



Ministry of Employment, Social Affairs & Family

Survey for

**PROBLEMS FACED CHILDREN WITH
DISABILITIES IN SOMALILAND**

Final Report

Implemented By:

Ministry of Employment, Social Affairs and Family

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FOREWORD

This report presents the findings of the survey of “**Problems Faced Children with Disabilities in Somaliland**”. Evidence has shown that the intended interventions are often hampered by inaccurate data. It is in response to this that the Survey on Problems Facing Children with Disabilities in Somaliland was conducted by MESAF between September and October 2021.

The statistics and analysis in this report provide very important information about Problems Facing Children with Disabilities in Somaliland and afford a better understanding of their situation and background characteristics. Children with disabilities will continue to face barriers and limitations in accessing services or participating in various activities if there are no interventions or formulation and implementation of policies to address these issues through the equitable allocation of resources to support children with disabilities. Therefore, the findings of this survey are an eye-opener to stakeholders and a clarion call to re-strategize to address the needs identified.

The Information contained in this report will support evidence-based decisions and support planning and implementation by the relevant agencies, NGO’s and various arms of Government to ensure that "no one is left behind" and everyone has equitable opportunities for whatever services and activities that are available.

The report also includes recommendations to support inclusive development policies, activities, services, and infrastructure, to ensure full participation and access for children with disabilities. It is our wish that the report will be accessible and distributed to relevant stakeholders, public and private sectors, NGOs, development partners, and all those interested in supporting the inclusion and participation of children with disabilities.

The Survey on Problems Faced Children with Disabilities in Somaliland was undertaken as a response to the greater demand for accurate and consistent statistical information on problems facing children with disabilities in Somaliland.

On behalf of the Ministry of Employment, Social Affairs, and Family, I wish to call upon all stakeholders to take cognizance of the findings and recommendations in this report to improve the living conditions among children with disabilities in Somaliland. Suggestions are most welcome so that the ministry can improve similar publications to be brought out in the future.

Hon. Mustafe Mohamoud Ali Bile

Minister of the Ministry of Employment, Social Affairs and Family

ACKNOWLEDGMENT

The Ministry of Employment, Social Affairs, and family would like to thank you for their invaluable support and commitment to all those who participated in the realization of this report on “Problems Faced Children with Disabilities in Somaliland”.

On our behalf, we wish to thank the Department of Research and Statistics for managing all the activities that led to the successful implementation of this survey. Without their support, we would not have been able to produce this publication.

Special thanks go to **Mukhtar Abib Omer** who regulated, clarified, analyzed, and produced this report.

A big appreciation and acknowledgment to the tireless fieldwork team –Interviewers, and Supervisors for their dedication and commitment to the enumeration and field operations undertakings, resulting in the full coverage and successful completion of the survey. They worked tirelessly to make sure that the survey was a success. To all of you, we say thank you.

We want to mention particularly all the respondents who provided the information needed to accomplish the objectives of this survey. Without their cooperation, the survey would not have been possible.

Last but certainly not least, we would like to extend this many thanks to all the sampled households, and KIIs for sharing their ideas, perceptions, and information regarding the problems Facing Children with Disabilities in Somaliland.

Abdirashid Ibrahim Sh. Abdirahman

Director General – Ministry of Employment, Social Affairs, and family

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EXECUTIVE SUMMARY

This study was used to find out the factors that problems facing children with disabilities in Somaliland. It applied quantitative and qualitative research approaches, particularly it adopted a survey research design. The study population eligible for participation in this assessment was adults living in Somaliland aged 18 years and over who had a child with a disability. Subsequently, it targeted government officials in the institutions that are directly responsible for social issues such as the MESAF, as well as directors of disability Centers in Somaliland. The sampling approaches were stratified probability sampling and purposive non-probability sampling. The sample size was 327 determined using an Online Sample Determination Calculator. Before the data collection, the objectivity of the tool was determined during the piloting of the tool whereas the validity and reliability of the tool were ensured. The collected data were analyzed using descriptive statistics and the thematic analysis method. In further, research ethics were highly appreciated to safeguard the rights of respondents' identities, integrity, and personal privacy as well as reporting the data as a block instead of highlighting individual cases.

From the analysis of the study, the researcher found out that:

- 35% of respondents were from the Marodijeex region while 28% were from the Togdheer region, 16% were from Awdal, 12% were from the Sanaag region and 9% were from the Sool region. This indicates that most of the respondents were from the Marodijeex region since it is the most populated region of the regions in the country. As well as most centers for children with disabilities are in Marodijeex.
- 63% of respondents were female while 37% of respondents were male. This indicates that most of the participants that took part in the assessment were female.
- 39% of the respondents were aged between 35 and 44 years, and 35% were aged between 25 and 34 years.
- 64% of the Respondents were married, 22% of the respondents were single, 12% of respondents were Divorced and only 3% were widowed.
- 38% of the respondents did not have any formal education,
- 63% of children with disabilities were boys and 37% were girls.
- 32% and 24% of the children had a hearing and mental impairment respectively. Also, 24% had physical disabilities and 10% had multiple impairments. Visual impairment and speech recorded a prevalence of 6% and 5% respectively.

- 42% of the children were aged between 11 and 15 years while 37% of the disabled children were aged between 6 and 10 years, and 13% were aged between 16 and 18 years. Only 8% is less than 5 years.
- 30% of disabled children acquired their impairments after birth, and 61% of children were born with impairments.
- 57.5% agreed that public buildings are inaccessible to children with disabilities in Somaliland.
- 54% ensured that there is inaccessible public information and orientation due to a lack of sign language, audiotapes, Braille, or pictorial provisions.
- 51% agreed that children with disabilities do not have special schools with the educational facilities and types of equipment that children with disabilities are needing in their nearby area.
- 49% of the respondents agreed that children with disabilities face accessibility problems of medical care, rehabilitation services, and other special services to fit into society.
- 50% agreed that children with disabilities do not have their places to play.
- 45% of respondents agreed that children with disabilities faced community/school discrimination. Children with mental impairments face the most discrimination than other children with impairments.
- 42% of the respondents reflected those children with disability have low self-esteem due to negative attitudes from the community.
- 34% of the respondents ensured that there is a low understanding of the benefits of inclusive education for both children with disabilities and children without disabilities.
- 48% agreed that children with disabilities were not involved in decisions that affect them as agents of change.
- 76.45%, agreed on those problems facing children with disability in Somaliland is including institutional problems and most of the respondents suggested that there is a lack of any national statistical research to guide planning and research allocation for the children having a disability.
- 64.5%, assured that poor implementation of disability procedures and policies is highly influencing the problems facing children with disability.
- 68.50%, suggested that there is a weakness and inconsistent existing mechanisms for collaboration, coordination, and networking among different stakeholders in service delivery.

- 55.66%, discussed that there is no or little awareness of children with disability and their rights in the community of Somaliland.
- 45.57%, of the respondents presented that rehabilitation services for children with disability do not have the required sustainability methods of supplying aids.
- 29.97% (327) approved that the children with a disability meet with SBV and others of exploitation and abuse.
- 45.26%, have limited skills to support their children with disability. While other 18.65% of the parents have the required skills to support their children with disability.

From the findings, this study recommends that the Ministry of Education must review the curriculum to ensure a meeting of the requirements of children with disability and by assuring to provide appropriate and adequate education infrastructure including education buildings, equipment, personnel, and protection services while in school. Also, the Ministry of Education and education partners need to focus on advocacy, mobilization, and sensitization of children with disabilities. There is a need to increase the knowledge and awareness of the rights of children with disabilities in the community. Additionally, The Ministry of Health should ensure that all children in Somaliland have access to proper healthcare, particularly the children with disabilities. Subsequently, there is a need to undertake detailed research on children with disabilities issues, including prevalence, attitudes, access to rights, challenges, and services that they get, and the gaps thereof.

ABBREVIATIONS AND ACRONYMS

CRC: Convention on the Rights of the Child

CRPD: Convention on the Rights of Persons with Disabilities

CwDs: Children with Disabilities

HI: Handicap International

KII: Key Informant Interview

MESAF: Ministry of Employment, Social Affairs, and family

MoNPD: Ministry of National Planning and Development

SPSS: Statistical Package for Social Sciences

UN: United Nations

UNESCO: United Nations Educational, Scientific and Cultural Organization

UNICEF: United Nations International Children's Emergency Fund

WHO: World Health Organization

TERMS AND CONCEPTS

Accessible: Here the term ‘accessible’ indicates the possibility for an individual to independently use the space and facility in a building.

Accommodation: Accommodation is used for those buildings that have been previously constructed and in which physical accessibility facilities have not been considered, but they are accommodated or are being made suitable for use by persons with disabilities by, for example, building wheelchair ramps.

Assistive Devices/technology: Tools, implements, and specialized equipment provided to persons with disabilities to assist them in education, employment, or other activities of daily living.

Beliefs: Refers to the customized notions that people have towards children with disabilities

Building Infrastructure: Refers to constructed structures under which persons of different abilities ought to receive services such as; shelter, health care, education, hospitality, and engagement in recreation and economic activities.

Building Regulations: These are laws, legislation, or building codes that guide the construction of more accessible building infrastructure for example through the installation of ramps, lavatories with grab rails, wide doors, and other features in the built environment that facilitate easier access of building infrastructure by physically disabilities persons.

Built Environment: It refers to constructed features either indoor or outdoor that make building infrastructure accessible or inaccessible by physically disabled persons. These include; car parks, ramps, staircases, doors, floors, access routes, and spacious lavatories.

Child: Any person under the age of 15 years according to the Islamic Perspective and Somaliland Constitution.

Disabilities: Physical, sensory, intellectual, or other impairment, including visual, hearing, learning, or physical incapability, which impacts negatively on the social, economic, or environmental participation of the person.

Inclusion: This is a philosophy that focuses on the process of adjusting the home, school, and society so that all individuals, regardless of their differences, may have the opportunity to interact, play, learn, work and experience a feeling of belonging as well as experiment to develop by their potentials and difficulties.

Intervention Programs: These are programs that include assessment, placement, and adaptation of the curriculum, environment, and facilities to ensure that they are disabilities friendly and can accommodate the various categories of learners with special needs.

Public buildings: The meaning of ‘public buildings’ in this research refers to those buildings that render different types of public services for people in society.

Special Schools: These are schools set aside to offer education to children with disabilities.

INTRODUCTION

The Republic of Somaliland is a self-declared state, internationally considered to be an autonomous region of Somalia. Somaliland gained independence from Britain on June 26th, 1960. On July 1st, 1960, the state of Somaliland united with Somalia, a territory under a U.N. mandated Italian Trusteeship until that same day, thereby creating the Somali Republic. The Republic of Somaliland restored its independence after the total collapse of Somalia on 18th May 1991 as a result of the civil war of the late eighties and early nineties. Somaliland is located in the horn of Africa, sharing boundaries with the Gulf of Aden in the north, Somalia in the east, the Federal Republic of Ethiopia in the south-west, and the Republic of Djibouti in the north-west. It has an estimated population of 4.2 million people and covers a total surface area of about 176,119.2 square kilometers and a coastline that is 850 kilometers long. It lies between Latitudes 8^o and 11^o 27' North and Longitudes 42^o 35' and 49^o East and has mountain ranges rising to 1800 and 2100 meters in the center and the east of the country respectively (Somaliland Ministry of Planning and National Development, 2020).

Disability falls under the remit of the Ministry of Employment, Social Affairs and Family (MESAF). In 2011, MESAF with support from Cesvi reviewed a national disability policy. The process and writing were facilitated by Disability Action Network, a local NGOs, with technical support from Handicap International (HI). The Disability Policy was approved by Parliament in May 2012. Like most countries in the region, Somaliland has limited reliable, comprehensive, and timely data on persons with disabilities.

