

## Guidance Brief: A disability inclusive COVID-19 response in Somalia, April 2020



In Somalia, in the absence of reliable census data, persons with disabilities<sup>1</sup> are estimated to be at least 15% of the population<sup>2</sup>. The majority are among the poorest part of the population<sup>3</sup>. Persons with disabilities face various physical, attitudinal and institutional barriers to access food, health, shelter and protection on an equal basis with others. They also face disability-based discrimination, which is exacerbated in situations of crisis, and when it intersects with other factors, such as poverty, gender or age. The 2020 HNO and HRP for Somalia clearly identified persons with disabilities as one of the particularly vulnerable groups. Somalis with disabilities express concern about the deterioration of their psychosocial and socio-economic wellbeing due to the impact of COVID-19. To make sure persons with different types of disabilities are included in any COVID-19 preparedness, mitigation and response, they need to be consulted and their specific needs and equal rights accounted for. The Ministry of Human Rights and Women Affairs, is the line ministry on disability of the Federal Somali Government. Organizations of persons with disabilities exists in different locations of Somalia<sup>45</sup>.

### Specific risks faced by persons with disabilities during the COVID-19 outbreak:

- Persons with disabilities, and especially IDPs with disabilities, face increased risks of infection and complications during the COVID-19 pandemic due to underlying health conditions and socio-economic inequalities, including poor access to health care.<sup>6</sup>
- These risks are compounded by numerous barriers in the preparedness and response including: lack of meaningful consultation of persons with disabilities, lack of access to public health and COVID-19 information and messaging, increased stigma on the basis of disability and other intersecting factors, inadequate accessibility of the WASH and health infrastructure, lack of inclusive surveillance mechanisms, contingency plans, preparedness and response plans.
- If cases increase, persons with disabilities, especially those facing high stigma in Somalia, such as persons with psychosocial<sup>7</sup> disability and/or intellectual disabilities, may be at risk of being deprioritised or denied access to treatment for Coronavirus based on the wrong assumption that their chances of survival are less compared to those without disabilities<sup>8</sup>.
- Physical distancing, movement restrictions and/or separation from care givers may impose disruption of medical, social and/or rehabilitation care and/or individual support affecting their health status and heighten exposure to COVID-19.
- Lack of protection and social support mechanisms for persons with disabilities can lead to increased vulnerability, affect physical and psychosocial wellbeing, reduce autonomy, increase risk of violence and increase difficulty accessing specific requirements (dietary requirements, medicines, etc).

<sup>1</sup> Somalia has ratified the [Convention on the Rights of Persons with disabilities](#) (CRPD) 2019, in which disability is recognized as “an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”. (CRPD Preamble, e) Common functional difficulties in relation to impairments and/or health conditions are seeing, hearing, moving, communication, intellectual and psychosocial or mental health related.

<sup>2</sup> HRP and HNO Somalia, 2020, citing the global estimations for persons with disabilities, established by World Bank and WHO in 2011, in the “World Disability Report.

<sup>3</sup> Rohwerder (2018): [Disability in Somalia](#); Rohwerder (2018): [Supporting persons with disabilities in Somalia](#).

<sup>4</sup> See list of endorsing organizations on page 4 of this brief

<sup>5</sup> For more details on the situation of persons with disabilities and COVID-19 in Somalia see the [Press Release by the Somali Disability Empowerment Organization \(SODEN\)](#)

<sup>6</sup> World Economic Forum (2020) Coronavirus: A pandemic in the age of inequality

<sup>7</sup> The preferred wording by persons which are commonly referred to as person with mental health issues or mental impairments.

<sup>8</sup> International Disability Alliance, IDA (2020) Toward a Disability-Inclusive COVID19 Response: 10 recommendations from IDA.

