training courses;
 - Programmes will be undertaken for screening of children to identify at risk cases;
 - MoH to improve the quality of obstetric services within the hospitals;
 - "Front line" health and education personnel keep accurate and confidential data on children with disability and other "at risk" children, from birth and ensures a referral is set up and functioning;

- Education of medical staff including disability awareness should be part of all medical and paramedical education;
- Expand immunization against preventable diseases that lead to disability;
- Enforce road traffic and other types of legislation such as occupational safety to prevent road, mine and UXO and other accidents, and injuries;
- Educate the public on good nutrition and environmental management;
- Improve the medical infrastructure and facilities in the country.

3.2. Early Identification and Intervention

There is a need for early identification of disabilities in children as well as in adults or youth at risk. Early identification followed by appropriate intervention has a chance of eliminating occurrence of a disability or minimizing its impact later in life. The fact that parents still hide their children with disabilities due to negative attitudes bars them from accessing appropriate services timely. Therefore, there is a need to develop a consolidate multi-sector response among health, social and disability governmental and none-governmental stakeholders on early detection and early intervention, and necessary facilities will be created towards this end. Government needs to take a leading role to design appropriate measures to disseminate information regarding availability of such facilities to its citizens, especially in rural areas and when necessary ensure that they are accessible to all population.

Objective

- Develop and implement a coordinated response via strategy for early identification and intervention.

Policy Actions:

- MOH and other key ministries from work, social welfare and economic to take a lead role for the development and implementation of a strategy for early identification and intervention, in close link with the prevention policy above. This is to address all impairments, those with physical, visual, hearing, speech, mental and intellectual impairments:

- Medical and para-medical personnel will be adequately trained and equipped for early screening, detection and referral of disability amongst children and other population groups at risk;
- Facilitate the development of appropriate screening assessment tools for the early identification of persons with disabilities;
- Training modules and facilities in disability screening, early detection and intervention will be developed for medical and para-medical health personnel;
- Human resource development institutions will ensure that the personnel needed to provide support services such as education, psychology, neurology, physiotherapy, occupational therapy, audiology, speech therapy, vocational counseling & training and social work are developed on the long term and available in adequate numbers;
- Create the necessary facilities and services and strengthen the existing ones for early identification and intervention, including referral.

3.3. Awareness Creation

There is limited awareness on disability issues among policy makers, planners, community leaders and the general public. Consequently, most persons with disabilities continue to be marginalized, discriminated against, and lead a very poor quality of life.

Negative attitude of the community towards disability and persons with disability is found as one of the major barriers against the integration and equal participation of persons with disabilities in the life of the community.

It is important that this negative perception is corrected by availing people with disabilities every opportunity that would ensure that they lead productive life equal to the non-disabled.

Disabled people are the most qualified to advocate for themselves and other disabled people. The quality of life of disabled people improves when they actively voice their concerns and participate in decision-making.

Objective: To eradicate misconceptions and related attitudinal barriers about disability through increased awareness and inclusive actions.

Policy Actions:

- Ensure that persons with disabilities actively participate in changing attitudinal barriers into facilitators and raising awareness on disability;
- Carry out research and identify attitudinal barriers and innovative facilitators faced by PWDs so that suitable programs will be planned effectively and efficiently targeting key attitudinal barriers;
- Develop strategies for changing attitudinal barriers into facilitators including but not exclusively via public awareness in collaboration with Disabled People's Organisations and other key agents of change;
- Work actively with organizations of PWDs to initiate and promote programmes aimed at raising their own level of awareness on their rights and potentials;
- Encourage media's participation in diversity of population and none-discrimination, including the portrayal of persons with disabilities' as role models of success;
- Make awareness raising and inclusive action, to break down attitudinal barriers, part of the education of all children at pre-school and primary education level; and add a component in the training curriculum of all education professionals;
- Address invisibility of disability and misperception about the value of persons with disabilities via awareness raising about disability mainstreaming towards local and national policy makers, Non-governmental organisations including UN agencies, Government Ministries, Traditional leaders and other stakeholders.

3.4. Rehabilitation

Introduction

Definition:

Rehabilitation concerns not only those with physical impairment but extends to people with visual, hearing, intellectual, speech disabilities and mental health illnesses. There is need therefore, for specific provisions to address each individual's need for rehabilitation, depending on the level of functioning and wish of the client.

Rehabilitation services for people with physical disability for example, should include orthopedic rehabilitation centers, physiotherapy services, as well as orthopedic, assistive and mobility devices delivery offered in a client-centered manner. These services should be offered in close geographic proximity to a regional or district hospital with ideally available orthopedic surgical services so that the local population has easy access. Moreover outreach and follow up services reaching those with moderate to severe functional difficulties should be available to ensure their equal access. Future services should provide for an expansion in orthotics and prosthetics as this is underserved.