According to a report by the World Bank and the World Health Organization (2011), about 15% of the world population has been estimated to be living with some sort of disability. It is estimated that there are 750 million disabled people in the world, approximately 10% of the world's population; 150 million are children and 80% live in low-income countries with little or no access to services. Only 2-3% of disabled children in poor countries go to school (World Bank, 2009).

In Somaliland, a survey targeting 767 households found that as high as 42% of households had at least one child with a disability, an estimation that was a higher than expected incidence of disability (CEVSI & Handicap International, 2012). The Somaliland National Disability Policy estimates based on international figures noted that there were 535,000 to 546,000 persons with disabilities in Somaliland in 2012 (Ministry of Labour and Social Affairs, 2012). In 2014, the estimated number of persons with disabilities in Somaliland had risen to between 635,000 to 646,000 (Somaliland National Disability Forum, 2014).

Globally, according to the World Health Organization (WHO), "people with disabilities are among the most marginalized groups in the world.... People with disabilities have poorer

health outcomes, lower education achievements, less economic participation, and higher rates of poverty than people without disabilities” (WHO, 2011a).

Historically, persons with disabilities have been marginalized and denied equitable participation opportunities. They have been criminally victimized within the society’s institutions mostly due to negative psychological factors such as negative attitudes, prejudices, stereotyping, and stigmas (Hughes, 2005). About 80% of the world’s PwDs live-in low-income countries where they experience social and economic disadvantages and denial of rights (United Nations, 2015). Their lives are made more difficult by the way society interprets and reacts to disability. In addition to this, environmental, institutional, and attitudinal barriers exacerbate the impact of disability. These barriers deter PwDs from effectively participating in mainstream society.

Over the past decades, disability has become a human rights issue (UNESCO, 2009). The Convention on the Rights of the Child (CRC) (1989) became the first treaty to solidify the rights of children. CRC guarantees children with disabilities the enjoyment of all rights entitled to all children (United Nations, 1989). Article 2 of this Convention reveals that no child should be subjected to any form of discrimination on the grounds of their disability. Article 23 further makes concrete the rights and freedoms of children with disabilities and reiterates the importance of promoting their full enjoyment of life and the freedom of living as independent people. The Convention on the Rights of Persons with Disabilities (CRPD) also cites specifically in Article 7 that children with or without disabilities must fully enjoy all human rights on an equal basis and further demands measures for the protection of these rights.

Children with disabilities in Somaliland, along with their families, require comprehensive and flexible support to enable their equal participation in society with other children. Although in recent years significant improvements have been made to the legal framework, children with disabilities still face substantial difficulties with the availability and quality of social, healthcare, and educational services, and their families still encounter problems of poverty and insufficient financial support for additional costs related to the disability. Lack of evidence-based data on the nature and extent of disabilities as well as problems that CwDs in Somaliland face has posed challenges in terms of planning for this segment of the population.

This study intends to explore the problems facing children with disabilities in Somaliland, using qualitative and quantitative research methods to unearth better solutions to problems encountered by the children with disabilities and recommend appropriate strategies for the problem.

1.2 Aim and Objectives of the Study

The overall objective of the study was to explore problems faced by children with disabilities in Somaliland using Existing Disability Centers as a case study. Specifically, the study intended to:

1. Investigate environmental problems faced by children with disabilities in Somaliland
2. Examine attitudinal problems faced by children with disabilities in Somaliland
3. Identify institutional problems faced by children with disabilities in Somaliland

2 STUDY METHODOLOGY

2.1 Design and Approach

This study used mixed research of quantitative and qualitative research approaches. The study was used a survey research design¹ specifically a cross-sectional survey² research design.

In the survey, these approaches were employed including survey interviews for HHs to explore problems faced by children with disabilities. KIIs were used to garner data from more informative individuals including directors of disability centers, government institutions officials such as the Ministry of Health Development, and the Ministry of Employment Social Affairs and Family.

2.2. Target Population

The data of this study was gathered from the six administrative regions of Somaliland – Awdal, Sool, Sanag, Sahil, Marodijeh, and Togdher. The target population for this study was all existing disability centers in Somaliland. The study population eligible for participation in this assessment was adults living in Somaliland aged 18 years and over who had a child with a disability. Subsequently, it also targeted government officials in the institutions that are directly responsible for social issues such as the Ministry of Employment Social Affairs and Family and Ministry of Health Development, as well as directors of disability centers in Somaliland.

¹ Survey design is adopted because it does not involve manipulation.

² Cross-sectional survey design for collecting data from a large number of respondents in a relatively short time where they will not be gone back to collect the same data with the same tools for the future

2.3 Sampling and Sampling Procedure

The study used an online sample size calculator³ to determine the sample size using the precisions and assumptions of 95% confidence level, 5% margin of error, and 5% level of significance. Both probability and non-probability sampling approaches were applied for testing the research participants. The study subsequently employed stratified probability sampling techniques, particularly proportionate stratified sampling techniques for the specified strata of the target population. And final respondents were selected using simple random probability sampling. Likewise, the study was eyed purposive non-probability sampling for selecting the participants of Key Informant Interviews (KII).

2.4 Data Collection Procedure

The interview method was applied as a data collection method in this survey by adopting survey interview techniques as well as KII techniques for the process of gathering the data. Accordingly, interview data collection guideguidelinesklist –questionnaire, and KII, guidelines were employed for the collection of the data from the respondents. The questionnaire was a semi-structured one that encompasses blended close-ended and open-ended items in order the capture all the possible responses of the participants. Further, to perform data collection, an online data collection system was used where research assistants used a Tab installed application for garnering the data from the respondents in an offline format while they are in the field and uploading the collected data as their phones are get connected with the network.

Furthermore, enumerators were given 2 days of comprehensive training and piloting for introducing them to the research field guidelines such as survey requirements, research ethics – confidentiality and privacy – and how to discuss survey questions with the respondents. Similarly, collecting and recording data accurately; completing data collection tools correctly; reviewing the data collected for completeness and accuracy; documenting and reporting challenges to the data collection team. Thereby, having a common understanding of the items of the tool to prevent misinterpretation of the questions as well as being neutral and non-bias during the data collection.

Afterward, the research team has the responsibility for the data quality management – validity, reliability, and integrity – of the data collection. Therefore, the research team

³<http://www.raosoft.com/samplesize.html>

technically guided the data collection procedure during the fieldwork for ensuring the sampling technique, the survey procedure, the convenient selection, and the application of the sampling procedure. For ensuring and ascertaining the data veracity, the data quality control checks ensued during the data collection days. Each day's work is being sent to the system while a technical research team is checking and giving daily feedback and reflections to the enumerators for the improvement of the data quality as well as removing the pitfalls and drawbacks.

2.5 Data Analysis

Quantitative data were cleaned and checked for consistency. Cleaned data were loaded into Statistical Package for Social Sciences (SPSS) version 23. It was then analyzed and presented in tables and figures using descriptive statistics. Data interpretation was done according to objectives. Qualitative data were downloaded, transcribed, and analyzed using Nvivo 11. Themes were developed and results were interpreted concerning the objectives of the study. Data were analyzed using the Grounded Theory method and presented using the thematic analysis approach. Data sets were triangulated and presented.

Data were analyzed at a 95% degree of confidence; 5% level of significance and a 5% margin of error since these values are conventionally used in social science research.

2.8 Ethical Considerations

Survey data collection training fully articulated the ethical consideration required in the fieldwork data collection. The enumerators were trained in fieldwork principles and guidelines, identification of whom to interview, how, and introduction of the survey. They also explained overarching themes of research ethics including confidentiality, privacy, and how to read the questions - neutrality, non-bias, and integrity. This enabled the enumerators to grant for safeguarding the rights of respondents' identities, integrity, and personal privacy. The data was archived in a highly protected account with passwords and backups with General Data Protection Regulation (GDPR) requirements. Further, the data were analyzed anonymously.

3 FINDINGS OF THE SURVEY

This chapter presents an analysis and presentation of the findings of the purpose of the study, research objectives, and research questions that the researcher had set. The purpose of the study was to examine problems faced by children with disabilities in Somaliland using existing disability Centers in Somaliland.

Measuring disability has been a challenging task globally due to several factors key among them a lack of a clear definition of persons with disabilities, a lack of generally agreed measurement standards, and cultural issues that tend to stigmatize persons with disabilities. This has made international comparisons of disabilities prevalence rates and other characteristics of persons with disabilities difficult. However, at a global level efforts are being made to support the production of reliable statistics on disabilities that are internally comparable and that serve the needs of individual countries (Stanford Encyclopedia of Philosophy, 2011; UNICEF, 2013).

The approach used in this study was based on the International Classification of Functioning, Disabilities, and Health (ICF). The household survey focused on the main types of disabilities namely visual impairment, hearing impairment, Physical Disability, and intellectual disabilities.

3.1 Background Information of the Respondent

The study sought to find out the respondent's bio-data by way of region, gender, age, marital status, and respondent educational level. The information about this parameter is presented in sections 3.1.1 through 3.1.5

3.1.1 Region of the Respondents

Data were collected from the different regions of Somaliland. It was necessary to determine the respondent's region. Figure 2 summarizes the responses from the regions regarding the number of participants.

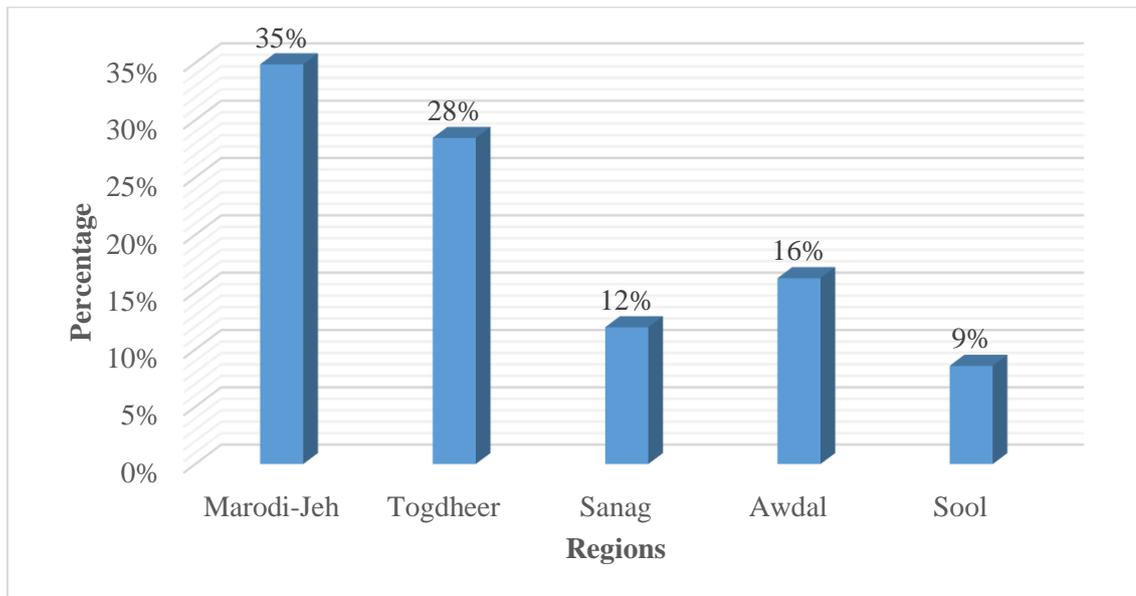


Figure 2. Distribution of respondents by region.

