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Country card

Somalia/Somaliland

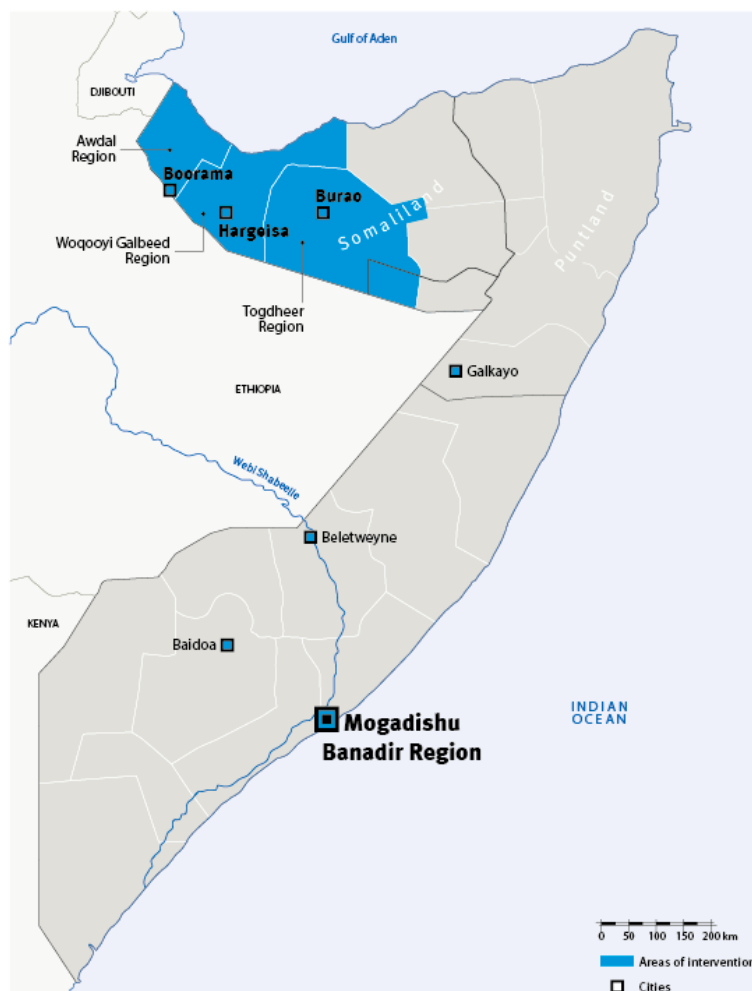




HI Team and intervention areas

The HI Somalia program has 25 staff members.

Somaliland



General data of the country



a. General data

Country	Somalia	Ethiopia	France
Population	16359500	117876226	67499343
IHDI	0.82	0.348	0.82
Gender related development Index		0,837	0,987
Maternal mortality		557	4
GINI Index	36.8	35	32.4
Population with UNHCR Mandate	2 997 579	4 555 173	580 898
INFORM index	8.8	6.9	2,3
Fragile State Index	110.5	99.3	30,9
Public social Protection		7.4	100
Net Official development assistance received	1865.58	4809.97	

b. Humanitarian law instruments ratified by the country

Humanitarian law instruments	Status
UN Convention on the Rights of Persons with Disabilities (CRPD 2019)	Ratified
Convention on Child Rights (2015)	Ratified
Convention on Cluster Munitions (2015)	Ratified

c. Geopolitical analysis

Endemic inter-clan fighting for control of land, pasture or water sources, a phenomenon intensified during drought conditions, continues to displace civilians. Insecurity also drives displacement and heightens humanitarian needs. Protracted internal displacement situations in Somalia have also led to loss of social protection networks. Many have been displaced from their homes for decades, are marginalized and at risk of forced evictions, discrimination, pervasive exploitation and abuse. Female-headed households within internally displaced communities are particularly vulnerable and often have limited access to justice, services and assistance, including medical care and psycho-social support. Children are especially vulnerable to various forms of abuse, including harmful practices like female genital mutilation (FGM), forced and early marriage, family separation, child labor and forced recruitment into armed groups.

It should be noted that Somaliland is more socially homogeneous than Somalia or indeed most other African states (and greater homogeneity tends to mean higher levels of trust between citizens).