While physical rehabilitation is available in Somaliland as well as rudimentary community based mental health provision, although both need expansion and strengthening, the country lacks rehabilitation responses for persons with intellectual, hearing, speech and visual impairments and their families. Moreover, vocational or social rehabilitation are largely absent as well.

The three types of rehabilitation service delivery systems necessary to work complementary are institution-based service delivery, outreach institution-based delivery system and Community-based service delivery– (Helander, 1999).

Objective: Ensure sufficient rehabilitation services are available for persons with all different rehabilitation needs and those at risk to develop an impairment with the aim to ensure their highest attainable social, professional and individual functionality and quality of life.

Policy Actions:

- MoH in collaboration with MESAF, NDC and other concerned agencies to develop a comprehensive national rehabilitation policy and service system that targets all disabled people and their families as well as those at risk, inclusive of yet not restricted to:
- Strengthen the capacity of the institution-based rehabilitation service providers for specialist service provision and referral;
- Encourage and facilitate the training of Rehabilitation professionals including community based and outreach workers and related structures;
- Ensure financial allocation of part of the government's budgets to non-governmental services providers and support institutional fundraising of non-governmental service providers to ensure sufficient resources base is available;
- Encourage and facilitate the creation of community based and outreach rehabilitation programmes that can reach and support persons at home and in remote rural areas';
- Ensure availability and accessibility of assistive devices and other types of aids to PWDs as soon as possible;
- Ensure that the services users, persons with disabilities and their families participate in the design, monitoring and organization of rehabilitation services;
- Increase public awareness and understanding of the need for and benefit of mobility devices and physiotherapy.

3.5. Education

Introduction

All children, including children with disabilities, have a right to education in Somaliland as per the new education legislation. Therefore education is a basic human rights issue. However, the majority of children and youth with disabilities in Somaliland are not accessing pre-school, primary, secondary or tertiary education facilities.

Objective: to facilitate equal access of disabled people to education and ensure equity in education provisions at all levels.

Policy Actions:

- Planning for special education, and integrated/inclusive education for disabled children young people and adults should be included as an integral part of the whole education planning/policy process for Somaliland at this time.
- Promote the implementation of the education policy for children with disabilities integrated increasingly with the mainstream education provision towards inclusive education through below provisions:
- Make all schools accessible and barrier-free to all children irrespective of their disabilities;
- Promote early childhood development and stimulation within an inclusive environment as the cornerstone for an inclusive society;
- Provide accommodation of the special educational needs for all children with disabilities paying specific attention to the girl-child;
- Ensure that inclusive Education includes support in the form of: life skills and independence training; assistive devices and specialised equipment; and access to the curriculum through, for example, Sign Language, Braille instruction and adapted learning materials;
- Retrain teachers in regular schools to provide for children with special educational needs;
- Intensify monitoring, supervision and quality standards in all schools to ensure that children with special educational needs are provided support;

- Policy for inclusive education needs should be endorsed and supported by Cabinet;
- Ministry of Education (MOE) integrates inclusive education into national budget;
- MOE develop strategy for Education for All (EFA) with officers appointed to encourage the inclusion of disabled children into regular schools as well as reporting on disability issues to MESAF;
- Ensure that there is a need for close cooperation between the ministries of Education, Health and Family Affairs & Social Development for better services for the disabled population with disabled themselves being part of this process;
- The MoE to promote collaboration of various stakeholders, for example, teachers, therapists, psychologists, parents and disabled activists who all play important roles in responding to special needs in education;
- A department of “Education for children with disabilities” should exist and function actively within the Ministry of Education in collaboration with the Ministry of Health and Ministry of Labour and Social Affairs;
- MoE should employ equally disabled teachers in schools as well as in department of education for children with disabilities;
- On-going in-service training programs should be developed by MOE in coordination and cooperation with Non-governmental organizations, Universities and teachers training colleges – curriculum should include Paralympics components.

3.6. Health

Poverty and poor hygiene conditions cause different negative health conditions. Many of those however could be prevented through improved hygiene. Public health programmes must emphasize on prevention and education in environmental management and nutrition. Somaliland has made substantial efforts to provide affordable and accessible Primary Health Care (PHC) to the poor. Yet access for persons with disabilities in equitable manner lacks. As a result, health conditions of persons with disabilities are found to be lower than that of the average population in many countries, which can be also assumed to be the case in Somaliland, given the links between disability and poverty. Children with disabilities are less likely to get well diagnosed for common health conditions due to doctors’ and other

medical staff' capacities to communicate adequately with persons with different disabilities. As outlined above many health centers or hospitals are not physically accessible hindering the accessibility. Likewise public health campaigns are inaccessible for the majority of persons with visual, hearing, intellectual impairments and do not address them in an equitable manner.

Objective: Promote equal and equitable access to health services (care, treatment, information and prevention) for all persons with disabilities.

