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Country sheet

Somalia/Somaliland

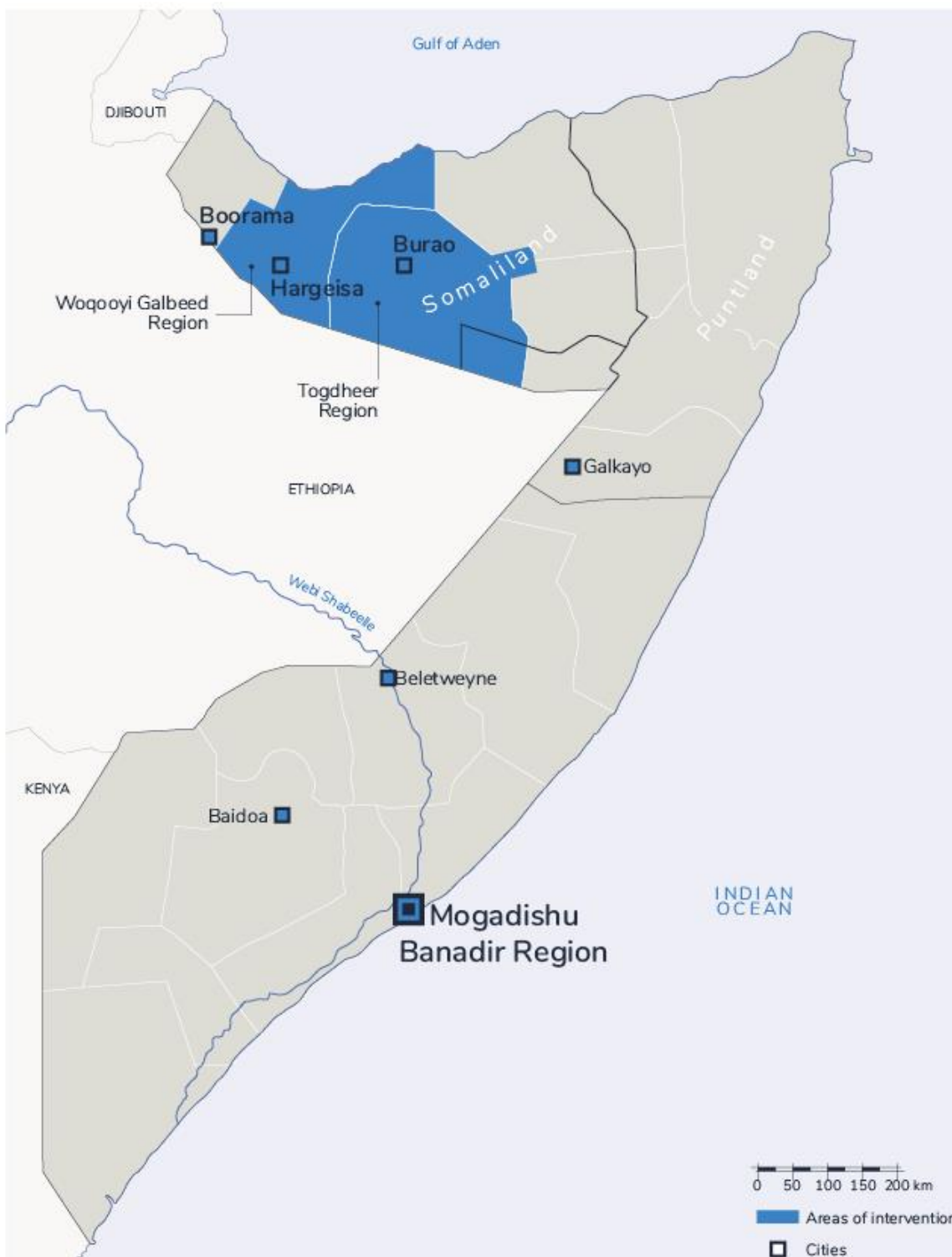




HI Team and intervention areas

The HI Somalia program has 25 staff members.

Somaliland







General data of the country

General data

Country	Somalia	Ethiopia	France
Population	17 597 511	123 379 924	67935 660
IHDI		0.363	0.825
Gender related development Index		0.921	0.99
Maternal mortality	621	267	8
GINI Index		35	30.7
Population with UNHCR Mandate	3 002 276	4 208 422	693 598
INFORM index	8.7	7.1	2.3
Fragile State Index	111.9	100.4	28.8
Public social Protection		7.4	100
Net Official development assistance received	2395.3	3981.5	

Humanitarian law instruments ratified by the country

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

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 of Ongoing projects

Main sector of intervention	Main activities	Beneficiaries	Location	Dates of beginning and end of the project	Donors
Protection (IHA Inclusive Humanitarian Action), Rehabilitation, Stimulation Therapy, psychosocial support and referrals (RIMSCASSA).	<ul style="list-style-type: none"> Inclusive humanitarian action capacity building on 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 leaders' trainings on disability inclusion Psychological first aid trainings for frontline health workers in identification of psychosocial needs. Establishing peer support groups. 	<p>MOGADISHU</p> <ul style="list-style-type: none"> 160 partners trained and be more inclusive in their programing. <p>HARGEISA – BURAO – LAASANOD - ERIGAVO</p> <ul style="list-style-type: none"> 200 community leaders and focal points in the Internally Displaced Persons camps will be trained on identification of people in need of rehabilitation, primary and mental health services. 300 persons with disabilities identified through community mobilization will be referred for comprehensive rehabilitation care 15 group support sessions established. 20 participants will be trained on stimulation therapy. 100 children will benefit stimulation therapy. Each child 4 sessions in total 400 sessions. 	Bandir, Mogadishu, Hargeisa & Burao, Laas,anod, Erigavo.	July 2022 – June 2024	GFFO and ADH (co-funding)