Figure 2 shows the dispersion of respondents across the regions. It shows that (35%) of respondents were from the Marodijeex region while 28% were from the Togdheer region, 16% were from Awdal, 12% were from the Sanaag region and 9% were from the Sool region. This indicates that most of the respondents were from the Marodijeh region since it is the most populated region of the regions in the country. As well most centers for children with disabilities are in Maroji-Jeh.

3.1.2 Gender of the Respondents

Respondents were also asked to indicate their gender. This information was necessary to determine the percentage of men and women as shown in Figure 3.

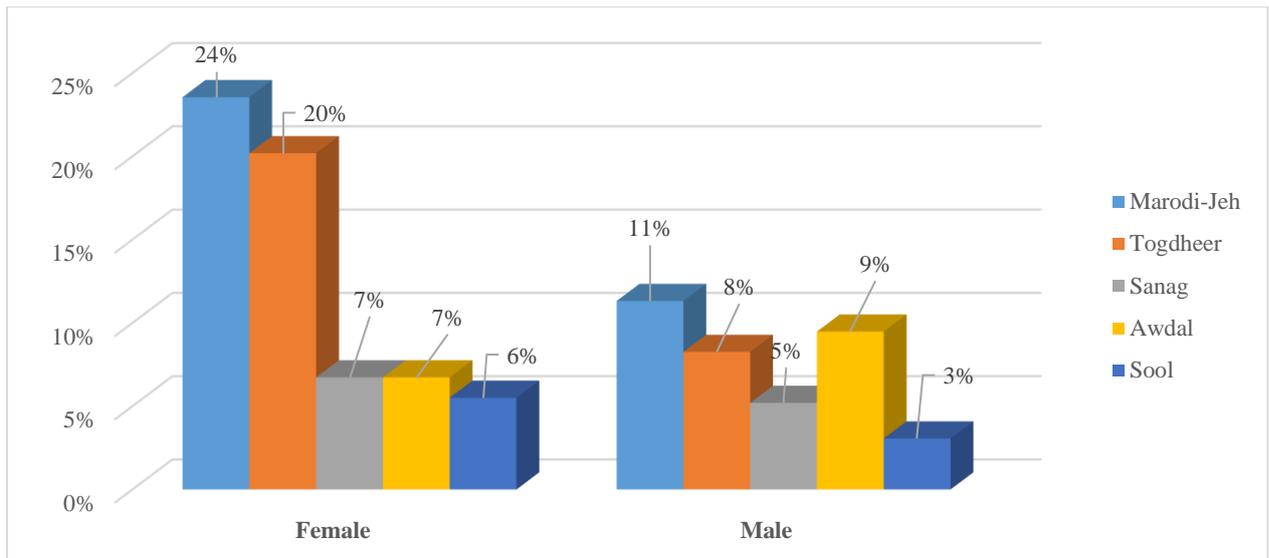


Figure 3. Gender of the respondents and regions.

Figure 3 shows the distribution and nature of respondents by their gender to take part in the assessment. It shows that 63%, of respondents, were female while 37% of respondents were male. This indicates that most of the participants that took part in the assessment were female. Most of the female respondents 24%, were from the Marodijeh region while also most male respondents, 11%, were from the Marodijeh region. The least number of female participants were from the Sool region while the least number of male participants were similarly from the Sool region.

3.1.3 Age of the Respondents

Respondents were asked to specify their Ages. This enables us to know the age distribution of respondents as presented in Figure 4.

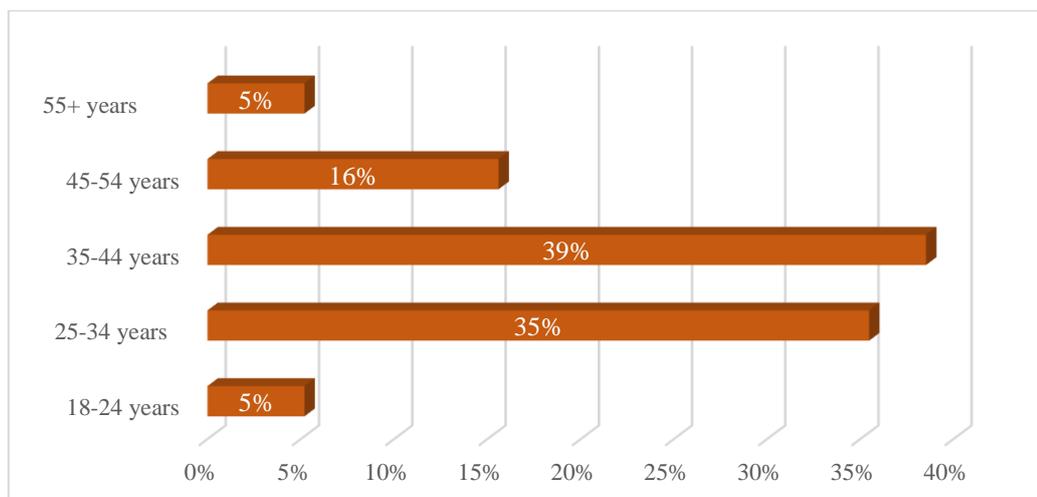


Figure 4. Age of the respondents.

Figure 4 shows the different age groups of the respondents. Only 5% of the respondents were aged between 18 and 24 years. 39% of the respondents were aged between 35 and 44 years, 35% were aged between 25 and 34 years, while 16% were aged between 45 and 54 years of age. Only 5% were aged 55 years or older. The results show that most of the respondents that were of the study were between the age of 35 and 44 years.

3.1.4 Marital Status of the Respondents

Respondents were asked to point out their marital status. Marital status is important for knowing the condition of the respondents. The responses obtained are summarized in Figure 5.

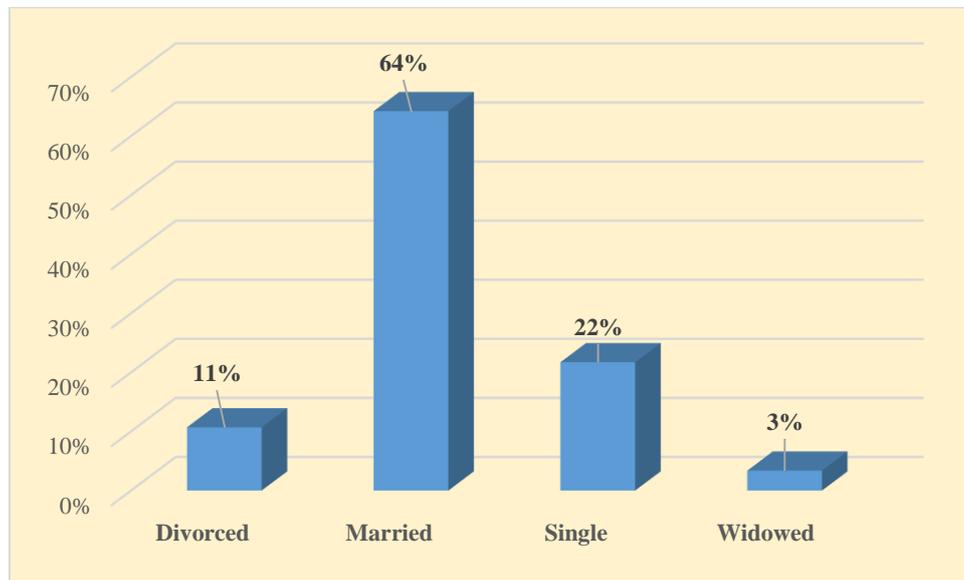


Figure 5. Marital status of the respondents.

Findings in Figure 5 indicated that 64% of the Respondents were married, 22% of the respondents were single 12% of respondents were Divorced and only 3% were widowed. This showed that the majority of the respondents were married.

3.1.5 Educational Level of Respondents

Respondents were also requested to state their education level. This information was necessary to determine the diversity of their educational level as portrayed in Figure 6.

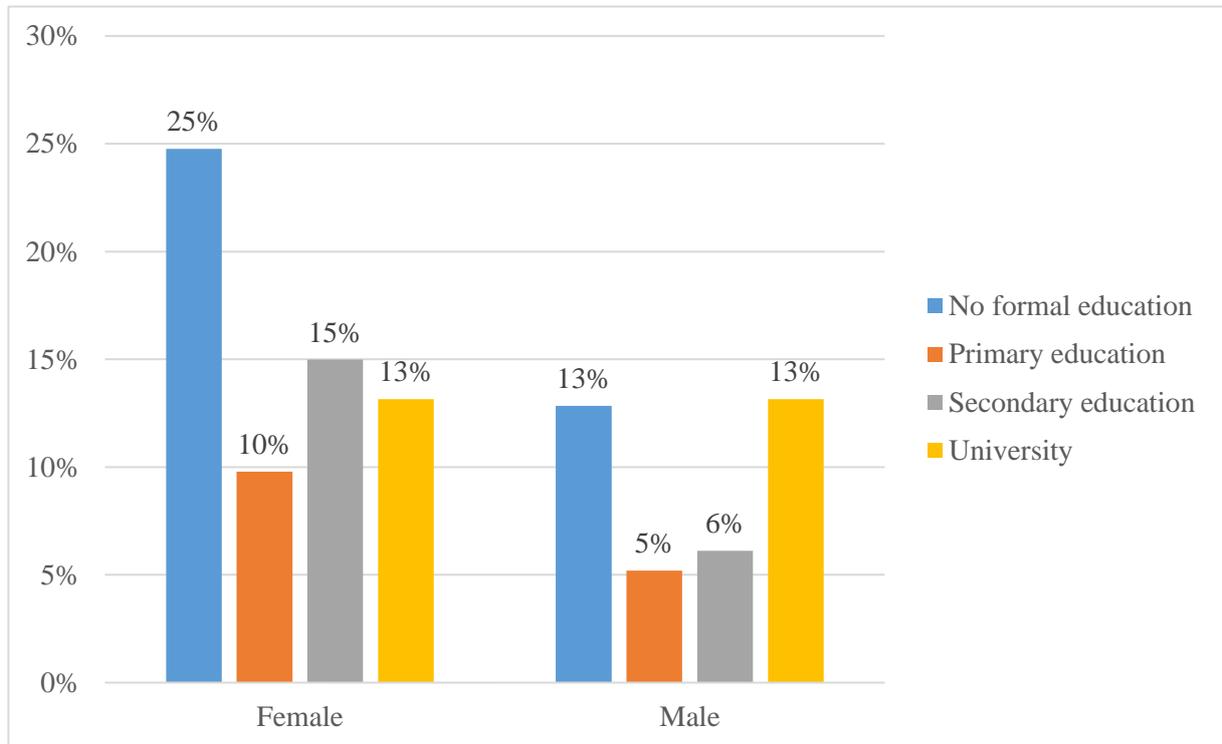


Figure 6. The educational level of the respondents and gender.

Figure 6 shows the categories of educational levels for respondents. It shows that 38% of the respondents did not have any formal education, which necessarily affects their ability to support children with disabilities. For example, many of them stated that they were not familiar with laws and policies governing children in general, and children with disabilities in particular. Similarly, their ability to embrace appropriate methods and standards to take care of children with disabilities is limited due to lack of education. 15% had primary school education, 21% had secondary education, while 26% had a university education.

3.2 Background Information of Children with Disabilities

3.2.1 Children with Disabilities' Gender and Region

The respondents were requested to indicate the gender of their children with disabilities. Their responses are displayed in Figure 7.