Summary of HI presence in the country

Handicap International started in Somaliland in 1992 by setting up a rehabilitation center in Hargeisa. HI's strategy in Somaliland is to advocate for the rights of persons with disabilities and to engage



development actors in promoting inclusion and participation of people with disabilities at both local and national levels. From 2010-2014, with DAN (Disability Action Network), Somaliland national Disability Forum (SNDF) and the Puntland Disability Organizations Network (PDON) , HI implemented a Human Rights project entitled “Enhanced participation of Somalis with disability for human rights and democracy in Somaliland and Puntland.” This project strengthened the capacity of 15 Disabled Persons’ Organizations (DPOs) at grassroots level to empower people with disabilities to actively promote and advocate for their rights for protection and inclusion. A major outcome of this intervention was the development of a Disability Policy for Somaliland and Puntland.

In 2017, when severe droughts occurred, HI was present with reduced activities in Hargeisa for an inclusive elections project. The worsening situation due to drought called for an adapted response. The organization decided to respond to the crisis along two axes: inclusion mainstreaming for NGOs working on the humanitarian response, and simulative therapy for malnourished children.

HI is implementing four projects in both Somalia and Somaliland, focusing on promoting inclusive humanitarian action, protection against abuse & violence, rehabilitation and MHPSS. Two of the projects is funded by German Federal Foreign Office (GFFO). First project is titled “Mainstreaming Disability in Global and Local Humanitarian Action in Line with the Inter Agency Standing Committee (IASC) Guidelines on Inclusion – Leave no one behind phase 3” this project is more on operationalisation of IASC guideline on the inclusion of persons with disabilities in humanitarian action through capacitating humanitarian actors, reinforcement of interagency coordination mechanisms, piloting of surge capacities more on ToT to RAAL lab and documentation of best practices & lessons learnt. Second GFFO funded project is “Rehabilitation, Inclusive Humanitarian Action, MHPSS, & Stimulation Therapy in Crisis-Affected Sub-Saharan Africa for vulnerable groups (RIMSCASSA)” focusing more on provision of functional & physical rehabilitation services to persons with disability, Stimulation Therapy for children suffering from malnutrition, MHPSS persons in psychological distress and enhanced inclusion in general humanitarian response amongst crisis-affected populations. Third project is funded by ECHO global titled “Enhanced response capacity (ERC)- From Guidelines to Action: Promoting Learning, Localisation and Adaptation of the IASC Guidelines on Inclusion of Persons with disabilities in humanitarian action (IASC GL) for disability-inclusive coordination, data collection and programming. The fourth project is funded by Centre for disaster philanthropy (CDP) titled “COVID-19 among Persons with Disabilities: Inclusive Recovery and Preparedness in Somalia/land. Focusing on research of COVID-19 impact on persons with disabilities, development of RCCE strategy plan and implementation, supporting ministry of health (MoH) on inclusive health services, capacity building health professional and provision of mental health and psychosocial support to persons with disabilities.

Through these projects, various aspects of inclusive Humanitarian Action have been explored, including how to collect quality data on disability, inclusive communication and exposure to various frameworks such as the IASC guidelines on inclusion of people with disabilities and the CRPD. The interest of humanitarian/mainstream actors about disability inclusion has been raised and continues to gain momentum.