### Protection risks for specific groups during the COVID-19 outbreak:

- Women and girls with and without disabilities, especially IDPs, are more likely to face risks of GBV including domestic violence, due to confinement and potential disruption of services and protection mechanisms.<sup>9</sup>
- Due to lack of economic empowerment, some persons with disabilities resort to begging, which exposes them to increased risk of violence and abuse, and increased risks of exposure to COVID-19 due to a lack of access to information and hygiene protection measures.
- Children with and without disabilities need to adapt to closure of schools and other support structures. This impacts continuity of learning and leads to an absence of protective environments and access to basic needs (e.g. school feeding programs). This might lead to negative impacts on physical and psychological wellbeing, as well as increased child protection risks.
- Older persons, especially those who head IDP households or live without family support, may be at an increased risk in the pandemic,<sup>10</sup> due to a lack of outreach services for awareness raising on COVID-19 and/or movement restrictions to access required assistance.
- Persons with disabilities from the IDP communities are living in crowded places, which makes it difficult or impossible to practice safe physical distancing. They also have insufficient water supply and access, which impedes their ability to implement hygiene protection measures.

### Recommendations: Inclusion in the COVID-19 planning and preparedness:

- Risk and needs analysis and related preparedness and response planning processes should consult persons with disabilities and consider the specific risk of exclusion and barriers they may face.
- All preparedness and response plans must be inclusive of all persons with disabilities.<sup>11</sup>
- All communication and awareness raising messaging on COVID-19 must be accessible. Ensure that information and messages are provided in a diversity of accessible formats including: sign language, easy-read format, plain language and pictograms, and high contrast print with use of accessible technologies where possible. Information and messages should also be available through numerous accessible channels.
- Consult with persons with disabilities and their caregivers/personal assistants during planning for isolation and/or quarantine to ensure support services, physical and communication accessibility. When in quarantine, personal assistants/ support workers shall accompany persons with disabilities.<sup>12</sup>
- Remote services should be accessible to persons with disabilities on an equal basis with others.<sup>13</sup>
- When training COVID-19 frontline staff including those doing awareness raising, it should include modules on equality of rights of persons with disabilities of different age groups to reduce stigma and discrimination.<sup>14</sup>

### Recommendations: Inclusion in the COVID-19 Response

- Ensure meaningful participation of persons with disabilities in coordination mechanisms and through all stages of the response, i.e. preparedness, mitigation and response, and related monitoring efforts.

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<sup>9</sup> CARE (2020) Gender implications of COVID19 outbreaks in development and humanitarian settings

<sup>10</sup> HelpAge (2020) Protecting older people in the coronavirus (COVID19) pandemic.

<sup>12</sup> See IDA (2020), footnote 7.

<sup>13</sup> WHO (2020) Disability considerations during the COVID-19 Crisis.

<sup>14</sup> See footnotes 6, IDA (2020) and 8 WHO (2020).

- Risk and needs analysis, including identification of barriers and facilitators, should be inclusive, using an intersectional lens to consider the specific risks of exclusion of persons with disabilities and other groups at risk.
- Collect disaggregated data on disability<sup>15</sup>, gender, age and other relevant criteria to monitor and address the gaps in the response.
- Engage persons with disabilities in public health messaging. Ensure all IEC materials for health and other service-related messaging are including inclusive messaging in word and picture.
- Ensure persons with disabilities receive information about COVID-19, public announcements on COVID-19, including response plans and the services offered, in a diversity of accessible formats including plain language, sign language, braille and high contrast print when possible.<sup>16</sup>
- Ensure MHPSS, child protection services and other protection services are accessible, including during quarantine and/or hospitalization (e.g. sign language interpreters, care givers and sighted guides).<sup>17</sup>
- Ensure protection for care givers similarly as required by health workers in the COVID-19 response.<sup>18</sup>
- Provide reasonable accommodation and modified modalities of humanitarian response such as additional amounts of protective gear for support persons/ care giver, adapted amounts of hygiene items; Cash assistance; Transportation to reach testing or treatment; and/or home-based interventions to ensure continuity of care.<sup>19</sup>

#### Selected global resources, specifically on COVID-19 and persons with disabilities:

1. UNICEF, COVID-19 response: Considerations for Children and Adults with Disabilities: [https://www.mhinnovation.net/sites/default/files/downloads/resource/COVID-19%20response%20considerations%20for%20people%20with%20disabilities\\_190320.pdf](https://www.mhinnovation.net/sites/default/files/downloads/resource/COVID-19%20response%20considerations%20for%20people%20with%20disabilities_190320.pdf)
2. Key Recommendations from International Disability Alliance (IDA) for the Inclusive Response to COVID-19: [http://www.internationaldisabilityalliance.org/sites/default/files/ida\\_recommendations\\_for\\_disability-inclusive\\_covid19\\_response\\_final.pdf](http://www.internationaldisabilityalliance.org/sites/default/files/ida_recommendations_for_disability-inclusive_covid19_response_final.pdf)
3. WHO (2020) Why response to COVID-19 should be inclusive and disability considerations in COVID-19 response: [Video: https://www.pscp.tv/w/1kvKpXpvlvkkE](https://www.pscp.tv/w/1kvKpXpvlvkkE)
4. WHO (2020) Disability considerations during the COVID-19 outbreak: <https://www.who.int/internal-publications-detail/disability-considerations-during-the-covid-19-outbreak>