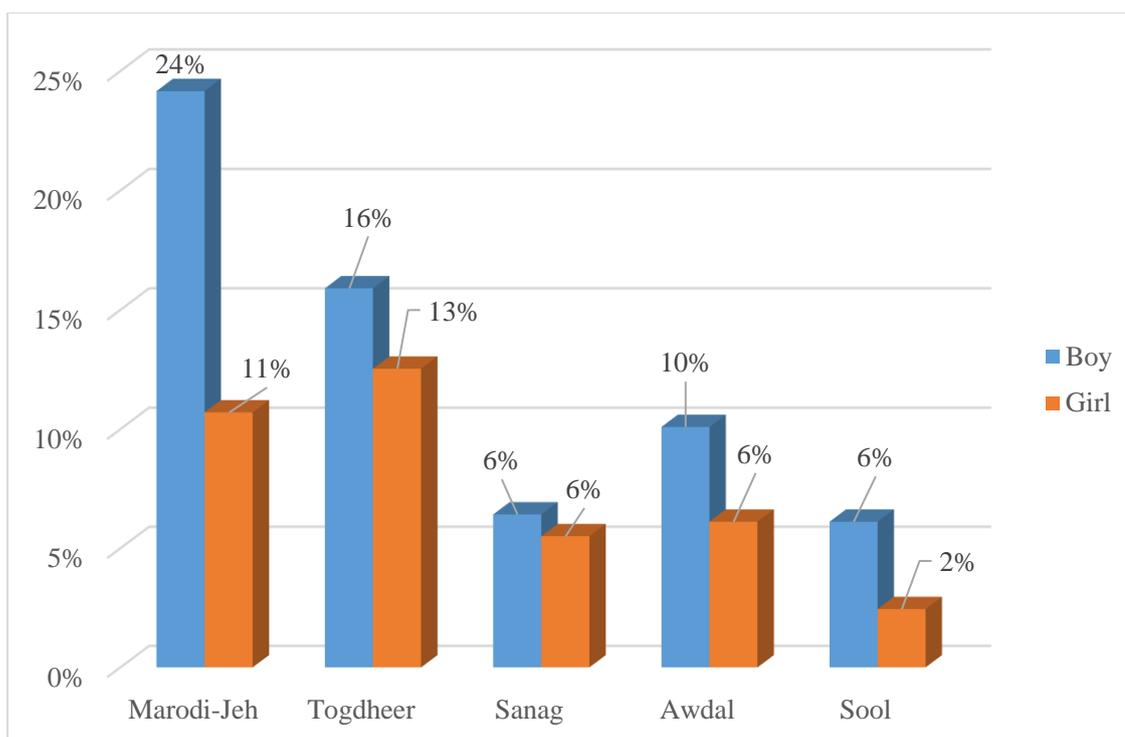


Figure 7. Children with disabilities' gender and region.

As shown in Figure 7 showed a relatively even distribution of disabilities among males and females where 63% of children with disabilities were boys and 37% were girls. Therefore, there were more boys with disabilities than girls.

3.2.2 Type of Impairment and Gender

Table 2

Type of Impairment and Gender

Type of impairment	Boy	Girl	Grand Total
Hearing	23%	9%	32%
Mental	17%	7%	24%
Multiple (explain)	6%	4%	10%
Physical	12%	12%	24%
Speech	4%	0%	5%
Visual	1%	4%	6%
Grand Total	63%	37%	100%

Table 2 shows that 32% and 24% of the children had a hearing and mental impairment respectively. Also, 24% had physical disabilities and 10% had multiple impairments. Visual impairment and speech recorded a prevalence of 6% and 5% respectively.

3.2.3 Age of Children with Disabilities

Respondents were asked to provide the ages of their children with disabilities. Their responses are presented in Figure 8.

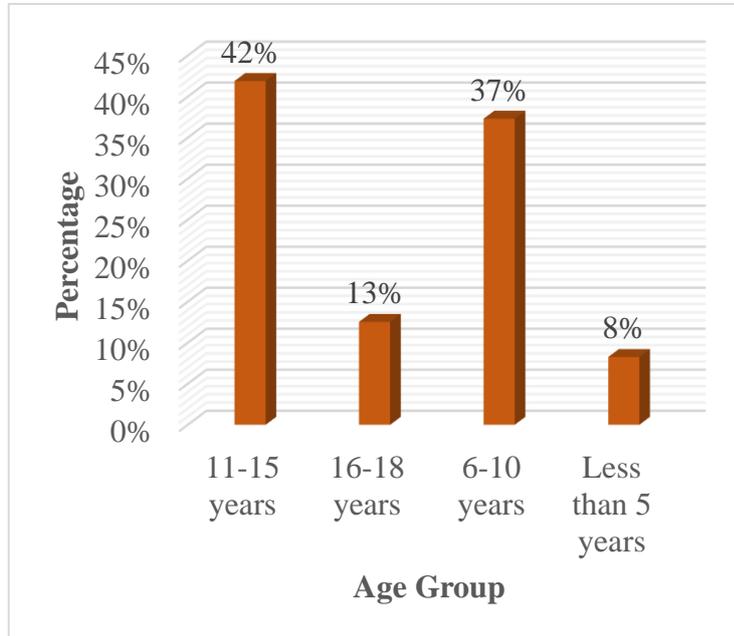


Figure 8: Age group of children with disabilities.

Figure 8 shows the distribution age of children with disabilities. It shows that the majority (42%) of the children were aged between 11 and 15 years while 37% of the disabled children were aged between 6 and 10 years, and 13% were aged between 16 and 18 years. Only 8% is less than 5 years. This indicates that the majority of children with disabilities in

Somaliland are aged between 11 and 15 years.

3.2.4 Causes of Impairment

To compare children born with impairments and those who acquired impairments after birth. Respondents requested to indicate the cause of the child’s impairment. 30% of disabled children acquired their impairments after birth, and 61% of children were born with impairments. The highest rates of acquired impairments were mental, followed by physical and hearing impairments. While the highest rates of born impairments were hearing, as shown in Figure 9.

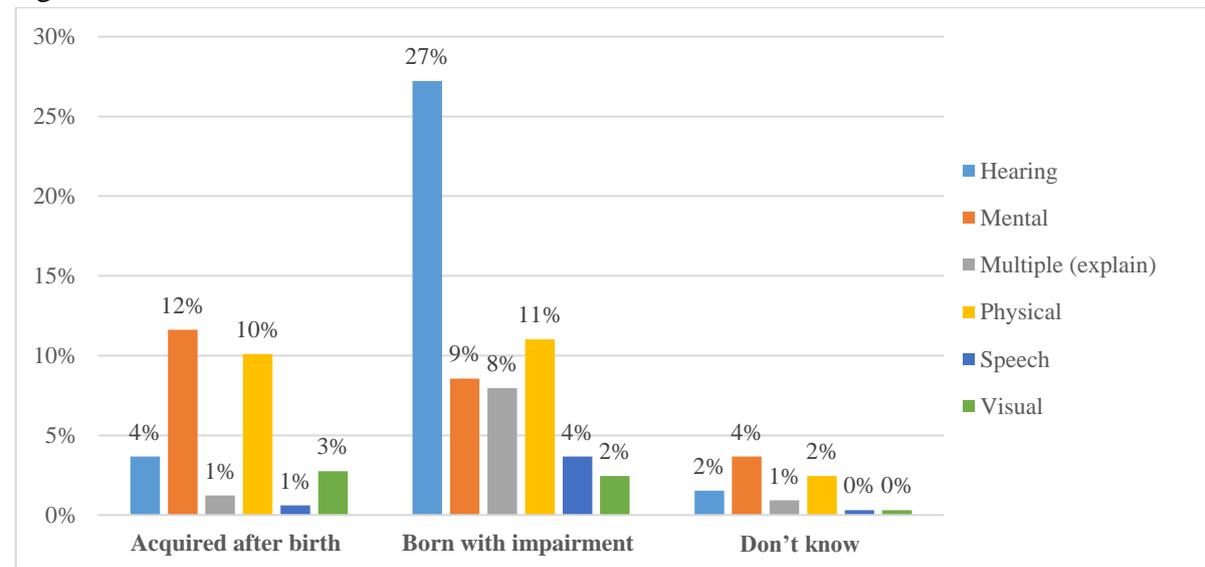


Figure 9. Cause of impairment.

3.3 ENVIRONMENTAL PROBLEMS

The first objective of this study was to investigate environmental problems faced by children with disabilities in Somaliland. Respondents were asked to react to several statements on this variable intending to determine the environmental problems. Based on the responses provided by the respondents the obtained results were summarized in the following figures and tables.

3.3.1 Accessibility to Public Buildings

When asked about the accessibility of children with disability to public buildings like schools, health centers, mosques, transportation models, etc. Most of the respondents 57.5% agreed that public buildings are inaccessible to children with disabilities in Somaliland. Children with Physical disabilities are most persons approved that there is an accessibility challenge for public buildings in Somaliland.

Table 3
Accessibility to Public Buildings

		Types of impairment							Total
		Physical	Visual	Hearing	Speech	Mental	Multiple		
Inaccessibility in public buildings like schools, health centers, mosques, transportation models, etc.	Disagree	Count	8	2	58	5	7	5	85
		% of Total	2.4%	0.6%	17.7%	1.5%	2.1%	1.5%	26.0%
	Neither	Count	5	2	40	0	4	3	54
		% of Total	1.5%	0.6%	12.2%	0.0%	1.2%	0.9%	16.5%
	Agree	Count	64	14	8	10	67	25	188
		% of Total	19.6%	4.3%	2.4%	3.1%	20.5%	7.6%	57.5%
TOTAL		Count	77	18	106	15	78	33	327
		% of Total	23.5%	5.5%	32.4%	4.6%	23.9%	10.1%	100.0%

3.3.2 Public Information Accessibility

Findings in Figure 10 show that the majority of the respondents (54%) ensured that there is inaccessible public information and orientation due to lack of sign language, audiotapes, Braille, or pictorial provisions.