Policy Actions:

MOH in close collaboration with DPOs, MESAF and the rehabilitation stakeholders ensure Somaliland health policies and programs address the following generally overlooked aspects on the short, mid – and long term:

- The health information system to start collect and disseminate disaggregated data on persons with different impairments' health situation;
- The basic health programs and public education should be strengthened, with emphasis on ante-natal and post natal care;
- Ensure that persons with disabilities, particularly infants and children, are provided with the same level of medical care available to other members of society;
- Ensure that all medical and paramedical personnel are adequately trained and equipped to give medical care to persons with disabilities;
- Ensure that persons with disabilities are provided with regular treatment and medicines to preserve or improve their level of functioning;
- Educate persons with disabilities on their own conditions to enable them make informed decisions about their health;
- Promote safer reproductive health practices among persons with disabilities;
- Ensure information and health communication materials are available in Braille and avail sign language interpreters and other suitable means of communication for persons with disabilities;
- Hygiene will be improved at the community level;

- Harmful Traditional Medicine will be controlled;
- Ensure persons with disabilities and their families are aware of the available healthcare facilities in Somaliland.

3.7. Accessibility

Effective participation of people with disabilities in their community life largely depends on environmental accessibility and access to information. Almost all public buildings and private transport facilities are built to cater for the needs of persons without disabilities. Public stairs, narrow doors and toilets are inaccessible to the majority of persons with disabilities.

Objective: Creation of barrier-free environment for people with disabilities to access public buildings, transport and information.

Policy Actions:

The national disability council to engage relevant ministries for ensuring that policies and programs on urban planning, transport, information and public buildings are taking account of the following key accessibility features:

- Public buildings and transport amenities including roads, and pavements, ports, airports, modes of transports (bus, plane and waterways), playgrounds, open space etc. will be made accessible;
- Use of sign language, Braille and other forms of alternative communication are offered in all public functions and public campaigns, including election campaigns and information;
- Modification of Curriculum of Architects and Civil engineers will be undertaken to include issues relating to construction of barrier-free buildings. In service training will be provided on these issues to the government architects and engineers;

- Communication needs of the persons with disabilities will be met by making information service and public documents accessible. Braille, tape-service, large print and other appropriate technologies will be used to provide information for the persons with visual disability;
- All the buildings, which are for public use, will be audited for its accessibility to persons with disability. There may be a need to develop professionally recognized access auditors whose services would be utilized for the purpose.
- Full adoption of comprehensive building byelaws and space standards for barrier-free built environment of buildings shall be ensured;
- Effort will be made to ensure adoption of the byelaws and space standards by all the construction companies, municipal bodies and Ministry of Public Works and Housing in the country. These authorities will ensure that all newly constructed buildings for public use are barrier-free;
- The Government will ensure that Industrial establishments, offices, public utilities both in public and private sector provide disabled friendly work place for their employees. Safety standards will be developed and strictly enforced.
- Banking system in public and private will be encouraged to meet the needs of the persons with disabilities.

3.8. Training and Employment

An individual's capacity to work and lead an independent life is an expression of one's dignity. In our society the capacity to work has been associated with complete functional ability of the body. Disability is associated with lack of ability and most people with disabilities see themselves in the same light. The end product of this scenario is the

difficulty persons with disability find themselves in accessing work. Yet, all Somalilanders with disabilities are entitled to enjoy the right to work, including the right to equal opportunity in the labour market.

Government, livelihood stakeholders, training providers and employers must commit themselves to develop programs and policies that address equity concerns and consider positive discrimination in favor of disabled people's economic activities in order to build representation of disabled people in the workforce.

Vocational training and employment issues must be considered within the context of the full participation of disabled people in community life and within the macro context.

Objective: Promote equal access to training and employment opportunities for Persons with Disabilities

Policy Actions:

- Amendments should be incorporated in the Somaliland Labour Code in order to introduce important changes in the area of employment of people with disabilities;
- The Government should seek to introduce legislation that ensures the access of persons with disabilities to mainstream training and employment support opportunities, remove all legal barriers to participation of disabled people in the open labour market, and protect the rights of disabled people in employment;
- Related existing policies and programs on vocational training, employment and livelihood for youths and adults with disabilities should be made fully inclusive for addressing inclusion needs of persons with different impairment, by the MoE and Department of Vocational Educations, and other key stakeholders;
- Inclusive Vocational Training and livelihood programs should be equally accessible to persons with all different impairments via development assistance programming by the MOE in cooperation with other ministries and development stakeholders;

- Provide for a minimum of 5% reservation in employment in the establishments of Government of Somaliland and in private sector employers for the qualified persons with disabilities;
- Positive discrimination aimed at effective equality of opportunity and treatment between disabled workers and other workers shall not be regarded as discriminating against other workers without disabilities;
- Concerned Ministries must liaise closely with NGOs and Private Sector agencies to increase access of disabled people to mainstream training and employment opportunities;
- Promote self-employment of persons with disabilities through vocational education and management training.