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		<ul style="list-style-type: none"> • Conduct 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 such as changing, bathing, • 200 participants from frontline health workers will be trained on Psychological First Aid (PFA). • 400 people will benefit MHPSS Mental Health and Psycho social support services, calibrated according to severity of needs and refer to health services, • Set up 10 peer support groups. • 200 people will be benefit general health. 			
<p>Inclusive Humanitarian Action – IHA</p> <p>Mainstreaming Disability in Global and Local Humanitarian Action in Line with the IASC (Inter Agency Standing Committee) Guidelines on Inclusion – Leave</p>	<ul style="list-style-type: none"> • Mapping of key stakeholders interested project • Capacity building humanitarian actors interested on inclusive humanitarian action. • Identification of assessment tools, review and technical advisory • Provision of ToT Training of Trainers training on surge capacity (RAAL) Lab • Supporting interagency coordination mechanism • Documentation of best practices and lesson learnt 	<ul style="list-style-type: none"> • 80% participants in capacity-building activities under Result 1 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 	<p>Benadir, Mogadishu & Hargeisa</p>	<p>January 2022 – December 2024</p>	<p>GFFO</p>



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no one behind
phase 3

- 10 organizations/ field teams which received technical support
- 7 learning materials (learning packages, e-learning courses, etc.) published online on operationalizing the IASC Guidelines for humanitarian actors
- 2 Disability-inclusion in-line with the IASC Guidelines was integrated into # humanitarian action module curricula at 2 German universities
- 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 provided in the target countries
- 20 persons trained in 2-3 targeted countries for surge capacity to operationalize recommendations from the IASC Guidelines by end of 2023
- 4 reports by Emergency IHA Manager highlighting operational recommendations to ensure inclusive emergency response implementation in-line with the IASC Guidelines



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<p>Inclusive Humanitarian Action (IHA)</p> <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>	<ul style="list-style-type: none"> • Undertake mapping and gap analysis on existing Disability Inclusion (DI) Coordination mechanisms • Six online and offline (face-to-face) global (3) and in-country (3) sessions will be undertaken with humanitarian actors to share findings from the mapping and case studies, and transform findings into adapted disability-inclusive coordination tools. • At least 6 Online and/or offline dissemination sessions at global and country level of the case study findings, tools and methodological guidance on DI coordination developed will be facilitated through interactive learning sessions and a launching event. • The TF and HI engage in a mapping of existing key 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. Followed by an 	<ul style="list-style-type: none"> • 60 disability- inclusion (DI) coordination mechanisms 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 considerations and Must Do Actions by the project • 1,100 humanitarian actors reporting enhanced skills, confidence and/or understanding to implement the considerations from the IASC GL 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 against considerations from IASC GL for enhancing inclusive coordination • 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 IASC GL and evidence-based guidance is developed for contextualization and localization • 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 by the end of the project 	<p>Benadir, Mogadishu & Hargeisa Somaliland</p>	<p>Project started April 2022 and ending March 2024</p>	<p>ECHO</p>
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	<p>identification of gaps with regards to alignment with IASC GL.</p> <ul style="list-style-type: none">• HI facilitates two global level online RAAL Labs on Food Security and Protection on identified tools to address existing gaps in tools through adaptation and/or co-creation aligning them with the needs in the field and recommendations from the IASC GL• HI team at global level in collaboration with the TF will facilitate the dissemination of DI tools & methodology guidance with key humanitarian actors via relevant communication and learning channels and 4 online learning sharing sessions.• HI and collaborating OPD teams' in Somalia & Syria reinforces capacities on latest evidence, and learning methods to foster DI in protection and food security using intersectional lenses, as well as on RAAL Lab methodology, inclusive coordination and have boosted	<ul style="list-style-type: none">• 20 national level food security (Somalia) and protection organization (Syria and Somalia) have started adapting their data collection and programming tools for better disability inclusive protection and food security aligned to IASC GL by the end of the project• <At least 8 good practices on inclusive data collection and programming changes have been documented and shared nationally and internationally			
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	<p>their skills and understanding on inclusive data collection for programming and good practice documentation.</p> <ul style="list-style-type: none">• Mapping and preliminary analysis of locally used tools for data collection in food security (Somalia) and protection (Somalia, Syria in two hubs, North East Syria and Amman Hubs) in collaboration with the relevant clusters.• Launch of a call and application process for participation in local RAAL through the cluster/ coordination structure (Food Security and Protection) and selection of participants• Implementation of at least 6 RAAL Lab by HI teams and OPDs collaborators for each, food security (1 Somalia) and protection (4 Syria, 1 Somalia) for adaptation of tools and skills development in the areas of needs assessment, data through the cluster/ coordination structure (Food Security and Protection).• Documentation and sharing of at least 8 good practices by HI				
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	<p>teams with a focus on changes affected in food security and/or protection programming, i.e. targeting, needs assessment, barrier, disability specific risks and capacity assessment for further peer learning on affecting change using a process & outcome tracing approach.</p>				
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Logos of Donors

GFFO



ECHO



CDP



ADH

