Victim Assistance Assessment: Somalia

NDM UN 22, 5 Feb 2019
Background

• In Somalia explosive hazards are killing and maiming civilians since 1977 (42 years)

• The study was commissioned by UNMAS and SEMA for identifying gaps and prioritising the needs in services

• **Support available to survivors, their families and communities is limited**
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What is Victim Assistance?

- Pillar of mine action
- Supports victims of EH, their families and affected communities
- Articulated in APMBC, CCM and related documents
- Victim assistance includes medical care, rehabilitation, education, socioeconomic inclusion and data collection
- Best practice promotes:
  - inclusivity
  - equal access
  - mainstreaming support for persons with disabilities
  - gender and age appropriate interventions
Approaches to Disability

1. **Medical** - impairment

2. **Social** - Barriers: impairments become disabilities through interaction with society.

3. **Rights-based** - persons with disabilities are rights holders entitled to equal access to their rights

- **Terminology** - person with disabilities/has disabilities. Not *is disabled*
Victim Assistance Areas of Responsibility and the Lead Sector

Mine action is not responsible for all aspects of victim assistance
Advocacy and engaging with others is vital
Legal Framework

**Strong international framework and mandate**
- Mine Action Conventions
- CPRD and CRC
- SDGs and National Development Plan

**Domestic Framework**
- Not all of above enshrined in domestic law, implementation unclear
- National Disabilities Bill passed by Parliament in November, consistent with CRPD
Social Inclusion: Attitudes

• Disability stigmatized
• Nicknames identify individuals by their disability
• People with disabilities are marginalized
• Sexual abuse, forced marriage
• Tiers of vulnerability and multiple vulnerabilities
• Hierarchy of disabilities
• Family main source or support
• Some people with disabilities are socialized, included and working
• Positive results from advocacy campaigns
Data

• No accurate victims data

• No census on disability
  • WHO global estimate 15% population disabled, 2-4 % severely

• Difficulty in gathering data
  • Lack of access
  • Lack of awareness/unwillingness to respond to questions about disability
Health

First response, trauma care, medical care
- Some availability. Access difficult, particularly in rural areas
- Inability to perform complex surgery
- Travel to Mogadishu or abroad

Rehabilitation, often prioritized
- Assistive devices, physiotherapy, prosthetic limbs
- Estimated 20% of need covered
- Shortage of assistive devices - Somalis prefer a quick and easy to maintain solution

Psychosocial support
- Limited provision through family and DPOs – some training, quality unknown
- Limited referral opportunities for complex cases
Education

• Education not free, enrolment low, literacy rates low
• Few specially trained teachers
• Some children with disabilities attend school, some have positive experiences, a few go on to university

Priority: without education not socialized, employment opportunities limited
Economic inclusion

- Lack of job opportunities in Somalia
- Lack of mobility and education a barrier to employment
- Some locally provided vocational training and livelihoods activities: limited success

Prioritized need but strong implementing partners and well-designed projects to be identified
What Somalis would do next

1. Improve mobility and access
2. Advocate for schooling
3. Increase employment opportunities
4. Make people with disabilities visible – show they can participate in and contribute to daily life
5. Enable people with disabilities to be self-reliant
Mine Action Sector Responsibility

1. Data collection, analysis and information sharing
2. Coordination with other sectors
3. Referral pathways, information about assistance available to the victims, families and survivors
4. Advocacy at institutional level and among donors
Thank you

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