3.9. Inclusion of Persons with Disabilities in Humanitarian Action (preparedness and response)

INTRODUCTION

Persons with disabilities are exposed to higher levels of vulnerability during man-made and natural disasters due to the effects of pre-existing barriers and effects of discrimination. They are more likely to be left behind, abandoned or neglected during crisis, as anecdotal evidence shows from the last drought in Somaliland and previously the civil war.

Although many persons with disabilities are among the most marginalized groups within crisis-affected communities in Somaliland, yet they often are insufficiently included in humanitarian assistance. As a result they find it hard to access the assistance and protection they need.

The humanitarian principles¹ of impartiality, non-discrimination, dignity – “providing assistance on the basis of need and without discrimination” – require agencies working in emergencies to reduce barriers so that persons with disabilities are equally included during all the phases of the humanitarian action: preparedness, response and early recovery, and recovery and reconstruction. However, most of their staff report lacking capacities to deliver humanitarian response inclusive of persons with different disabilities.

Moreover, there is a lack of inclusive data collection during the needs assessment phase and monitoring efforts. Consequently, there is no disaggregation of data collected by disability in addition to gender and age. Related guidance on how to use the globally recommended Washington Group Set of questions on disability isn't available and hardly used among Somaliland humanitarian actors. As a result there is insufficient identification of persons with disabilities as part of the general population and the humanitarian needs overview doesn't reflect the situation of persons with disabilities. This leads to a lack of resources being provided for inclusive humanitarian response. Likewise the design, programming, implementation and monitoring & evaluation of the majority of humanitarian programs is not including persons with disabilities.

Hence due to additional attitudinal, communication, institutional or physical barriers persons with disabilities are often invisible and face difficulties and/or cannot access essential services such as food distribution, medical care, shelter and water, sanitation and hygiene (WASH) facilities.

In addition their capacities to engage in humanitarian response are also overlooked. The representative organizations of persons with disabilities are not sufficiently included in the humanitarian response.

¹ Ministry of Resettlement, Rehabilitation & Reconstruction, Somaliland (2015) Policy Framework on Internal Displacement in Somaliland.

The CRPD² supported to be ratified by Somalilanders persons with disabilities requires that disaster preparedness and response are inclusive of, and accessible to persons with disabilities. In particular, Article 11 and 32 highlight the importance of disability inclusive disaster management through international co-operation.

Inclusion of persons with disabilities requires a better understanding of the challenges they face in humanitarian crises. It is also essential to know how to plan, finance and implement the adaptation of humanitarian programmes to meet their needs and to partner with organizations that have expertise on issues related to disability.

It is therefore crucial that disability inclusion in all phases of disaster management occurs so as to ensure the full and equal fulfilment of human rights of persons with disabilities;

Objective: To make humanitarian action inclusive of persons with disabilities, remove barriers that hinder them from accessing humanitarian services, ensure their participation and promote their equal protection.

Policy Actions:

- Involve persons with disabilities and their representative organizations (DPOs) in the rapid needs assessment, design, implementation, coordination, monitoring and evaluation of humanitarian preparedness and response programs to ensure their active participation in decision making and planning processes including in appropriate coordination mechanisms.
- Systematically include persons with disabilities in any data collection, and disaggregate all data collected for planning humanitarian response by sex, age and disability (using Washington Group short set of questions, the UNICEF Module on Child Functioning and disability and/or the extended set of question on disability), in registration and all assessments, consider data ethics in data collection use this data to support the design, implementation, monitoring and evaluation of inclusive humanitarian responses;
- Systematically Work towards the identification and elimination of environmental, communication, institutional and attitudinal barriers including through systematic allocation of resources to adapt activities and the project cycle management of humanitarian programs to become inclusive of persons with different types of disabilities.
- Given their double discrimination and intersectionality of different facts such as age, gender and disability, equally Identify the barriers and specific unmet needs of children with disabilities, women, elderly and persons with multiple disabilities in all relevant humanitarian assessments, including nutrition, education, health, protection, shelter, water and hygiene.