Overview on ongoing projects

Sectors of intervention	Main activities	Beneficiaries	Partners	Location	Dates of the project	Donors who finance the project
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<p>Protection & risk reduction / Inclusive Humanitarian Action</p> <p>Rehabilitation services / Stimulation Therapy,</p> <p>Health & Prevention / Mental Health and psychosocial support</p>	<p>Improving humanitarian outcomes for victims of violence and weaponry, persons with disability, malnourished children and other persons in psychological distress amongst crisis-affected populations. Provision and improved access to services that meet their needs, notably rehabilitation, Stimulation Therapy, MHPSS, and enhanced inclusion in general humanitarian response.</p> <ul style="list-style-type: none"> • Inclusive humanitarian action capacity building for humanitarian actors & cluster coordination mechanisms. • Assessments, review of tools and provision of technical advisories to humanitarian actors. • Provision of functional and physical rehabilitation services • Stimulation therapy from children suffering malnutrition. • Provision of primary/mental health and psychosocial support services (MHPSS) and referral. • Community leader trainings on disability inclusion • Psychological first aid trainings for frontline health workers • Establishing peer support groups. 	<p>MOGADISHU:</p> <ul style="list-style-type: none"> • 160 partners trained to be more inclusive in their programing. <p>HARGEYSA/Burao/Laascanod, Erigavo:</p> <ul style="list-style-type: none"> • 200 community leaders and focal points trained to identify people in need of rehabilitation, primary and mental health services. • 300 persons with disabilities identified and referred for comprehensive rehabilitation care • 15 group support sessions established. • 20 participants trained in stimulation therapy. • 100 children benefit from 4 stimulation therapy sessions (400 total sessions). • 10 awareness-raising sessions for community leaders on stimulation for malnourished children. • 100 caregivers trained for positive relationships between parents and children through daily life activities • 200 frontline health workers trained in Psychological First Aid (PFA). 	None	<ul style="list-style-type: none"> • Bandir, • Mogadishu, • Hargeisa & Burao • Laascanod, • Erigavo 	July 2022 – June 2024	<p>GFFO (Federal Foreign Office - German humanitarian assistance)</p>
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		<ul style="list-style-type: none">• 400 people benefit from mental health and psychosocial support services, and referred to health services,• 10 peer support groups set up• 200 people benefit from general health.				
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<p>“Mainstreaming Disability in Global and Local Humanitarian Action in Line with the IASC (Inter Agency Standing Committee) Guidelines on Inclusion – Leave no one behind phase 3”</p> <p>Protection & risk reduction / Inclusive Humanitarian Action</p>	<p>Mainstreaming Disability in Global and Local Humanitarian Action (in Line with the IASC Guidelines on Inclusion- LNOB Leave No one behind)</p> <ul style="list-style-type: none"> • Mapping of key stakeholders interested project • Capacity building humanitarian actors in inclusive humanitarian action. • Identification of assessment tools, review and technical advisory • Provision of Training of Trainers training on surge capacity • Supporting interagency coordination mechanism • Documentation of best practices and lesson learnt 	<ul style="list-style-type: none"> • 80% participants in capacity-building activities reported that they have applied the IASC Guidelines, the learning and support materials or recommendations by the project in their teams or with their partners by end of the project • 80% users report improved identification of disability-specific barriers and risks applying the newly developed/ adapted tools by end of the project • 80% actors report improved evidence in-line with the IASC Guidelines for more inclusive programming in humanitarian action by end of the project • 260 staff of humanitarian actors participated in trainings • 10 organizations/ field teams received technical support • 7 learning materials (learning packages, e-learning courses, etc.) published online on implementing the IASC Guidelines for humanitarian actors • 2 Disability-inclusion Guidelines were integrated into the humanitarian action module curricula at 2 German universities 	None	<ul style="list-style-type: none"> • Benadir • Mogadish • Hargeisa • Somaliland 	January 2022 – December 2024	GFFO (Federal Foreign Office - German humanitarian assistance)
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		<ul style="list-style-type: none">• 7 dissemination activities of mapping reports to humanitarian community by end of 2022• 6 assessment and monitoring tools adapted and / or developed in-line with the IASC Guidelines• 2 how-to guidance documents on the development/adaption process and tool used during pilot phase• 60 focal persons trained on IASC Guidelines in the targeted countries by end of 2023• 12 technical support assignments / packages on operationalizing the IASC Guidelines• 20 persons trained in 2-3 targeted countries to implement recommendations from the IASC Guidelines by end of 2023• 4 reports by Emergency IHA Manager highlighting inclusive emergency response recommendations				