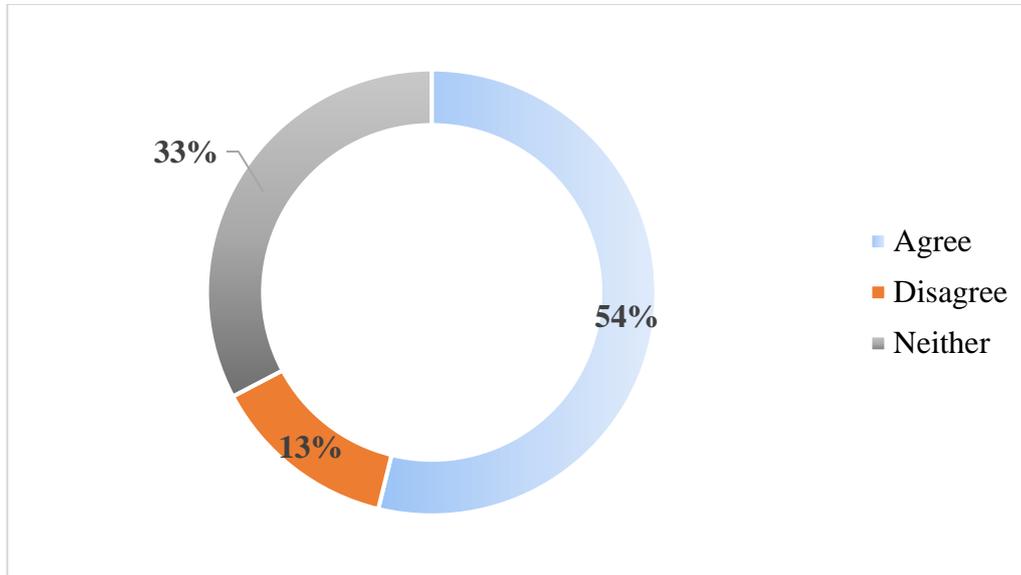
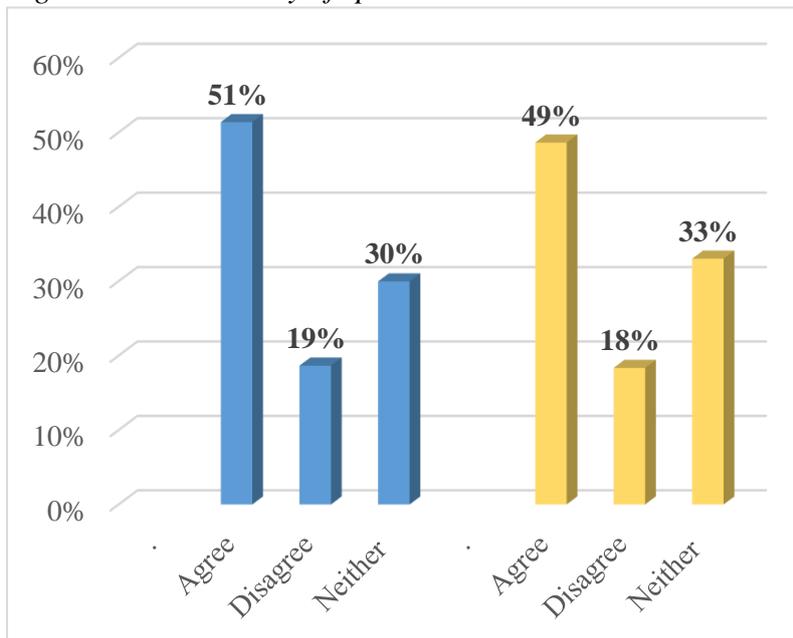


Figure 10. Public information accessibility.

3.3.3 Availability of Special Schools and Existing Curriculum

Figure 11: Availability of special schools.



As shown in Figure 11, more than half of the respondents (51%) agreed that children with disabilities do not have special schools with the educational facilities and types of equipment that children with disabilities are needing in their nearby area. Correspondingly, 49% of the respondents confirmed that the existing curriculum and teaching styles in the country is challenging to the children with disability in Somaliland. As well as equipment for children with disabilities is expensive for the parents.

3.3.4 Accessibility of Medical Care, Therapy Service, and Information

As depicted in Figure 12, the study found that 49% of the respondents agreed that children with disabilities face accessibility problems of medical care, rehabilitation services, and other special services to fit into society. Similarly, 35% of the respondents ensured that the

accessibility of Information & communication for children with disabilities is difficult. Moreover, 41% of them noted that there is a lack of therapy services in the nearby area.

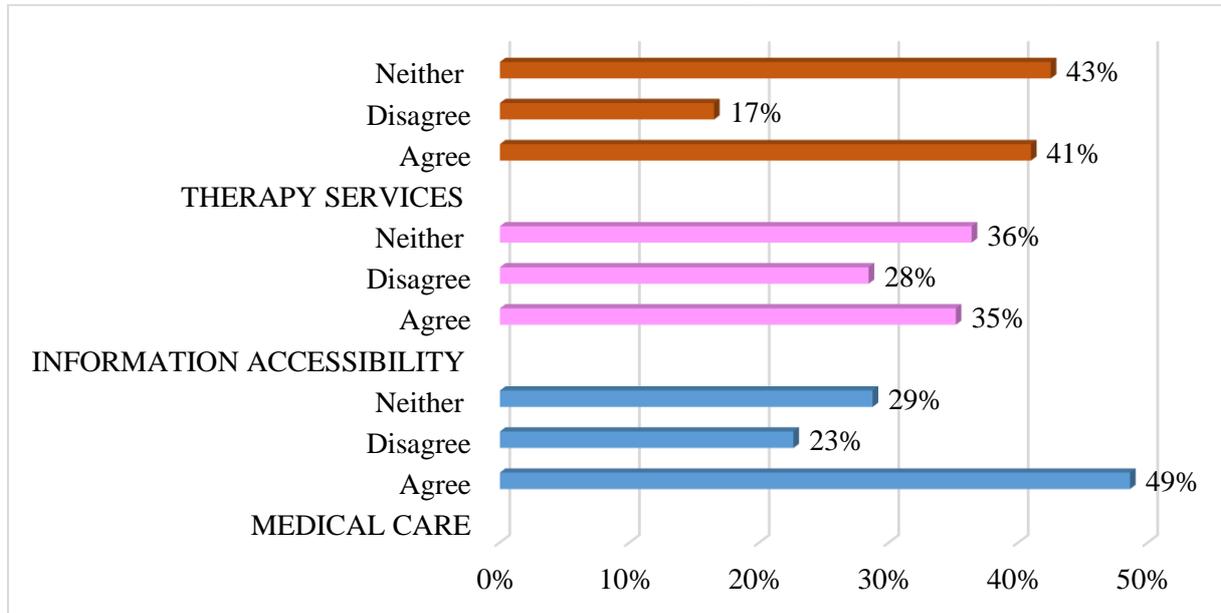


Figure 12. Accessibility of medical service.

3.3.5 Play and Accommodation Centers

As shown in Figure 13, half of the respondents (50%) agreed that children with disabilities do not have theirs to play with. Also, 44% distinguished there are not enough accommodation centers for children with disabilities in Somaliland.

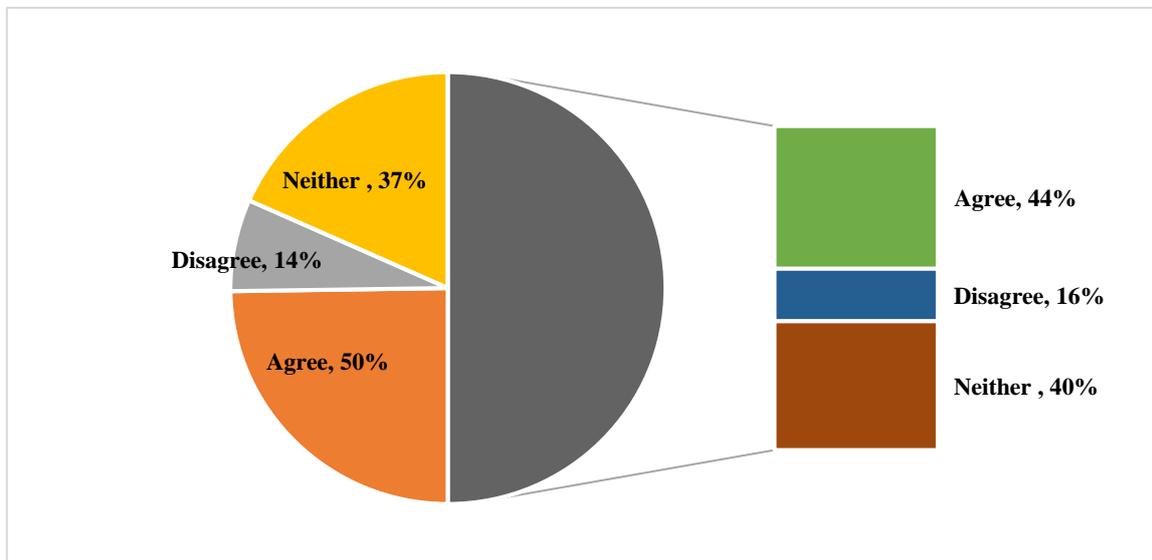


Figure 13. Play and accommodation centers.

3.4 ATTITUDINAL PROBLEMS

The second objective of this study was to find out about attitudinal problems faced by children with disabilities in Somaliland. Respondents were asked to react to several statements on this variable intending to determine the attitudinal problems. Based on the responses provided by the respondents the obtained results were summarized in the following figures and tables.

3.4.1 Discrimination and Types of Impairment

The respondents were asked to give their reaction to the statement “Children with disabilities faced discrimination within the community/at school including *name-calling, insulting, throwing stones, made a public spectacle, etc.*” 45% (or 147 out of 327) of respondents agreed that children with disabilities faced community/school discrimination. Children with mental impairments face the most discrimination than other children with impairments as shown in Table 4. These discriminations can lead to children with disabilities not attending school, physical and/or psychological harm to children with disabilities, and can also discourage children with disabilities from exercising their right to play.

Table 4

Discrimination and Types of Impairment

			Type of impairment						Total
			Physical	Visual	Hearing	Speech	Mental	Multiple	
Children with disabilities faced discrimination within the community/at school	Disagree	Count	32	4	45	0	4	5	90
		% of Total	9.8%	1.2%	13.8%	0.0%	1.2%	1.5%	27.5%
	Neither	Count	25	6	53	3	1	2	90
		% of Total	7.6%	1.8%	16.2%	0.9%	0.3%	0.6%	27.5%
	Agree	Count	20	8	8	12	73	26	147

including <i>name-calling,</i> <i>insulting,</i> <i>throwing</i> <i>stones, making</i> <i>a public</i> <i>spectacle, etc.</i>	% of Total	6.1%	2.4%	2.4%	3.7%	22.3%	8.0%	45.0%
	Count	77	18	106	15	78	33	327
Total	% of Total	23.5%	5.5%	32.4%	4.6%	23.9%	10.1%	100.0%

In Hargeisa, key informants noted that births of children with disabilities were frequently blamed for family separation and breakups in poor families because of the fear of not being able to care for the children with disabilities. These key informants view children with disabilities as a cause of stigma and prejudice due to the belief that children with disabilities are bad luck or a curse from God, capable of bringing famine and poverty not just to the family but also to the entire community. The negative attitude towards children with disabilities in Hargeisa was attributed to a lack of knowledge about disability and a high prevalence of strong stereotypes about children with disabilities in the community.

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

In Burco, it was discovered that around half of the community discriminated against persons with disabilities and children with disabilities as well, but the phenomenon was considerably reduced after concerted efforts by the government and other actors to promote community knowledge about this phenomenon. They also attributed the reduction of discrimination to the fact that more people know that persons with disabilities can also be beneficial to their community. Children with disabilities in Burco pointed out that both children and adults treat them differently because of their disability, while the support persons there

revealed that children with disabilities are not seen as bad luck to their families, believed that they can contribute to their families and that they can marry one day.

Children with disabilities in Erigavo said that they are treated differently from the other children, whereby sometimes they are supported, while at other times they are discriminated against. Support persons, on the other side, stated that some disabled children are regarded as bad luck, unable to contribute to the family, and are not expected to marry in the future.

3.4.2 Self-esteem Among Children with Disabilities

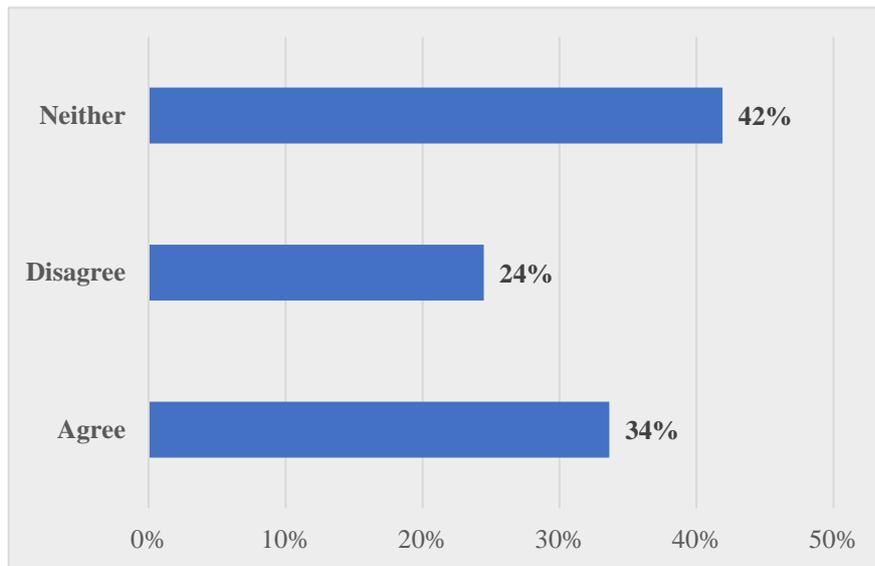
In the assessment, the respondents were questioned about the self-esteem among children with disabilities due to negative attitudes from the community. Then, about 42% of them reflected those children with disability have low self-esteem due to negative attitudes from the community.