² UN (2006) Convention on the Rights of Persons with Disability

- Ensure the accessibility of services including through universal design in programming, policies and in all post-emergency reconstruction;
- Provide inclusive and accessible protection services and mainstreaming of protection, including the removal of disability specific protection risks, ensuring equal access to communication and information, shelter, water, food assistance and essential household items, healthcare, education, and livelihood for persons with disabilities, using both mainstreamed and disability focused specific actions.
- Allocate a budget (proportional to funding availability) for actions such as training humanitarian actors to identify and deliver humanitarian services to persons with disabilities equal to persons without disabilities; conducting awareness campaigns on disability & equality to redress attitudinal barriers; building or modifying services points and facilities for accessibility; producing accessible communication materials; ensuring transportation and outreach to those persons with mobility difficulties; providing assistive devices when lost and/or lacking otherwise; provide sign language interpreters, and mobilizing outreach teams;
- Facilitate access to suitable assistive devices such as wheelchairs, and crutches in evacuation or settlement processes so as to promote independence and improve access to all emergency response services.
- Support community awareness-raising initiatives and actions that are context applicable, disability and gender-sensitive to address negative attitudes at the local level.
- Establish disability focal point, focal agency or task force to represent concerns of persons with disabilities and address disability inclusion issues in humanitarian coordination mechanisms (for instance, in existing clusters or working groups; sector/cluster meetings and other coordination mechanisms as a matter of routine).
- Put systems in place to identify, monitor and address disability specific protection risks as part of the protection response (GBV, Child protection, general protection services) affecting people with disabilities (eg neglect, exploitation, abandonment, intimidation, separation from carers, etc), and discrimination on the base of disability and to monitor their access to services and protective spaces;
- Organize and mainstream outreach services, psychosocial support and rehabilitation to improve low self-esteem and resilience among persons with disabilities
- Ensure the set up of rehabilitation and psychosocial support programmes inclusive of Persons with disabilities

- Monitor, prevent and respond to risks and incidences of physical and/or psychological harm, GBV and other forms of violence or abuse affecting people with disabilities including particular groups (e.g. those who are not mobile, have communication difficulties or are isolated, and for children and adolescents with disabilities).
- Sensitize all international and national humanitarian staff, local and national authorities, religious leaders, and community elders, on the equal rights, protection and safety of persons with disabilities and further strengthen their capacity and skills to identify and include persons with disabilities in humanitarian preparedness and response mechanisms;
- Take steps to ensure the resettlement for those with disabilities in IDP settlements, and those affected by droughts so that they benefit from mainstreamed resilience efforts and specific services that support their inclusion.
- To enhance resilience of persons with disabilities and their families, ensure that in times without crisis all necessary steps are taken to reduce vulnerable factors leading to lowered capacities to withstand emergencies through ensuring:
 - o Primary, secondary and tertiary education are equally accessible to girls and boys, men and women with disabilities;
 - o For those lacking previous access to education ensure adult education opportunities are available;
 - o Functional rehabilitation services including outreach teams are accessible to all persons with disabilities throughout the different regions of Somaliland
 - o Sufficient human and financial resources for professional functional rehabilitation, such as training and employment of sign language teachers (and interpreters), orientation trainers for persons with seeing difficulties, physiotherapy assistants, orthopedic technicians and shoe makers are available to cover the existing needs in Somaliland;
 - o Vocational training and livelihood skills training and income generating opportunities are fully accessible to all persons with different types of disabilities;
 - o All primary, secondary and tertiary health services provided at community center and hospital level are accessible to all persons with different types of disabilities, including the provision of outreach and transport provision.

3.10. Cross-cutting considerations for groups in vulnerable situations

This policy considers the following groups as priority groups that need to be prioritised in service delivery across the sectors, responding the below recommendations.

3.10.1. Women with Disabilities:

Disabled women experience the same oppression as non-disabled women. In addition, disabled women are likely to experience more discrimination than other women from being unable to live up to the demanding ideals for womanhood imposed by society. Hence, protection, employment and education programs should place specific focus on ensuring monitoring and addressing their situation, disability and gender gaps.

Gender and disability gaps should be addressed in order to overcome the following situation: Disabled women's vulnerability to poverty and destitution, malnutrition, illiteracy and recognition in their gender roles and equal reproductive rights.

Objective: Women with disabilities are enjoying equal opportunities to empowerment and protection from rights violations as women without disabilities

Policy Actions:

Somaliland State recognizes that women and girls with disabilities are subjects to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms. The following policy action will be taken in this regard:

- Ensure existing programs and policies on gender equality and mainstreaming consider:
 - Analysis of gender and disability intersections and the impact on women with disabilities in Somaliland;
- Provide protection against exploitation, neglect, abuse and all forms of violence equally to women with disabilities;

- Encourage inclusion of women with disabilities in mainstream women empowerment and development programmes;
- Focus of awareness raising programmes on women with disabilities and their special cases including rights for marriage;
- Ensure programmes and policies on education, employment and provision of rehabilitation services address disability and gender intersections and are equally beneficial for women with disabilities.

3.10.2. Children with Disabilities:

Children with disabilities are the most vulnerable group and need special attention. Somaliland will take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children. They require access to early intervention services, including early detection and identification.

Objective: Children with disabilities are protected from rights abuse and enjoy early and suitable rehabilitation to ensure equal opportunities in access to education and family life.