#### Endorsing organizations:

1. Somali Union For the Blind, 2. Somali National Disability Council, 3. Somali Women Disability, 4. Disability Aid Foundation, 5. Somali Association Female with Disability, 6. National Disability Cluster, 7. Raho Somalia 8. Somali Association for the Deaf, 9. Somali National Association of the Deaf, 10. Sanca Centre, 11. Institute for Education of Disabled People in Somalia, 12. Alla Amin, 13. Somali Disability Journalists Association, 14. Albasiir School for the Blind, 15. Iftin Foundation

<sup>15</sup> As recommended in the HNO and HRP 2020 for Somalia, use the [Washington Group Short Set of questions on disability](#) for monitoring the situation of persons with disabilities during the response whenever possible, [as it has been tested for use in emergencies](#). [There are training for enumerators available in English](#). [A FAQ and other tools can be found at HI-UK](#).

<sup>16</sup> See footnotes 6, IDA (2020) and 8 WHO (2020).

<sup>17</sup> See recommendation of IDA 2020, footnote 7.

<sup>18</sup> See recommendation of IDA 2020, footnote 7

<sup>19</sup> See recommendation of IDA 2020, footnote 7

**For more information on Inclusion & Connecting with endorsing organizations contact: Humanity & Inclusion: *Inclusion Technical Advisor*, HI: Paul Mugambi, [p.mugambi@hi.org](mailto:p.mugambi@hi.org), [shamgpaul@gmail.com](mailto:shamgpaul@gmail.com) and *Inclusion Officer*, HI: Mohamed Haji, [m.haji@hi.org](mailto:m.haji@hi.org)**

Contacts of Organizations of Persons with disabilities and disability specific organizations with interest in connecting for Awareness Raising

Organization Name	Email Address
Somali Union for the Blind	<a href="mailto:somaliunionfortheblind@gmail.com">somaliunionfortheblind@gmail.com</a>
Somali National Disability Council	<a href="mailto:ndc.somalia@gmail.com">ndc.somalia@gmail.com</a>
Somali Women Disability	<a href="mailto:uwd01@hotmail.com">uwd01@hotmail.com</a>
Disability Aid Foundation	<a href="mailto:awad@daf.so">awad@daf.so</a>
Somali Association Female with Disability	<a href="mailto:safdi.somalia@gmail.com">safdi.somalia@gmail.com</a>
National Disability Cluster	<a href="mailto:somali.disability.cluster@gmail.com">somali.disability.cluster@gmail.com</a>
Raho Somalia	<a href="mailto:rahosom@gmail.com">rahosom@gmail.com</a>
Somali Association for the Deaf	<a href="mailto:sonad.deaf@gmail.com">sonad.deaf@gmail.com</a>
Somali National Association of the Deaf	<a href="mailto:sonaddeaf@gmail.com">sonaddeaf@gmail.com</a>
Sanca Centre	<a href="mailto:sancacenter@gmail.com">sancacenter@gmail.com</a>
Institute for Education of Disabled People in Somalia	<a href="mailto:iedsom.mog@gmail.com">iedsom.mog@gmail.com</a>
Somali Disability Journalists Association	<a href="mailto:shaaciye011@gmail.com">shaaciye011@gmail.com</a>
Somali Disability & Empowerment Organization (SODEN)	<a href="mailto:info@somalidisability.org">info@somalidisability.org</a>
Albasiir School for the Blind	<a href="mailto:ismailahmedali26@gmail.com">ismailahmedali26@gmail.com</a>
Iftin Foundation	<a href="mailto:abdiwali@iftinfoundation.org">abdiwali@iftinfoundation.org</a>

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