Table 5

Self-Esteem among Children with Disabilities

			Type of impairment					Total	
			Physical	Visual	Hearing	Speech	Mental		Multiple
There is low self-esteem among children with disabilities due to negative attitudes	Disagree	Count % of Total	22 6.7%	7 2.1%	58 17.7%	2 0.6%	12 3.7%	5 1.5%	106 32.4%
	Neither	Count % of Total	30 9.2%	3 0.9%	39 11.9%	3 0.9%	2 0.6%	7 2.1%	84 25.7%
	Agree	Count % of Total	25 7.6%	8 2.4%	9 2.8%	10 3.1%	64 19.6%	21 6.4%	137 41.9%
Total		Count % of Total	77 23.5%	18 5.5%	106 32.4%	15 4.6%	78 23.9%	33 10.1%	327 100.0%

3.4.3 Understanding the Benefits of Inclusive Education



As shown in figure 12, 34% of the respondents ensured that there is a low understanding of the benefit of inclusive education for both children with disabilities and children without disabilities.

Figure 14. Understanding the benefits of inclusive education.

Key informants in Hargeisa noted that some parents fail or refuse to take their children to school for a variety of reasons, including a lack of financial resources to purchase wheelchairs, a lack of value for education by parents for their children in general, particularly those who never went to school themselves, and lack of awareness of the rights of children with disabilities, including their right to education. Other parents do not take their children to school to protect them from discrimination, such as bullying by other children and teachers. Others noted that some children’s conditions make it difficult for them to go to normal schools, while some parents do not have time to take children with or without disabilities to school. For their part, children with disabilities in Hargeisa confirmed that some parents do not take their children to school because the children cannot walk to school on their own or due to the fear that their children would be bullied by others. Other reasons cited included a lack of suitable transportation and equipment, including specialized pedagogical tools for children with disabilities.

Key informants in Lascanod identified reasons for parents not taking their children to school to include lack of special schools, other learning facilities and equipment, and lack of disability-appropriate transport. They also stated some parents do not take their disabled children to school to avoid their children being molested because of their disabilities.

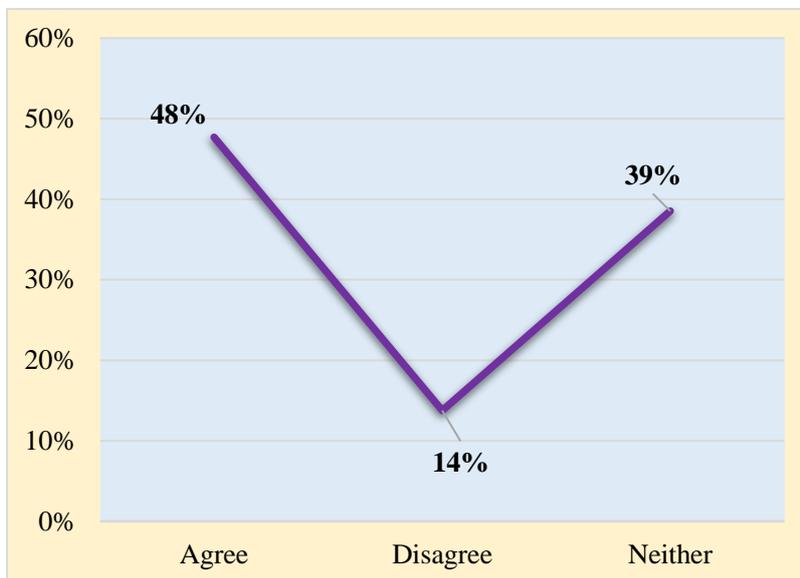
Key informants in Erigavo noted that children with disabilities do not attend school because it is expensive, while others noted that there are limited opportunities for children with disabilities to get an education.

In Borama, children with disabilities pointed out some parents do not take their children to school because schools are far apart, there are no people to assist disabled children, schools are expensive, as well as some children fear discrimination.

In Burco, it is noted that the children are not taken to school due to poor economic conditions of the parents, the inability of the schools to accommodate the needs of the children with disabilities, long distances from the schools, lack of special protection for the children in the schools and lack of appropriate and/or supportive policies and laws for special education for children with disabilities.

3.4.4 Involvement of Children with Disabilities on Decisions that affect them

Figure 15: Participation in decisions



The majority of the respondents (48%) agreed that children with disabilities were not involved in decisions that affect them as agents of change. Best practices for disability in development are participatory and involve them in all matters concerning them in the process of forming policies and programmers. Therefore, this is a challenge for children with disability in terms of development and

welfare.

3.5 INSTITUTIONAL PROBLEMS

3.5.1 National Statistics and Research to Guide Planning and Resource Allocation.

Figure 16: National Statistics and Research to Guide Planning and Resource Allocation

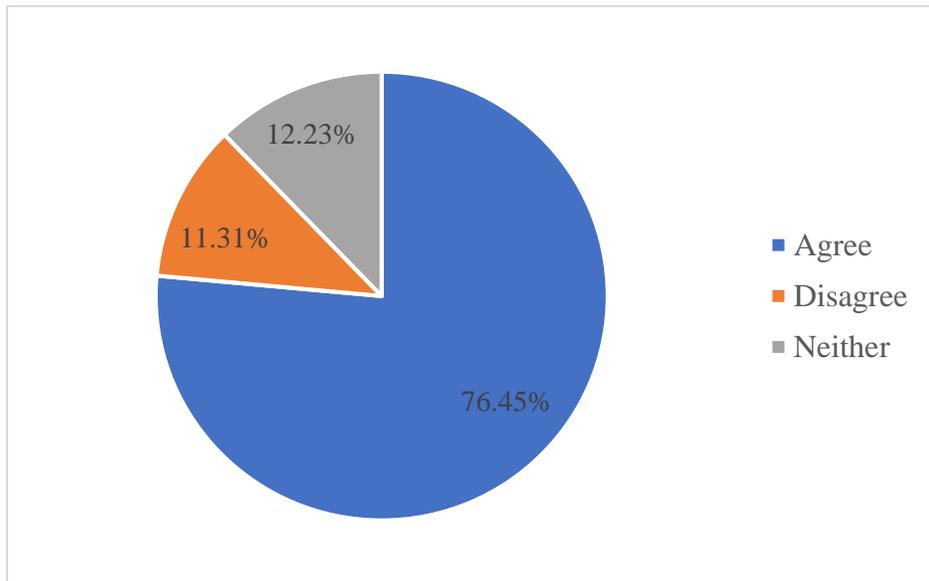
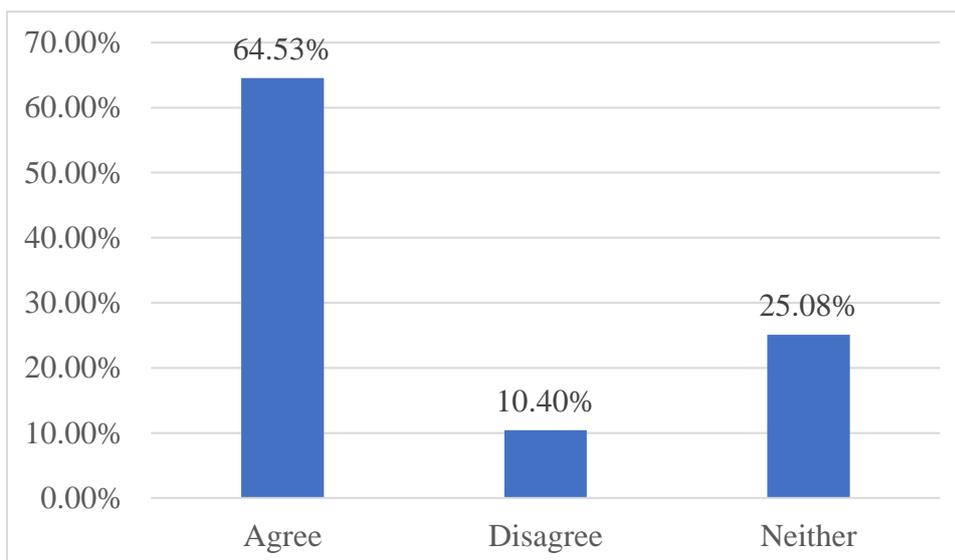


Figure 16 shows that the majority of the respondents, 76.45%, agreed on those problems facing children with disability in Somaliland is including the institutional problems, and most of the respondents suggested that there is a lack of any national statistical

research to guide planning and research allocation for the children having a physical disability. Therefore, to help and decrease the problems facing children with physical disabilities, it is highly needed to build a center that is responsible for the statistics and research on supporting children with physical disabilities.

3.5.2. Implementation of Disability Policies and Procedures.

Figure 17: Implementation of Disability Policies and Procedures



As depicted in Figure 17, most of the respondents, 64.5%, assured that poor implementation of disability procedures and policies is highly influencing the problems facing children with disability. Other respondents

either disagreed, 10.40%, or have no idea, 25.08%, that the implementation of procedures and policies is contributing to the problems facing children with disability. Hence, proper planning and implementation of procedures and policies can be appreciated to address the challenges that face children with disability.