Policy Actions:

The following specific policy actions will be implemented:

- Facilitate and encourage the provision of early intervention, socialization and recreational opportunities for children with disabilities;
- Ensure right to care, protection and security for children with disabilities;
- Ensure the right to development with dignity and equality creating an enabling environment where children can exercise their rights, enjoy equal opportunities and full participation in accordance with various statutes;

- Ensure inclusion and effective access to education, health, vocational training along with specific rehabilitation services to children with disabilities;
- Ensure the right to development as well as recognition of specific needs and of care, and protection of children with severe disabilities;
- Ensure that the opinions of children with disabilities are considered whenever they can express themselves.

3.10.3. Elderly people with disabilities:

The prevalence of disability increases drastically with the onset of old age. Poor access to home-based health and social services, especially in rural communities, means that elderly people with disabilities often live in the back-rooms of their children's homes. Inaccessible public transport and barriers in the built environment mean that services aimed at the elderly seldom reach those with disabilities. This further contributes to the isolation and depression experienced by this group.

Objective: Elderly persons with disabilities enjoy equal rights, access to appropriate services and care, and enjoy protection from rights abuse.

Policy Actions:

- Ensure that elderly persons with disabilities are considered as a priority group for rehabilitation and development programmes and that national and service related data collection is disaggregated for monitoring their access to services;
- Ensure that outreach services are developed and rehabilitation is provided at home and within the community settings to elderly persons with disabilities.
- Promote support of home based care to families and households with elderly persons and provisions for those elderly persons without families or households to look after them

3.10.4. People with multiple disabilities:

People with a number of disabilities experience greater problems still. Society is challenged for their inclusion. Likewise their families face challenges to provide quality and sufficient care and daily support . People with multiple-disabilities may need specific care, medication, a routine stable environment and a wide range of specialised services.

Objective: Ensure that persons with multiple and/or sever and moderate impairments enjoy equal opportunities and their families are supported to ensure quality and sufficient care.

Policies Actions:

- Ensure that the future development and implementation of social protection and safety programs focus on the needs of households with members with multiple and severe impairments, who are more likely to live in poverty;
- Ensure health service providers are equipped to provide sufficient support;
- Ensure health and rehabilitation professionals are trained sufficiently to provide support to persons with multiple and severe impairments, as well as to their families;
- Consideration should be paid on how to set up a community based system taking care of elderly persons and persons with multiple impairments, who are without family support; and to prevent such situations through timely support to families in their care work.

3.11. HIV/AIDS and Disability

People with disabilities have similar sexual desires as the non-disabled and are equally likely to be affected by the pandemic. Unfortunately, awareness campaigns and treatment facilities in response to HIV/AIDS in majority are not accessible for persons with disabilities. Most persons with disabilities are poor and have little education to enable them access information on HIV/AIDS. The available campaigns against the disease are not disability friendly; for example, all written information is in ordinary print and not in Braille for the visually impaired. Likewise spoken information is not simultaneously translated into sign language for the benefit of the hearing impaired.

Lack of technical aids generally is a drawback to most people with disabilities as it limits their chances of accessing information on HIV/AIDS and thus being more prone to infection for lack of knowledge.

Objective: Ensure HIV and AIDS response and prevention programs are equally accessible to persons with disabilities.

Policy Actions:

- Ensure the inclusion of disability into the national response and policy programs on HIV/AIDS and reproductive health programs integration;
- Ensure all testing and treatment programs and structures are accessible through training of staff on disability and equality;
- A mechanism shall be put in place to ensure that awareness creation programmes on HIV/AIDS are accessible to all people with disabilities

3.12. Human Rights and Laws

Introduction

People with disabilities include those who have long-term impairments, for example, physical, psycho-social, intellectual, sensory and speech and who cannot get involved in society because of different reasons, such as attitudes, language, stairs, and laws, which prevent people with disabilities from being included in society.

Human rights are rights a person has simply because he or she is a human being. Another definition for human rights is *those basic needs without which people cannot live in dignity*.

It is important to recognise that the disabled community has experienced greater discrimination than other citizens. The disability people have experienced, and still experience, comparatively higher levels of exclusion from the social, economic and political

environment. This demands focused targeting in order to rectify past and present inequalities and to support them play their rightful role as citizens.

The Somaliland Human Rights Commission (SHRC) will play a key role in the protection of human rights for disabled person in collaboration with the other stakeholders.

Objective: To ensure that persons with disabilities ensure the same human rights in both cities and the countryside and ensure the protection and appropriate response to Human Rights abuses for disabled people.