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<p>“Enhanced response capacity (ERC)- From Guidelines to Action: Promoting Learning, Localisation and Adaptation of the IASC Guidelines on Inclusion of Persons with disabilities in humanitarian action (IASC GL) for disability-inclusive coordination, data collection and programming”</p> <p>Protection & risk reduction / Inclusive Humanitarian Action</p>	<p>Support humanitarian actors and identify effective pathways to enhance their response capacities to collect and use disability inclusive data for inclusive programming, using the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action.</p> <ul style="list-style-type: none"> • Mapping and gap analysis on existing Disability Inclusion Coordination mechanisms • Six sessions with humanitarian actors to share findings from the mapping and case studies, and transform findings into adapted disability-inclusive coordination tools. • Mapping of existing humanitarian data collection tools and processes used to identify barriers, disability specific risks, capacities and disability specific needs to food security and general protection actors. • HI facilitates two global online RAAL Labs on Food Security and Protection on identified tools to address existing gaps • Facilitate the dissemination of tools & methodology guidance with key humanitarian actors via relevant communication and learning channels and 4 online learning sharing sessions. 	<ul style="list-style-type: none"> • 60 disability- inclusion coordination mechanism practices, data collection tools & methods reviewed, co-created, and/or adapted for contextualization and alignment with the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action • 1,100 humanitarian actors reporting enhanced skills, confidence and/or understanding to implement the guidelines in coordination and inclusive programming • 120 Humanitarian Actors have enhanced understanding on the availability, scope, success factors and challenges of in-country disability inclusive coordination mechanisms • 2 tool sets for targeting, monitoring and assessing disability-specific needs, barriers and risks in protection and food security have been jointly reviewed and adapted for alignment with the guidelines • 50 tool sets and guidance were disseminated by month 15 of the project and taken up by at least 50 actors to change food security and/or protection programming 	None	<ul style="list-style-type: none"> • Benadir • Mogadish • Hargeisa • Somaliland 	April 2022 - March 2024	ECHO Global
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	<ul style="list-style-type: none">• Reinforce capacities to foster disability inclusion• Mapping and preliminary analysis of locally used tools for data collection in food security and protection• Launch a call for participation in local RAAL through the cluster/ coordination structure• Implementation of at least 6 RAAL Lab by HI teams and OPDs collaborators for each, food security and protection for adaptation of tools and skills development in assessment and data• Sharing of at least 8 good practices with a focus on changes affected in food security and/or protection programming.	<ul style="list-style-type: none">• 20 national level food security and protection organization have started adapting their data collection and programming tools for better disability inclusive protection and food security• At least 8 good practices on inclusive data collection and programming changes• 15 Humanitarian Actors receive training on the IASC Guidelines/ disability inclusion tools				
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COVID-19 among Persons with Disabilities Health & Prevention / Severe or chronic pandemics Protection & risk reduction / Inclusive humanitarian action	<p>Inclusive Recovery and Preparedness in Somalia/land.</p> <ul style="list-style-type: none">• Assessment, review and Knowledge-Attitude-Practices survey by trained staff about the impact of the pandemic among households of persons with disabilities.• Training for delivering inclusive activities, media products (radio/TV/IEC), and in-person dialogue with the community.• Advocacy toward authorities and health stakeholders based on the assessment for inclusive COVID19 policies and programs.• Capacity-building for Community Health Workers at Primary Health Care level and other health stakeholders' staff on applied Inclusive Health approach.• Training on inclusive health governance promoting self-advocacy for Persons with disability.• Improving access to integrated mental health and psychosocial services counselling.	<ul style="list-style-type: none">• 5887 (persons with disabilities, community health workers, PHC staff and Ministry level staff)• Humanitarian actors (INGO & LNGOs)• Organization of persons with disabilities	None	<ul style="list-style-type: none">• Benadir• Mogadish• Hargeisa,• Somaliland	September 2022 – August 2023	CDP (Center for Disaster Philanthropy)
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<p>Integrated humanitarian aid project (ADH)</p> <p>Health & Prevention / Mental health and psychosocial services</p> <p>Protection & risk reduction / Inclusive humanitarian action</p>	<p>Protection, rehabilitation, psychosocial emergency aid and referrals to services for most at-risk displaced and host populations</p> <ul style="list-style-type: none"> • Identification & assessment of protection needs of vulnerable populations and persons with disabilities. • Provision of specialized and non-specialized MHPSS as part of primary health services for persons with mental health needs. This will include individual and group-based counselling and/or psychoeducation with a specific focus on persons with disabilities. • Create 3 peer support groups. • Conduct three Capacity-building and strengthening trainings of community leaders, volunteers and women networks on disability approaches. • Technically support the development/adaptation of assessment tool sets to identify and monitor disability-specific needs, barriers and facilitators to access protection and humanitarian services 	<ul style="list-style-type: none"> • 65 individuals identified for protection needs • 60 individuals referred for functional rehabilitation, specialized mental health services and non-specialized psychosocial support • 3 Peer-to-Peer support groups formed. • 60 community leaders, volunteer and women networks trained on disability inclusion. 	<p>None</p>	<ul style="list-style-type: none"> • Hargeisa, • Burao, • Borama • Mogadishu. 	<p>April 2022-Sep 2022</p>	<p>ADH. (Aktion Deutschland Hilft)</p>
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Donors

<p>GFFO (Federal Foreign Office - German humanitarian assistance)</p> 	<p>ECHO</p> 	<p>CDP</p>  <p>Center for Disaster Philanthropy</p>
<p>ADH (Aktion Deutschland Hilft)</p> 