3.5.3. Mechanisms for Collaboration, Co-Ordination, and Networking

Figure 18: Mechanisms for Collaboration, Co-ordination, and Networking

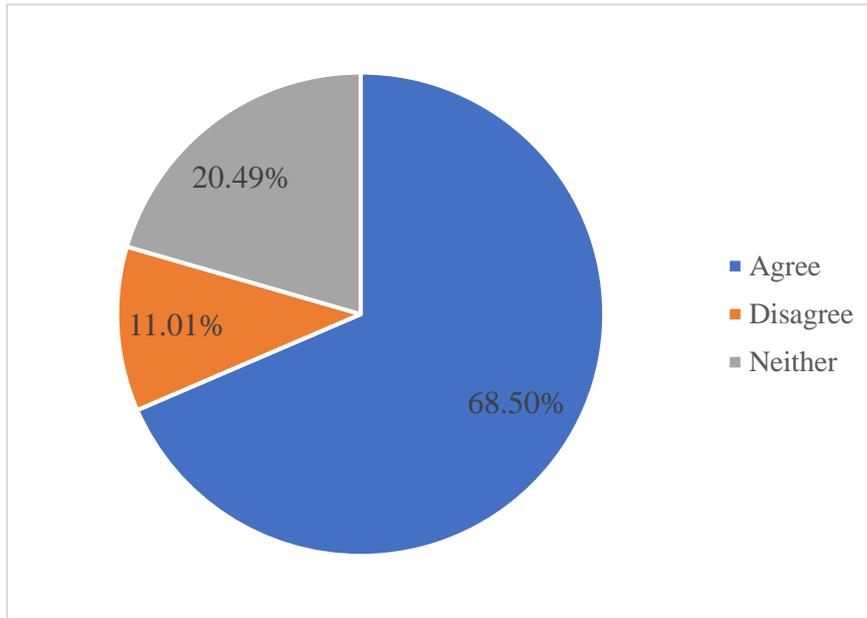
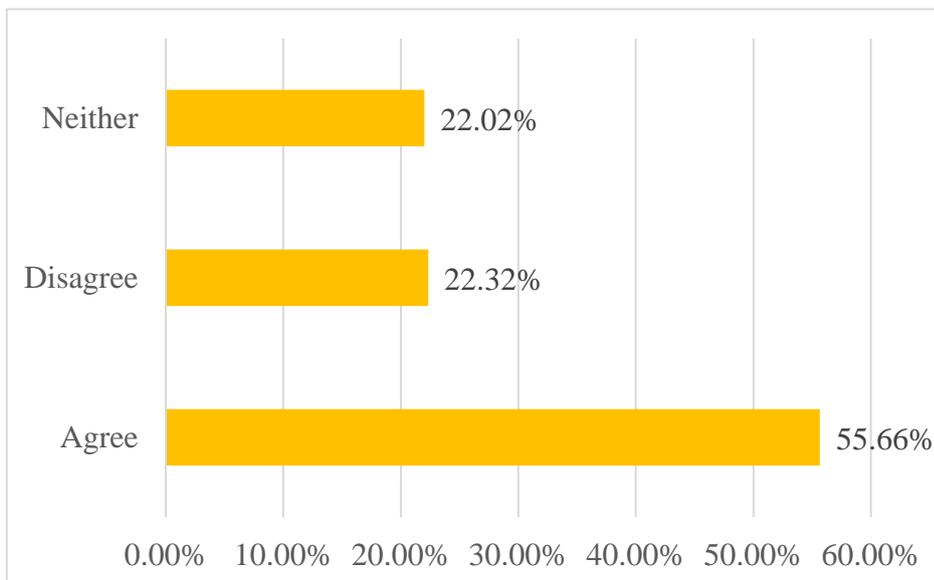


Figure 18 presented that most of the respondents, 68.50%, suggested that there is a weakness and inconsistent existing mechanisms for collaboration, coordination, and networking among different stakeholders in service delivery. Others did not agree or had no idea about the weakness and inconsistent mechanisms. Hence, integrating and

improving all the service delivery mechanisms that are contributing to collaboration, coordination, and networking among the different stakeholders to reduce problems facing children with disability.

3.5.4. Awareness Toward Children with Disabilities and Their Rights at General Community

Figure 19: Awareness Toward Children with Disabilities and Their Rights in General Community



In Figure 19, most of the respondents, 55.66%, discussed that there is no or little awareness of children with disability and their rights in the community of Somaliland. The rest of the respondents either did not aware of the awareness towards children

with disability or disagreed with it, So, awareness campaigns and developing mechanisms for awareness-raising towards the children with disability is highly required.

3.5.5. Rehabilitation Services

Figure 20: Rehabilitation Services

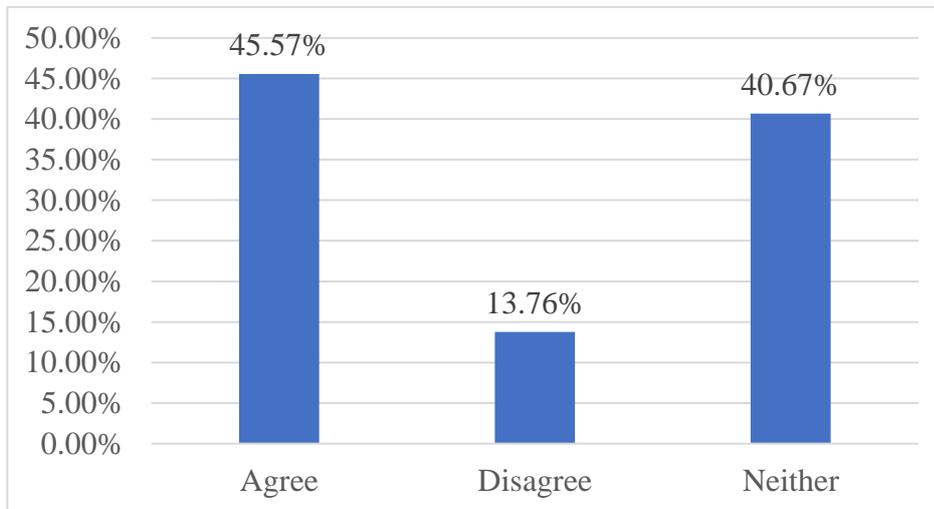


Figure 20 shows that almost half, 45.57%, of the respondents, presented that rehabilitation services for children with disability do not have the required sustainable methods of supplying aidaidut most of the

respondents suggested that they either disagreed, 13.76% or do not award, 40.67%, of the rehabilitation service sustainability methods. Hence, it is required to enhance the process of service delivery methods to children with disability.

3.5.6. Sexual Based Violence and other Forms of Exploitation and Abuse Faced by Children with Disabilities

Figure 21: Sexual Based Violence and other Forms of Exploitation and Abuse faced by Children with Disabilities

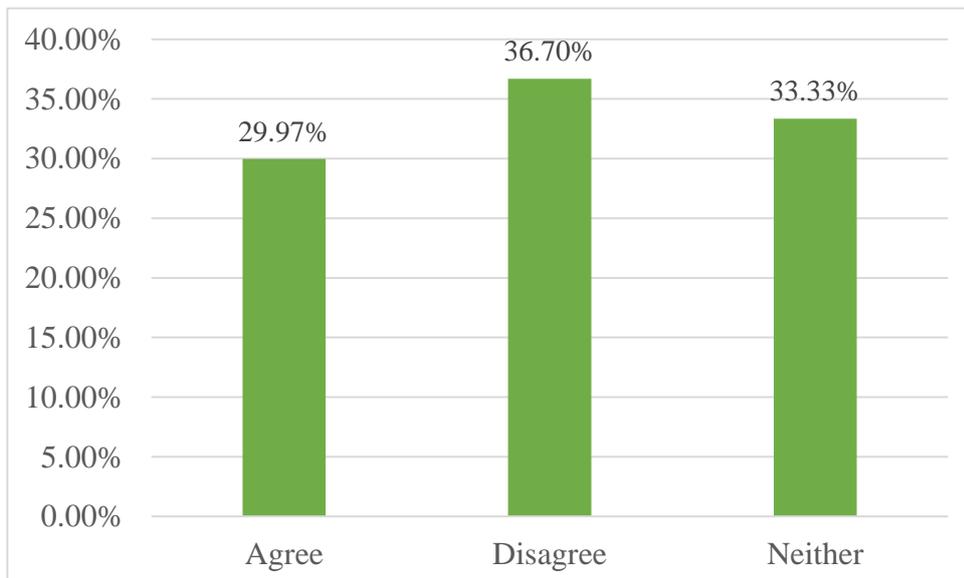


Figure 21 shows that most of the respondents disagreed, 36.7%, (327) on the meeting of sexual-based violence and other forms of exploitation and abuse by children with disability. But 29.97% (327) approved that

the children with a disability meet with SBV and others of exploitation and abuse. 33.33% (327) of the respondents also do not know whether children with disability particularly meet with SBV and others of exploitation and abuse. Therefore, improving the mechanisms of protecting children with a physical disabilities is paramount to be developed, strengthened, or implemented.

3.5.7. Assistance with Training for those Who Handle Children with Disabilities

Figure 22: Assistance with training for those who handle children with disabilities

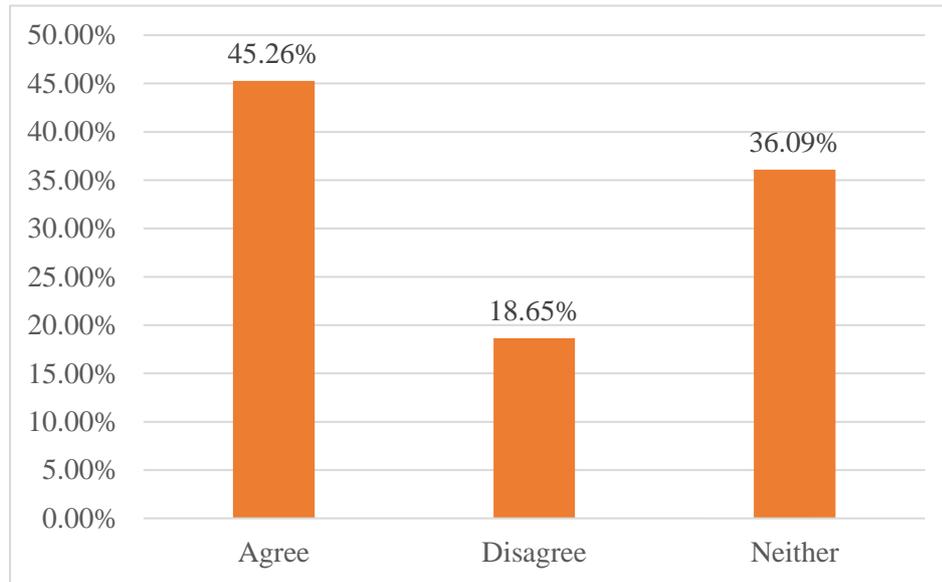


Figure 22 represented that almost half of the parents, 45.26%, have limited skills to support their children with disability. While other 18.65% of the parents have the required skills to support their children with disability. However, there is

a considerable number of parents that do not aware of whether they have the skill to support children with disability or not. Thereby, it is highly encouraged to put forward plans and procedures for supporting parents with a disability to make them learn the applicable skills to support the children with disability.

Additionally, the key informants in Hargeisa attributed the low levels of awareness about children with disabilities’ rights among children to inadequate outreach programs by the government and other partners.

Key informants in Burco pointed out that there have been a lot of awareness-raising programs in the community on child protection and children’s rights in general. However, disability-specific awareness raising has been generally lacking and has only been restricted to outreach programs by religious leaders who have continuously advocated for the need for society to accept and economically support children with disabilities.

The kids in Erigavo stated that the level of public awareness of disability rights is still low. They, however, noted that the local community including women’s associations conducts activities such as seminars and workshops to raise awareness and make more people aware.

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

The key informants revealed that children with disabilities are vulnerable to sexual violence in Somaliland. They noted that rape targeting female children with disabilities aged 15 years and below is a common form of sexual violence in the cities. This occurs mostly at home, in schools, in IDP camps, or Quranic schools. They also stated that most disabled children do not report such incidents to the community or the police for fear of being labeled liars.

The key informants also noted that parents have the basic ability to take care of their children. These include the ability to feed, bathe, play with the children and tell them stories that were mostly acquired through experience and passed on from one generation to another. They noted that the situation of the children would be better if the parents received training and appropriate facilities to handle and care for their children. They further noted that most parents try as much as they can to ensure that their children lead a normal life in the face of debilitating poverty for the parents. They, however, lack knowledge when it comes to issues of health care, especially about autism and mental disability. They also noted that due to poverty and perceived lack of support from the government it is difficult for the parents to take good care of the children with disabilities.

4. CONCLUSIONS

This study was used to find out the factors that problems facing children with disabilities in Somaliland. It applied quantitative and qualitative research approaches, particularly it adopted a survey research design. The study population eligible for participation in this assessment was adults living in Somaliland aged 18 years and over who had a child with a disability. Subsequently, it targeted government officials in the institutions that are directly responsible for social issues such as the Ministry of Employment Social Affairs and Family and Ministry of Health Development, as well as directors of disability Centers in Somaliland.