Policy Actions:

- As stipulated by the Convention on the Rights of Persons with Disabilities, the needs of persons with will be considered as Human Rights rather than as charity;
- Ensure that the Convention on The Rights of Persons with Disabilities is signed and ratified and adopted by the Somaliland Government;
- Make sure that the human rights of people with disabilities are included in all policies and programs;
- Make sure that people with disabilities enjoy the same rights as all people;
- Promote training programs that will help people be aware of rights of people with disabilities;
- Take action to stop individuals, organizations or businesses from discriminating because of a person's disability;
- Promote trainings about the rights in this Agreement for those who work with people with disabilities to make sure they can work better with people with disabilities;

- Ensure measures that persons with disabilities enjoy same citizenship rights as other citizens and can freely participate in civic participation (elections, being voted, etc.);
- Ensure that staff of law enforcement agencies is trained on disability and the need for accommodating their needs into the justice system;
- Provide free legal aid in access to justice for persons with disabilities who proven to be unable to afford the costs.

3.13. Organizations of and for disabled people

3.13.1. DPOs

SNDF is currently the national umbrella body for the majority national disability NGOs in Somaliland. It is the national forum where most of the registered national organisations of disabled people and service providers, come together to negotiate and develop common visions for the equalisation of opportunities for people with disabilities. Very few of them receive any government support. The war veterans persons with disabilities are regrouped under SOOYAAL.

Persons with disabilities Organizations (DPOs) are an important force in the society. They are representative bodies and a forum for persons with disabilities to voice their opinions needs and determine their own development destiny.

Objective: Enhance the capacity of DPOs and help unify their voices

Policy Actions:

- All stakeholders ensure that DPOs and persons with disabilities are consulted in all affairs that affect their lives;
- The government shall encourage DPOs to advocate for their rights and to represent themselves in all affairs ;
- The government shall encourage the establishment of DPOs and improve their working environment;
- The government shall enable DPOs to participate effectively in income generation to bring about their own development.

3.13.2. Development of NGOs for Disabled People

The National Policy recognizes the NGO sector as a very important institutional mechanism to provide affordable services to complement the endeavors of the Government. The NGO sector is a vibrant and growing one. It has played a significant role in the provisions of

services for persons with disabilities. Some of the NGOs are also undertaking human resource development and research activities.

Government has also been actively involving them in policy formulation, planning, implementation, monitoring and has been seeking their advice on various issues relating to persons with disabilities.

Objective:

Policy Actions:

- A Directory of NGOs working in the field of disability will be prepared properly mapping them by geographic regions along with their major activities;
- Interaction with NGOs will be enhanced on various disability issues regarding planning, policy formulation and implementation;
- Networking, exchange of information and sharing of good practices amongst NGOs will be encouraged and facilitated;
- There are regional/State imbalances in the development of the NGO movement. Steps will be taken to encourage and accord preference to NGOs working in the underserved and inaccessible areas. Reputed NGOs shall also be encouraged to take up projects in such areas;
- NGOs will be encouraged to develop and adopt minimum standards, codes of conduct and ethics;
- Transparency, accountability, procedural simplification etc. will be guiding factors for improvement in the NGO-Government partnership;
- The NGOs shall be encouraged to mobilize their own resources to reduce the dependence on grants-in-aid from the International Donors and also to improve the availability of funds in the sector;
- Government will provide financial support to some prominent national NGOs, operating in the disability field, wherever possible;
- NGOs will be trained in resource mobilization for sustainability.

CHAPTER 4: Stakeholders Responsibilities for Implementation

People with disabilities have the right and equal opportunity for development and receive the same services from the society as the non-disabled. Their participation in the life of the community must target on reduction or elimination of dependency and equal recognition as citizens.

The successful implementation of this policy relies on active contribution of all stakeholders considering that the Government's resources are scarce.

In order to focus on equal development benefits and improved service to people with disabilities in the implementation of this policy, the following shall be the responsibilities of principal stakeholders:

The National Disability Policy in Somaliland can best be implemented when integrated into government policies and programs under the National Development Framework.

4.1 The Central Government (MESAF and other Ministries):

- Ensure that the line ministry on disability, MESAF, together with other key ministries draws up a national action plan on implementing priority issues of the policies in the upcoming five years and its regular monitoring, updating and implementing;
- Supervise quality and scope of mainstreaming and specific service provision and related resource allocation;
- Review relevant legislation so as to bring about equal development to people with disabilities;
- Ensure equal participation, inclusion and equal opportunity for people with disabilities in their daily life and social and political live of Somaliland;
- Encourage local authorities to ensure equal political participation and recognition;

- Ensure that sufficient NGOs and other development stakeholders cooperate and are available with relevant resources (knowledge, financial and institutional) to provide equal access to existing and specific services to people with disabilities.

4.2. The National Disability Commission (NDC):

The membership of the future NDC should consist of Government Line Ministries (specifically planning, finance, Labour and Social Affairs, Gender focal points, Education, Health, Information, Election commission, governance, transport, information), Disabled People's Organizations, key donors and multilateral agencies, pro-disability organizations and Disability experts. This composition is the ideal because disability is a cross cutting issue and because NDC will remain ineffective if not consisting of multiple stakeholders.