The sampling approaches were stratified probability sampling and purposive non-probability sampling. The sample size was 327 determined using an Online Sample Determination Calculator. Before the data collection, the objectivity of the tool was determined during the piloting of the tool whereas the validity and reliability of the tool were ensured. The collected data were analyzed using descriptive statistics and the thematic analysis method. In further, research ethics were highly appreciated to safeguard the rights of respondents' identities, integrity, and personal privacy as well as reporting the data as a block instead of highlighting individual cases.

From the analysis of the study, the researcher found out that:

- 35% of respondents were from the Marodijeex region while 28% were from the Togdheer region, 16% were from Awdal, 12% were from the Sanaag region and 9% were from the Sool region. This indicates that most of the respondents were from the Marodijeh region since it is the most populated region of the regions in the country. As well most centers for children with disabilities are in Maroji-Jeh.
- 63% of respondents were female while 37% of respondents were male. This indicates that most of the participants that took part in the assessment were female.

- 39% of the respondents were aged between 35 and 44 years, and 35% were aged between 25 and 34 years.
- 64% of the Respondents were married, 22% of the respondents were single and 12% of respondents were Divorced and only 3% were widowed.
- 38% of the respondents did not have any formal education,
- 63% of children with disabilities were boys and 37% were girls.
- 32% and 24% of the children had a hearing and mental impairment respectively. Also, 24% had physical disabilities and 10% had multiple impairments. Visual impairment and speech recorded a prevalence of 6% and 5% respectively.
- 42% of the children were aged between 11 and 15 years while 37% of the disabled children were aged between 6 and 10 years, and 13% were aged between 16 and 18 years. Only 8% is less than 5years.
- 30% of disabled children acquired their impairments after birth, and 61% of children were born with impairments.
- 57.5% agreed that public buildings are inaccessible to children with disabilities in Somaliland.
- 54% ensured that there is inaccessible public information and orientation due to a lack of sign language, audiotapes, Braille, or pictorial provisions.
- 51% agreed that children with disabilities do not have special schools with the educational facilities and types of equipment that children with disabilities are needing in their nearby area.
- 49% of the respondents agreed that children with disabilities face accessibility problems of medical care, rehabilitation services, and other special services to fit into society.
- 50% agreed that children with disabilities do not have their places to play.
- 45% of respondents agreed that children with disabilities faced community/school discrimination. Children with mental impairments face the most discrimination than other children with impairments.
- 42% of the respondents reflected those children with disability have low self-esteem due to negative attitudes from the community.
- 34% of the respondents ensured that there is a low understanding of the benefits of inclusive education for both children with disabilities and children without disabilities.
- 48% agreed that children with disabilities were not involved in decisions that affect them as agents of change.

- 76.45%, agreed on those problems facing children with disability in Somaliland is including institutional problems and most of the respondents suggested that there is a lack of any national statistical research to guide planning and research allocation for the children having a physical disability.
- 64.5%, assured that poor implementation of disability procedures and policies is highly influencing the problems facing children with disability.
- 68.50%, suggested that there is a weakness and inconsistent existing mechanisms for collaboration, coordination, and networking among different stakeholders in service delivery.
- 55.66%, discussed that there is no or little awareness of children with disability and their rights in the community of Somaliland.
- 45.57%, of the respondents presented that rehabilitation services for children with a disability do not have the required sustainable methods of supplying aid.
- 29.97% (327) approved that the children with a disability meet with SBV and others of exploitation and abuse.
- 45.26%, have limited skills to support their children with disability. While other 18.65% of the parents have the required skills to support their children with disability

5. RECOMMENDATIONS

5.1 General Recommendations

Based on the findings and conclusion drawn above, this study presents the following recommendations:

- The study found that there are environmental problems including accessibility. Hence, there is a need for the creation of an accessible environment for children with disabilities by taking a nationwide flagship campaign for achieving universal accessibility that will enable children with disabilities to gain access to equal opportunity live independently, and participate fully in all aspects of life in an inclusive society. By targeting to enhancing the accessibility of the built environment, transport system, and Information & communication ecosystem.
- The assessment also showed high rates of discrimination and stigma. Hence, community behavior change programs are necessary to help improve knowledge and attitudes to children with impairments. There should be awareness campaigns to educate and aware people of different kinds of disabilities and success stories of people with disabilities can be showcased to inculcate a positive attitude among people.
- The survey established that some parents hide children with disabilities because they are not aware of education opportunities available while others perceive education of

children with disabilities as of low quality which may not assist them to achieve their full potential. There is a need for education partners and NGOs to focus on advocacy, mobilization, and sensitization of children with disabilities.

- The study found that the curriculum used in schools does not adequately meet the needs of learners with disabilities. Therefore, the Ministry of Education must review the curriculum to ensure it adequately meets the needs of learners with disabilities.
- The study found that children with disabilities do not have special schools with the educational facilities and types of equipment that children with disabilities are needing in their nearby area. Thus, there should be more special schools and ensure educational material for differently-abled children.
- There is a need to target parents and other support persons with positive parenting/caregiving skills to enhance their children with disabilities' caring and protecting abilities. All new mothers should be trained on disability prevention skills, while those with children with disabilities should be trained on how to care for them. Those with some skills should be enhanced to ensure that they are perfect in their handling of children with disabilities. The skills should be complemented with knowledge and awareness of the rights of children with disabilities.
- Donors who are parties to the Convention of the Rights of Persons with Disabilities have the obligation to mainstream disability in their assistance. As such, donors should ensure that programs and services are supported to consider the needs of children with disabilities, and such funding is monitored and reported on.
- The Ministry of Health should ensure that all children in Somaliland have access to proper healthcare (it was noted that some forms of disability are due to improper health services).
- Ministry of Education should strengthen Children with Disabilities' education: The right to education should be assured by providing appropriate and adequate education infrastructure including education buildings, equipment, personnel, and protection services while in school.

5.2 Recommendation for Further Research

Limited information exists on children with disabilities in Somaliland. There is a need to undertake detailed research on children with disabilities issues, including prevalence, attitudes, access to rights, challenges, and services that they get and the gaps thereof.

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APPENDIX A: QUESTIONNAIRE

INTERVIEWER'S INTRODUCTION

Dear respondent,

Hello, my name is _____. We are surveying “**Problems Facing Children with Disabilities in Somaliland**”. This interview has been developed by the **Ministry of Employment, Social Affairs, and Family** to better understand the challenges faced by children with disabilities in Somaliland. The information that you provide in this interview is confidential and will be used only for research. The interview will take 15 minutes to complete.

Do you agree to be interviewed?	A. Yes
	B. No

* *If they answer “no” say: “Thank you for your time.” and Find another person*

- Center's Name _____
- District _____

SECTION A: Background Information of the Respondent

1.	Sex of the Respondent	
	a. Male	b. Female
2.	Highest level of education of the Respondent	
	a. No formal education	b. Primary education
	c. Secondary education	d. University
3.	Age of the Respondent	
	a. 18-24 years	c. 35-44 years
	b. 25-34 years	d. 45-54 years
	e. 55+ years	
4.	Marital status of the Respondent	
	a. Married	c. Divorced
	b. Single	d. Widowed

SECTION B: Background Information of Children with Disabilities

A INTRODUCTION		
6.	Do you have a child with a disability living in this household?	
	a. Yes	b. No (if no, terminate the interview and move to the next scheduled household)
7.	What is the gender of the child?	
	a. Boy	b. Girl
8.	How old is the child?	
	a. Less than 5 years	b. 6-10 years
	c. 11-15 years	d. 16-18 years
9.	What type of impairment does the child have?	
	a. Physical	b. Visual – Seeing
	c. Hearing	d. Speech – Speaking
	e. Mental	f. Intellectual
	g. Multiple (explain)	h. Other (explain)
10.	What was the cause of the child’s impairment?	
	a. Born with impairment	b. Acquired after birth
		c. Don’t know
11.	Does your child go to school?	
	a. Yes	b. No
12	If 11; a (Yes), is it a special school or is he/she learning in a normal school?	
	A. Quran School	B. Special School for the intellectually challenged
	C. Special School for the deaf	D. Special School for the blind
	E. Normal school with other children without challenged	
13	If 11; b (No) , why?	
	a. Lack of fees	b. lack of special schools in the area
	c. My child cannot walk to school	d. Fear that my child can be abused while walking to school
	e. Too young to go to school	f. other (please specify) _____
14	What is your relationship with the child?	
	a. Biological Parent	b. Uncle
		c. Auntie
	d. Grandfather	e. Grandmother
		f. Sister
	g. Brother	h. Caregiver

SECTION C: Environmental Problems

Below are some of the **environmental** problems believed to be facing children with disabilities (kindly give your opinion).

Statements	Disagree	Neither	Agree
1. There is the inaccessibility for children with disability in public buildings like schools, health centers, mosques, transportation models, etc.			
2. Public information and orientation for citizens are largely inaccessible due to a lack of sign language, audiotapes, Braille, or pictorial provisions			
3. Children with disabilities do not have special schools with the educational facilities and types of equipment that children with disabilities are needing.			
4. The existing curriculum and teaching styles in the country are challenging for the children with disability			
5. Equipment for children with disabilities is expensive			
6. Children with disabilities face accessibility problems of medical care, rehabilitation services, and other special services to fit into society.			
7. The accessibility of Information & communication for children with disabilities is difficult			
8. Lack of therapy services in the nearby area.			
9. Children with disabilities do not have places to play			
10. There are not enough accommodation centers for children with disabilities			

SECTION D: Attitudinal Problems

Below are some of the **attitudinal** problems believed to be facing children with disabilities (kindly give your opinion).

Statements	Disagree	Neither	Agree
1. Children with disabilities faced discrimination within the community/at school including <i>name-calling, insulting, throwing stones, making a public spectacle, etc.</i>			
2. There is low self-esteem among children with disabilities due to negative attitudes			
3. There is a low understanding of the benefits of inclusive education for both children with disabilities and children without disabilities			
4. Community have stereotypes and assumes that children with disability are inferior to others without disability.			
5. Children with disabilities are not involved in decisions that affect them as agents of change.			

SECTION E: Institutional Problems

Below are some of the **institutional** problems believed to be facing children with disabilities (kindly give your opinion).

Statements	Disagree	Neither	Agree
1. Lack of any national statistics and research to guide planning and resource allocation.			
2. There is a poor implementation of disability policies and procedures.			
3. Existing mechanisms for collaboration, coordination, and networking among the different stakeholders in service delivery are weak or inexistent			
4. It is little or no existing awareness of children with disabilities and their rights in the general community			
5. Rehabilitation services do not have a sustainable method of supplying aids such as prostheses.			
6. Children with a disability meet sexual-based violence and other forms of exploitation and abuse			
7. Parents having children with disabilities have limited skills to support their child			

APPENDIX B: KII GUIDE FOR DIRECTOR OF THE CENTERS

1. **Name of the Center/School:**

2. **How many disabled children do you have or visited per-day in this center?**

TOTAL _____ **Male** _____ **Female** _____

3. **What types of impairment are they?** _____

4. **In this Center what services do you provide for the children with disabilities**

5. **Are there sufficient qualified staff in the Center?** _____

6. **Do you know of parents of children with disabilities who refuse to take their children to this Center/school? If yes explain the reasons.** _____

7. **Could you comment on the causes of the children’s impairment in this community? Born with impairment/acquired after birth.**

8. **Comment on the level and types of environmental, attitudinal, and institutional problems believed to be facing children with disabilities in Somaliland.**

Environmental	Attitudinal	Institutional

➤ **Any other Comment**