The functions of National Disability Commission include:

- Facilitate, coordinate, monitor and disseminate progress and content of the implementation of the National Disability Policy and its regular update (in close cooperation with MESAF see above for the national action plan);
- Provide a link between Government and civil society via various disabled people organizations;
- Develop a management system for the coordination of disability planning, implementation and monitoring in the various departments; provide advice to the various government departments on disability matters;
- Ensure wide public education, as well as capacity building for the disability and mainstream sectors, and government departments to implement this Policy;
- Facilitate and coordinate public awareness programmes aimed at changing fundamental prejudices in society; facilitate budget analyses to identify whether sufficient resources are targeted towards disability, and particularly towards the integration and empowerment of disabled people;
- Facilitate the development of legislation and make sure that existing laws are disability friendly;

- And facilitate and promote the allocation of sufficient financial resources in support of the implementation of this Policy are allocated by the respective ministries responsible for the sectors;
- Produce biannual reports on disability covering issues such as achievements, challenges, and human rights violations against persons with disabilities.

4.3. Local Authorities (municipal and regional government offices):

- Inclusion of PWDs in their local governance decision making and program design;
- Ensure that local development plans and initiatives under their responsibility take note of key components of the policy and are inclusive of disability;
- Ensure sufficient actors are available to facilitate accessible local governance structures are available and people with disabilities are accessing referral to services specific to their needs;
- Provide protection to people with disabilities before the law and against rights violation as outlined in the policy;
- Ensure that basic services provided in their jurisdiction are made accessible successively to cover basic needs provided for in the policy;
- Identify and promote the collaboration with NGOs that provide mainstream and specific services to people with disabilities and coordinate their activities;
- Participate in the monitoring of the progress of the policy on their local level.

4.4. Families/Village Communities:

- In collaboration with local authorities and NGOs, families/village communities shall advocate for the local implementation of the disability policy;
- Make themselves aware of their rights and obligations under this policy;
- Provide protection to people with disabilities as outlines in the policy;
- In collaboration with local authorities and NGOs, families/village communities shall plan and implement local inclusive action responding to their needs.

4.5. Non-governmental Organizations:

- In collaboration with local authorities NGOs shall identify barriers and facilitators for access to services and people with disabilities and their needs in line with the policies;
- To provide services equally to people with disabilities in collaboration with local authorities;
- To provide protection to people with disabilities in their service provision;
- In collaboration with local authorities, NGOs shall sensitize and ensure the participation of people with disabilities and their families in the planning, monitoring and implementation of the disability policy.

APPENDIX 1: Definitions.

(a) Impairment: refers to an actual physical loss or reduction of functioning in an individual, e.g. loss of vision, hearing, movement, speech, or ability to learn

(b) Disability: refers to the way in which an individual with impairment is dis-abled by the society, through barriers to access, discrimination, exclusion etc.

(c) Person with Disability:

A person is disabled because he/she is discriminated against due to barriers, fear, myth or attitude.

(d) Definition of Disability

The Convention on the rights of persons with disabilities (CRPD) defines disability as including: '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.'

(e) "Organizations of persons with disabilities" means associations or societies formed by persons with disabilities for their welfare and protection;

(f) "Organizations for persons with disabilities" means associations or societies formed for the purposes of rendering services to persons with disabilities;

(g) Rehabilitation:

Rehabilitation includes all measures aimed at reducing the impact of disability for an individual, enabling him or her to achieve independence, social integration, a better quality of life and self-actualisation **Rehabilitation** includes not only the training of disabled people but also interventions in the general systems of society, adaptations of the environment, protection of human rights and empowerment.

(h) Community Based Rehabilitation (CBR):

CBR is a strategy within general community development for the rehabilitation, poverty reduction, equalization of opportunities and social inclusion of all people with disabilities...through the combined efforts of people with disabilities themselves, their families, organizations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services”

(The ILO, UNESCO and WHO Joint Position Paper, 2004)

(i) Integration:

Level of involvement and acceptance of persons with disabilities in the community.

(j) Equalization of opportunities for persons with disabilities:

Provision of equal opportunities and services to people with disabilities alongside the non-disabled.

(k) Work:

Any legal activity that enables a person with disability live independently.

(l) Orthopedic Appliances:

Appliances which assist the functional ability of a disabled person.

(m) Environmental barriers constitute those features or lack of provisions which make public and private buildings, such as schools, offices, shops, and transport as well as information and communication systems inaccessible to persons with different impairments.

(n) Attitudinal barriers are composed of negative beliefs, misperceptions on cause or impact of disabilities on persons and their families, misconceptions about the capacities of persons with disabilities or negative sentiments towards persons with disabilities.

(o) Institutional barriers include local, national, sector or global policies, strategies, practices, legal frameworks and procedures which oversee the rights of persons with disabilities or discriminate directly against them, adopted by entities such as service providers, employers, businesses, governments, development actors or public agencies.

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